

## Shaping the Council 2015-16 and beyond: Savings Business Case

<b>Business Case Title</b>	<b>Efficiency in Public Health Commissioning</b>		
<b>Revision No:</b>		<b>Date:</b>	<b>14 May 2014</b>
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<b>Critical friend/Exec Bd</b>			
<b>Business Case Author</b>	(if different to HOS)		

### Section 1: Summary

Savings Proposal			
Service heading	Current Costing	Budget 2015/16/17	
<b>Non Pay</b>	£42,000	£21,000	Only pay for essential non pay, staff work from home to reduce travel costs and reduce training to the team. Limited purchase of materials <b>reduce by £ 21,000</b>
<b>New PHG</b>	£1,100,000	£550,000	Review the proposals from the PHG grant that was secured from PH England; scale back some of the recurrent agreements from 1 April 2015 – some of the initiatives e.g. Beat the Street will only be for one year <b>reduce by £ 550k</b>
<b>Sexual Health Services</b>	£1,787,000	£1,587,000	This is a Mandated Services by the DoH that local authorities must commission. It covers a range of services from core GUM, Chlamydia screening, IUCD fitting and screening. The proposal is to review the service and <b>reduce by £200k</b>
<b>Health Checks</b>	£429,000	£329,000	Again a Mandated Services but review and <b>reduce by £100k</b>
<b>DAT Funding</b>	£893,000	£893,000	New contract signed and started 1 <sup>st</sup> April 2014 for three years.
<b>Drugs</b>	£358,000	£358,000	As with DAT funding above
<b>Alcohol</b>	£70,000	£35,000	No community prevention programmes for Thurrock residents <b>reduce by £35k</b>
<b>School Nursing 5 - 19 year service</b>	£1,559,000	£1,309,000	Partly Mandated Services for the National Child Measurement Programme plus HWB priorities for Tobacco Control and Weight Management <b>reduce by reduce by £250k in new tender 01/04/15 – risk in the offer to schools and possible safeguarding implications</b>
<b>Children's Weight Management (HWB Priority)</b>	£253,000	£200,000	Health Checks is mandated service will need programmes to refer into for weight management programmes BIG RISK if we are going to reduce obesity this service will not be <b>reduce by £53k</b>

<b>Adults Weight Management (HWB Priority)</b>	£122,000	£72,000	Health Checks is mandated service will need programmes to refer into for weight management programmes BIG RISK if we are going to reduce obesity this service will not be <b>reduce by £50k</b>
<b>Tobacco Control (HWB Priority)</b>	£525,000	£425,000	Health Checks is mandated service will need programmes to refer into to help people stop smoking – more targeted programmes (maybe in-house stop smoking team) <b>reduce by £100k</b>
<b>Parenting Breastfeeding</b>	£300,000	£200,000	No community support for parenting and breastfeeding which has a huge impact on obesity and HWB of families <b>reduce by £100k</b>
<b>Library Services</b>	£14,000	£0	Central Health Intelligence and referencing experts for undertaking literature reviews, evidence based practice <b>reduce totally £14k</b>
<b>Projects Other</b>	£18,000	£9,000	Funding if Primary Care overachieves on LES and for One off projects to pilot invest to save schemes <b>reduce by £9,000</b>
<b>Total</b>	£7,470	<b>Saving - £1.4m</b>	

### Strategic rationale

The public health spend on contracts has already achieved over £1m through the work completed in 2013/14 transition year into the council. This work was carried out as the original PHG had a shortfall of £1.2million. This proposal further offers more savings through reviewing the current contracts. We have undertaken benchmarking with 5 of our CIPFA comparator sites, consulted with public through workshops and surveys and group and community meetings. We served notice to NELFT for all our services in 2013/14. Three new services will be tendered for from 1 April 2015 and reviews of all other services complete in 2014/15.

A Public Health Strategy Board has been established that reports into the HWB a PID has been produced and work streams established to oversee this savings plan.

### Approximate Cost Savings

£1.4 million by 31<sup>st</sup> March 2015

Further efficiencies will be agreed for 2015/16 through the service reviews.

### Timescales

Activity	Timescale
Three new services re commissioned by 1 April 2015	By 1 April 2015

<b>Risks /Consequences</b>	
The main risk is that new providers are not identified.	
<b>Mitigation</b>	
Phased reductions over two years.	

## Section 2: Finance, savings and costs

### Financial summary

#### General Fund budget 2014-15

	Staff £000s	Premises / Transport £000s	Supplies/ Services £000s	Direct Payments £000s	Third Party Payments £000s	Total Expenditure Gross £000s	Income £000s	Net Expenditure £000s
2014/15								

#### Staff Related savings

Current number of posts (FTE and headcount)	There may be reductions in providers who deliver these services but not in Thurrock Council directly.
Number of posts to be deleted (FTE and headcount)	
Amount of salary saving (inc on-costs)	

#### Non- Staff Related savings

Premises and buildings (inc utilities)	
Transport	
Supplies and services	
Other (please specify)	

#### Third Party Related savings/income

Commissioning/contracts	£1.4m 2015/16
Charges to the HRA/DSG/PHG (NB can be negative)	
Increase fees & charges	
Grants/additional funding streams	
Other (please specify)	

#### Benefits – non financial

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#### Costs & Resources to deliver the savings

Direct costs	
Redundancy costs	
Accommodation costs	
Procurement and/or Legal costs	
Other HR costs	
Other (please specify)	

## Section 3: Impact/Consequences of proposal – not covered in financial section

### Impact on Corporate Priorities/objectives/ performance targets/standards

Give details regarding any/all that are relevant – Risk/mitigation is next section

Priority 1. Create a great place for learning and opportunity	
Priority 2. Encourage and promote job creation and economic prosperity	
Priority 3. Build pride, responsibility and respect to create safer communities	
Priority 4. Improve health and well-being	New Efficient services will improve the health and wellbeing of local communities
Priority 5. Protect and promote our clean and green environment	
Well-run organisation - financial & governance; staff; customers	

### Impacts on partners

Our current provider NELFT may not be the provider of choice from 1 April 2015

### Impacts on customers / community and equality/diversity implications

EqIA will be undertaken as part of the commissioning process.

Has an EqIA been undertaken?

**NO – this will be covered during the recommissioning of the new services.**

Date:

### Other impacts/implications

The Public Health Grant is ring-fenced – we will re-direct the released monies to fund existing activity and services within the Council that will not be cut. It will allow the PHG to focus on some other key areas of activity within the Council.

## Section 4: Risks and Mitigation

### Delivery risks

Risk Description	Likelihood	Impact	Rating	Management or Mitigating Action
E.g. failure to..will lead to... resulting in ...				
<b>No new providers identified for new services</b>	2	3	6	<b>Ongoing discussions with potential providers</b>

### Service risks

Risk Description	Likelihood	Impact	Rating	Management or Mitigating Action
E.g. failure to..will lead to... resulting in ...				
A reduction on this scale will mean a significant reduction in service in those areas. We have tried to protect those areas that are mandated – ie required by the DoH. However, it will mean a reduction in some priority areas such as smoking cessation and school nursing	3	3	9	We will protect those areas that are mandated. We will seek to get as many efficiencies as possible through a tightly managed procurement based on a scaled down specification.

For information on the ratings criteria guide, please see <\\Thurdata01\data\THURROCK\EXCHANGE\ROM>

Likelihood	4	8	12	16
	3	6	9	12
	2	4	6	8
	1	2	3	4
	Impact			

## Section 5: Assumptions, Dependencies & Exclusions

<b>Timeframes Assumptions/ Dependencies/Exclusions</b>	
<b>Benefits Assumptions/ Dependencies/Exclusions</b>	

<b>Costs Assumptions/ Dependencies/Exclusions</b>	
<b>Other/ General Assumptions/ Dependencies/Exclusions</b>	



## Section 6: Stakeholder Engagement Requirements

		Approximate timelines
<b>Staff/Unions</b> NB. Services should not be undertaken consultation with staff in isolation – all such activity should be co-ordinated through Jackie Hinchliffe	<input type="checkbox"/>	
<b>Portfolio Holders/Members</b> NB. Services should not be undertaken consultation with staff in isolation – all such activity should be co-ordinated through Directors Board	x <input type="checkbox"/>	<b>The process has been approved at HOSC and HWB</b>
<b>Partners</b> NB. Services should not be undertaken consultation with partners in isolation – all such activity should be co-ordinated through Directors Board	x <input type="checkbox"/>	<b>Notice has been formally served to current providers. The Public Health strategy Board overseeing this work has partners as members</b>  <b>Partners have completed surveys</b>
<b>Residents/Public</b> NB. Services should not be undertaken consultation with staff in isolation – all such activity should be co-ordinated through Directors Board	x <input type="checkbox"/>	<b>We have widely consulted on new services with community groups</b>
<b>Other – please specify</b>	<input type="checkbox"/>	

## Section 7: Any other comments to support savings proposals