

# Strategic Outline Business Case

Project:

# eClinic

Business Case Development in Partnership with:

RDaSH Mental Health NHS Foundation Trust  
North Lincolnshire Council Digital Inclusion Unit  
BT  
Sheffield University

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# Strategic Outline Business Case

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This is a model strategic outline business case for the project. It does not contain any financial or economic analysis - but rather presents a summary of the project and a qualitative comparison against sensible alternative options. This qualitative comparison was produced by a cross-section of stakeholders working in collaboration to provide a combined assessment of the relative benefits of the project. This is thus their case study, presented "as is", and neither these stakeholders nor the publisher give any warranty regarding the suitability of the project to third parties choosing to implement the project within their local area.

# Summary

This page presents a summary of all key parts of the business case. It summarises the key components of what the Treasury calls the Strategic Outline Business Case for a project.

## Strategic Case

Current demand in North Lincolnshire to prescribed NICE approved services to treat anxiety & depression is unable to be met within existing resources. Approximately 1 in 4 adults in North Lincolnshire or 25,000 of the adult population will place a demand on this service. Levels of demand are also predicted to grow – the World Health Organisation predicts that depression will be the 2nd greatest burdening disease on the NHS by 2020. This is an issue that affects many areas of the UK.

The impact is higher suicide rates (linked to economic downturn & unemployment), higher medication costs, & lost productivity for major employers in the area. eClinic has been designed to address these issues. It offers a real-time telehealth service for treating and managing depression and anxiety. The service includes: real-time internet based therapy, virtual drop in or scheduled appointments, advice and support via email as well as offering an extended hours service. The service supports key national policies Improving Access to Psychological Therapies, Darzi Report, & Good to Great DoH report. A good evidence base exists to justify the clinical value of this approach & ongoing evaluation is in place to assess impact.

## Economic Case

eClinic scored significantly higher when weighed comparatively against all other delivery options in terms of compellingness, effectiveness, & benefits vs. achievability. 'Do Nothing' & 'Out of Hours based on traditional approach' offered much lower burdens in delivery terms, but failed to realise the benefits of eClinics or deal with the key issue around increasing demand in the long term. Outsourcing to private sector therapists offers a marginal level of compellingness & achievability and provides a comparatively lesser burden to stakeholders but has much less impact in benefit terms than eClinic.

eClinic offers the best VFM proposal with the capability to address progressive demand by providing greater choice to a wider user base at optimum costs. Also by enabling therapists to work flexibly from home a 50% productivity gain could be achieved as the number of counselling sessions per therapist per day could increase from 4 (currently) to 6. Net Present Value assessment suggests eClinic will break even in 4 years – this is currently a very conservative estimate given that reduced medication costs have still to be factored in.

## Commercial Case

Building on proof of concept work with BT there is a commercial specification of requirements to facilitate delivery of an eClinic - there are also off the shelf commercial platforms that can support delivery - including BT products and services. So a competitive procurement process is possible to engage a suitable supplier who may also act as a strategic partner to help a PCT promote the wider commercial opportunities and ambitions for eClinic. development.

eClinic can be operated as a B2C service (Business to Citizen – which has been the focus of the proof of concept programme, free at the point of access) & B2B (Business to Business i.e. a new eClinic service to local

employers as means of helping them to meet their obligations to employees under NICE Guidance – a service which could be charged for and generate revenue for a PCT). eClinic also enhances the competitiveness of the tender a PCT can make to deliver care services in other trust areas. This, combined with the proposed development of a charged for service to employers shows how a PCT can improve productisation of eClinic & realise commercial benefits from its mainstream.

### **Financial Case**

Just under 75% of project costs are one off set up costs linked to e.g. procurement, hosting & development of the technical platform, marketing, external communications, training and support. Ongoing budget provision include an annual refresh of the system & ongoing maintenance. NPV evaluation suggests the eClinic would break even in Y4 but this is a conservative analysis. Once more detailed factoring in of expected reductions in medication costs and concordance is taken into account NPV break even could be achieved in Y2 or Y3.

The impact of implementing the eClinic service will be to realise up to a 50% productivity gain in the number of counselling sessions that the existing pool of therapists will be able to deliver to local citizens as it will be possible to offer an extra 2 sessions per day when therapists are working flexibly and in some cases remotely. This is a potentially huge productivity gain over the existing service delivery model and when combined with the potential impact on DNA (did not attend) figures, provides an optimum VFM solution to help a PCT bridge the gap to meet existing demand.

### **Management Case**

The outline project plan takes into account all key elements involved in implementation of eClinic. Management of the service should be overseen by the Directorate for Psychological Therapies which is responsible for existing service delivery in this area, so will optimise integration of eClinic into mainstream practice.

Key risks relate to uncertain end user demand & delivery of a technical solution that doesn't meet requirements. External research shows that online counselling services are popular so together with a local marketing push as part of eClinic roll out this will help mitigation in this area. The early proof of concept work in Rotherham and Doncaster has helped put together an excellent understanding of business needs and a user specification to meet the needs of eClinic going forward.

Most stakeholders are positive about eClinic and eager to integrate it into existing management & governance processes. Marketing the benefits and offering training and support to end users will encourage their demand for the new service. Therapists will receive ongoing training and support to help them adjust to new ways of working there are already existing training courses in online therapy.

# Project Definition

## Project Summary

1. Project Name	eClinic.
2. Target Group/ Community	Adult (18+) residents of local authority area suffering Depression and Anxiety.
3. Approximate Size of Target Group	1 in 4 of local authority population(c25,000) (800 alone in one GP surgery for depression on medication).
4. Policy/ Strategic Foundation	Health and Wellbeing, Geographical Disadvantage, Income/Poverty, Unemployment, Maintaining Employment, Families with Complex Needs.
5. Key Problem the Project Solves	The current demand for prescribed NICE approved services is not being met with current resources. Existing services that are available are not being accessed due to lack of awareness among service users and inconvenient modes of delivery particularly in rural areas of the local authority area.
6. The Problem with the Status-Quo	<p>Predicted future demand is very high - World Health Organisation predicts that depression will be 2nd greatest burdening disease on NHS by 2020 and current and planned public sector resources will not meet this demand. Current capacity in the local authority is not even meeting current demand because some people who need the service can't attend clinics outside normal working hours particularly patients in employment who have to miss work. Currently the Mental Health Foundation Trust is not able to offer out of hours services because of lack of resources and safety of staff along with the difficulty of recruiting qualified therapists due to geographical constraints. The impact is higher suicide rates (linked to economic downturn and unemployment), higher medication costs, lost productivity for major public/private sector employers in the area. (Cost to NHS of depression is £1.7bn and national economy £7.5bn)</p>

## Project Summary continued...

7. Key Indicators of Success and Critical Success Factors	<p>Indicator 1: Choice and Control (Patient satisfaction and experience)</p> <p>Indicator 2: Diversity of Users (young males, rural, in-work).</p> <p>Indicator 3: Prevention (Early Intervention, Reduced Depression Medication Costs).</p> <p>Indicator 4: Quality (Clinical Effectiveness).</p> <p>Indicator 5: Productivity (Increased Demand/ Quality - same resources).</p>
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8. Brief Overview of Project	<p>Adopt a realtime telehealth care service for treating and managing depression and anxiety This service includes: realtime internet based therapy, virtual drop in or scheduled appointments, advice and support via email. It offers an extended hours service. Adopt established/ innovative private sector practice, customised to meet NHS clinic governance standards, which will support flexible working (home/ out of hours) and improving the working lives of staff - enabling productivity gains. The increased choice and control will improve patient satisfaction. The service will specifically target those on long term medication. The service supports key national policies Improving Access to Psychological Therapies, Darzi Report, Good to Great DoH report which recommends using technology to deliver services. Community Services Vision to deliver care close to home. Patients have rights to access NICE approved treatment.</p>
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9. Three Main Alternative Options	<p>Alternative Option 1: Do Nothing.</p> <p>Alternative Option 2: Offer Out of Hours Based on Traditional Approaches.</p> <p>Alternative Option 3: Outsource to Private Sector Therapists.</p>
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**The project and specific solution being proposed will generate something new, a product or service, that ...**

10. is unlike alternatives because...	<p>It utilises innovative technology as advocated by DoH, and creates a virtual care pathway. It allows therapists to work remotely from home and provides patients greatest flexibility and open access to therapy at 'drop in' times convenient to them. It increases productivity of existing staff - reducing travel needs, while also increasing direct patient contact.</p>
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11. and has the following evidence for its potential effectiveness.	<p>In the eClinic concept paper produced in January 2008, a range of evidence was identified supporting the value of this approach:</p> <ul style="list-style-type: none"> <li>• 'remote' counselling is now largely available &amp; acceptable by telephone</li> </ul>
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- a range of studies have been published which demonstrate the effectiveness of online counselling.
- courses for mental health professionals are now available specifically around online therapy
- The concept of support groups via the Internet is well established & social networking technologies are hugely popular with millions of users especially young people. eClinic has significant potential to tackle mental health problems among the young
- Both private and public sector online counselling services are available in other countries, including the USA, Australia & the Netherlands.

There is emerging evaluation evidence from the Rotherham and Doncaster Mental Health Foundation Trust experience of running eclinics.

12. What is the basis for the choice of Alternative Options above?

Review of realistic alternatives to solving the problem by stakeholder group.

## Business Case Burdens

This page provides a summary of burdens identified through the business case process. Where possible these have been quantified.

Ref	Organisation	Short description of Benefit or Burden	Benefit or Burden?	Finance / Non-Financial	Quantification Approach	Non-Financial Quantification (e.g. time, quality etc)	2011 / 2012	2012 / 2013	2013 / 2014
7	Patients	Need ICT skills and access	Burden	Non-Financial	Non-Quantifiable				
8	Patients	ICT Reliability/ Broadband drop-out etc	Burden	Non-Financial	Non-Quantifiable				
14	NHS Mental Health Trust	Change and learning new system	Burden	Non-Financial	Non-Quantifiable				
21	RDASH	Staff stress	Burden	Non-Financial	Quantify	Reduced Absenteeism due to stress			

# Stakeholder Identification

This page presents a table of key stakeholders that have been identified and who have a stake and/or a role to play in the successful outcomes of any of the solutions.



Ref	Stakeholder Category	Stakeholder Type	Specific Stakeholder Title or Name
1	Excluded Group	Other	Adults with Depression & Anxiety
2	Service Delivery Organisation	Public Sector Delivery Organisation	Mental Health Foundation Trust
3	Frontline Worker	Therapist	Therapists
4	Frontline Worker	GP	GPs and other Referrers
5	Wider Public Bodies	Other	Strategic Health Authority
6	Local Authority	Other	Local Council
7	Local Partnership	Other	LSP
8	Economy and Society	Local Economy	Local Employers
9	Local Authority	Other	Public Sector Staff
10	Wider Public Bodies	Central Government	Department of Health
11	Family Friends and Carer	Family	Family and Carer



# Benefits and Burdens Analysis

This page presents a table of benefits and burdens for each of the options identified. Each benefit is presented in Green and each burden in Red.

They have been mapped against the relevant stakeholder that is impacted and scored. This approach is a form of 'Multi-Criteria' analysis that is recommended in the HMT Green Book.

Ref	Stakeholder	Short Description of Benefit or Burden	Benefit or Burden?	Weight	Scores for Benefits/Burdens Relative To Other Options			
					eClinic	Do nothing	Offer Out of Hours Based on Traditional Approaches	Outsource to Private Sector Therapists
1	Therapists	Reduced paperwork and bureaucracy	Benefit	M	4	0	0	5
2	Adults with Depression & Anxiety	Improved access to treatment	Benefit	M	4	0	2	1
3	Adults with Depression & Anxiety	Improved choice/methods of accessing services	Benefit	M	4	0	0	0
4	Adults with Depression & Anxiety	Reduced need to travel	Benefit	M	5	0	0	0
5	Adults with Depression & Anxiety	Reduced time off work	Benefit	M	5	0	4	0
6	Adults with Depression & Anxiety	Discrete access to treatment	Benefit	M	5	0	0	0
7	Adults with Depression & Anxiety	Need ICT skills and access	Burden	M	-2	0	0	0
8	Adults with Depression & Anxiety	ICT Reliability/Broadband drop-out etc	Benefit	M	-4	0	0	0
9	Therapists	Safety of staff for out of hours therapy	Benefit	M	3	0	0	0
10	Therapists	Provision to working from home	Benefit	M	5	0	0	0
11	Therapists	Less travel time	Benefit	M	3	0	1	5
12	Mental Health Foundation Trust	Reduced travel expenses	Benefit	M	3	0	1	0
13	GPs and other Referrers	Reduced medication costs and concordance	Benefit	M	3	0	0	0
14	Therapists	Change and learning new system	Burden	M	-2	0	-1	-5
15	Strategic Health Authority	Credit for service innovation	Benefit	M	5	0	1	1
16	Local Employers	Reduced Absenteeism	Benefit	M	4	0	2	0
17	Local Employers	Meet NICE Guidance on employee wellbeing	Benefit	M	5	0	0	0
18	LSP	Helps National Indicators	Benefit	M	4	0	1	1

# Benefits and Burdens Analysis

This page presents a table of benefits and burdens for each of the options identified. Each benefit is presented in Green and each burden in Blue.

They have been mapped against the relevant stakeholder that is impacted and scored. This approach is a form of 'Multi-Criteria' analysis that is recommended in the HMT Green Book.

Ref	Stakeholder	Short Description of Benefit or Burden	Benefit or Burden?	Weight	Scores for Benefits/Burdens Relative To Other Options				
					Score of benefit (low 1 to 5 high) 0 = none. Score of burden (low 1 to 5 high) 0 = none.	eClinic	Do nothing	Offer Out of Hours Based on Traditional Approaches	Outsource to Private Sector Therapists
19	Local Council	Hits objectives and national reputation	Benefit	M	5	0	0	0	0
20	Family and Carer	Access to information to support family member	Benefit	M	3	0	2	1	1
21	Therapists	Staff stress	Burden	M	-1	-4	-2	-5	-5
22	Department of Health	Meet strategic objectives	Benefit	M	4	0	1	1	1
23	LSP	Helps National Indicators	Benefit	M	4	0	1	1	1
24	Mental Health Foundation Trust	Reduced DNAs	Benefit	M	4	0	2	1	1
25					0	0	0	0	0
26					0	0	0	0	0
27					0	0	0	0	0
28					0	0	0	0	0
29					0	0	0	0	0
30					0	0	0	0	0

<b>Total Benefit</b>	246	0	54	51
<b>Benefit Percentage</b>	82.0	0.0	18.0	17.0

<b>Total Burden</b>	-27	-12	-9	-30
<b>Burden Percentage</b>	45.0	20.0	15.0	50.0

# Effectiveness Analysis

This table compares the relative effectiveness of each of the options. Effectiveness is measured by 3-5 key indicators. The scores have been weighted to produce an Effectiveness % Score. This approach is a form of 'Multi-Criteria' analysis that is recommended in the HMT Green Book.

Indicator	Weight	Options			
		eClinic	Do Nothing	Offer Out of Hours Based on Traditional Approaches	Outsource to Private Sector Therapists
Choice and Control (Patient satisfaction and experience)	4	5	0	3	1
Diversity of Users (young males, rural, in-work)	3	4	0	1	0
Prevention (Early Intervention, Reduced Depression Medication Costs)	3	2	0	1	1
Quality (Clinical Effectiveness)	4	0	0	0	0
Productivity (Increased Demand Quality - same resources)	3	4	0	0	2
<b>Weighted Score</b>		58	0	18	17
<b>Effectiveness %</b>		61	0	19	18



# Achievability Analysis

This table compares the relative achievability of each of the options against the proposed solution. Achievability is measured by 10 common criteria that are essential to the successful implementation of projects. These criteria have been weighted to produce an overall Achievability Score.

Criterion	Options				
	Weight	Enhanced Independent Living (At Home Not Alone)	Do Nothing	Offer Out of Hours Based on Traditional Approaches	Outsource to Private Sector Therapists
Appetite for change	5	4			
Committed leadership	5	4			
Strategic & policy fit	3	4	1	2	1
People to deliver project	3	3	5	1	0
Money available	3	0	3	0	1
Feasible process change	3	3	5	1	0
Enough time	3	4	5	1	2
Fit with current ICT	3	3	5	5	4
Products & services available	3	2	5	5	5
Receptive stakeholder	3	3	2	1	0
<b>Weighted Score</b>		106	103	88	79
<b>Effectiveness %</b>		62.4	60.6	51.8	46.5

# Options Comparison Summary

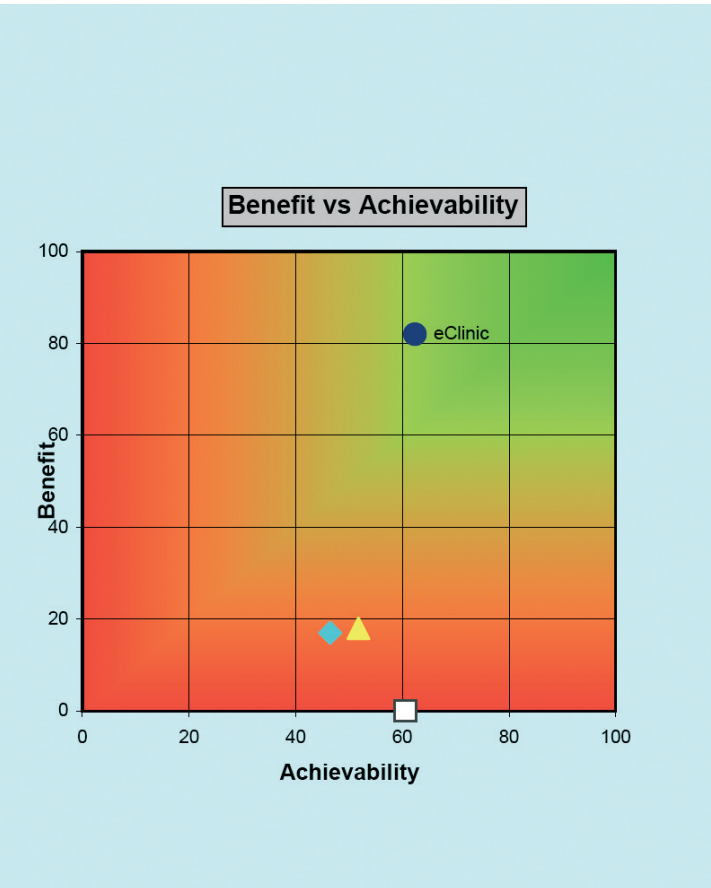
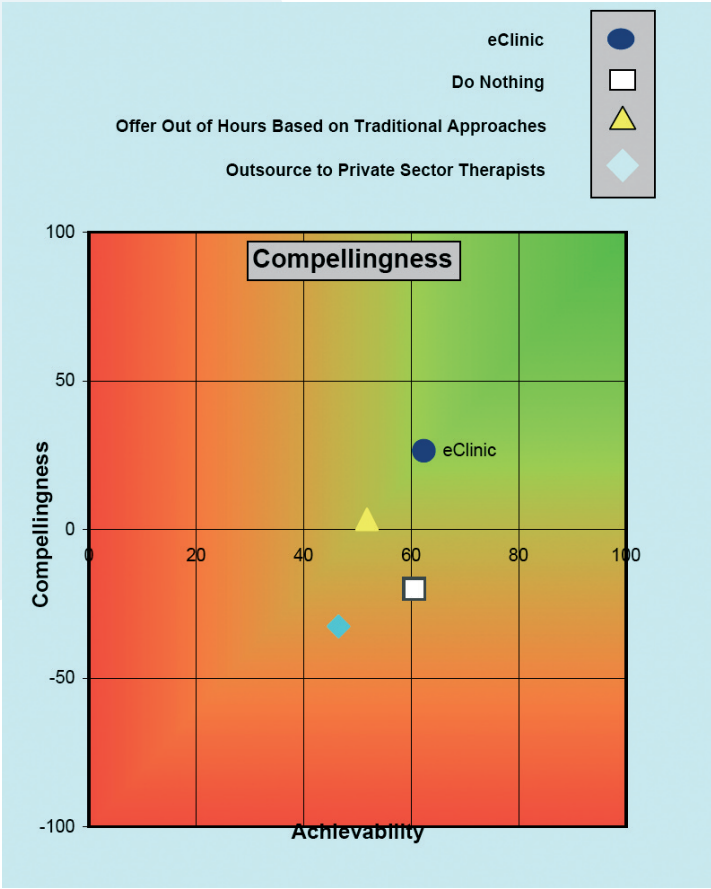
This page provides a summary of the options analysis. The chart plots the relative 'compellingness' of each of the options. Impact is plotted on the vertical axis. Options that have negative or low positive impact are those for which burdens generally outweigh benefits and score low on relative effectiveness against key indicators. Options which score highly are those in which benefits and effectiveness outweigh burdens. Options which score highly on achievability are those which have the lowest barriers to project success, or key enablers in place.

## Summary of Analysis

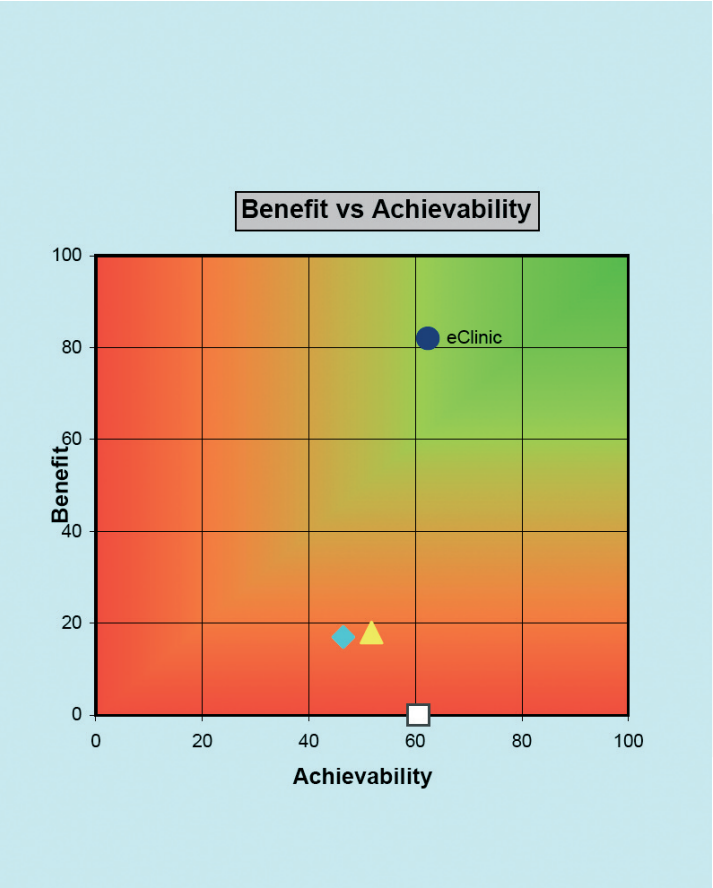
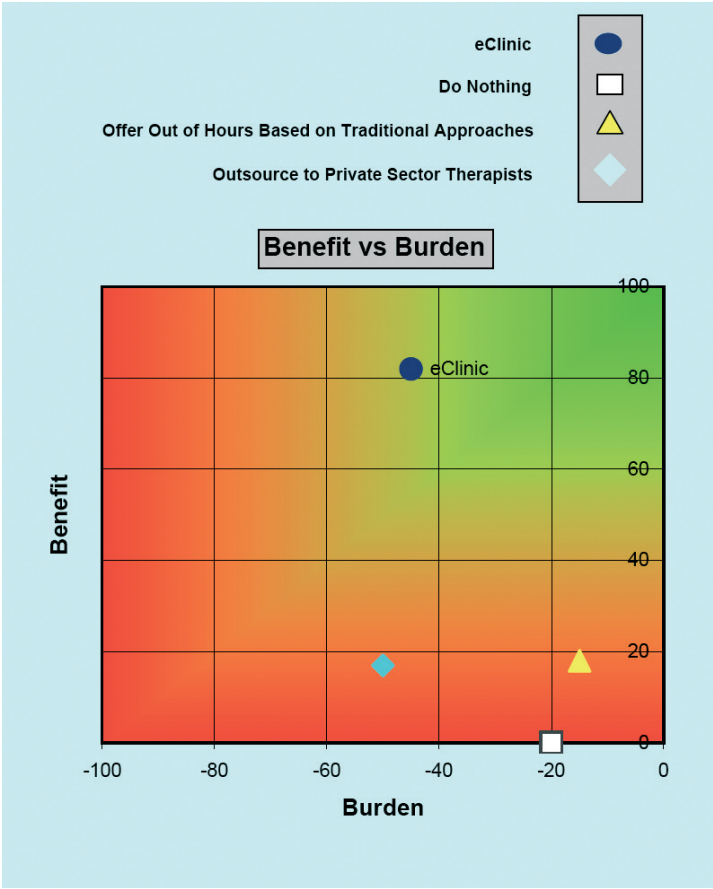
Project Option	Benefit	Burden	Effectiveness	Achievability	Compellingness
eClinic	82	-45	61	62	27
Do Nothing	0	-20	0	61	-20
Offer Out of Hours Based on Traditional Approaches	18	-15	19	52	3
Outsource to Private Sector Therapists	17	-50	18	46	-33



# Project Analysis Dashboard 1



# Project Analysis Dashboard 2



# Opportunities for improvement

- a) Weaknesses in Red - areas where the preferred option scores poorly relative to other options and you should consider strengthening the project.
- b) Strengths in Green - areas where the preferred option scores highly relative to other options.
- c) Opportunities in Yellow - areas where none of the options score particularly well, or areas of high importance where there might be high payoff in strengthening the preferred option.

opportunities	Strengths/Weaknesses	
0	8	Choice and Control (Patient satisfaction and experience)
3	9	Diversity of Users (young males, rural, in-work)
9	3	Prevention (Early Intervention, Reduced Depression Medication Costs)
0	0	Quality (Clinical Effectiveness)
5	10	Productivity (Increased Demand/ Quality - same resources)
5	0	Appetite for change
5	0	Committed leadership
3	6	Strategic & policy fit
0	-6	People to deliver project
6	-9	Money available
0	-6	Feasible process change
0	-3	Enough time
0	-6	Fit with current ICT
0	-9	Products & services available
6	3	Receptive stakeholders



# Summary Narrative

## Summary of Options Analysis

eClinic stands out as the preferred option. It scores significantly higher when weighed comparatively against all other options in terms of compellingness, effectiveness, & benefits vs. achievability. While 'Do Nothing' & 'Out of Hours based on traditional approach' offer much lesser burdens in delivery terms, they fail to realise anywhere near the benefits of eClinic. Outsourcing to private sector therapists offers only a marginal level of compellingness & achievability and will provide a comparatively lesser burden to stakeholders but will have much less impact in benefit terms than eClinic. Key strengths of eClinic include enhanced choice and control for patients, a wider diversity of users, & increased productivity, with a good strategy and policy fit. Weaknesses currently relate to a lack of resources to deliver the proposal, the need for new working practices and to align with current ICT infrastructure & the lack of 'off the shelf' commercial solutions to meet the needs identified. While eClinic also scores well in areas such as Prevention, Quality (clinical effectiveness), sense of urgency, committed leadership & receptive stakeholders, these also provide opportunities for partners to further strengthen these areas as part of the business case development.

## Initial View on Relative Value for Money of Options

Initial analysis indicates eClinic offers the best VFM proposal with the capability to deliver greater choice to a wider userbase at optimum costs. Do Nothing fails to address the progressive growth of depression & anxiety in the community. Outsourcing will not deliver the required productivity gain & is likely to be more costly as a result of TUPE transfers & redundancy costs. Out of Hours offers marginal benefits & flexibility but no real efficiency gains.



eClinic

Competition

Gap Analysis

eClinic		Key Requirements		Competition		Gap Analysis						
Opportunities	Strengths/Weaknesses	Weight		eClinic	Do Nothing	Offer Out of Hours Based on Traditional Approaches	Outsource to Private Sector Therapists	Do Nothing	Offer Out of Hours Based on Traditional Approaches	Outsource to Private Sector Therapists	Strengths/Weaknesses	Opportunities
0	8	4	Choice and Control (Patient satisfaction and experience)	5	0	3	1	20	8	16	8	0
3	9	3	Diversity of Users (young males, rural, in-work)	4	0	1	0	12	9	12	9	3
9	3	3	Prevention (Early Intervention, Reduced Depression Medication Costs)	2	0	1	1	6	3	3	3	9
0	0	4	Quality (Clinical Effectiveness)	0	0	0	0	0	0	0	0	0
5	10	5	Productivity (Increased Demand/ Quality - same resources)	4	0	0	2	20	20	10	10	5
5	0	5	Appetite for change	4	1	4	4	15	0	0	0	5
5	0	5	Committed leadership	4	1	4	4	15	0	0	0	5
3	6	3	Strategic & policy fit	4	1	2	1	9	6	9	6	3
0	-6	3	People to deliver project	3	5	1	0	-6	6	9	-6	0
6	-9	3	Money available	0	3	0	1	-9	0	-3	-9	6
0	-6	3	Feasible process change	3	5	1	0	-6	6	9	-6	0
0	-3	3	Enough time	4	5	1	2	-3	9	6	-3	0
0	-6	3	Fit with current ICT	3	5	5	4	-6	-6	-3	-6	0
0	-9	3	Products & services available	2	5	5	5	-9	-9	-9	-9	0
6	3	3	Receptive stakeholders	3	2	1	0	3	6	9	3	6

Key: Your projects ability to meet the requirements.

5 = Fully Satisfies or exceeds

3 = Average performance

0 = Very poor performance or n/a

Total	45	33	29	25	61	58	68
Weight	164	103	106	96			
% Score	62	39	40	36			

# Project Plan

	2011/2012				2012/2013				2013/2014			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Milestone Decision for Project	█											
Project Management		█	█	█								
Team Meetings		█	█	█								
Project Board		█	█	█								
Strategic Procurement												
Write Contract		█										
Issue Tender		█										
Selection and Contract			█									
Contract Kickoff Meeting			█									
Development			█									
Assemble/ Build												
Integrate				█								
Setting to Work				█								
Installation												
Acceptance				█								
Organisational Change				█								
Process Change												
Staff Training												
Training				█	█	█	█	█	█	█	█	█
End User				█	█	█	█	█	█	█	█	█
Marketing												
Service Launch				█								
Fliers, Posters and Letter												
Maintenance and Support												
Maintenance					█	█	█	█	█	█	█	█
Help Desk					█	█	█	█	█	█	█	█
Business Development												
Define Service offer to clients				█	█	█	█	█	█	█	█	█
Define Service offer to employers				█	█	█	█	█	█	█	█	█
Define Service offer to trust				█	█	█	█	█	█	█	█	█
Sales												
B2B Marketing				█	█	█	█	█	█	█	█	█
Evaluation												
Success Criteria			█									
Measurement and Reporting				█	█	█	█	█	█	█	█	█
Benefits Planning and Realisation			█				█				█	
Ongoing Recurring Activities												
Operations			█	█	█	█	█	█	█	█	█	█
License Renewal			█				█				█	

# Project Risk and Dependency Analysis

This page identifies and scores project risks. It also identifies dependencies to be identified - or critical external influences on the project.

					High	
Low						High
					7	
			4, 10	6, 8, 11	3	
				1, 9	2, 5	
	Low		Severity			

No.	Risk Category	Risk Title	Risk Owner	Risk Probability	Risk Severity
1	Legal	Ownership of IPR of the eClinic Service Foundation Trust	Mental Health Foundation Trust	1	4
2	Financial	Costs are not offset against delivered benefits	Mental Health Foundation Trust	1	5
3	Technological	Technical solution doesn't meet requirements	Mental Health Foundation Trust	2	5
4	Operating	Staff buy not established	Mental Health Foundation Trust	2	3
5	Availability and Performance	ICT/broadband/comms fails	Mental Health Foundation Trust	1	5
6	Transition and Implementation	Not enough therapists/ICT champions to deliver the service	Mental Health Foundation Trust	2	4
7	Operating	End user demand unknown	Mental Health Foundation Trust	3	5
8	Other	Risk of excluding people who lack the ICT skills	Mental Health Foundation Trust	2	4
9	Other	Integrity of identification process to ensure true identity of end use	Mental Health Foundation Trust	1	4
10	Political	Adverse public response to service change	Mental Health Foundation Trust	2	3
11	Technological	Obsolescence/future proofing	Mental Health Foundation Trust	2	4
12					
13					
14					
15					

# Dependencies

Dependencies are external influences on the project - things that have to be in place in order to make the project a success - for example the delivery of another related project or programme, the passing of a piece of legislation etc.

No.	The project is subject to the following dependencies which will be carefully monitored and managed through out its lifespan:
1	Area assessment requirement to support employees with mental health problems.
2	eClinic dependent on current PCT service delivery model.
3	
4	
5	
6	
7	



# Stakeholder Analysis

This page presents a list of the stakeholders identified and highlights their potential attitudes towards the project. Those for whom no benefits or burdens have been identified are categorised as potentially 'disinterested' in the project. Those for whom benefits have been identified but no burdens - these are potential champions and 'enthusiasts' for the project - although it is worth re-checking they aren't burdened in some way by the project, they are highlighted in green in the table below. Those stakeholders for whom only burdens have been identified are potential 'resistors' to the project and are highlighted in red. Finally, those stakeholders for whom both benefits and burdens have been identified are potentially 'confused' as to whether the benefit they get from the project outweighs the burden and effort they put into it, and they are also highlighted in red.

Risk Owner			Risk Owner
Adults with Depression & Anxiety	5	2	Confused? Stakeholder benefits but at a cost - Does the benefit outweigh the burden?
Mental Health Foundation Trust	2		Enthusiast? Stakeholder benefits but is not burdened by project?
Therapists	4	2	Confused? Stakeholder benefits but at a cost - Does the benefit outweigh the burden?
GPs and other Referrers	1		Enthusiast? Stakeholder benefits but is not burdened by project?
Strategic Health Authority	1		Enthusiast? Stakeholder benefits but is not burdened by project?
Local Council	1		Enthusiast? Stakeholder benefits but is not burdened by project?
LSP	2		Enthusiast? Stakeholder benefits but is not burdened by project?
Local Employers	2		Enthusiast? Stakeholder benefits but is not burdened by project?
Public Sector Staff			Disinterested? Stakeholder neither benefits nor is burdened by project?
Department of Health	1		Enthusiast? Stakeholder benefits but is not burdened by project?
Department of Health	1		Enthusiast? Stakeholder benefits but is not burdened by project?

# Project Costs

Cost No	Cost Category	Cost Type	Specific Cost Title	Stakeholder that covers cost	Set-Up or Ongoing?	Cash/ Non-cash	Cost Assumptions/ Sources Additional Information	2011/ 2012	2012/ 2013	2013/ 2014
1	Development	Development	Initial Development & Setting to Work	NHS Mental Health Trust	Set-up	Cash		£30k		
2	Development	Integration	Integration work with RDASH IT (local look and feel)	NHS Mental Health Trust	Set-up	Cash		£13k		
3	Training & Support	System Training	Product training	NHS Mental Health Trust	Set-up	Cash		£5k		
4	Marketing	External Communications	Marketing to end users	NHS Mental Health Trust	Set-up	Cash		£3k		
5	Administration	Change Management	Change and Project Management	NHS Mental Health Trust	Set-up	Cash		£25k		
6	Evaluation	Performance Reporting	Benefits Measurement & Realisation	NHS Mental Health Trust	Ongoing	Non-cash	Assume in house performance monitoring	£1k		
7	Maintenance	Maintenance	System maintenance, help desk & licenses	NHS Mental Health Trust	Ongoing	Cash	20% of development costs		£6k	£6k
8	Development	Development	Annual Refresh & enhancements	NHS Mental Health Trust	Ongoing	Cash	Suppliers time - rest local time/ non-cash		£5k	£5k
9	Operations	Partners	Extend eClinic pilot for 6 months to support transition to mainstream	NHS Mental Health Trust	Set-up	Cash	Covers BT seat licensing & technical support from N. Lincs DIU	£4k		
<b>Total</b>								2011/ 2012	2012/ 2013	2013/ 2014
<b>Total Project Set-Up Costs</b>								£79k	£0k	£0k
<b>Total Ongoing Costs</b>								£1k	£11k	£11k
<b>Cash</b>								2011/ 2012	2012/ 2013	2013/ 2014
<b>Total Project Set-Up Costs</b>								£79k	£0k	£0k
<b>Total Ongoing Costs</b>								£0k	£11k	£11k
<b>Non-cash</b>								2011/ 2012	2012/ 2013	2013/ 2014
<b>Total Project Set-Up Costs</b>								£0k	£0k	£0k
<b>Total Ongoing Costs</b>								£1k	£0k	£0k

# Business Case Benefits

This page provides a summary of Benefits identified through the business case process. Where possible these have been quantified.

Ref	Ref organisation	Short Description of Benefit or Burden	Benefit or Burden?	Finance/ Non-Financial	Quantification Approach	Non-Financial Quantification (e.g. time, quality etc)	2011/ 2012	2012/ 2013	2013/ 2014
1	NHS Mental Health Trust	Reduced paperwork and bureaucracy	Benefit	Both	Quantify	50% inc in productivity (180 days of eclinics across all therapists = 90 day gain)	£7.7k	£13.5k	£13.5k
2	Local Partnerships	Improved access to treatment	Benefit	Non-Financial	Quantify	10% increase in reach of services (70% of 25k people as % of 175k population)			
3	RDASH	Improved choice/methods of accessing services	Benefit	Non-Financial	Quantify	5% increase in client satisfaction with services			
4	Patients	Reduced need to travel	Benefit	Financial	Quantify		£0.4k	£0.7k	£0.7k
5	Local Employers	Reduced time off work	Benefit	Non-Financial	Non-Quantifiable				
6	Patients	Discrete access to treatment	Benefit	Non-Financial	Non-Quantifiable				
9	NHS Mental Health Trust	Safety of staff for out of hours therapy	Benefit	Non-Financial	Non-Quantifiable				
10	NHS Mental Health Trust	Provision to working from home	Benefit	Non-Financial	Non-Quantifiable				
11	NHS Mental Health Trust	Less travel time	Benefit	Financial	Non-Quantifiable				
12	NHS Mental Health Trust	Reduced travel expenses	Benefit	Financial	Non-Quantifiable				
13	NHS Mental Health Trust	Reduced medication costs and concordance	Benefit	Financial	Quantify		£1.0k	£1.0k	£1.0k
15	Strategic Health Authority	Credit for service innovation	Benefit	Non-Financial	Non-Quantifiable				
16	Local Employers	Reduced Absenteeism	Benefit	Financial	Quantify		£6.5k	£11.5k	£11.5k
17	Local Employers	Meet NICE Guidance on employee wellbeing	Benefit	Non-Financial	Non-Quantifiable				
18	Local Partnerships	Helps National Indicators	Benefit	Non-Financial	Non-Quantifiable				
19	Local Partnerships	Hits objectives and national reputation	Benefit	Non-Financial	Non-Quantifiable				
20	Local Partnerships	Access to information to support family member	Benefit	Non-Financial	Non-Quantifiable				
22	Strategic Health Authority	Meet strategic objectives	Benefit	Non-Financial	Non-Quantifiable				
23		Helps National Indicators	Benefit	Non-Financial	Non-Quantifiable				
24		Reduced DNAs	Benefit	Financial	Quantify		£3.2k	£3.2k	£3.2k



# Economic Case: Total Costs and Benefits

This page provides a summary of all of the costs and benefits that have been assessed. Costs are separated into setup vs. ongoing and cash vs. non-cash. Cashable and not cashable benefits are also distinguished. Discounted cash flow analysis is also presented. The results of an analysis of additional wider economic benefits are also presented which highlight potential benefits to the wider economy.

## Summary

Economic Business Case: 3 years

Total Set Up Cost	£79.3k	(£79.3k)	Total Financial Benefit	£78.7k	(£4.8k)
Total Running Cost	£23.0k	(£22.0k)			
Total Project Cost (incl burdens)		(£101.3k)			
(Cash element in Brackets)					
Net Present Cost	-£101.2k		Net Present Benefit	£75.7k	
Net Present Value (NPV)	-£25.5k				

## Additional Wider Economic Cost and Benefit Information:

The approximate social cost of the problem that this project addresses per year is: £0.0k

The potential wider economic benefit of this project is: £15.5k

## Cost and Benefit Profiles

	2011/2012	2012/2013	2013/2014
Costs	-£80k	-£11k	-£11k
Benefits	£19k	£30k	£30k
Net Benefits	-£62k	£19k	£19k
Present Value (PV)	-£61.5k	£18.3k	£17.7k
Cumulative PV	-£61.5k	-£43.2k	-£25.5k

## Cost Summary

	2011/2012	2012/2013	2013/2014
Setup (Cash)	£79k	£0k	£0k
Setup (Non-Cash)	£0k	£0k	£0k
Ongoing (Cash)	£0k	£11k	£11k
Ongoing (Non-Cash)	£1k	£0k	£0k
Other Burdens (Cash)	£0k	£0k	£0k
Other Burdens (Non-Cash)	£0k	£0k	£0k
Total (Cash)	£79k	£11k	£11k
Total (Non-Cash)	£1k	£0k	£0k
Overall Cost	£80.3k	£11k	£11k
Cumulative Cost	£80.3k	£91.3k	£102.3k

## Benefit Summary

	2011/2012	2012/2013	2013/2014
Benefit (cash)	£1k	£2k	£2k
Benefit (Non-cash)	£17k	£28k	£28k
Overall Benefit	£18.8k	£29.9k	£29.9k
Cumulative Benefit	£18.8k	£48.7k	£48.7k

# Financial Case For: NHS Mental Health Trust

This page provides a summary of all of the financial costs and benefits that have been identified as relevant to the primary investor. The focus is on affordability of the project, and therefore cashable costs, benefits and burdens. The net cash requirement per year is provided. This analysis does not account for the costs of debt or financing and in the event that the cost profile is judged to be borderline affordable it is worth doing a more detailed analysis to account for these variations. In addition costs are separated into setup vs. ongoing and later on cash vs. non-cash details are prevents as useful supporting information.

## Summary

Financial Case: 3 years

Total Set Up Cost	£79.3k	Total Financial Benefit	£3.0k
Total Running Cost	£22.0k		
Total Project Cost (incl burdens)	£101.3k		

The estimated current budget per year for current operations to deal with the underlying issue:

£0.0k

## Net Cash Requirement Per Year

	2011/2012	2012/2013	2013/2014
Costs (cash)	£79k	£11k	£11k
Benefit (cash)	£1k	£1k	£1k
Net Cash Requirement	£78k	£10k	£10k

## Cost Summary

	2011/2012	2012/2013	2013/2014
Setup (Cash)	£79k	£0k	£0k
Setup (Non-Cash)	£0k	£0k	£0k
Ongoing (Cash)	£0k	£11k	£11k
Ongoing (Non-Cash)	£1k	£0k	£0k
Other Burdens (Cash)	£0k	£0k	£0k
Other Burdens (Non-Cash)	£0k	£0k	£0k
Total (Cash)	£79k	£11k	£11k
Total (Non-Cash)	£1k	£0k	£0k
Overall Cost	£80.3k	£11k	£11k
Cumulative Cost	£80.3k	£91.3k	£102.3k

## Benefit Summary

	2011/2012	2012/2013	2013/2014
Benefit (cash)	£1k	£1k	£1k
Benefit (Non-cash)	£8k	£14k	£14k
Overall Benefit	£8.7k	£14.5k	£14.5k
Cumulative Benefit	£8.7k	£23.2k	£37.7k

# Quantify Wider Economic and Societal Benefit

Go to Example Economic Data

Wider Economic and Social Benefit Logic Chain

	If one of my client group...	The financial benefit will be (in £000s)...	But the size of my client group is ...	My project could plausibly support x% in this way...	Delivering a total economic benefit of...	The source for the baseline economic data is:
	...gains employment	£12.400k	1000	1%	£124.00k	The Economic Case for Digital Inclusion, PWC (2009)
1	Gains employment	£12.400k	25000	0%	£15.50k	Based in cost saving of getting one to two people back into work per year
2		£0.000k	25000	1%	£0.00k	£1k
3		£0.000k	25000	1%	£0.00k	£1k
4		£0.000k	25000	1%	£0.00k	£1k
5		£0.000k	25000	1%	£0.00k	£1k
<b>Total Benefit</b>					<b>£15.50k</b>	









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