

## Summary Sheet

### **Council Report; Public Health Report to Health Select Commission 21<sup>st</sup> January 2016.**

### **Detail of Public Health proposed efficiency savings to Public Health service providers.**

#### **Title**

Detail of Public Health proposed efficiency savings of 1.8% across commissioned services;

Stop smoking support – South West Yorkshire Partnership NHS Trust (SWYFT)

Sexual health and contraception services - The Rotherham Foundation Trust (TRFT)

Drugs and alcohol treatment services - Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH)

0-19's Children's health services - TRFT.

#### **Is this a Key Decision and has it been included on the Forward Plan?**

Yes

#### **Strategic Director Approving Submission of the Report;**

Terri Roche, Director of Public Health

#### **Report Author(s)**

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#### **Ward(s) Affected**

All

#### **Summary**

Public Health has worked effectively with South West Yorkshire Partnership NHS Trust (SWYFT) and Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH) to identify the detail of the 1.8% savings. The Rotherham Foundation NHS Trust (TRFT) have provided a high level response but are still working on the details requested by Public Health.

Public Health has been asked by Senior Leadership Team to make £1,000,000 savings from a budget of £14,176,400 over the next 3 years to support Rotherham Metropolitan Borough Council's (RMBC) financial challenge. This budget will then need to be reallocated across RMBC to areas of work that are identified as supporting the Public Health agenda.

This 'ask' was made prior to the announcement that the Chancellor requested an 'in year' saving from the national Public Health allocation amounting to a further £1,000,000 from the Rotherham Public Health Grant.

Subsequent to both of these decisions has been the autumn spending review and the announcement of further reductions to the Public Health Grant allocation over the next 5 years. The exact level of savings for Rotherham cannot be calculated until the results of the new funding formula exercise is completed but will require more savings from the Public Health budget.

This paper is accompanied to Health Select Commission by a paper which outlines the functions of Public Health as defined in the Health and Social Care Act; explains the statutory functions and aligns the remaining budget to those priorities.

### **Recommendations**

That the savings for SWYFT and RDASH (outlined in section 1) are implemented in the contracts from 1<sup>st</sup> April 2016.

That the savings for TRFT (outlined in section 1) are also made with the understanding that as the TRFT service are to be recommissioned and procured in 2016/17, any changes to the service provision will be part of that exercise.

That there is increased recognition of the serious Public Health challenges facing the Rotherham population and of the relatively small (compared with the overall Health and Social Care budget) level of the Public Health Grant.

That the commitment is made for this grant to be utilised to support the work of the Health and Wellbeing Board and the prevention agenda in the borough.

### **List of Appendices Included**

#### **Background Papers**

SLT paper on Procurement Proposals  
Duncan Selbie letter.  
Public Health risk assessments.  
TRFT Correspondence.

### **Consideration by any other Council Committee, Scrutiny or Advisory Panel**

### **Council Approval Required**

### **Exempt from the Press and Public**

No

**Public Health Report to Health Select Commission 21<sup>st</sup> January 2016.**  
**Detail of Public Health proposed efficiency savings to Public Health service providers.**

**1. Recommendations**

- 1.1 the efficiency savings are made by effecting the following service changes;
- 1.2 Stop Smoking support – savings made by reducing the value to the provider (SWYFT) of the quality premium on the contract which allowed them to attract additional funding for achieving stretch targets. SWYFT will see the same numbers of patients but more in group settings, and the medications budget will be reduced, bringing it closer to the level of actual spend in previous years.
- 1.3 Sexual health and contraception services – TRFT propose to assess the numbers of patients accessing all clinics and close the 2 with least footfall. The precise detail in terms of days of the week won't be known until the Sexual Health Services have fully completed the survey.
- 1.4 Drugs and alcohol treatment services - The number of patients being referred into specialist alcohol services has declined over previous years, and in addition it has now become possible for non-medical prescribers to prescribe controlled drugs. The proposal is that the 2016/ 17 savings will be made by a reduction of the Full time Consultant psychiatrist post to 3 days from 5 (enabling this post to cover 2 geographical areas for RDASH) and that the doctors will be supported by non-medical prescribers in the future, releasing efficiency savings.
- 1.5 The RDASH savings for 2017/18 would be made by ceasing the enhanced drug service delivery for Criminal justice clients, in effect to making the service for them the same as for everyone else, after a proper process of impact assessment and mitigation for our partner agencies.
- 1.6 That TRFT review the Health Visiting service to identify efficiency savings.
- 1.7 That TRFT make efficiency savings from the oral Health promotion by reducing the amount of equipment that is given to the community, as per the background proposal.
- 1.8 That TRFT reduce the value of the dietetics service after clarifying with Public Health any changes they propose to the service.

**2. Background**

- 2.1 The 'All service review' (ASR) process was undertaken by Public Health during June and July of 2015 and identified a savings programme to deliver the requested £1 Million from the Public Health budget over 3 years from April 2016 – 2019. Part of this savings programme included a cost efficiency reduction from the large NHS contracts held as follows:

		<b>15-16</b>	<b>16-17 Reduction</b>	<b>Budget Year</b>	<b>17-18</b>	<b>Budget Year</b>	<b>18-19 Reduction</b>	<b>18-19 Budget</b>
0-19 Children's Health Includes Health Visiting from 2016 full cost	TRFT	5,449,205 With extrapolated full year effect of Health Visiting transfer	-104,000	5,345,205	-102,000	5,243,205	-100,000	5,143,205
Sexual Health	TRFT	2,116,132	-39,000	2,077,132	-38,000	2,039,132	-38,000	2,001,132
Substance Misuse	RDASH	2552,789	-48,000	*				
	TRFT	90,000. This may also be subject to the 1.8%		2,111,376 90,000	-47,000	2,064,376 90,000	-46,000	2,018,376

In addition it was proposed that 1.8% efficiencies could be delivered across the stop smoking support programme area.

The service providers were then asked to identify how this could be achieved with minimal impact to patients, and to work with leads in Public Health for each area to identify any areas of service that needed to vary from the service specification that is in place.

Timely and helpful responses were received from SWYFT and RDASH.

At the time of writing this report a late and less detailed response has been obtained from TRFT in respect of how the savings will be made, however they have indicated that they recognise that the efficiencies will need to be delivered but need longer to work out the detail. This is included in the background papers. To support the process Public Health has considered the service profile against Public Health statutory functions and indicated to the TRFT the areas that could be included for efficiencies savings: namely – Management costs in the 0- 19s programme, Oral Health Promotion and to control vacancies and spend on some additional areas of work that transferred from NHS England with the Health Visiting transfer which are not yet started.

### 3. Key Issues

3.1 Public Health has considered the proposals against the following criteria:

1. Impact on patient care
2. Impact on staffing,
3. Impact on partners and
4. 'Deliverability' in relation to timescales and resources.

3.2. The proposals are ranked as follows in terms of the considered risk, and the potential implications that Public Health will continue to work through with providers to mitigate impact. These may change as more information from TRFT becomes available.

Service Area	1-4 (4 high) Risk Score Patient Care	Staffing Impact – Frontline?	Impact on Partners	Deliverability within Timescales 1-4 of increasing challenge.	Total
Drugs & Alcohol RDASH Reduction of enhanced offer to Criminal justice system	2	3	3	2	10
TRFT Review of Health Visiting Service	2	2	2	2	8
TRFT Reduction in Community Dietetic Service	2	1	3	1	7
Drugs & Alcohol RDASH Reduction in medical staffing budget	2	2	1	1	6
TRFT Reduction in number of sexual health clinics	2	1	1	1	5
TRFT Reduction in Oral Health Promotion Programme	2	1	1	1	5
Smoking – SWYFT	1	1	1	1	4

3.3 With the exception of the stop smoking support services which were procured in 2014 all of these services form part of the procurement proposals for Public health and as such the current providers may not be the contract incumbents for the entire savings period.

#### **4. Options considered and recommended proposal**

- 4.1 Public health recommends all the year 1 savings to be progressed and implemented from the 1<sup>st</sup> April 2016.
- 4.2 At this time Public Health do not have other proposals for meeting the savings requirement.

#### **5. Consultation**

- 5.1 That due process re notification should take place with the Criminal justice agencies (South Yorkshire Police and National Probation Service on the proposals from RDASH to reduce the enhanced level of service to those in the Criminal Justice system but that this should be implemented from 2017 at the latest.
- 5.2 Public Health has recently been consulting on the proposals for savings made from the 2015/16 budget. The changes to the recovery services will be implemented as per the proposal. The conclusions to the proposals to reduce the number of GP practices is that to continue the high quality shared care service the savings will be made in a different way to enable as many practices as are prepared to offer this service to stay in the scheme.

#### **6. Timetable and Accountability for Implementing this Decision**

- 6.1 The outline proposals, following initial consideration by Commissioners and Advisory Cabinet Members, were subject to Commissioner Manzie Decision Making on 20<sup>th</sup> November 2015, where they were formally referred to Overview & Scrutiny Management Board for consideration at a meeting on 26<sup>th</sup> November. A further Commissioner Manzie Decision Making meeting on 30<sup>th</sup> November provided a "minded to" approval decision for the proposals to take effect from 2016/17, providing Public Health further time to work with service providers on the plans for implementation reporting back to OSMB in January.
- 6.2 That the efficiency savings proposals should begin to be implemented immediately with savings to be made by the dates indicated in the initial plan at the latest.

#### **7. Financial and Procurement Implications**

- 7.1 The Procurement implications for these services in described in the paper that went to SLT on 24<sup>th</sup> November 2015 and to Commissioner Manzie's decision making meeting on 14<sup>th</sup> December 2015. This is included in the referenced background papers.

## **8. Legal Implications.**

8.1 Legal Department consider there to be no implications from this paper.

## **9. Human Resources Implications**

9.1 There are redundancy implications for RDASH under option 4.2, their proposal paper included as background details the redundancies already made by RDASH in respect of savings through the Public Health reductions to this service. (£350,000) These proposals will incur additional cost to RDASH in respect of redundancies.

9.2 The review of Health Visiting by TRFT will have HR implications once it is undertaken during 2016. So far no implications for staffing have been identified by TRFT.

9.3 No staffing implications have been identified for the Stop Smoking Service.

## **10. Implications for Children and Young People and Vulnerable Adults**

10.1 The 0-19 Children's health service area is a significant proportion of the overall Public Health budget and as such it would not be possible to deliver all the efficiencies without affecting this area – the proposals made are of minimal impact. Equally, the Drugs and alcohol area delivers services for some of the boroughs most vulnerable adults, but is again a major Public health programme. For drugs and alcohol in particular, where considerable savings were made last year Public health recognise that to identify the third year of savings more work will need to be done on assessing the options as part of the service procurement before this can be finally agreed. The programme spend has now reduced by 33% in 3 years and is now at the point where clinical safety and service quality may be affected.

## **11 Equalities and Human Rights Implications**

11.1 Equality impact assessments are still being completed by Public Health on these changes; these have not been possible without some more of the detail being available from the provider services.

## **12. Implications for Partners and Other Directorates**

12.1 The Police and Probation Service have become accustomed to a level of enhanced response from drugs services which will need to be reduced.

12.2 The other efficiencies proposed by the providers will be discussed in detail with the Clinical Commissioning Group (CCG)

### **13. Risks and Mitigation**

- 13.1 The risks and mitigations for each proposal have been examined by Public Health which has generated more questions to the services. The key areas are:
- 13.2 Ensuring time for further impact assessment for the changes to the enhanced drugs services for criminal justice clients.
- 13.3 Reviewing the medical system for drugs and alcohol users as a whole, including the recent consultation and its potential impact on patient flows to make sure these changes do not adversely affect waiting times.
- 13.4 To work with TRFT on the details of their plans for both sexual health and health visiting service changes to ensure the detailed proposals are transparent and fully consulted with Children's Services.

Accountable Officer(s) **Teresa Roche, Director of Public Health.**

Approvals Obtained from:-

Strategic Director of Finance and Corporate Services:-Mark Scarrott

Principle Officer Legal and Democratic Services - Ian Gledhill

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