

Integration Joint Board

Agenda item:

Date of Meeting: 31 March 2021

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 ensure these are fed into considerations when discussing the separate report on the agenda detailing savings options to deliver a balanced budget in 2021-22.

1. EXECUTIVE SUMMARY

- 1.1 The Finance & Policy Committee finalised the budget consultation at its last meeting and was launched on Friday 22 January for a 4 week period closing on 19 February. It was made available online and promoted through social media, and through community councils, TSI, and the community planning partnership.
- 1.2 When it closed, 625 responses had been received. 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 care at home and other community support and GP practices. The next 3 areas were community hospitals; Mental health services; and residential care home placements; followed by children's services
 - The most acceptable service changes are individuals taking more responsibility for their own health & wellbeing, using technology more for appointments or monitoring, less support for patient travel escorts, improve utilisation of Oban theatre, more support to unpaid carers,

care home packages capped for clients who refuse a care home placement, family & friends supporting people at home more, and, more travel to specialist services, and shift from individual packages of care to group model for Mental Health support.

- There was least support for waiting times for care packages, less face to face time with specialists, fewer local nursing and care homes, fewer health visitors and school nurses, care at home packages only for those with highest level of care needs.

2. INTRODUCTION

- 2.1 This report summarises the 625 online budget consultation responses received.
- 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, via community councils, TSI and the community planning partnership.
- 2.3 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	1%
31-50 years	23%
51-65 years	43%
66-75 years	24%
76-85 years	5%
85+ years	1%
Not answered	1%

- 3.1.2 Respondents have been fairly evenly distributed across all our areas as shown overleaf.

Area	%
Helensburgh & Lomond	22%

Oban Lorn and the Isles	22%
Bute & Cowal	30%
Mid Argyll, Kintyre and the Islands	25%
Not answered	1%

3.1.3

Do you have dependents that you look after?	%
No dependents	55%
Child or children under 18	19%
Spouse or partner	14%
Older relative(s)	12%
Other adult(s)	6%

Over half of the respondents have no dependents. Conversely 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.	%	Last year
Deliver the services I use	43	6.9%	9.1%
Deliver services for the most vulnerable people in our communities	306	49.0%	45.5%
Help us all to live longer, healthier, independent, happier lives	223	35.7%	33.2%
Support local people to help others in our communities	24	3.8%	5.5%
Other (please tell us what)	9	1.4%	5.3%
No response	20	3.2%	1.4%

3.2.1 The services most used are GP services (39.7%), followed by dentists, chemists and opticians (22.4%). However if you add in other services used, over one-third also use Glasgow & Clyde hospitals, Argyll and Bute hospital services, and public health. This is very similar to last year.

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. 248 people said that management and corporate would be their top area for reduction, with a

further 94 naming it their second area and 78 saying it was their third area. In total 420 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 for approval by the IJB. The recent restructuring of Adult Services and Children & Families will deliver substantial savings next year.

3.3.2 100 people stated that justice social work services would be their top pick for reducing, with a further 72 naming it their second area and 81 saying it was their third area. Much of this area is funded by specific grants and the plan is to make this area fully self-funding from these grants.

3.3.3 Other suggested areas for reducing spend received far fewer preferences. The only areas appearing in the top 3 for over 100 respondents were acute services from NHS GG&C; acute services from Oban hospital, public health; maternity, health visitor and school nursing services.

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. 131 people said GP practices was their priority, with 76 saying it was their second priority and a further 69 saying it was their third priority. In total 241 said it was in their top 3.

3.4.2 122 people said care at home and other community support packages was their priority, with 98 saying it was their second priority and a further 67 saying it was their third priority. In total 287 said it was in their top 3.

3.4.3 The next 3 areas getting support (albeit at much lower levels) were mental health services, community hospitals, and residential care home 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

3.5.1 148 people gave comments about the savings proposed 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. Many were in favour of the saving from moving clients to individual tenancies.

3.5.2 Of objections about particular savings proposals, the two getting more objections was the proposal to end funding for clubs, although some felt that these should be self funding, and the proposal to close local authority care homes which are not fit for purpose, although again there were some respondents in favour.

3.5.3 No other savings proposal had more than 8 comments opposing it, and again these were balance in part by some respondents being in favour of these changes. Of these the main changes opposed were :

- Ending funding for the advocacy services
- Shifting urology services from Glasgow to Oban

- 3.5.4 202 people responded to the request to give their ideas on other ways to save money. The top 5 suggestions were:
- The need to reduce management costs
 - Use technology more (V/C, Near Me, telemedicine, appointment booking systems) and reduce admin and use less paper
 - Charge for prescriptions, and reduce prescriptions
 - Use volunteers more, and partner with voluntary and third sectors who are more agile and less costly
 - Fund healthy living projects focussed on prevention and provide more access to personalised self-help information
- 3.5.5 Other comments which were much less common but repeated several times included:
- Improve funding – nationally, and increase income where possible
 - Change redundancy policy, reduce sickness absence and use of locums and agency staff
 - Estate rationalisation – home working, fewer offices
- 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:

Description of service change	No. saying “acceptable”	Not sure	Not acceptable
You taking more responsibility for your health & wellbeing	542	40	30
More use of technology for appointments or monitoring people	465	73	55
Less support for patient travel escorts – stricter criteria to ensure we pay for escorts only when they are absolutely necessary	449	79	76
Improve utilisation of Oban hospital theatre capacity through patients travelling from North Highland or work transferred that is currently done from Glasgow hospitals (e.g. urology)	428	125	43
More support for unpaid carers	418	96	82
Family and friends doing more to support people living at home	274	157	178
Reduce discretionary (non-contractual) support to voluntary organisations encouraging these to be self-funding	274	191	134
Shift from individual packages of care for Mental Health support to enabling model of group based care providing more peer support and social interaction	268	192	132
More travel to specialist services	242	144	216
Reduce community based day services for older people or people with learning disabilities and replace with a range of community based Third Sector services	208	174	209

3.6.2 For some other proposals, there were majorities saying that they were not acceptable. This included waiting times for care at home packages; less face to face time with specialists; fewer nursing and care home facilities; care at home packages only for those with highest level of need; and fewer health visitors and school nurses.

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 be suitable). There is also clear support for stricter criteria for patient travel escorts, increasing support for carers (more funds being allocated for this from Carers Act funding), improving the utilisation of the Oban hospital theatre facilities, and for changing community day services.

4. RELEVANT DATA AND INDICATORS

4.1 The paper is informed by 625 budget consultation responses when the consultation closed.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

5.1 The Integration 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. This is an analysis based on interim responses. The report will be updated for all responses received once the consultation closes.

13. DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	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.	What for you is the most important role for the HSCP (Please tick one option only)			Last year
	Deliver the services I use	43	6.9%	9.1%
	Deliver services for the most vulnerable people in our communities	306	49.0%	45.5%
	Help us all to live longer, healthier, independent, happier lives	223	35.7%	33.2%
	Support local people to help others in our communities	24	3.8%	5.5%
	Other (please tell us what)	9	1.4%	5.3%
	Not answered	20	3.2%	1.4%

2	Which of these general service categories do you use most (Please tick one option only)			Last year
	Children & Families	12	1.9%	3.9%
	Adult Social Care	60	9.6%	5.9%
	Mental Health, LD and PD services	41	6.6%	N/A
	Greater Glasgow & Clyde hospitals and other services outside Argyll and Bute	36	5.8%	5.3%
	GP Services	248	39.7%	47.8%
	Dentists, Chemists & Opticians	140	22.4%	23.6%
	Argyll & Bute local hospital and community services	36	5.8%	5.3%
	Public health (immunisation, health screening and other health improvement activities)	27	4.3%	3.6%
	Other (please tell us what)	8	1.3%	3.0%
	Not answered	17	2.7%	1.4%

3	What other services do you use (Please tick any that apply)			Last year
	Children & Families	37	5.9%	8.2%
	Adult Social Care	60	9.6%	9.8%
	Mental Health, LD and PD services	64	10.2%	N/A
	Greater Glasgow & Clyde Hospitals and other services outside Argyll and Bute	174	27.8%	39.6%
	GP Services	280	44.8%	51.2%
	Dentists, Chemists & Opticians	307	49.1%	59.0%
	Argyll & Bute local hospital and community services	188	30.1%	40.0%
	Public health (immunisation, health screening and other health improvement activities)	220	35.2%	35.7%
	Other (please tell us what)	2	0.3%	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

4	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			Last year
	Children Services – fostering & adoption, looked after children	89	14.2%	6.0%
	Maternity, Health Visitor and School Nursing services	112	17.9%	7.5%
	Justice Social Work services	253	40.5%	32.1%
	Care at Home and other community social care support packages	47	7.5%	2.5%
	Residential care and nursing home placements	66	10.6%	4.1%
	Mental health services	46	7.4%	N/A
	Disability support packages	75	12.0%	7.3%
	Community hospitals (Campbeltown, Dunoon, Lochgilphead, Mull and Iona, Islay and Bute)	95	15.2%	9.4%
	Community services (nursing, Occupational Therapy)	87	13.9%	4.1%
	Acute Services offered from Oban Lorn & Isles Rural General Hospital	122	19.5%	10.1%
	Acute services from NHS Greater Glasgow & Clyde	139	22.2%	13.9%
	GP practices	82	13.1%	3.4%
	Dentists, pharmacists and opticians	122	19.5%	10.7%
	Public health screening & immunisation and other health improvement programmes	113	18.1%	12.1%
	Management & corporate including patient safety and quality of care	420	67.2%	67.9%
	Other (please tell us what)	106	17.0%	11.9%
5	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			Last year
	Children Services – fostering & adoption, looked after children	126	20.2%	18.2%
	Maternity, Health Visitor and School Nursing services	70	11.2%	15.3%
	Justice Social Work services	48	7.7%	2.5%
	Care at Home and other community social care support packages	287	45.9%	47.8%
	Residential care and nursing home placements	173	27.7%	22.0%
	Mental health services	178	28.5%	N/A
	Disability support packages	94	15.0%	13.9%

Community hospitals (Campbeltown, Dunoon, Islay, Mid Argyll, Mull, Rothesay)	177	28.3%	30.0%
Community services (Nursing, Occupational Therapy)	85	13.6%	N/A
Services offered from Oban Lorn & Isles Rural General hospital	105	16.8%	17.9%
Acute services from NHS Greater Glasgow & Clyde	124	19.8%	18.1%
GP practices	276	44.2%	53.8%
Dentists, pharmacists and opticians	119	19.0%	16.7%
Public health screening & immunisation and other health improvement programmes	81	13.0%	11.4%
Management & corporate including patient safety and quality of care	47	7.5%	0.9%
Other (please tell us what)	20	3.2%	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

148 people gave comments about the savings proposed 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. Many were in favour of the saving from moving clients to individual tenancies

Of objections about particular savings proposals, the two getting more objections was the proposal to end funding for clubs, although some felt that these should be self funding, and the proposal to close local authority care homes which are not fit for purpose, although again there were some respondents in favour.

No other savings proposal had more than 8 comments opposing it, and again these were balance in part by some respondents being in favour of these changes. Of these the main changes opposed were :

- Ending funding for the advocacy services
- Shifting urology services from Glasgow to Oban

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:

202 people responded to the request to give their ideas on other ways to save money. The top 5 suggestions were:

- The need to reduce management costs

- Use technology more (V/C, Near Me, telemedicine, appointment booking systems) and reduce admin and use less paper
- Charge for prescriptions,
- Use volunteers more, and partner with voluntary and third sectors who are more agile and less costly
- Fund healthy living projects focussed on prevention and provide more access to personalised self-help information

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

- Improve funding – nationally, and increase income where possible
- Change redundancy policy, reduce sickness absence and use of locums and agency staff
- Estate rationalisation – home working, fewer offices

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:

Option	Acceptable	Not sure	Not acceptable
More use of technology e.g. video facilities for appointments or electronic monitoring systems for people looked after at home – already used much more due to Covid social distancing requirements	465	73	55
Reduce housing support services for learning disability clients ensuring this is based on level of need	196	203	185
Shift from individual packages of care for Mental Health support to enabling model of group based care providing more peer support and social interaction	268	192	132
Fewer local nursing home and care home facilities for older people in order to sustain and concentrate services in the remaining homes (occupancy levels are dropping)	178	150	272
Fewer health visitors and school nurses	166	186	237
Reduce community based day services for older people or people with learning disabilities and replace with a range of community based Third Sector services	208	174	209
For clients who refuse a care home placement, Care at Home packages capped at £30k p.a. (equivalent to cost of residential care) with option for clients to cover costs above this level themselves	397	101	104

More support for unpaid carers (family and friends) including short breaks / respite	418	96	82
Improve utilisation of Oban hospital theatre capacity through patients travelling from North Highland or work transferred that is currently done from Glasgow hospitals (e.g. urology)	428	125	43
Remove support for lunch clubs	214	213	170
Reduce discretionary (non-contractual) support to voluntary organisations encouraging these to be self-funding	274	191	134
Less support for patient travel escorts – stricter criteria to ensure we pay for escorts only when they are absolutely necessary	449	79	76

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

Impacts	Acceptable	Not sure	Not acceptable
More travel to specialist services	242	144	216
Less face to face time with specialists	163	123	322
Waiting times for care at home packages	55	176	372
Care at home packages only for those with the highest level of care needs	195	152	263
Family and friends doing more to support people living at home	274	157	178
You taking more responsibility for your health and wellbeing and making healthy lifestyle choices to prevent health problems	542	40	30

Section 3: About You

10	Age Group			Last year
	Under 18	1	0.2%	
	18-30	20	3.2%	4.4%
	31-50	141	22.6%	26.6%
	51-65	268	42.9%	43.2%
	66-75	149	23.8%	18.1%
	76-85	34	5.4%	6.4%
	Over 85	4	0.6%	0.4%
	Not answered	8	1.3%	0.9%

11	What is your gender		
	Male	226	36.1%
	Female	378	60.5%
	Transgender	1	0.2%
	Non-binary	1	0.2%
	Prefer not to say	10	1.6%
	Not answered	9	1.4%

12	Which area do you live in?			Last year
	Helensburgh and Lomond	136	21.8%	14.6%
	Oban, Lorn, and the Isles	138	22.1%	40.7%
	Bute and Cowal	187	29.9%	16.3%
	Mid Argyll, Kintyre, and the Islands	158	25.3%	25.0%
	Not answered	6	1.0%	3.4%

13	Do you have dependents that you look after?			Last year
	No dependents	345	55.2%	45.6%
	Child or children under 18	118	18.9%	27.2%
	Spouse or partner	85	13.6%	22.0%
	Older relative(s)	75	12.0%	14.9%
	Other adult(s)	36	5.8%	4.1%

14	Are you a young carer, or a person being cared for by others, or disabled?		
	I am a Young Carer	12	1.9%
	I am cared for by others	17	2.7%
	I have a disability	58	9.3%

Comments given on making savings include:

- Review of senior management staffing and reduction of senior salaries
- Reducing travelling to meetings, more use of VC or NHS Near Me, use of telemedicine, provide more services locally or use technology to access services in Glasgow remotely
- Reducing temporary and agency staffing, and high paid locums
- 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 and level of admin staff
- Change redundancy and sick pay policies and address staff on redeployment and protected salaries
- Charge for prescription of medicines. Reduce number of prescriptions. GP practices to use SG formulary
- Close Kintyre Medical Group and merge with Campbeltown and Tarbert medical practices
- Redesign GP services
- Improve procurement
- More emphasis on prevention
- Better use of spare theatre capacity at Oban hospital. Reduce costs to Glasgow
- More reviews of care packages and reduce disparity between packages. Cap packages at £25k p.a.
- Reduce/remodel very expensive GP out of hours services
- Close Eader Glinn care home as not fit for purpose
- Remove Link workers
- Improve contract with NHS GG&C
- Increase day services for older people to prevent need growing
- Progress dementia services re-design
- Reward departments who spend below budget
- Stop vanity projects
- Externalise internal care at home, care homes and day services
- Invest in better community care with targeted programmes for mental health, obesity and type 2 diabetes
- Invest in forensic accounting
- More home working, and reduce buildings used
- Close outdated and underused leaning disability day centres
- Children to bring own toothbrushes to school for tooth brushing rather than being supplied with these
- Invest in quick local testing facilities rather than send to Glasgow labs
- Re-use equipment e.g. walkers
- Have clear strategic plan and objectives
- Stop using hire vehicles from Arnold Clark
- Improve sharing of patient records
- Remove hostel place for school children
- Increase home care
- Re-instate dementia ward in Mid Argyll

- Have more sheltered housing and homely care homes rather than providing care in clients own homes which dilutes staff/increases travel
- Reduce staff levels in staff canteens
- Charge of missed appointments