

PLANNING OUR FUTURE

**CONSULTATION ON OUR BUDGET
2022/23**

**What are your priorities for HSCP services and
how can we reduce our spending?**

February 2022

A&B | Transforming HSCP | Together

Argyll & Bute Health & Social Care Partnership

Budget Consultation 2022/23

Argyll and Bute Health & Social Care Partnership (HSCP) delivers a broad range of services to our communities, many of which are most used by very vulnerable people. Our vision is that people in Argyll and Bute will live longer, healthier, independent, happier lives and this underpins all that the HSCP does.

Our population is ageing, this is happening faster than elsewhere in Scotland, giving us particular pressures and demands for Older People services. We have other pressing demands to treat long term health conditions like cancer, heart disease, diabetes and stroke. At this time we are also having to manage the impact Covid-19 is having throughout our services and the communities we serve.

The resources available to the HSCP are not sufficient to enable us to meet all of the increasing costs and demands we face, and invest in our staff and facilities whilst continuing to provide our existing services in the same ways. We have to find efficiencies, transform how we operate and in some cases do less whilst ensuring we continue to provide high quality and safe health and social care. These are difficult choices, and there are no easy options left to reduce our spending. We would really value your views to help us make the best decisions that affect all of our lives.

This consultation is about high level budget decisions and how we prioritise our investment in local services, when it comes to the impacts on services being delivered, we will carry out further detailed community engagement. This will include working with people who will be affected by these changes including patients, carers, our staff and partners to ensure we listen to and take into account their ideas and concerns.

Thank you for taking the time to respond to this consultation.

Sarah Compton-Bishop

Chair, Integration Joint Board

What is an HSCP?

The Health and Social Care Partnership (HSCP) is an independent public body whose duties are laid out in Scottish law. It is a partnership between NHS Highland and Argyll and Bute Council who both contribute to its budget. In Argyll and Bute the HSCP is the organisation that plans the delivery of all of our health and social care services.

How is the HSCP funded?

HSCP receives money from both partners, NHS Highland and Argyll and Bute Council, each year. The amount that each partner pays is a decision taken by their own Boards.

The HSCP then has to operate within the amount of money it has been given. This budget must be “balanced”; in other words, the HSCP cannot plan to overspend.

Setting the 2022/23 budget

The Integration Joint Board (IJB) is required to set a balanced budget for the Health and Social Care Partnership (HSCP) 2022/23 at its meeting scheduled for 30 March 2022.

The IJB is advancing its financial planning for 2022/23 and is awaiting final confirmation of funding from both NHS Highland and Argyll and Bute Council. The Scottish Government published its draft budget in December 2021 and the IJB welcomes the commitment made in the budget to increase funding to the Health and Social Care Sector. This additional funding does include additional commitments and priorities, including increasing pay rates throughout the sector. It is hoped that this will encourage staff to continue to work in the health and care sector and encourage new people to come and work with us. The HSCP is, however, still required to deliver savings and efficiency improvement. We also have significant debt to repay previous overspending which increases the financial challenge we face. We need to reduce our spending by around £4.8m next year to enable us to meet our service and debt repayment commitments.

In recent years we have worked very hard to become more efficient. In the year 2021/22 alone we have reduced our spending by £6m. However, due to the ongoing Covid-19 pandemic, many transformational changes have not been made as fast as we originally anticipated, or have not been possible at all. We will carry forward £1.5m of previously agreed savings plans into the new financial year. Together with the anticipated new funding gap of £4.8m, there is a substantial challenge ahead for us.

The total shortfall in the HSCP’s budget for 2022/23 is estimated to be £4.8m or approximately 1.5% of the budget.

Changes which HSCP can, and cannot, make

Many of the demands on HSCP’s budget are not wholly within its control. These include, for example:

- Provision of services because the law requires it

- Providing services in a specific way because this is laid down in national guidance and standards
- Increased demand for healthcare because of demographic pressures, e.g. growing numbers of older people
- People have increasingly complex needs, which increases the cost of some care packages
- The cost of new drugs
- Costs for GP services increasing due to new nationally set contracts
- Staff and supplier costs increasing on account of nationally agreed pay awards, pay increase commitments for care staff and the Scottish Living Wage
- Costs for services contracted through NHS Greater Glasgow & Clyde
- Services provided through nationally agreed GP, dentistry, pharmacy and optometry contracts

This means that the HSCP has relatively limited ways in which it can make savings.

There are 3 types of savings the HSCP can make:

- 1. Reducing overheads**
- 2. Reducing or cutting services**
- 3. Redesigning services to make them more efficient**

Reducing overheads

In recent years there has been a far-reaching drive to cut overheads within the HSCP. The senior leadership team has continued to identify options for overhead savings and these will continue to contribute to the savings target. However, it must be recognised that there is now little potential for further significant reduction in this type of spend. We also recognise that we need to invest in the infrastructure we use to deliver health and social care services for the long term benefit of the communities we serve.

Reducing or cutting services

This is where we are proposing to offer less services, such as through limiting support we provide directly or commissioning fewer hours from our providers whilst ensuring we provide high quality and safe levels of care which seeks to meet the needs of the most vulnerable in our communities.

Changing how we work

Having limited resources and having to manage service pressures means that we cannot continue to deliver our services in the same way as we have previously and change is needed. Some of these changes are already being implemented including:

- More technology used to support people at home, by allowing remote monitoring of conditions and consultations with trained staff, thus avoiding hospital visits and unnecessary admissions
- More care delivered at home and more support for carers (especially family and friends), so nursing and care home beds will be used for people with higher care requirements.

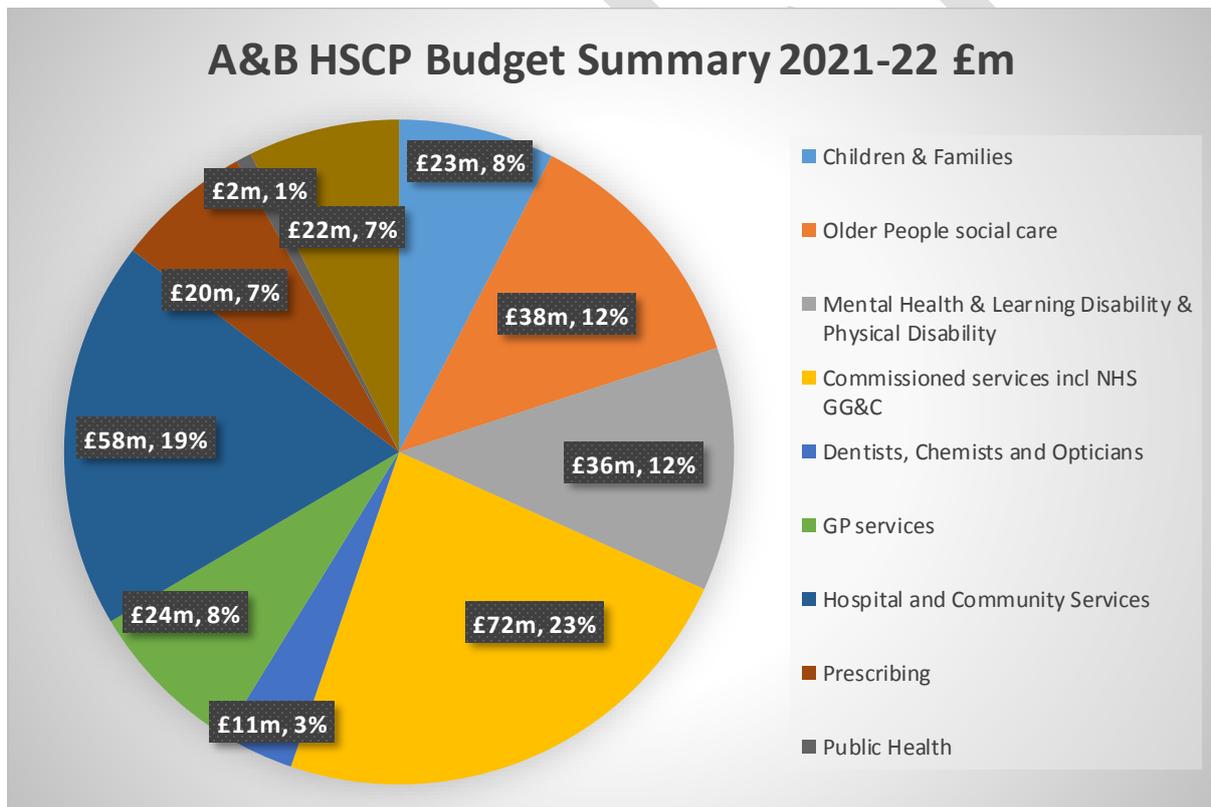
- Most hospital treatments do not require overnight stays, so that beds can be prioritised for those with continuous medical needs.

However, more now needs to be done to ensure we can provide high quality care within our available budget.

The HSCP’s Senior Leadership Team has carefully reviewed all budgets to identify any areas where efficiencies can be made without adversely affecting quality and/or safety. There has been an ongoing effort throughout the past 2 years to restrict non-essential expenditure.

We have identified new areas to reduce spending totalling £4.8m in the next financial year. Whilst we have sought to identify options with the minimum impact on services, some of these will potentially affect services you use and our staff. We want to understand your views on these. We expect that we will need to identify further savings in the coming years and would also value any suggestions you have on longer term options. We would like to know what matters most to you about HSCP services.

The diagram below shows a breakdown of how this year’s budget of £307m is spent:



- The biggest single area of spend is £68m on acute (specialist) services with NHS Greater Glasgow & Clyde. Our contract with them ensures people within Argyll & Bute have access to a full range of acute care. We also buy services worth £4m from other health boards.
- The second biggest area of spending is £58m on hospital based services. This includes our hospital in Oban (£17m), and our community hospitals and services

in Campbeltown, Dunoon, Lochgilphead, Mull and Iona, Islay, and Helensburgh. All community based services like community nursing and allied health professionals are included here.

- The third biggest area of spend of £38m on older people social care which includes care at home and care home placements.
- We spend £36m on Mental Health, Learning Disability and Physical Disability which includes both social care and NHS based services.
- Children and families services cost £23m include fostering and adoption, hostels and children's' houses, residential placements, child protection, children with disabilities, maternity services and school nurses, and justice social work.
- GP and other Primary Care services cost £35m and contracts are largely set nationally with little ability for the HSCP to make efficiencies.
- Prescribing costs account for £20m of annual spend.
- Management and corporate costs of £21.4m include the cost of running the Estate (£9m) and services such as planning, finance, IT, safety and quality and centrally held budgets.

DRAFT

CONSULTATION QUESTIONS

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

1	Which of these general services do you, those you live with or care for, use frequently	
	Children & Families Services	
	Older People Social Care	
	Mental Health, Learning Disability and Physical Disability Services	
	Greater Glasgow & Clyde hospitals and other services outside Argyll and Bute	
	GP Services	
	Dentists, Chemists & Opticians	
	Argyll & Bute local hospital and community services	
	Public health (immunisation, health screening and other health improvement activities)	
	Other Services (please tell us what)	

2	What other services do you use (Please tick any that apply)	
	Children & Families	
	Older People Social Care	
	Mental Health, Learning Disability and Physical Disability Services	
	Greater Glasgow & Clyde Hospitals and other services outside Argyll and Bute	
	GP Services	
	Dentists, Chemists & Opticians	
	Argyll & Bute local hospital and community services	

Public health (immunisation, health screening and other health improvement activities)	
Other (please tell us what)	

Section 2: Balancing our Budget

We are seeking to reduce our spending by £4.8m next year but the following costs are not available for savings:

- GP, dentist and pharmacy contracts which are 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 expect these to be based on an inflation based uplift.

3	The list below describes our main service categories and areas of spend, are there any of these where you would support reductions in spending? (please tick yes or no)		
		Yes	No
	Children Services – fostering & adoption, looked after children		
	Maternity, Health Visitor and School Nursing services		
	Justice Social Work services		
	Care at Home and other community social care support packages		
	Residential care and nursing home placements		
	Mental health services		
	Disability support packages		
	Community hospitals (offered at Campbeltown, Dunoon, Islay, Mid Argyll, Mull, Rothesay)		
	Community services (Nursing, Occupational Therapy)		
	Acute Services offered from Oban Lorn & Isles Rural General Hospital		
	Acute services from NHS Greater Glasgow & Clyde		
	GP practices		
	Dentists, pharmacists and opticians		
	Public health screening, immunisation and health improvement programmes		
	Management, corporate and facilities		

Other – please let us know your thoughts on where savings could be made:		
--	--	--

4 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 £4.8m 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 proposals.

If you have comments on the savings options, please let us know
<p style="text-align: center; font-size: 48px; opacity: 0.3; transform: rotate(-30deg);">DRAFT</p>

5	We expect to continue to need to identify more ways to bridge our future funding gap. If you have any other ideas about how we could save money and operate more efficiently please let us know here:
<p style="text-align: center; font-size: 48px; opacity: 0.3; transform: rotate(-30deg);">DRAFT</p>	

6 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			
Shift from individual packages of care for Mental Health support to enabling models of group based care providing more peer support and social interaction			
Fewer local nursing home and care home facilities for older people to concentrate services in a smaller number of larger care homes			
Reduce community based day services for older people and people with disabilities and replace these with a range of community based Third Sector services			
Increase services delivered in the Oban hospital to reduce the number of patients throughout Argyll and Bute being treated by NHS Greater Glasgow and Clyde			
Reduce discretionary (non-contractual) support to voluntary organisations encouraging these to be self-funding			

7 Please also let us know if the impacts of changes are acceptable or not:

Impacts	Acceptable	Not sure	Not acceptable
More travel to specialist services			
Increased travel to visit relatives receiving care or treatment			
Less in person face to face time with specialists			
Family and friends doing more to support people living at home			
Encouraging individuals to take more responsibility for health and wellbeing to prevent health problems			

Section 3: About You

8	Age Group	
	< 18	
	18-30	
	31-50	
	51-65	
	66-75	
	76-85	
	85+	

9	What is your gender	
	Male	
	Female	
	Transgender	
	Non-binary	
	Other	
	Prefer not to say	

10	Which area do you live in?	
	Helensburgh and Lomond	
	Oban, Lorn, and the Isles	
	Bute and Cowal	
	Mid Argyll, Kintyre, and the Islands	

11	Do you have dependents that you look after?	
	No dependents	
	Child or children under 18	
	Spouse or partner	
	Older relative(s)	
	Other adult(s)	

12	Are you a young carer, or a person being cared for by others, or disabled?	
	I am a Young Carer	
	I am cared for by others	
	I have a disability	

Many thanks for taking the time to respond to our questions. Your views are very important to us and will be taken into account in our budget planning. We will report your responses and the findings in various ways including Argyll and Bute Council's website.

Closing date for responses: 28 February 2022

DRAFT