# Appendix 2a
# Adults and Health

## Savings Proposals

# Business Planning: Business Case - Savings update

## Project Title: Reduction in forecasted savings from the 20/21 block bed tender

Committee: Adults & Health Committee

2022-23 Savings: £390,000 (Previously £583,000)

Total savings for each financial year are shown below:

| Period | Revised Savings |
|---|---|
| 2022/23 | £390,000 |
| 2023/24 | £263,000 |
| 2024/25 | £277,000 |
| 2025/26 | £291,000 |
| Total | £1.221m |

Brief Description of proposal:
Revised savings from the 20/21 block bed tender – through commissioning additional block beds, we can reduce the amount of inflation funding needed for residential and nursing care. Block contracts have set uplifts each year, rather than seeing inflationary increase each time new spot places are commissioned.

The original estimate of savings for 2022-23 was £583,000: That saving listed in the 2021/22 Business Plan was based on 810 block beds. However, the tender delivered 240 fewer beds, therefore the saving is reduced from previous figures estimated to the revised amounts above.

Date of version: 16 September 2021 BP Reference: A/R.6.185

Business Leads / Sponsors: Will Patten, Director, People & Communities

## 1. Please describe what the proposed outcomes are:

The block bed tender in 2020/21 sought to commission an increased number of Council residential and nursing care beds to ensure:

i) the local care home market remains sustainable in the face of unprecedented pressure caused by the COVID-19 pandemic

ii) people can continue to access affordable, quality, choice-based care in line with statutory responsibilities under the Care Act 2014

iii) current shortfalls in Council bed provision are addressed in the long term

## 2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

The commissioning approach behind the block bed tender was endorsed by the Joint Commissioning Board and approved by Adults Committee in 2020/21.

It aligns with the Council's Older People's Accommodation Strategy and its aim to obtain sufficient, affordable care home provision to meet the demands of the local community.

## 3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

Options were considered as part of the approval of the tender process.

## 4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

### High Level Timetable

| Task | Start Date | End Date | Overall Responsibility |
|---|---|---|---|
| Continue to track and report savings | Oct 21 | 2025/26 | Becky Bartram |

## 5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so please provide as much detail as possible.

The programme is highly supporting to the protected characteristics of age, disability, poverty and rural isolation. It is not anticipated to have any adverse effects upon people with protected characteristics.

However, an Equality Impact Assessment (EqIA) will be developed to ensure this review is equitable in its aims and delivery and any potential adverse impacts on people with protected characteristics are mitigated against. This is to ensure CCC's decision-making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

## 6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

### Financial Benefits

The new block bed contracts awarded in 2020/21 delivered 570 care home beds (562 block + 8 respite beds) across all care types and districts. The block beds will deliver savings, as we normally pay lower rates for block beds than spot purchased beds. Additionally, there is a saving linked to avoided inflation on bed prices. The block bed contract caps annual uplifts at 3%, whereas it is predicted that average spot bed prices will increase at 6.7% per year over the timeframe covered by the business plan.

The saving in the 2021/22 Business Plan was based on 810 block beds. However, the tender delivered 240 fewer beds, therefore the saving is reduced from the figure estimated in the 2021/22 Business Plan.

The saving delivered per bed has also been adjusted, as the block bed contract uses a formula for its uplifts linked to National Living Wage and CPI. Whereas in the 2021/22 Business Plan it was assumed that the uplift paid on the block beds would be at its cap of 3%, the new modelled saving assumes an average 2.3% uplift for 2022/23 in line with formula set out in the contract.

The net impact of these factors is a reduction of £190k in the saving to be delivered in 2022/23.

The revised savings for subsequent years are shown below and equate to a reduction of £772k over the next four years.

| Period | 2020/21 Savings | Revised Savings |
|---|---|---|
| 22/23 | £583,000 | £390,000 |
| 23/24 | £456,000 | £263,000 |
| 24/25 | £470,000 | £277,000 |
| 25/26 | £484,000 | £291,000 |
| Total | £1.993m | £1.221m |

## Non-Financial Benefits

- Block contracting provides guaranteed income to care homes and so helps maintain market sustainability
- Enables the Council to offer people greater choice and to remain close to their families/community

# 7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

| **Risk** | **Mitigation** | **RAG** (should the risk occur) | **Overall Responsibility** |
|---|---|---|---|
| Savings figures are affected by the volume and phasing of block bed activations | Activate beds as demand requires. | Green | Leesa Murray |
| Savings may be affected by surges in demand from subsequent COVID-19 or Flu outbreaks | Track and monitor demand<br><br>Ensure best utilisation of existing provision<br><br>Explore other funding sources such as NHS Discharge to Assess monies | Green | Jo Melvin, Caroline Townsend |

# 8. Scope: What is within scope? What is outside of scope?

In scope:

- Savings from the 2020/21 block bed tender

Out of scope:

- Savings from other bed types such as interim or respite provision

# Business Planning: Business Case – Saving proposal

## Project Title: Extra Care savings on retendering

## Committee**:** Adults and Health

## 2022-23 Savings amount: £87k

Brief Description of proposal:
This is a saving on retendering which has already been secured without impact on service levels.

Date of version: Sept 21 BP Reference: A/R.6.191

Business Leads / Sponsors: Will Patten, Director of Commissioning

## 1. Please describe what the proposed outcomes are:

A number of Older Peoples extra care schemes were retendered for 2021-2022 and have delivered savings totalling £87k across four schemes:

| | |
|---|---|
| Doddington (Fenland) | £49,000 |
| Jubilee (Fenland) | £10,555 |
| Nichols Court (City/South) | £16,138 |
| Park View (Hunts) | £11,745 |

Savings were not identified in time to be incorporated into the 21/22 business planning cycle, but can now be banked.

There has been no adverse impact to delivery of services to Older Peoples clients.

## 2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

N/A

## 3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

N/A

## 4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

No further actions needed

## 5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so please provide as much detail as possible.

No negative effects are anticipated from the re-tendering, however, an Equality Impact Assessment (EqIA) will be developed. This is to ensure CCC's decision-making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

## 6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

## Financial Benefits

Savings of £87k pa

## 7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

No

## 8. Scope: What is within scope? What is outside of scope?

This is only in relation to the four extra care schemes that were re-tendered, as listed in Section 1.

# Business Planning: Business Case – Savings proposal

## Project Title: Learning Disability Outreach service

Committee: Adults and Health Committee

2022-23 Savings amount: £50k

Brief Description of proposal:
To increase the Learning Disabilities Partnership (LDP) outreach capacity to offer a lower cost solution for targeted outreach care and support packages. Action is needed now, and stimulating development of new services in this way will generate the much-needed provision to meet population growth forecasts at a cost affordable to the local authority.

Date of version: 9 September 21 BP Reference: A/R.6.192

Business Leads / Sponsors:
Executive Director of Commissioning, People & Communities

# 1. Please describe what the proposed outcomes are:

This proposal aims to increase the outreach capacity of the service. Work carried out by the service delivers care and support at a lower hourly cost when compared to similar support delivered out outsourced organisations. Consequently, a larger service will deliver high quality service at a lower cost to Cambridgeshire County Council (CCC).

To achieve this, the service will require additional administrative support. This support will help coordinate the work of additional care workers.

This would involve the same approach to recruiting and supporting carers as has been applied to the Shared Lives service. This has been highly successful and will capitalise on the already fit for purpose staff terms of employment contract. LDP will promote across its locality team a pathway where an offer of first refusal is given to the outreach team for new support packages in the community.

The work to implement the expansion of in-house outreach provision and associated resource provision is being conducted in 2021/22 and funded from existing 2021/22 budgets. This means no new investment is required for this business case. This will ensure that the provision is fully operational for 2022/23, enabling delivery of cost avoidance savings.

This proposal aligns with the following corporate priority outcomes:

Communities at the heart of everything we do:

- The new service enables high dependency people to remain within a community setting. It also means care workers from the community can support people with LD to remain living independently.

A good quality of life for everyone:

- It will offer greater choice, control and care flexibility for those people no longer able to access the community without care and support.

# 2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

The proposal supports CCC’s Adult Social Care LDP strategy to help people live with greater levels of independence. The work will build on early consultation conducted with user groups and social care practioners. Here current users found access to care workers to deliver small packages of care and support beneficial. Sometimes these packages were for a limited period. This provided them with choice and control. Others found the flexibility to change when and where care and support was delivered helped then towards increasing independence.

## 3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

Two options were considered.

1. No change

In this option CCC will continue to pay market rates for outreach services. This means we will forgo the opportunity to increase choice at a lower cost.

2. Expanding Outreach Service to increasing capacity.

Financial modelling shows that with investment LDP's Outreach can supply 1,000 hours of care per month. This additional volume can be delivered at a lower cost when compared to the care market as it does not need to deliver profits and it carries lower overhead costs.

## 4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

| Task | When | Who |
|---|---|---|
| Standardise work contracts | Q2, 2021/22 | Outreach team, HR |
| Standardised offer to families available | Q3, 2021/22 | Outreach team |
| Recruit co-ordinator and staff | Q4, 2021/22 | Outreach team |
| Guidance information to social work teams | Q4, 2021/22 | Project team |
| Package assessments complete and delivery commenced | Q1, 2022/23 | Outreach and brokerage teams |
| Ramp-up volumes | Q2,2022/23 | Outreach and brokerage teams |
| Results and benefits audit | Q4, 2022/23 | Finance team |

## 5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so, please provide as much detail as possible.

This will affect people with disabilities and people with eligible social care needs receiving a funded care package. It will also provide a choice to older people without eligible social care needs (self-funders). People will be able to decide when and where care and support is delivered, and how it changes over time.We anticipate this means up to 100 Service Users receiving more care and support.

We expect some positive impacts anticipated from this proposal:

1. Increased market capacity where demand exceeds supply
2. Increased service user choice
3. Option to expand to provide a service to those with autism

There could be negative impacts anticipated from this proposal:

1. Perception of growth of in-house service as it is not subject to open market competition
2. Over stretches line management risking other parts of Shared Lives services

An Equality Impact Assessment (EqIA) will be developed to ensure this proposal is equitable in its aims and delivery and any potential adverse impacts on people with protected characteristics are mitigated against. This is to ensure CCC's decision-making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

## 6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

### Financial Benefits

The primary financial benefit is related to the annual social care budget for older people.

| Key Benefit | Measure | Baseline | Target & Timescale |
|---|---|---|---|
| Cost avoidance | ASC Budget | £300k | £50k within the financial year |

### Non-Financial Benefits

| Key Benefit | Measure | Baseline | Target & Timescale |
|---|---|---|---|
| Adds capacity to the county. | Number of care hours | NIL | +1,000 per month from month 6-8 |

Wider benefits include:

Benefits to Service Users

1. Service user choice and flexibility which will mean being able to make decisions without worrying how it will affect their care and support.
2. Improves support towards prevention of long-term care admissions.

Benefits to CCC

1. Potential to meet demand of those with Autism and no LD diagnosis.
2. Opportunity for more integration with day services through having a greater presence in the community.

## 7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

| **Risk** | **Mitigation** | **RAG** (should the risk occur) | **Overall Responsibility** |
|---|---|---|---|
| IF external providers challenge the essence of the change then the project will stop, and savings will be delayed. | The packages and method of selecting the in-house provider over external providers is exempt from Public Contracts Regulations 2015. | GREEN | Project team |
| If families insist on using external providers then scope of available packages reduces. | Parental choice is already part of the decision-making criteria. | GREEN | Social work team |
| IF external providers generate resistance with partial package awards then the project will slow, and savings will be delayed. | The packages and method of selecting the in-house provider over external providers is exempt from Public Contracts Regulations 2015. | AMBER | Brokerage team |
| If staff contracts are not fit for purpose (legal and tax) then the project will stop, and savings will be delayed. | Advice from legal has been sought and work is planned within the project. | GREEN | Project team |
| If people perceive in-house service growth as a retrospective step then CCC reputation will be damaged. | A proactive communications plan will be devised. | AMBER | Project team |

## 8. Scope: What is within scope? What is outside of scope?

What is within scope?

1. Outreach service managed under Shared Lives / Cambridge outreach service
2. Possible to target Direct Payment clients
3. Explore license agreements for those in long term shared lives arrangements

What is outside of scope?

1. The rest of in-house services.
2. Residential services
3. Domiciliary care services

# Business Planning: Business Case – Savings proposal

## Project Title: Interim and Respite Bed Recommissioning

Committee**:** Adults & Health

2022-23 Savings: £412k

| | 2022-2023 | 2023-2024 | 2024-2025 | 2025-2026 |
|---|---|---|---|---|
| Total savings | 412,000 | 341,500 | 341,500 | 341,500 |

Brief Description of proposal:
Savings generated from the redesign and recommissioning of interim and respite bed provision in care homes. This has created a more efficient model and therefore generated the Council cashable savings and potential for further cost avoidance.

Date of version: 16 September 21 BP Reference: A/R.6.194

Business Leads / Sponsors: Will Patten, Director of Commissioning

# 1. Please describe what the proposed outcomes are:

The savings stem from a vision to design a new, integrated care pathway of hospital discharge using a mixture of short-stay beds, reablement, occupational therapy (OT) and domiciliary care packages to increase the number of older people returning home following a hospital admission (and to prevent further hospital admission).

The strategic outcomes sought include:

- Embedding a culture of rebuilding and promoting independence in our commissioned provision
- Reducing movement of people from hospital into long-term residential and nursing care
- Supporting rapid hospital discharge
- Contributing towards the management of demand for long term bed-based care
- Improving efficiency and value for money of commissioned provision

The individual outcomes sought include:

- Increasing individual choice and control by offering a wider choice of placement locations and types
- Personalised support to rebuild independence and make safe a return home is readily available
- Provides easier, flexible access to respite care, improving the council's support offer to informal carers

# 2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

This proposal contributes to Joint Administration Priority 4: Support the move towards integrated health and social care, seeking a clear shift towards prevention and 'early help' vis-a-vis the provision of acute services; with an emphasis on Health and social care

It also aligns with key local strategies including the Council's Recovery & Resilience Framework, All Age Carers Strategy 2018-2022, the Adult Social Care Market Position Statement, and the Older Peoples Accommodation with Care update June 21

The commissioning strategy to transform the Council's Interim and Respite provision aligns with national best practice.

## 3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

The commissioning strategy which led to the savings was developed by commissioners in collaboration with key stakeholders and approved by the Joint Commissioning Board prior to implementation. It has been shared with Health as part of the Discharge to Assess system meetings.

In-house delivery is not currently an option as the Council do not operate any care homes.

## 4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

A significant amount of work is already completed. New respite bed provision commenced on 1 April 2021 following a successful tender. Most interim beds have already been decommissioned with the final four scheduled to end by 26 November 2021.

### High Level Timetable

| **Task** | **Start Date** | **End Date** | **Overall Responsibility** |
|---|---|---|---|
| Develop data systems and model to track and forecast avoidance of spot respite placements | Oct 21 | Jan 21 | Becky Bartram, Sarah Croxford, BI |
| Decommission final Interim beds | Oct 21 | Nov 21 | Sarah Croxford |
| Monitor and appraise evidence of need to commission five additional step up/down beds in Cambridgeshire | Sept 21 | Dec 21 | Alison Bourne |
| Commission additional 5 step up/down beds (subject to above) | Jan 22 | Aug 22 | Alison Bourne |
| Appraise evidence for Occupational Therapist (OT) input into interim placements in block care homes and Extra Care schemes across Cambridgeshire | Oct 21 | Dec 21 | Alison Bourne, Diana McKay |
| Implementation of OT input (subject to above) | Jan 22 | Mar 22 | Diana McKay |

## 5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so please provide as much detail as possible.

The redesign of interim and respite bed provision is designed to support older people to remain independent and return safely to their own home wherever possible.

The programme will therefore be highly supporting to the protected characteristics of age, disability, poverty and rural isolation. It is not anticipated to have any adverse effects upon people with protected characteristics, however, an Equality Impact Assessment (EqIA) will be developed to ensure this proposal is equitable in its aims and delivery and any potential adverse impacts on people with protected characteristics are mitigated against. This is to ensure CCC's decision-making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

## 6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

### Financial Benefits

Cashable Savings:

The decommissioning of existing Interim bed provision is forecast to deliver the following savings, net of reinvestment into a further five step-up/down beds and Occupational Therapy input.

| | 2022-2023 | 2023-2024 | 2024-2025 | 2025-2026 |
|---|---|---|---|---|
| Decommission all Interim block beds by Nov 2021 | -644,000 | -644,000 | -644,000 | -644,000 |
| Invest in 5 x Step Up/Down flats in Extra Care setting | 142,000 | 212,500 | 212,500 | 212,500 |
| Additional Occupational Therapy | 245,000 | 245,000 | 245,000 | 245,000 |
| Total | -257,000 | -186,500 | -186,500 | -186,500 |

The reduction of respite beds from 14 to eight has resulted in the following cashable savings

| | 2022-2023 | 2023-2024 | 2024-2025 | 2025-2026 |
|---|---|---|---|---|
| Decommission 8 x Respite block beds | -155,000 | -155,000 | -155,000 | -155,000 |

| | 2022-2023 | 2023-2024 | 2024-2025 | 2025-2026 |
|---|---|---|---|---|
| Total savings | 412,000 | 341,500 | 341,500 | 341,500 |

## Cost Avoidance

The use of the new, flexible block bed provision for unplanned respite is likely to result in a reduction of spot purchased respite provision. Early data suggests 205 days of respite bed provision has been met through the new block beds. Further work is needed to establish an accurate model to quantify and accurately forecast the cost avoidance value of this.

## Non-Financial Benefits

Social value / Social return on investment:

- Effective interim bed provision enables rapid discharge from hospital and contributes to maintaining good flow in across the health and social care system. This improves hospital care and patient experience for all in the community.
- Occupational therapy input and step-up/down beds will help more people rebuild their independence to return home and avoid unnecessary admission into long term residential care. Accordingly, the health and resilience of frail older people is improved
- Individuals have greater choice and control in the location of their interim placement
- Creates job opportunities in the local care economy, supporting employment and economic growth
- The local supply chain of care homes and home care agencies are developed and grown

# 7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

| **Risk** | **Mitigation** | **RAG** (should the risk occur) | **Overall Responsibility** |
|---|---|---|---|
| Changes to the proposed commissioning approach or timescales will affect the level of cashable savings | This may be positive and result in further savings.<br>Ensure changes are based on robust evidence of demand and efficacy | Amber | Jo Melvin |
| Surges in demand may require commissioning of additional provision and therefore affect cashable savings | Track and monitor demand<br>Ensure best utilisation of existing provision<br>Explore other funding sources such as NHS Discharge to Assess monies | Green | Jo Melvin, Caroline Townsend |

| | | | |
|---|---|---|---|
| Carer and Occupational Therapist workforce shortages impacts deliverability and/or increases cost | Engage with providers early to develop pipeline staffing<br><br>Explore block or incentive arrangements<br><br>Develop alternative options | Amber | Alison Bourne, Diana MacKay |

# 8. Scope: What is within scope? What is outside of scope?

## In Scope

- Interim and Respite bed provision for older people and adults with physical disabilities
- Proposed development of additional step-up/down beds in Cambridgeshire
- Proposed development of OT input to support hospital discharges back to Extra Care or into interim placement in care homes

## Out of scope

- Cost avoidance forecast associated with new block bed provision as this is already built into business planning.

# Business Planning: Business Case – Savings

## Project Title: Integrated Community Equipment Service

Committee**:** Adults & Health

2022-23 Savings: £121,000

Brief Description of proposal:
Savings delivered from re-tendering the Integrated Community Equipment Contract.

Date of version: BP Reference: A/R.6.197

Business Leads / Sponsors: Will Patten

# 1. Please describe what the proposed outcomes are:

Anticipated savings will be delivered on the pooled budget which funds the Integrated Community Equipment Service (ICES). The ICES is commissioned via a Section 75 Partnership Agreement and pooled budget with the Cambridgeshire & Peterborough CCG (Clinical Commissioning Group) and the service contract is delivered by NRS Healthcare.

People will continue to receive health and social care equipment that meets their assessed need. The provision of community equipment enables people to remain as independent as possible in the home of their choice and is a cost-effective offer that supports both the prevention, and long-term care, agendas.

Savings on the pooled budget will be delivered as follows:

| | **Saving amount** | **Source of saving** |
|---|---|---|
| 2. | £251,000 (split £121,000 CCC (Cambridgeshire County Council), £130,000 CCG under the new pool shared funding arrangements) | Procurement project and submission of competitively priced bid by the incumbent provider. |

These will contribute to the business planning targets for CCC, by delivering a financial recurrent saving of £121,000 in 22/23.

# 2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

Following the outcome of the tender, and confirmation of award to NRS, CCC Finance have undertaken further modelling to identify potential savings, which are modelled on the equipment and activity demand and mix from previous years. Activity prices are set in the new contract, while equipment will be purchased at cost. Where equipment has increased in price above the values submitted in the tender, the higher price has been factored into the savings modelling.

Increased demand for 2022/23 has already been factored into the business plan with the community equipment demand bid of £33k for the council's share of demand. Estimated total increased demand for the pool is estimated at £69k at new contract values.

# 3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

The re-tender of the contract attracted bids from the three market leaders with the incumbent, NRS Healthcare, submitting the most competitively priced bid. The prices

submitted for activity charges (deliveries, collections, repairs, and maintenance) were lower than they are currently.

## 4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

The re-tendering has been undertaken and contract awarded. The anticipated savings will be delivered for 2022-23 with the Section 75 Agreement, and new contract, due to start on 1/4/2022

## 5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so, please provide as much detail as possible.

It it not anticipated that this savings proposal will have any negative effects on people with Protected Characteristics. The service is available to all people with an assessed need. This includes all age ranges and service user groups.

However, an Equality Impact Assessment (EqIA) will be developed to ensure this proposal is equitable in its aims and delivery and any potential adverse impacts on people with protected characteristics are mitigated against. This is to ensure CCC's decision-making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

## 6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

### Financial Benefits

The project will deliver £121,000 of savings in 2022/23, because of the service being re-tendered and awarded to a competitively placed bid by the incumbent provider.

However, the following financial risks with delivering this saving should be noted:

- The savings estimate allows for equipment prices at the tendered price or the current contract price, whichever is higher. There is no provision for further cost increases. There is therefore an inflation risk to the value of this contract if there is inflation in equipment costs between now and date of purchase in 2022/23. We know that equipment prices are particularly high now due to shipping container shortages and the UK's withdrawal from the European Union. We have seen price increases affecting 30% of our equipment spend in 2021/22 with the average price increase being 10.8%. Any future increase, or decrease, in equipment prices would be passed to the Council under the

new contract and may create a future financial pressure. Were we to see similar increases again, the risk would be in the region of £88k for the pool (£42k of this being CCC's share).

## 7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

| **Risk** | **Mitigation** | **RAG** (should the risk occur) | **Overall Responsibility** |
|---|---|---|---|
| Market forces affecting the sector which may affect product prices – this may present a financial pressure to the Council if further inflation on prices is experienced | Activity prices will not be affected.<br><br>All products on the contract are reviewed closely by Commissioning and clinical advisors before they are accepted onto the contract<br><br>Market pressures business case is in development which will factor in inflationary pressures and is due to be presented to RIT (Rapid Implementation Team) for inclusion in business planning. This may offset some of the financial risk. | Amber | Commissioning |
| Increased demand. Service is demand-led and must respond to system wide pressures – e.g., hospital discharge, prevention of admission to care homes and hospital, lack of home care | Activity is monitored by Commissioning and Contracts and any anticipated pressures on the pooled budget are reported to senior managers | Amber | Commissioning |

## 8. Scope: What is within scope? What is outside of scope?

Re-tendering of Integrated Community Equipment Service.

# Business Planning: Business Case – Savings proposal

## Project Title: Homecare Block Provision Savings Plan

Committee**:** Adults and Health

2022-23 Savings amount: £236k

| | 2022/23 | 2023/24 | 2024/25 | 2025/2026 |
|---|---|---|---|---|
| Total savings | -£235,853 | -£235,853 | -£235,853 | -£235,853 |

Brief Description of proposal:
Outline of savings from the local authority funded block homecare provision, RDT (Rapid Discharge and Transition) (Rapid Discharge and Transition) cars.

Date of version: 2.11.2021 BP Reference: A/R.6.198

Business Leads / Sponsors: Will Patten

# 1. Please describe what the proposed outcomes are:

This proposal outlines the decommissioning plans of the block homecare provision. ‘Homecare’ is considered any support service that a person might need in their own home. This may include shopping, meal preparation, support taking medication and meeting their personal care needs. Provision of good quality homecare not only enables the Council to meet its statutory duties under the Care Act 2014, but it is also key to the prevention agenda in that it enables people to remain living independently within their own home for longer.

The availability of homecare services able to respond quickly and in a person-centred way is really important when supporting people to return home to recover on discharge from hospital. This support is currently delivered through two block contracts of homecare hours which allow the Council to meet the needs of service users quickly and effectively. The contracts buy ‘blocks’ of time to deliver care, so we don’t have to spot purchase when we need care urgently, as the capacity is guaranteed and always available for people and family carers who require support. The cars run 7am to 10pm, with two hours down time a day, totalling 91 hours a week, running 365 days a year.

The purchase of block homecare hours allows the Council to source care in the following circumstances:

- To return home from hospital as soon as possible once a person is medically fit.
- To step up care to prevent admission to hospital.
- To provide care for people who are in hard-to-reach areas or to fulfil hard to place packages of care.

However, block hours tend to be more expensive than purchasing individual packages of care as required as the Council must pay for block care hours even if they are not utilised.

As a result of monitoring utilisation data, the Council has identified the need to reduce its current provision by 3 single cars, from 19 single cars, to 16 within the local authority funded RDT (Rapid Discharge and Transition) contract. There are an additional 18 single cars within the IBCF grant funded contract. This is changing to six double up cars and 11 single handed cars from January 2022.

The Council’s longer-term plan is to gradually decommission the local authority funded cars, instead meeting the demand through more cost-effective methods, such as:

- Sliding scale of rates with enhanced rates to support rural and hard to reach areas.
- Providers covering specific areas or zones of the county, including rural areas (and in doing so reduce travel and therefore cost and carbon impact)
- Supporting the market in building capacity through recruitment and retention, as well as better rates of pay for care staff

The improvements outlined above will be included in the Council's new specification for domiciliary care in 2023/4 when the Council puts in place a new Dynamic Purchasing System for domiciliary care.

It is important to note several ongoing budgetary risks associated with this saving which are outlined in section 7.

### Intended Outcomes:

A good quality of life for everyone – this service supports people to remain independent at home for longer. It also enables people to return home from hospital, should they wish to return home with care rather than residential settings.

Cambridgeshire: A well-connected, safe, clean, green environment – the block car provision is undertaking a green initiative project, including the providers and our own environment team, to begin converting the fleet of cars commissioned to electric vehicles.

Protecting and caring for those who need us – this provision cares for people in their own home and allows them to return home as soon as they are medically fit. Not only do people get reduced delay in going home but the hospital beds are then available for others who need them.

## 2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

This project plan links to the Council's endeavours for efficiencies and better value for money. It also meets carbon impact goals in the green initiative project to convert the fleet of cars to electric vehicles.

## 3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

The decommissioning of the RDT block cars is part of CCC's longer-term plan to improve homecare capacity. This has been endorsed by the Community Board within Adult Social Care Commissioning and will progress through Joint Commissioning Board and Adults Committee in the coming months.

The strategic plan was informed by extensive research with over 30 local authorities and engagement with local homecare providers.

## 4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

The decommissioning of several RDT block cars has already taken place. The timetable below summarises the next steps in implementing CCC's strategic homecare plan, but this will have no direct impact on the savings offered in this business case.

### High Level Timetable

| Task | Start Date | End Date | Overall Responsibility |
|---|---|---|---|
| Utilisation meetings | Jan 2021 | Ongoing | Commissioning |
| CCC (Cambridgeshire County Council) Zoning Pilot | March 2023 | September 2024 | Commissioning |
| Pilot review analysis and learning | March 2024 | July 2024 | Commissioning |
| CCC new commissioning model | August 2024 | October 2024 | Commissioning |

## 5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so, please provide as much detail as possible.

Equality, diversity, and inclusion (EDI) is considered in the tender process for all homecare contracts. Providers are required to develop and provide evidence of EDI policies and procedures.

The homecare block provision supports those living in rural isolation to access homecare support services.

An Equality Impact Assessment (EqIA) will be developed to ensure this proposal is equitable in its aims and delivery and any potential adverse impacts on people with protected characteristics are mitigated against. This is to ensure CCC's decision-making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

## 6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

### Financial Benefits

The decommissioning of 3 single cars will deliver a financial recurrent saving of £235,853 in 2022/23.

## Non-Financial Benefits

The block homecare provision provides support to those being discharged from hospital to return home without delay and free capacity within the hospital. It also supports those living in rural areas.

# 7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

Identifiable budgetary risks

- As a result of market pressures, additional inflationary uplifts have been made to existing block car provision. These costs are not factored into this business case. To mitigate the risk associated with this, a separate market pressures business case is being drafted which will include inflationary pressures within it.
- CCC has commissioned 1 year of additional capacity in response to capacity concerns, system discharge pressures and winter surge demand. NHS funding has been confirmed for the first 6 months of this provision. If NHS funding does not continue and CCC opt to fund the provision for the final 6 months, this will create a pressure to the budget in 22/23.
- The strategic plan for improving homecare capacity will see the introduction of a zoned model with enhanced rates for rural areas in the new CCC DPS. Savings from decommissioning RDT block cars are required to fund the enhanced rates zoned model in the new DPS from 23/24 onwards. |Allocation of these as cashable savings in 23/24 onwards is likely to create a budget pressure when the new CCC DPS is introduced in 2024.

General risks

- Providers are seeing increasing workforce pressures which may lead to increasing costs of care to the local authority workforce issues.
- If the homecare model sliding scale of rates cannot address the demand and market gaps for rural and hard to reach areas, then the cars will continue to be necessary
- Demand growth resulting from an increasing older population may also affect the level of savings realisation

.

# 8. Scope: What is within scope? What is outside of scope?

This business case is in relation to the homecare block provision. The local authority funded (RDT) contract commissioned in June 2019, and the IBCF (Improved Better Care Fund) block provision going live from January 2022.

# Business Planning: Business Case proposal

## Project Title: Demand led Public Health budgets

| | |
|---|---|
| Committee**:** | Adult and Health Committee |
| 2022-23 Savings: | £328k |

Brief Description of proposal:
This business case provides details of underspends and savings from contingency funds.

| | |
|---|---|
| Date of version: October 2021 | BP Reference: E/R.6.034 |
| Business Leads / Sponsors: | Val Thomas |

# 1. Please describe what the proposed outcomes are**:**

The Public Health ring fenced budget funds a wide range of public health interventions and services. These services have in recent years responded to savings requests through service efficiencies and offering streamlined services.

Public Health business planning for 2022/23 pulls together outstanding underspends across several service areas. These will have minimal disruption as they are demand led services.

In addition, savings are available from contingency and holding funds where the funding is no longer required.

## Demand Led Savings:

## Chlamydia Screening

Chlamydia screening is commissioned for those aged 15 to 24 as part of the national Chlamydia Screening Programme. Chlamydia is the most common bacterial sexually transmitted infection with sexually active young people being at highest risk. Chlamydia is often asymptomatic, and screening is for early detection to prevent the longer-term health consequences of Pelvic Inflammatory Disease (PID) and infertility. In Cambridgeshire Public Health commissions screening for young people from the Integrated Sexual and Reproductive Health Service, Prevention of Sexual Ill Health Service, GP practices and community pharmacies. Primary care activity (GP practices and community pharmacies) has decreased in recent years resulting in underspends on these budgets. This reflects more online screening services, popular with young people and the strengthening of screening offers through the new Prevention of Sexual Ill Health services. Both the Prevention of Sexual Health Service and Integrated Sexual and Reproductive Health Service have grown and developed their online offers. In addition, national guidance from the national Chlamydia Screening Programme released in June 2021 asked for the screening to focus upon reducing time to test results and treatment, strengthening partner notification and re-testing after treatment. This means that screening in primary care will only be offered proactively to young women. Men will only be offered a test if they have symptoms. Other sexual health services remain unchanged. This reflects the evidence that the harmful effects of chlamydia fall predominantly upon women leading to significant harm to reproductive health and that opportunistic screening of women can effectively reduce these harms.

It is proposed that the Chlamydia Screening Program going forward should:

- In line with national Guidance commissioning of chlamydia screening in primary care should only be for females as screening and early detection and treatment can prevent PID and in the longer-term infertility. Not commissioning screening for males will contribute to any savings.

- The popularity of online services with young people and the greater reach of the Prevention services into vulnerable young people should be the focus for the commissioning of Chlamydia Screening Services with the objective of increasing screening rates. These service options are in demand and are more cost effective than GP commissioned services.

There are national screening targets for the Chlamydia Screening Programme that Cambridgeshire has consistently not met. However, as Figure 1 indicates below that in the East of England all areas except for Peterborough fail to meet their targets.

Figure 1: Chlamydia Detection Rate per 100,000 (15-24 year)

| Region | Chlamydia detection rate / 100,000 (aged 15-24) |
|---|---|
| England | 1420 |
| East of England | 1339 |
| Bedford | 1853 |
| Cambridgeshire | 1100 |
| Central Beds | 1158 |
| Essex | 1100 |
| Hertfordshire | 1300 |
| Luton | 1643 |
| Norfolk | 1468 |
| Peterborough | 2459 |
| Southend-on-Sea | 1205 |
| Suffolk | 1584 |

The target is based on a certain level of infection in the community and the consistent failure across all areas is thought to be a reflection that infection rates are not high.

## Health Checks

The Health Checks Programme is one of the mandatory local authority Public Health services. It is a cardio-vascular health risk assessment that is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes, or dementia. The check identifies ways to lower the risk of these poor health outcomes. There is now substantial evidence for Health Checks reducing the risk of cardio-vascular disease in the population. Public Health commissions GP practices to provide Health Checks. It is essential to work closely with GP practices as they hold the information on those patients aged 40- 74 who are eligible for health check (those not already being treated for a condition) and will follow up with them to refer to lifestyle services or provide clinical interventions if necessary. The Public Health Lifestyle Service is also commissioned to provide outreach health checks which involves it working closely with practices.

Practices are set health check targets every year based on the number of eligible patients. Local GP practices have struggled to meet the targets for several years and the situation has been exacerbated by the COVID-19 pandemic. Public Health is currently discussing activity and alternative models of delivery. This will mean increased activity being channelled through the Lifestyle Service, which is a more cost-effective route, as it is a block contract and often more acceptable to some patients. Although some prefer to receive their health checks at their own practices. Given these factors and the consistent low levels of activity in GP practices savings have been identified from this service area without any risk to outcomes. Figure 2 describes Cambridgeshire's Health Check performance compared to other areas in the region and nationally. Please note because of COVID-19 more recent data is currently not available. It is not anticipated that the savings will affect performance and the current planned developments aim to increase the number of people at risk of cardio-vascular disease being identified early and offered an intervention.

Figure 2: Health Checks – Offered and Received

| Region | Cumulative percentage of the population aged 40-74 offered an NHS Health Check who received and NHS Health Check |
|---|---|
| England | 46.5 |
| East of England region | 47.9 |
| Bedford | 43.2 |
| Cambridgeshire | 51.4 |
| Central Beds | 49.8 |
| Essex | 48.5 |
| Hertfordshire | 45.9 |
| Luton | 45.5 |
| Norfolk | 48.4 |
| Peterborough | 51.4 |
| Southend-on-Sea | 45.0 |
| Suffolk | 46.4 |
| Thurrock | 51.8 |

## Stop Smoking Services

Public Health commissions Stop Smoking services from GP practices and community pharmacies (Primary Care) along with the Lifestyle Services. In recent years activity in GP practices and especially community pharmacies have fallen, again exacerbated by the COVID-19 pandemic. During the pandemic the Lifestyle Service offered virtual support for stopping smoking. This had not previously been popular but during lockdown there was a demand for virtual support from smokers referred from Primary Care. This virtual offer along with the Lifestyle Service face to face services has been maintained. Virtual services also offer environmental benefits in reducing the need to travel. Early indications are that demand for the Lifestyle Service Stop Smoking Service

is being maintained whilst we are not seeing any increases in Primary Care activity, especially in community pharmacies. Lifestyle Services also work with vulnerable groups and focus in areas of deprivation where rates of smoking are higher. The Service's block contract along with virtual support for quitting are more cost-effective options.
Stopping smoking is a prevention intervention that has very clear evidence for improving health outcomes. Although there have been reductions in smoking prevalence, rates have remained high in manual occupations and associated with deprivation.

Smoking activity is monitored quarterly through returns to the Department of Health and Social Care as a priority public health area. Currently Cambridgeshire is benchmarked as having a similar smoking prevalence to England. Rates have historically been higher in Fenland, but district level data is currently not available. It should also be noted that because of COVID-19 data no recent data is available. Continuing to offer different more cost-effective options for stopping smoking aims to increase the number of quitters and prevent the associated poor health outcomes from smoking.

Figure 3: Smoking Prevalence in adults

| Region | Prevalance of Smoking in Adults [18+] (2019) |
|---|---|
| England | 13.9 |
| East of England | 13.7 |
| Bedford | 10.8 |
| Cambridgeshire | 13.2 |
| Central Beds | 13.7 |
| Essex | 13.2 |
| Hertfordshire | 11.0 |
| Luton | 16.8 |
| Norfolk | 14.5 |
| Peterborough | 18.8 |
| Southend-on-Sea | 13.2 |
| Suffolk | 16.1 |
| Thurrock | 17.5 |

## Contingency Fund

The Contingency Fund was historically set up in anticipation of pressures on specific areas, obesity, stop smoking services, community projects and Traveller health. These issues have not arisen and any pressures going forward will be picked up by reserves, existing budgets or in the case of obesity the additional funding allocated to obesity from the increase in the Public Health Grant.

## Holding Account

An excess of funds has been identified in the Public Health holding account that were for planned interventions which have now been superseded and are being funded within existing budgets.

None of these savings are associated with adverse impacts on those with protected characteristics, the environment or health and safety. The expected positive health outcomes are described in the above narrative.

The savings will not impact on service delivery but are part of the development of services that will continue to support the Local Authority's key outcomes of protecting and caring for those who need us, a good quality of life for everyone and communities at the heart of everything. In addition, Public Health services are increasingly responding to the demand for virtual services which support a safe, clean, green environment.

# 2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

The savings and descriptions above support national policy in relation to chlamydia screening, health checks and stop smoking. All three areas are monitored nationally and included in the national Public Health Outcomes Framework, where key public health outcomes are reported.

The savings proposals here reflect the Local Authority's Commercial Strategy that is currently in development. In particular

- maximising value for money from contractual relationships.
- making robust decisions on a consistent basis with evidence and a sound business case
- collaborating with the market and with partners to develop alternative models for greater returns/cost efficiencies.
- maximising use of revenue and assets.

Improving the health and wellbeing of our local communities is central to Public Health services; the savings and the associated developments described above aim to improve outcomes for our communities. It supports the strategic objectives of Children and Young People (CYP) Services through lifestyle services for CYP and their parents and carers. For example, children and young people exposed to smoking in the home can have poorer health outcomes. Chlamydia screening improves the health of young women in the shorter but also longer term. Lifestyle services are key to helping those accessing Adults Social Care stay as healthy as they can be.

There is clear evidence that services for chlamydia screening, health checks and stop smoking, already described above, improve health outcomes. This academic evidence has been rigorously researched and informs national guidance for these programmes.

There had been discussion with practitioners and stakeholders about the services in relation to their development and their information and views are helping to shape service development. The commissioned providers are asked to consult with their service users about existing and any changes to services. This is currently in progress as part of identifying the impact of the COVID-19 pandemic. However, most savings reflect demand and existing service developments.

## 3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

The three main areas where savings will be made are based on demand but there are other factors that have been considered and discussed with providers and stakeholders.

### Chlamydia Screening

This has been influenced by national guidance and evidence that calls for less but more targeted activity in primary care to achieve the best outcomes for those most affected. Although activity in primary care has been decreasing over time.

These two factors have been considered and found to support the focus upon sexual health service clinics and virtual services where demand has increased, and the screening is more cost-effective for lower risk potential cases. Whilst ensuring that those at risk of poorer outcomes are targeted.

### Health Checks

Some areas have adopted different models for the delivery of health checks that are a mixture of less reliance on GP service delivery or a more blended model with activity or aspects of the health check delivery shared to a greater degree with other providers.

We are piloting a local model this year that will aim to improve activity and quality of service delivery but not increase costs. The savings currently identified represent current low demand.

### Stop Smoking

These savings reflect the learning from the pandemic and the acceptability of virtual services. In addition, the increased referrals from primary care to the Lifestyle Service demonstrate a willingness by primary care to shift activity to the Lifestyle Service.

Lifestyle services can offer more flexible services and focus on groups and areas where smoking rates are higher along with its virtual service.

## 4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

These savings have been discussed with finance leads for Public Health and the Director of Public Health.

The proposal does not involve any new projects but there are some elements of re-design of the current services that will support the ongoing delivery of the savings. This redesign of some aspects of primary care delivery have been discussed with the Local Medical Committee and Lifestyle Service provider. There are regular reviews and agreement of service development objectives with providers. Providers are required to ask service users on a regular basis for feedback on services.

### High Level Timetable

| Task | Start Date | End Date | Overall Responsibility |
|---|---|---|---|
| New budgets for Chlamydia Screening, Health Checks and Stop Smoking services that reflect savings | April 1 2022 | ongoing | Val Thomas |
| Contingency Fund closed | April 1 2022 | ongoing | Jyoti Atri |
| Holding Account closed | April 1 2022 | ongoing | Jyoti Atri |

## 5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so, please provide as much detail as possible.

The proposed savings will have limited effect on those with protected characteristics. They are demand led or were held back for contingency purposes or until needed. These needs have not materialised, and the funding is no longer required. However, there are some service developments that will have impacts on some groups:

### Chlamydia Screening - Gender - pregnancy and maternity

The change to the chlamydia Screening Programme will have a positive effect upon the health of women. Those at higher risk of poor health outcomes and services will be targeted in Primary Care to identify infection and minimise risks to reproductive health.

### Young People – aged 15-24 - Sexual health, pregnancy, and maternity

There is evidence that the health of young people has been affected by COVID-19. The Chlamydia Screening Programme targets those aged 15-24 years and service providers are being asked to identify any concerns, in particular any mental health issues, that might affect uptake of screening.

In addition, as we emerge from lockdown and its freedoms there are risks in terms of sexual behaviours that could lead to increases in sexually transmitted infections and unplanned pregnancy. The increased focus upon chlamydia screening provides the opportunity for service providers to work with young people to promote safe relationships and behaviours.

### Health Checks – deprivation and race

Health Checks are targeted at those aged 40-70 irrespective of any protected characteristics.

However, the closure of GP practices and their limited capacity meant fewer health checks were undertaken during the COVID-19 pandemic. Although the savings arising from health checks should not affect the current service delivery, the pilot services being undertaken this year will aim to deliver more services next year in areas where there are higher cardio-vascular health risks that are linked to deprivation and race.

### Stop Smoking Services – deprivation

Stop smoking services target all smokers and this is unaffected by the proposed savings.

There is no clear evidence currently that smoking rates have increased through the pandemic, however decreased access to services despite more virtual services suggest that this could have been the impact

However, the ongoing service developments will continue to target groups and areas, primarily linked to deprivation that are associated with higher rates of smoking.

An Equality Impact Assessment (EqIA) will be developed to ensure this proposal is equitable in its aims and delivery and any potential adverse impacts on people with protected characteristics are mitigated against. This is to ensure CCC's decision-making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

## 6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

### Financial Benefits

This business case will deliver savings of £328k:

These savings represent low demand and activity

Contingency funding that is no longer required as the interventions have been either re-designed or funded from another source.

Holding account fund that is no longer required as the interventions have been either re-designed or funded from another source.

| Savings | Amount | Totals |
|---|---|---|
| Stop smoking service: | | |
| GP services includes GP Payments and cot of medicines that are part of stop smoking interventions | £70,000 | |
| Community pharmacy interventions: payments to pharmacists | £25,000 | |
| Miscellaneous Stop Smoking interventions e.g campaigns | £10,000 | |
| Chlamydia Screening: | | |
| Pharmacy services: payments to pharmacists | £5000 | |
| GP services: payments to GPs | £20,000 | |
| Laboratory costs | £40,000 | |
| Health Checks: | | |
| Health Check services: payments to GPs | £50,000 | |
| TOTAL Demand led services | | £220,000 |
| | | |
| Contingency fund for payments to CCG: | | |
| Contract Clinical Governance and Primary Care data processing support | £5000 | £5000 |
| | | |
| Contingency Fund: | | |
| General Childhood Obesity | £2,700 | |
| Small Community Projects | £15,000 | |
| Stop Smoking GP and Pharmacy Services | £17,000 | |
| Traveller Health | £11,300 | |
| TOTAL Contingency Fund | | £46,000 |
| | | |
| Holding Fund Access | | £57,000 |
| | | |
| TOTAL Savings | | £328,000 |

## Non-Financial benefits

| Key Benefit | Measure | Baseline | Target & Timescale |
|---|---|---|---|
| Chlamydia Screening will target females who are at higher risk. | Number of females screened in GP practices | To be established in 2022/23 | Increases over first three years |

| | | | |
|---|---|---|---|
| Long term impact on fertility and mental health services reduced. | | | |
| Health Checks targeted to groups and areas where there are higher rates of cardio-vascular disease | Number of Health Checks in high-risk groups and areas | To be established at the end 2021/22 | Target health checks met by March 31 2024 |
| Stop Smoking Services increases number of quitters amongst targeted high-risk groups which includes pregnant smokers, manual and routine workers, and areas of deprivation | Number of smoking quitters from targeted groups that were treated by the Stop Smoking Services | Number of successful quitters from targeted groups at the end of 2021/22 | Targets to be met by the March 31 2024 |

## 7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

| Risk | Mitigation | RAG (should the risk occur) | Overall Responsibility |
|---|---|---|---|
| Demand for health checks increases | Activity diverted to Lifestyle Service. Negotiate new value for block contract that accommodates increased activity in cost envelope | Amber | Val Thomas |
| Demand for chlamydia screening increases in GP practices. | Establish referral routes from GP practices for females to the sexual health services for screening and follow up. | Amber | Val Thomas |
| Demand for Stop Smoking Services increases | Divert activity to Lifestyle Services Negotiate new value for block contract that that accommodates increased activity in cost envelope | Amber | Val Thomas |

## 8. Scope: What is within scope? What is outside of scope?

In Scope

- Chlamydia Screening Programme
- Health Checks Programme
- Stop Smoking Services
- Public Health Contingency fund
- Public Health Holding Fund

Out of scope

- All other Public Health Grant funding