

**Integration Joint Board**

**Agenda item:**

**Date of Meeting: 25 March 2020**

**Title of Report: Budget Consultation Findings**

**Presented by: Judy Orr, Head of Finance and Transformation**

**The Integration Joint Board is asked to:**

- Note the findings from the Budget Consultation and consider these when discussing the separate report on the agenda detailing savings options to deliver a balanced budget in 2020-21.

**1. EXECUTIVE SUMMARY**

- 1.1 The IJB on 29 January 2020 agreed to issue a budget consultation. The draft consultation document was amended as requested by IJB members and then launched on Wednesday 5 February for a 4 week period closing on 4 March. It was made available online and promoted through social media, and hard copies were made available at Council offices and various health locations. A presentation was also prepared and used at a number of fora to promote the consultation.
- 1.2 563 responses were received, of which 544 were online and 19 on paper. This report summarises the findings. It should be noted that the responses are not fully representative of our overall population and service users. However, we very much welcome the time taken by people to give us their views. These views will be taken into account when making decisions on the Budget proposals, and in guiding future service re-design.
- 1.3 The key findings from the consultation are as follows:
- The services most used are GP services, followed by dentists, chemists and opticians
  - The other services used by over a third of respondents are Glasgow & Clyde hospitals; Argyll & Bute hospitals; and Public health services
  - The top category for reductions to funding was management and corporate costs. This was followed by Justice Social Work services.
  - The top 2 priority service areas were GP practices, and care at home and other community support. The next 2 areas were community hospitals; and residential care home placements
  - 32 respondents oppose cuts to dementia services. Other areas opposed (by max 9 respondents) included maternity services; health & wellbeing grants; health visitor and school nursing; and care and

- repair services
- The main suggestions for savings are to reduce management costs and use technology more (included in management & operational planned savings) and charge for prescriptions / reduce over prescribing
- The most acceptable service changes are individuals taking more responsibility for their own health & wellbeing, using technology more for appointments or monitoring, more support to unpaid carers, family & friends supporting people at home more, and more travel to specialist services.

## 2. INTRODUCTION

- 2.1 This report summarises the 563 budget consultation responses received when the consultation closed on 4 March 2020. Of these, 544 were received online with an additional 19 received by post.
- 2.2 The online consultation was hosted on Argyll and Bute Council's website in the consultation section, and this was promoted to all visitors via a banner on the website. It was also promoted via the Council's Keep in the Loop subscriber service to 3,904 email addresses. In addition hard copies were made available (and promoted via posters) in council service points and various health locations.
- 2.3 In addition, it was promoted through the Community Planning Partnership (CPP) Bulletin issued on 7 February and through presentations made at a range of fora including staff partnership forum, internal management team meetings, Strategic Planning Group, locality planning groups, ADP, CPP area groups.
- 2.4 A summary of all the responses is given at Appendix 1. A commentary is provided in section 3 below.

## 3. DETAIL OF REPORT

### 3.1 Demographics of respondents

- 3.1.1 Respondents were asked what age group they fell into, whether they had any dependents that they looked after, and what area they lived in. The largest group responding are in the 51-65 year category.

Age group	%
18-30 years	4%
31-50 years	27%
<b>51-65 years</b>	<b>43%</b>
66-75 years	18%
76-85 years	6%
85+ years	1%

Not answered	1%
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3.1.2 Substantially more respondents have replied from the Oban, Lorn and the Isles area. Helensburgh & Lomond and Bute & Cowal are both slightly under represented as shown below:

Area	%
Helensburgh & Lomond	15%
<b>Oban Lorn and the Isles</b>	<b>41%</b>
Bute & Cowal	16%
Mid Argyll, Kintyre and the Islands	25%
Not answered	3%

3.1.3

Do you have dependents that you look after?	%
<b>No dependents</b>	<b>46%</b>
Child or children under 18	27%
Spouse or partner	22%
Older relative(s)	15%
Other adult(s)	4%

Nearly half of the respondents have no dependents. Conversely over half look after either children, older relatives or spouse/partners.

## 3.2 Services used and Service Priorities

3.2.1 The most important role for the HSCP is to deliver services for the most vulnerable, closely followed by helping us all to live longer, healthier, independent, happier lives. Many commented on the difficulty of choosing just one option.

What for you is the most important role for the HSCP (Please tick one option only)	No.	%
Deliver the services I use	51	9.1%
<b>Deliver services for the most vulnerable people in our communities</b>	<b>256</b>	<b>45.5%</b>
<b>Help us all to live longer, healthier, independent, happier lives</b>	<b>187</b>	<b>33.2%</b>
Support local people to help others in our communities	31	5.5%
Other (please tell us what)	30	5.3%
No response	8	1.4%

3.2.2 The services most used are GP services (47.8%), followed by dentists,

chemists and opticians (23.6%). However if you add in other services used, over one-third also use Glasgow & Clyde hospitals, Argyll and Bute hospital services, and public health.

### **3.3 Support for reductions to funding**

- 3.3.1 Respondents were asked for the top 3 areas where they would most support reductions to funding and to mark these as 1, 2 and 3. 247 people said that management and corporate would be their top area for reduction, with a further 88 naming it their second area and 52 saying it was their third area. In total 382 said it was in their top 3. This was not unexpected and it is indeed an area targeted in the list of management and operational savings already approved by the IJB. The current restructuring of Adult Services and Children & Families are now expected to complete early next year and to deliver substantial savings.
- 3.3.2 51 people stated that justice social work services would be their top pick for reducing, with a further 87 naming it their second area and 43 saying it was their third area. Much of this area is funded by specific grants with new money in this year's settlement which offsets the funding pressure anticipated.
- 3.3.3 Other suggested areas for reducing spend received far fewer preferences. The only areas appearing in the top 3 for at least 60 respondents were public health, acute services from NHS GG&C, and dentists, pharmacists & opticians.

### **3.4 Top service area priorities**

- 3.4.1 Respondents were asked for the top 3 service areas which are their priorities and to mark these as 1, 2 and 3. 160 people said GP practices was their priority, with 80 saying it was their second priority and a further 63 saying it was their third priority. In total 303 said it was in their top 3.
- 3.4.2 114 people said care at home and other community support packages was their priority, with 88 saying it was their second priority and a further 67 saying it was their third priority. In total 269 said it was in their top 3.
- 3.4.3 The next 2 areas getting support (albeit at much lower levels) were community hospitals; and residential care placements. The clear bottom areas were management & corporate, and justice social work – consistent with the top areas for reduction.

### **3.5 Views on savings proposals**

- 3.5.1 214 people gave comments about the Policy savings proposed totalling £1.661m which were attached to the consultation. Comments were very varied, ranging from a few agreeing with the proposals, to others finding it impossible to comment without further details, others suggesting that increasing funding is required, and quite a number stating that further cuts to management were required in line with Q4 responses.
- 3.5.2 Of comments about particular savings proposals, the one receiving most

objections (c 32 mentions in some form) was the £200k dementia services re-design saving proposal. Some were objecting to the proposed closure of Knapdale Ward but more were concerned about the growing demand in this area as a result of our ageing population.

3.5.3 No other savings proposal had more than 9 comments opposing it. Of these the main ones were opposed to :

- Cuts in maternity services
- Health & wellbeing grant cuts
- Health visitor and school nursing cuts
- Care and repair service reductions

3.5.4 255 people responded to the request to give their ideas on other ways to save money. The top 3 suggestions were:

- The need to reduce management costs
- Use technology more (V/C, Near Me, appointment booking systems) and reduce admin
- Charge for prescriptions, don't supply cheap over the counter drugs, reduce over-prescribing

3.5.5 Other comments which were much less common but repeated several times included:

- Improve funding – nationally, and increase income where possible
- More emphasis on social prescribing and prevention
- Consider closing hospitals or making more use of Oban hospital (less use of Glasgow)
- Change redundancy policy, reduce sickness absence
- Estate rationalisation – A&B hospital, home working, fewer offices
- Reduce use of locums and the cost of very expensive GP out of hours services

3.5.6 A summary of all the savings ideas from the consultation is set out at Appendix 2.

### 3.6 Acceptability of certain service changes

3.6.1 The areas getting most support as acceptable service changes are as follows:

<b>Description of service change</b>	<b>No. saying "acceptable"</b>	<b>Not sure</b>	<b>Not acceptable</b>
You taking more responsibility for your health & wellbeing	519	23	15
More use of technology for appointments or monitoring people	378	120	58
More support for unpaid carers	310	152	93
Friends & family doing more to support people at home	249	150	156
More travel to specialist services	232	128	195

For some other proposals, there were majorities saying that they were not acceptable. This included fewer nursing and care home facilities; fewer

3.6.2

services in your local hospital; waiting times for care at home packages; reduction of community services (e.g. day services); care at home packages only for those with highest level of need; less face to face time with specialists.

- 3.6.3 There is a clear mandate for greater use of technology for improving appointments, and monitoring of clients at home, and we know that the use of Near Me video conferencing is proving very popular with clients where it saves them long journeys for short appointments (although there are restrictions on where it is suitable).

#### **4. RELEVANT DATA AND INDICATORS**

- 4.1 The paper is informed by 563 budget consultation responses received when the consultation closed on 4 March 2020.

#### **5. CONTRIBUTION TO STRATEGIC PRIORITIES**

- 5.1 The Integrated Joint Board has a responsibility to set a budget which is aligned to the delivery of the Strategic Plan and to ensure the financial decisions are in line with priorities and promote quality service delivery. This needs to be considered along with these budget consultation responses before decisions are made on how to balance the budget.

#### **6. GOVERNANCE IMPLICATIONS**

- 6.1 Financial Impact – There is a significant budget gap which requires to be addressed and IJB may require to take most of the proposed savings.
- 6.2 Staff Governance – None directly from this report but individual savings may affect staff.
- 6.3 Clinical Governance - None

#### **7. PROFESSIONAL ADVISORY**

- 7.1 There are no recommendations from this report which require to be consulted on with Professional Advisory leads.

#### **8. EQUALITY AND DIVERSITY IMPLICATIONS**

- 8.1 None directly from this report but any proposals to address the estimated budget gap will need to consider equalities.

#### **9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE**

- 9.1 None directly from this report.

#### **10. RISK ASSESSMENT**

- 10.1 There is a risk that sufficient proposals are not approved in order to balance the budget in future years. Any proposals will need to consider risk.

## 11. PUBLIC AND USER INVOLVEMENT AND ENGAGEMENT

11.1 Engagement carried out is described within the body of the report.

## 12. CONCLUSIONS

12.1 The IJB welcomes the engagement of many of our residents in taking the time to respond to our budget consultation. Their responses are summarised in this report with the key findings set out at 1.3 above. The attached appendices give a full summary of responses and ideas for many savings. These responses should be given due weight when the IJB makes its decisions on savings to balance its budget.

## 13. DIRECTIONS

Directions required to Council, NHS Board or both.	<b>Directions to:</b>	tick
	No Directions required	√
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

### APPENDICES:

Appendix 1 – Summary of consultation responses

Appendix 2 – Ideas on making savings

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## CONSULTATION QUESTIONS

### Section 1: The role of the Health & Social Care Partnership in Argyll and Bute

1.	<b>What for you is the most important role for the HSCP (Please tick one option only)</b>		
	Deliver the services I use	51	9.1%
	Deliver services for the most vulnerable people in our communities	256	45.5%
	Help us all to live longer, healthier, independent, happier lives	187	33.2%
	Support local people to help others in our communities	31	5.5%
	Other (please tell us what)	30	5.3%
	Not answered	8	1.4%

2	<b>Which of these general service categories do you use most (Please tick one option only)</b>		
	Children & Families	22	3.9%
	Adult Social Care	33	5.9%
	Greater Glasgow & Clyde hospitals and other services outside Argyll and Bute	30	5.3%
	GP Services	269	47.8%
	Dentists, Chemists & Opticians	133	23.6%
	Argyll & Bute local hospital and community services	30	5.3%
	Public health (immunisation, health screening and other health improvement activities)	20	3.6%
	Management & Corporate (planning, finance, IT, estates, safety and quality)	1	0.2%
	Other (please tell us what)	17	3.0%
	Not answered	8	1.4%

3	<b>What other services do you use (Please tick any that apply)</b>		
	Children & Families	46	8.2%
	Adult Social Care	55	9.8%
	Greater Glasgow & Clyde Hospitals and other services outside Argyll and Bute	223	39.6%
	GP Services	288	51.2%
	Dentists, Chemists & Opticians	332	59.0%
	Argyll & Bute local hospital and community services	225	40.0%
	Public health (immunisation, health screening and other health improvement activities)	201	35.7%
	Management & Corporate (planning, finance, IT, estates, safety and quality)	22	3.9%
	Other (please tell us what)	13	2.3%

## Section 2: Balancing our Budget

We need to reduce our spending by £8.3m next year but the following costs are not available for savings:

- GP, dentist and pharmacy contracts – set nationally
- Contract costs for the Mid Argyll Hospital

Plus some spending is very challenging to reduce:

- Contract for acute hospital services with NHS Greater Glasgow & Clyde where we are already in dispute over their charges

<b>4</b>	<b>In which 3 categories would you most support reductions to spending? (Please label your top 3 options as 1, 2, 3): Top 3 added together below</b>		
	Children Services – fostering & adoption, looked after children	34	6.0%
	Maternity, Health Visitor and School Nursing services	42	7.5%
	Justice Social Work services	181	32.1%
	Care at Home and other community social care support packages	14	2.5%
	Residential care and nursing home placements	23	4.1%
	Disability support packages	41	7.3%
	Community hospitals (Campbeltown, Dunoon, Islay, Mid Argyll, Mull, Rothesay)	53	9.4%
	Community services (nursing, Occupational Therapy)	23	4.1%
	Services offered from Oban Lorn & Isles Rural General Hospital	57	10.1%
	Acute services from NHS Greater Glasgow & Clyde	78	13.9%
	GP practices	19	3.4%
	Dentists, pharmacists and opticians	60	10.7%
	Public health screening & immunisation and other health improvement programmes	68	12.1%
	Management & corporate including patient safety and quality of care	382	67.9%
	Other (please tell us what)	67	11.9%
<b>5</b>	<b>Please indicate your top 3 priorities from these service areas (Please label your top 3 options as 1, 2, 3) ): Top 3 added together below</b>		
	Children Services – fostering & adoption, looked after children	97	18.2%
	Maternity, Health Visitor and School Nursing services	86	15.3%
	Justice Social Work services	14	2.5%
	Care at Home and other community social care support packages	269	47.8%
	Residential care and nursing home placements	124	22.0%
	Disability support packages	78	13.9%
	Community hospitals (Campbeltown, Dunoon, Islay, Mid Argyll, Mull, Rothesay)	169	30.0%
	Services offered from Oban Lorn & Isles Rural General hospital	101	17.9%
	Acute services from NHS Greater Glasgow & Clyde	102	18.1%
	GP practices	303	53.8%

Dentists, pharmacists and opticians	94	16.7%
Public health screening & immunisation and other health improvement programmes	64	11.4%
Management & corporate including patient safety and quality of care	5	0.9%
Other (please tell us what)	39	6.9%

**6** All of the HSCP's funding comes from NHS Highland and Argyll and Bute Council. In turn, the bulk of their funding comes from the Scottish Government. We know this funding will not be enough to cover all our service costs in the coming year. We have identified a number of savings to the value of £1.6m that may affect the services you are used to accessing. These are listed in the table in Appendix 1 and we would like to hear your views on these options.

**If you have comments on the £1.6m savings options, please let us know**

214 comments received

Comments were very varied, ranging from a few agreeing with the proposals, to others finding it impossible to comment without further details, others suggesting that increasing funding is required, and quite a number stating that further cuts to management were required in line with Q4 responses.

Of comments about particular savings proposals, the one receiving most objections (c 32 mentions in some form) was the £200k dementia services re-design saving proposal. Some were objecting to the proposed closure of Knapdale Ward but more were concerned about the growing demand in this area as a result of our ageing population.

No other savings proposal had more than 9 comments opposing it. Of these the main ones were opposed to :

- Cuts in maternity services
- Health & wellbeing grant cuts
- Health visitor and school nursing cuts
- Care and repair service reductions

**7** We need to identify more ways to bridge our estimated funding gap. If you have any other ideas about where we could save money please let us know here:

The top 3 suggestions were:

- The need to reduce management costs
- Use technology more (V/C, Near Me, appointment booking systems) and reduce admin
- Charge for prescriptions, don't supply cheap over the counter drugs, reduce over-prescribing

Other comments which were much less common but repeated several times included:

- Improve funding – nationally, and increase income where possible
- More emphasis on social prescribing and prevention
- Consider closing hospitals or making more use of Oban hospital (less use of Glasgow)

- Change redundancy policy, reduce sickness absence
- Estate rationalisation – A&B hospital, home working, fewer offices
- Reduce use of locums and the cost of very expensive GP out of hours services

A summary of all the savings ideas from the consultation is set out at Appendix 2.

**8** We understand that people worry about changes to services and how this might affect them and their families, however the need for change is imperative due to our financial situation. We are interested in what changes might be acceptable to you. Please let us know your views on the following service changes:

<b>Option</b>	<b>Acceptable</b>	<b>Not sure</b>	<b>Not acceptable</b>
Fewer services in your local hospital	62	91	401
More use of technology e.g. video facilities for appointments or electronic monitoring systems for people looked after at home	378	120	58
Fewer local nursing home and care home facilities	40	84	430
Reduce community based services e.g. day services for older people or people with learning disabilities	54	143	359
Care at home packages only for those most in need	152	127	276
More support for unpaid carers (family and friends)	310	152	93

**9** Please let us know if the impacts of these changes are acceptable or not:

<b>Impacts</b>	<b>Acceptable</b>	<b>Not sure</b>	<b>Not acceptable</b>
More travel to specialist services	232	128	195
Less face to face time with specialists	120	144	286
Waiting times for care at home packages	36	138	383
Care at home packages only for those with the highest level of care needs	148	129	277
Family and friends doing more to support people living at home	249	150	156
You taking more responsibility for your health and wellbeing and making healthy lifestyle choices to prevent health problems	519	23	15

### Section 3: About You

<b>10</b>	<b>Age Group</b>		
	18-30	25	4.4%
	31-50	150	26.6%
	51-65	243	43.2%
	66-75	102	18.1%
	76-85	36	6.4%
	85+	2	0.4%
	Not answered	5	0.9%

<b>11</b>	<b>Which area do you live in?</b>		
	Helensburgh and Lomond	82	14.6%
	Oban, Lorn, and the Isles	229	40.7%
	Bute and Cowal	92	16.3%
	Mid Argyll, Kintyre, and the Islands	141	25.0%
	Not answered	19	3.4%

<b>Q12</b>	<b>Do you have dependents that you look after?</b>		
	No dependents	257	45.6%
	Child or children under 18	153	27.2%
	Spouse or partner	124	22.0%
	Older relative(s)	84	14.9%
	Other adult(s)	23	4.1%

### Ideas on making savings

Comments given on making savings include:

- Review of senior management staffing
- Reducing travelling to meetings, more use of VC or Skype and NHS Near Me, replace lease cars by pool cars
- Reducing temporary and agency staffing, and high paid consultants and locums, and associated accommodation costs
- Harmonise teams such as HR, finance etc
- Innovative ways of working on islands
- Provide more services locally or use technology to access services in Glasgow remotely
- Greater involvement of third sector and local charities and volunteers
- Phase out letters – go paperless. Email / text appointments
- Close some of the community hospitals / provide services in fewer locations
- Turn lights off and heating down, energy efficiency measures
- Reduce bureaucracy, number of boards, and level of admin staff
- People who self-inflict ill health to pay for treatment or forced to attend recovery programmes
- Change redundancy and sick pay policies, end salary protection
- Reduce over prescription of medicines. Under 60s to pay for prescriptions. No paracetamol on prescription. Less over ordering of drugs by ward staff
- Remove baby boxes and put the money into maternity services
- Peer on peer supports and effective partnerships
- Shut Furnace surgery
- Improve procurement
- More emphasis on prevention
- Fines for missed appointments / let people choose their own appointment times
- Better use of spare capacity at Oban hospital. Reduce costs to Glasgow
- Better integration of services with colocation, single point of contact, joined up systems
- More family involvement in care of the elderly
- More reviews of care packages
- Stop free incontinence supplies
- Encourage staff suggestions by suggestion scheme
- More respite care
- Explore Commercial opportunities within HSCP estate, old A&B hospital, Improve HSCP residences for locums to avoid self-catering costs
- Reduce/remodel very expensive GP out of hours services
- School nurses not needed
- Join up Council and HSCP admin
- Merge Fort William and Oban hospitals
- Shift expenditure from acute to community care
- Make decision on Kintyre Medical Group
- Increase charges for transport to day services
- Close Struan Lodge and Eader Glinn care homes are not fit for purpose

- Remove Link workers
- Reduce externally commissioned day support services
- Encourage people to plan and save for their care when elderly
- Improve contract with NHS GG&C
- Stop wasting money on Mull
- More care staff SSSC registered
- Centralise budgets
- Simplify consultations and reduce glossy tomes
- Reduce some disability packages – e.g. personal vehicles
- Offer outside catering
- Work smarter
- Bring in-house telecare monitoring services and pre op clinics
- Electric vehicles rather than diesel
- Greater investment in prevention, solar panels