## PROPOSAL TO REDUCE RMBC CONTRA

## Level of savings during 2016/17 equat

Ref	Service Line
1	Health Visitors
	Integrated Sexual Health - GUM/CASH
2	
3	Oral Dental Health Promotion
4	Community Dietetics

## tes to £143k

## **Proposal**

TRFT will undertake a reconfiguration of the HV service. This will require a significant lead in time to ensure due process is adhered to. It is likely to require a 30 day staff consultantion followed by initerviews, appointments etc etc.

Reduction of 2 sessions per week, one in Acute, one in Community. A review of footfall will be undertaken during Q4 to identify the most appropriate time. There may be potential, based on current knowledge of times patients access the services (partiuclarly acute) to examine deferring daily opening times to later in the morning. This would be instead of a whole session closure. Further work is required to determine the best possible solution. A similar model is in place within Sheffield Sexual Health Services. Review the whole of integrated sexual health service provision around health promotion including use of social media and other alternative mechanisms for communicating with younger people

Reduction in non pay i.e. loan resource items and a review of brushing clubs

Service model under review. Require clarity from commissioners re future service specification. Potential to reduce level of service delivery but requires further discussion with commissioners in relation to which services they wish TRFT to cease delivering

Risk		
Unable to proceed with planned re-structure due to unforeseen circumstances.		
Reduced access to Sexual Health Services.		
No additional resource boxes will be developed for loan to all agencies that have had oral		
health training and we will not be able to replace damaged or lost resources		
• We anticipate that we may still be able to set up new brushing clubs but the numbers of		
new clubs may be less. The main impact will be that the running costs for the existing and		
new brushing clubs can no longer be provided by the OHP Service so replacement of		
resources for the clubs will need to be provided by the schools themselves		
• Currently the OHP service provides feeder cups to vulnerable families and leaflets on the		
use of feeder cups to all families. The impact of the CIP is that the provision of feeder cups		
will cease for vulnerable families and instead they will receive a leaflet on the use of feeder cups. Leaflets on feeder cups for all other families will cease completely		
<ul> <li>When providing training, training packages are provided by the OHP team to participants.</li> </ul>		
This will not be provided in the way we have been doing but all the training resources will be		
emailed to the participants to print out their own		
Unknown at this stage		

Mitigation	Timeline
None at this stage	With effect from 1st April 2016
	subject to HR consultation processes
Times of reduced capacity will be aligned to current demand patterns. The acute and community services will be closed on different days to ensure there is continuity of service. Posts will be lost through natural wastage.	With effect from 1st April 2016
	With effect from 1st April 2016
Unknown at this stage	With effect from 1st April 2016
	subject to the outcome of
	commissioner/provider discussions
	during Quarter 4

	Savings
£	50,000
£	80,000
	£3,513
	13,313
£	15,000
£	148,513
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