

Herefordshire Public Services strategic options public consultation

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Herefordshire Council Corporate Policy & Research Team

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Herefordshire Public Services strategic options public consultation November 2008: what it was, what it tells us and what happens next

What it was

The council and the primary care trust (PCT) are working in a deep partnership – *Herefordshire Public Services* (HPS) - to improve services, make possible a better quality of life for all the people of Herefordshire and provide better value for money.

As part of our wide-ranging, long-term programme of engagement with local communities and different groups in the population, and to help inform our decisions for the coming years, we wanted to find out the views of the people of the county on the balance they wish to see between different priorities.

We face difficult choices: there are finite resources and a lot of competing claims for them. In the case of the council, we have also to keep council tax increases down to the minimum.

There are many things we are required to do by law, others that central government requires us to do, and some where we are already committed to vital long-term improvement programmes. These include improving health and social care to meet the most pressing needs of the steadily increasing numbers of older people. This constrains us to a degree, but there are still important choices to be made.

For both the council and the PCT, our starting point for meeting new demands and making improvements in services is to take full advantage of our deep partnership and redouble our efforts to deliver additional £millions of efficiency savings year-on-year, on top of those we have already secured over recent years.

The choices included in the consultation are *examples* of the kind of choices that the council and the PCT face.

We didn't include matters about which decisions that command wide public support have already been taken - for instance the council's commitment to keeping weekly rubbish collections or the PCT's to provide cancer screening and childhood immunisation services. Most spending on schools is funded by means of a ring-fenced grant from central government, so that too didn't feature.

Neither did we include priorities we are pursuing in ways that shouldn't have a significant impact on our year-on-year spending. So, for example, the council is working with housing providers and through the planning system to deliver on its priority of increasing the supply of affordable housing.

The survey used a method that's been tried and tested successfully across England over a number of years. It:

- involved a representative sample of 404 households spread proportionately across all wards in the county
- face-to-face with an experienced researcher, required people to trade-off investment in one priority against others (i.e. not to produce unrealistic wish-lists);

- found the balance people wanted to strike between different levels of services and, in the case of the council, between service levels, charges for services and levels of council tax;
- produced results that give a robust and reliable picture of the overall views of the people of the county (for an explanation see page 11 below)
- supplemented the household survey with workshops, led by an expert researcher, at which the survey was completed by older people in a rural area, teenagers, and people with disabilities, carers and those working with them in the voluntary sector.

There were two sets of options - one for matters which the council leads, and the other for matters which the PCT leads. To show their preferences, people completed the attached grids, which set out the choices:

Appendix A for the Council-led options

Appendix B for the PCT-led options

In practice, a number of the options require the council and the PCT to act together. Examples include tackling childhood obesity, enabling people to cope at home when they leave hospital and improving care for older people with dementia

What it tells us: the key messages

In respect of the options for **Council-led services**:

The majority of people are prepared to see council tax increase marginally above inflation in return for targeted improvements in services. As part of this package, they are prepared to see reductions in a number of other services and some increases in charges for services.

The improvements the public most wants to see are:

- measures to tackle traffic congestion
- more support for families to protect vulnerable children
- adult social care at least keeping up with increasing demand.

To help pay for these, the areas they are most prepared to see reduced are:

- support for the arts, including the Courtyard
- libraries and museums
- concessionary leisure fees
- subsidised bus services.

Also to help pay for their priority improvements, the public are prepared to see increases in charges for car parking and non-residential social care.

But they *don't* want to see reductions in:

- the maintenance of minor roads and footways
- youth services
- short-term reablement therapy and support
- support for carers
- dementia and other mental health services.

In respect of the options for **PCT-led services**:

On the assumption of additional spending power of £1.2 million, the package preferred by the majority of people is:

- improved access to NHS dental care
- enhancements in services to prevent and treat stroke
- more people with long-term health conditions being supported at home
- increased support for those at risk of falls
- more people receiving end of life care at home
- an increase in alcohol education programmes for children and young people
- no reductions in the current levels of other services, except for....
- a preparedness to see 10% fewer people getting a) high cost drugs; and b) cosmetic surgery that meets the NHS criteria.

What happens next

We are letting those who take part, and the public generally, know the results of the consultation. This includes a feature in the February edition of *Herefordshire Matters*.

We are considering the results, alongside all the other considerations we have to take into account, as we draw up our plans for the future. The council and the PCT are doing this together so we ensure that decisions reflect what we need to do in partnership to deliver agreed priorities.

There may be some short-term adjustments but our main focus is on what we need to do to meet the most important challenges and priorities over the next four to five years.

Later this year, we will let everybody know what will happen as a result.

What it tells us: the details

The results can be looked at from a number of different angles. The key messages above draw these together to give an overall picture. But each is important in its own right: as an aid to understanding the public's views and, subsequently, to decision-making.

First for the council and then for the PCT, the different angles are as follows:

- the public's predicted optimum packages of priorities at different levels of, for the council, council tax; and, for the PCT, different levels of cost to the national taxpayer
- reductions in services (or, in the case of the council, increases in charges) causing least displeasure
- improvements in services causing most satisfaction
- services that shouldn't be reduced
- the most often preferred individual improvements compared with the baseline options used in the survey (which in some cases represented a deterioration compared with current levels of services)
- current service levels regarded as unacceptable, without regard to having to trade-off options one against the other.

It is particularly important to bear in mind that the options were only a selection – albeit an important selection – of the actual choices that have to be made by the council and the PCT.

It is equally important to remember that choices were constrained by assumptions it was necessary to make about different possible levels of increase, in the case of the council in council tax, and, in the case of the PCT, increased spending by the national tax-payer, which cannot reflect the actual overall spending power of either body.

Finally, no survey can fully equip the members of the public who participate with all the information that would enable them to make fully-informed choices, including as regards the interrelationship of some options with others, e.g. the long-term impact of fewer people smoking on the numbers suffering stroke, or of fewer subsidised buses on traffic congestion.

All these things said, the survey does give a good picture of the public's general views and of its priorities when faced with the reality of resources being finite and hard choices having to be made.

Council-led options

Optimum priorities

The trade-offs between the offered council-led services made by those completing the survey were presented in the context of hypothetical increases in Band D council tax, ranging from £20 less than inflation to £20 more. The public's preferred

packages at each level of council tax increase are at **Appendix C**. The package predicted by the results to be likely to please most and offend least is at **Appendix D**. This would require a council tax increase of about £5 above inflation.

At all the offered possible levels of council tax, the public prioritised **tackling traffic congestion**. Only at the highest level is the outer distributor road the favoured option to do so, and even then only by 44% of people. This is, presumably, because its relative cost is so high and would therefore have required so many other service benefits to be forsaken to pay for it. Although it features as part of the predicted overall package likely to please most people and offend least (Appendix D), at no level of council tax is park and ride the preferred option of more than about a quarter of people. This leaves the paradox that, whilst the public sees tackling traffic congestion as the single most important issue amongst the choices, when faced with the consequences for other services only a minority is prepared to back the specific measures identified in the survey to tackle it.

At all levels of council tax, there is a willingness to see reductions in support for **the arts, including the Courtyard**.

Except at the highest level of council tax, there is a willingness to see reductions in **library and museum services**.

And, except at the top two levels of council tax, this extends to reductions in concessionary rates for **leisure facilities**.

At all levels of council tax, there is willingness to see higher **charges for car parking** (20% at the level of the lowest tax increase, 10% at the other levels).

Ditto, except at the highest level of council tax, in respect of increased **charges for non-residential social care** of between 12.5% and 25%.

At all levels of council tax, there is support for more people (ranging from 80 to 100) receiving **reablement services** so they can cope at home when they leave hospital.

Priority was accorded at the top three levels of council tax to improving care for those suffering from **dementia and other mental health problems**, and also to measures to tackle **anti-social behaviour**.

At the top three levels of council tax, the public wants to see support provided to an additional 100 **carers**.

Except at the lowest level of council tax, the provision of 14 more **family support workers** was prioritised.

People were prepared to see fewer **subsidised bus journeys** at the two lowest levels of council tax.

Increasing beyond the current level the **maintenance of minor roads and footways** was accorded priority only at the top two levels of council tax.

Doing more to **combat graffiti, fly-posting, dog mess etc.** was only prioritised at the highest level of council tax; while, at the lowest tax level, there was a preparedness to see less being done.

Improvements to **youth services** were given priority only at the highest level of council tax.

Reductions causing least displeasure were:

- a 10% increase in car parking charges
- reduced hours and access to the arts, including the Courtyard
- a 12.5% increase in non-residential social care charges
- the closure of three libraries

Followed by:

- reduced concessionary rates for leisure facilities
- 92,000 fewer subsidised passenger journeys
- the closure of museums
- a 25% increase in non-residential social care charges
- a 20% increase in car parking charges

Improvements causing most satisfaction were:

- tackling traffic congestion
- 80 more people helped to stay at home by means of short-term reablement
- 14 additional family support workers

Followed by:

- some improvement in minor roads and footways
- 100 additional carers supported
- earlier support for those suffering from dementia or other mental health problems
- increased patrols, investigations and enforcement to combat anti-social behaviour
- more positive and targeted youth services

Services that shouldn't be reduced were:

- the maintenance of minor roads and footways
- youth services
- short-term reablement

- support for carers
- dementia and other mental health services

The most preferred individual improvements compared with the baseline options

(N.B. For some of the services included in the survey the baseline options included in the survey represented a deterioration compared with current levels of service. This was because of expected increased demand (e.g. as a result of increasing numbers of older people) and/or increased input costs (such as higher fuel prices). The details are included in Appendix A.)

1. **Minor roads and footways** – retain the current position of 30% being in poor condition rather than see this worsen to 50%. **(N.B.** This is despite this option having been assumed to cost five times as much as any of the following items.)
2. **Support for carers** – maintain as now, rather than see 100 fewer supported.
3. **Short-term reablement** – keep up with demand rather than see a smaller proportion of people receive support.
4. **Combat anti-social behaviour** – to avoid any reduction in current measures.
5. **Dementia and other mental health services** – keep up with increasing demand rather than see a smaller proportion of people receive support.
6. **Short-term reablement** – as above, but with an additional 80 people having this opportunity.

Unacceptable levels of current services

Before starting to trade-off options one against the other, that is make the hard choices, those completing the survey were asked to say whether they regarded any of the options representing the current level of services to be *unacceptable*.

15% regarded current traffic congestion to be unacceptable and 12% the present level of support for families aimed to safeguard vulnerable children.

The full results in this respect are at **Appendix E**.

PCT-led options

Optimum priorities

The trade-offs between the offered PCT-led services made by those completing the survey were presented in the context of hypothetical changes in the cost to the national taxpayer, varying from a £1.2 million cut to an equivalent increase. The preferred packages chosen by the public at each level are at **Appendix F**. The package predicted by the results to be likely to please most and offend least is at **Appendix G**.

At the highest offered level of increased spending, the public wants to see all services improve, except access to high cost drugs and cosmetic surgery.

The public views improved access to **NHS dental care** in Hereford city as a priority at all levels of spending, adding improved access across the rest of the county at the higher spending levels.

Improvements in **stroke prevention services** are prioritised at all levels of spending, with **thrombolytic therapy and enhanced rehabilitation** added at the higher levels.

At all but the lowest spending level, the public accords priority to improving **falls prevention services**, as well as to making sure that all **people with long-term health problems** who need them get home visits by specialist nurses.

At all but the two lowest levels of spend, there is support for 10% more people getting home support and therapies for **end of life care**.

At all offered levels of spending, people are prepared to see reductions of 10% in access to **high cost drugs**.

This is also true for access to **cosmetic surgery**, except that this rises to a 20% reduction at the lowest overall spending level.

Only at the lowest level of spending do the public favour the withdrawal of **nicotine replacement therapy**, while at the highest level of spend they want to see more **education about smoking and its effects for children and young people**.

At the top three levels of spending, people favour improved services to tackle **alcohol abuse**, according the highest priority to more education for children and young people but adding GP screening, advice and treatment at the highest level of spend.

Enhanced measures to combat **obesity** are only prioritised at the highest level of spend; while, at the lowest level, there is support for the total withdrawal of surgical treatment.

Reductions causing least displeasure were:

- 10% fewer people receive high cost drugs
- 20% fewer receive cosmetic surgery

Followed by:

- withdrawal of the nicotine replacement service

Improvements causing most satisfaction were:

- improved stroke prevention services targeted at those most at risk, plus GP screening, advice and early treatment
- 20% more people having access to NHS dental care, with Hereford as the first priority, then the rest of the county
- 100% of people with long-term health conditions getting home visits from specialised nurses if they need them

Followed by:

- improved services to prevent falls, targeting those at risk
- 10% more people to receive end of life home support
- alcohol education programmes for children and teenagers

Services that shouldn't be reduced were:

- stroke
- end of life care
- obesity control

The most preferred individual improvements compared with the baseline options

(**N.B.** For some services the baseline options included in the survey represented a deterioration compared with current levels of service. The details are included in Appendix B.)

1. **Stroke services** – maintain the current level rather than withdraw current prevention and rehabilitation services.
2. **Better stroke services** – education targeted at those at risk, plus GP screening, advice and early treatment.
3. **End of life care** – maintain the current level of service rather than see a fall from 20% to 10% in the numbers receiving home support.
4. **Dental access** – 20% more people having access in Hereford city.
5. **Long-term health conditions** – self-management education, supported by a 24-hour helpline.
6. **High cost drugs** – 10% rather than 20% fewer people to get them.

Unacceptable levels of current services

Before starting to trade-off options one against the other, that is make the hard choices, those completing the survey were asked to say whether they regarded any of the options representing the current level of services to be *unacceptable*.

40% judged unacceptable current levels of access to NHS dental care, 20% support for people with long-term health conditions, 16% services to prevent and limit the impact of falls and 9% services to combat alcohol abuse.

The full results in this respect are at **Appendix E**.

Segmentation

The results are remarkably consistent between different groups in the population: by age, by geographical area and by sex.

The only differences of any consequence are:

- the 24 older people in the dedicated workshop held for them in a rural area were less willing to pay more in council tax for better services; but it's important to note that the statistically robust sample from the household survey of those aged 60+ for the whole county shared the views of the majority of the rest of the adult population in this and other respects
- those in the east of the county were less willing to support the package involving the highest offered hypothetical increase in council tax (inflation plus £20) than other areas, with the city and northern areas markedly more in favour
- nonetheless there was a clear majority in all areas (varying from 63% in the east to 87% in the city) opting for either the inflation plus £6 or plus £20 council package
- men taking part in the household survey were more willing than women or the student workshop group to opt for the package involving the highest level of increase in council tax, as were the 10 people who attended the dedicated workshop for people with disabilities and the third sector
- but, again, all groups had a clear majority (varying from 58% in the older people's workshop group to 78% of men) in favour of either the inflation plus £6 or plus £20 council package.

As well as being important in its own right, this striking consensus of views across both the council-led and PCT-led options provides compelling evidence that the results are highly likely to be genuinely representative of the adult population in the county as a whole.

Additional points made by those who took part

Those who took part in the survey were invited to record any supplementary comments they wished to make. 44 (about 10%) did so. The comments are set out in full in **Appendix H**.

Matters mentioned a number of times are:

- the council should increase its efficiency and cut waste so as to generate the capacity to pay for improvements and avoid cuts in services
- concern in respect of both council-led and PCT-led elements that not all possible options are shown and/or that there is insufficient information on the basis of which to make informed judgements
- concern about village streets not being kept clean and tidy.

The one respondent who asked for a reply (95) has received one.

Some wider considerations

By any reasonable comparison, this survey was particularly detailed and thorough. Even so, it is not possible in the timescales that members of the public are prepared to devote to a survey to provide extensive background information about the options. (The survey took about forty minutes in the home, rising to up to an hour and a half in the workshops.) Equally, there isn't time to make sure that people understand fully how different options might relate one to another.

For instance, some of the relative antipathy to cosmetic surgery may be explained by at least some people not having understood the already stringent criteria for NHS treatment, which prioritise those with the gravest problems; and others may not have understood the extent to which stroke and long-term health conditions (tackling which they saw as a high priority) are affected by issues such as obesity, alcohol abuse, smoking and, in respect of the council-led service options, access to leisure opportunities (to all of which they accorded lower priority).

The response to these findings therefore needs to include consideration of the implications for health and wider public education programmes.

The robustness and reliability of the results

Vague questions, such as how people feel about something or someone, tend to produce vague answers. By contrast, the questions in this form of consultation – known as SIMALTO - were specific and focused.

Surveys tend to pose either / or questions that are asked just once. This means that errors can occur in responses, which creates a need for a large number of respondents in order to smooth out anomalies. In a SIMALTO interview, similar questions are asked three or four times about each element, allowing respondents to modify their responses. The results are therefore more akin to averages which are, by their nature, less prone to error variance.

SIMALTO results based on a sample size of 300 have been found to be accurate when tested against models that used much larger sample sizes, ie.1,000 or more.

For example, in surveys of options in Berwick-upon-Tweed and South Hams there were following results:

	A	B	C	D	E	F
Berwick options						
SIMALTO %	10	8	15	15	21	31
Larger sample %	11	9	14	14	21	30
South Hams options						
SIMALTO %	15	11	14	12	23	25
Larger sample %	14	11	17	11	21	26

Two SIMALTO studies of wholly different randomly sampled respondents in Wear Valley were conducted 15 months apart. 13 questions in the two surveys were identical. The results for 12 of these questions were consistent across both surveys, with only a small variation in the 13th.

In the case of the 2008 Herefordshire survey, where the sample size was 404 households, there is the further reassurance provided by the broad consistency of the results across the different age, geographical, sex and other groupings of those who took part.

APPENDIX A: Herefordshire 08 council issues

	ATTRIBUTES	Levels / Options					
1	Libraries	Close three libraries 0	AS NOW The Council runs 10 libraries, plus two mobile libraries			2	
2	Museums	Possible closure of all Council facilities 0	AS NOW The council operates five museums/heritage centres, plus a mobile museum service. It also provides financial support for a further 16 museums		1	Revamp the museum displays in the heritage centres to attract more visitors. 2	PLUS longer opening hours to attract more visitors 3
3	Leisure facilities	Closure of up to two least used facilities 0	OR reduce the number of concessionary entrance fees for pensioners, the disabled and unemployed 0	AS NOW – The Council provides funding for 11 leisure facilities, which have some 1.5 million customer visits a year 1			
4	Arts, including the Courtyard. Majority of current spend is on projects to help vulnerable and disadvantaged residents	Reduced Courtyard opening hours/ performance time/high quality performances, including reduced access for vulnerable residents 0	AS NOW, The Council supports a range of arts and artists. The Courtyard generates in excess of £4million to the county's economy. A further unknown amount is generated by arts events such as H-art week and the Contemporary Craft Fair 1		Courtyard to be open for longer and include more performances. More specialist projects. More participation for a greater number of residents 2		
5	Maintenance of roads and footways	The 30% of unclassified roads and footways currently in poor condition would increase to 50%. 0	AS NOW The Council maintains all roads (except principal 'A' roads) and many footways. They are currently deteriorating. 5		Some improvement in minor roads and footways 10	Significant improvement in minor roads over a three-year period.) 15	
6	Car parking charges	20% increase in off-street parking charges 0	10% increase in off-street parking charges 2	OR Introduction of on-street charges 2	AS NOW 5		
7	Local environmental quality – graffiti, fly posters, dog mess	Reduction in local environmental quality, less frequent cleaning and litter collection. 0	AS NOW 1	Villages to be cleaned every three months, instead of every six, The cleaning of graffiti from private property, Increased patrols, Improved local environmental quality 2			
8	Anti social behaviour (ASB)	Increased level of ASB; reduced dog warden service; reduced investigation of abandoned vehicles and fly-tipping; limited enforcement action and prosecutions. 0		AS NOW 1	Increased patrols, Increased investigations, prosecutions and enforcement actions against ASB-related incidents and offences, 2		

9	Bus subsidies Around 3.5million bus journeys are undertaken each year of which 1.3million are on subsidised services	Large reduction in the subsidised bus network affecting at least 150,000 passengers who currently use the network 0	Reduction in the subsidised bus network –92,000 fewer passenger journeys 1	AS NOW 2	Additional services enabling an additional 62,000 passengers to use the network 3
10	Traffic congestion	AS NOW 0	2 park and ride schemes 1	Outer distribution road (which would include a second river crossing) 8	
11	Children's Services Extra investment would be expected to lead to less disruptive behaviour (benefiting all pupils and the wider community) and higher levels of achievement, leading to better life-chances for disadvantaged children.	AS NOW - Government has criticised Herefordshire for the slow place of implementing/increasing Family Support as an approach to local service delivery. 0	14 extra Support Workers would increase the number of families supported through early intervention 3	28 extra Support Workers. Noticeable increase of families supported through early intervention 6	42 extra Support Workers Significantly increase of families supported through early intervention 9
12	Youth services A wider choice of positive activities - less likelihood of involvement in anti-social behaviour.	The service to become below the minimum expected standards, with increased anti-social behaviour and lower levels of achievement/life-chances. 0	AS NOW - Herefordshire Youth Service is under-funded compared to its neighbours and there are difficulties in retaining youth workers. The service is currently assessed to be no more than reasonable. 1	The service to provide more positive activities; and more targeted work by appointing additional youth workers, leading to lower levels of anti-social behaviour and increased achievement/life-chances 2	
13	Support for carers Information, advice and support to carers is provided to enable them to continue to support their family members	100 fewer carers supported, leading to greater demand for intensive and high-level services. 0	AS NOW, 530 carers receive support from the authority, although at least an additional 1,200 have been identified through Hereford Carer Support. 1		100 more carers supported, enabling 100 additional people to live at home. 2

14	Short-term therapy and support in the community. Re-ablement support is provided in the community to enable people to cope at home when they leave hospital. Adjusting to life at home following a spell in hospital can be difficult – short-term assistance is needed to maintain people's independence and prevent or delay the need for intensive / high level services.	More people would remain in hospital for extended periods and would require the use of more intensive services on discharge. 0	AS NOW - 312 people supported by the Hillside Intermediate Care Facility in 2007-08. Only those in the two highest bands – “critical” and “substantial” - currently qualify for services. 1	A therapist and two assistant therapists would help 80 people to remain independent at home. This would delay the need to provide more intensive and costly services in, for example, residential or nursing care homes 2	PLUS 100 people with medium-level needs, who would not otherwise be entitled to social care services, would receive support to prevent, or at least delay, the need for high-level services. 3
15	Discretionary charges for non-residential care such as home care or day care. for non-residential care such as home care or day care.	A 25% increase in discretionary charges 0	A 12.5% increase in discretionary charges 1	AS NOW - Although discretionary charges have increased, they are still lower than in some comparable areas. Currently, more than 520 people pay discretionary charges 2	
16	Dementia or other mental health problems Help at an earlier stage or through intermediate care	Current, limited mental health care intermediate service ended, increasing the pressure on intensive services 0	AS NOW As a result of increasing numbers of older people, there will be a big increase in the number of referrals to the dementia and wider mental health services over the next five years. 1	Workers would link primary and secondary services, provide advice and signposting to enable people with dementia to be supported at an earlier stage. 2	OR Establish the mental health care intermediate service countywide. 3

APPENDIX B: Herefordshire 08 – PCT options

	ATTRIBUTES Service / Action	Levels / Options			
1	Obesity Control The latest health profile of Herefordshire population shows that one in three children in year six are obese or overweight. Children who are overweight and obese are more likely to become overweight and obese adults.	Total withdrawal of surgical treatment for obese patients. 0	AS NOW Health promotion activities both for children and adults through various initiatives, and surgical treatment for a maximum of 5 morbidly obese patients per year. 1	PLUS Health education for school children and weight management programmes at Community Pharmacies and advice from GPs for general public 2	PLUS 5 more surgical operations for obese patients 3
2	Smoking Cessation Smoking prevalence while generally below national average is higher in the more deprived socio-economic groups; around one in three adults smoke in Herefordshire.	Total withdrawal of Nicotine Replacement Therapy service from GP surgeries and community pharmacies. 0	AS NOW Currently the Stop Smoking Service, and selected GP surgeries and community pharmacies offer specialist advice and Nicotine Replacement Therapy. 1	PLUS Education programme targeting children, teenagers 2	PLUS GP surgeries and community pharmacies offering advice and Nicotine Replacement Therapy. 3
3	Alcoholism There has been a steady increase in alcohol misuse and alcohol specific admissions in Herefordshire. Around one in five adults in Herefordshire drink above the recommended limits.	AS NOW Opportunistic screening and advice by the GPs; Advice and support by the drug action teams 0	Education programme targeting children and teenagers 1	PLUS GP surgeries screening people with alcohol problems and offering advice and treatment 2	
4	Falls Around one in three people over the age of 65 year, and one in two over the age of 80, have a fall every year in Herefordshire and suffer from moderate to severe injuries.	AS NOW Current capacity of fall service is limited and bone density scanning has just been made available. 0	Falls Service offering, assessment and early interventions targeting people at risk of fall 1	PLUS GP surgeries screening people at risk of fall and offering advice and early interventions 2	500 patients will have DEXA scan (bone density scan) in a year 4

5	Stroke Herefordshire has a much higher than average percentage of older people in the population, and stroke is a major cause of disability and death in this age group	Existing stroke prevention and rehabilitation services will be withdrawn 0	AS NOW Limited capacity of stroke prevention and rehabilitation. Stroke unit is unable to offer thrombolytic therapy to 100% cases 1	Education targeting people at risk of having a stroke and GP surgeries screening people at risk of having stroke and offering advice and early treatment 2	PLUS 100% cases get MRI scan and Thrombolytic therapy. 4	PLUS a specialist rehab stroke centre 6	
6	Long-term Health Conditions Around one in three people in Herefordshire have a long-term health condition such as diabetes, heart disease or chronic lung disease.	AS NOW 60% of the patients with long term condition self manage their condition in the community. 0	Self-management supported by 24 hour helpline 1	PLUS 100% get home visits by specialist nurses when specialist help is needed 4	PLUS regular specialist appointments in secondary care for 100% of cases 10		
7	End of Life Care Care at the end of life for all patients and enabling patients to live and die in the place of their choice.	Only 10% of patients will get home support 0	AS NOW Only 20% of patients receive desired level of care 3	10% more patients get home support/therapies 6	20% more patients get home support/therapies 9		
8	High Cost Drugs Only approved for a limited number of patients who fulfill criteria.	20% fewer patients get them. 0	10% fewer patients get them. 8	AS NOW 60% of patients get them 16	10% more patients get them 22	20% more patients get them. 28	All patients get them. 34
9	Cosmetic Surgery Approved for patients who fulfill NHS criteria for funding	Only 10% patients receive 0	Only 20% patients receive 3	AS NOW 30% of patients get it 6	10% more patients receive 9	20% more patients receive 12	
10	Dental Access	AS NOW Limited access to NHS dental care 0	20% increase in capacity but dental access centres located centrally in Hereford City 2		20% increase in capacity but dental access centres located across Herefordshire 5		

APPENDIX C: Alternative Investment Scenarios: Resident Consensus Optimum Council Budget Allocations

Investment Scenario SIMALTO Points	-£1.2m 13	-£600k 19	As now 25	+£600k 31	+£1.2m 37
Predicted Council Tax + Inflation	-£20	-£10	As now	+£10	+£20
1 Libraries	Close 3	Close 3	Close 3	Close 3	As now
2 Museums	Possible close	Possible close	As now	Possible close	As now
3 Leisure facilities	Less concession	Less concession	Less concession	As now	As now
4 Arts, Courtyard	Reduce hours	Reduce hours	Reduce hours	Reduce hours	Reduce hours
5 Roads, footways	As now	As now	As now	Some improve	Some improve
6 Car parking charges	+ 20%	+ 10%	+ 10%	+ 10%	+ 10%
7 Graffiti, fly poster etc	Reduce	As now	As now	As now	3 months
8 Anti social behaviour	As now	As now	Increased	Increased	Increased
9 Bus subsidy	92k fewer	92k fewer	As now	As now	As now
10 Traffic congestion	2 park ride	2 park ride	2 park ride	2 park ride	2 park ride
11 Children's services	As now	14 extra	14 extra	14 extra	14 extra
12 Youth services	As now	As now	As now	More	More
13 Support carers	As now	As now	100 extra	100 extra	100 extra
14 Community care	80 more	80 more	80 more	80 more	+100
15 Care charges	25% increase	25% increase	12.5% increase	12.5% increase	As now
16 Dementia care	As now	As now	Link	Link	Link

APPENDIX D: Predicted optimum reprioritisation of current council services

	Service level	Budget Difference
1 Libraries	Close 3 libraries	-£200k
2 Museums	As now	-
3 Leisure facilities	Close up to 2 least used facilities	-£100k
4 Arts, Courtyard	Reduce opening hours/ performance time/ reduced access for vulnerable residents	-£100k
5 Roads, footways	As now	-
6 Car parking charges	10% increase in off-street parking	-£300k
7 Graffiti, fly posters, dog mess etc	As now	-
8 Anti social behaviour	Increased patrols, investigations, prosecutions and enforcement	+£100k
9 Bus subsidies	As now	-
10 Traffic congestion	2 park and ride schemes	+£100k
11 Children's services	14 extra support workers	+£300k
12 Youth services	As now	-
13 Support carers	100 more carers supported	+£100k
14 Community care	80 more remain independent	+£100k
15 Care charges	12.5% increase in discretionary charges	-£100k
16 Dementia care	Advice, signposting, support at earlier stage	+£100k

APPENDIX E: Percentage of people who regard the ‘As Now’ situation with individual options to be unacceptable.

(N.B. This is before they have considered the trade-offs between options and, in the case of the council, different possible levels of council tax.)

Council Issue	“AS NOW” Situation	Percentage who think this is unacceptable
Traffic congestion	AS NOW	15
Children’s services	Government has criticised Herefordshire for the slow pace of implementing/increasing Family Support as an approach to local service delivery	12
Youth Services	Herefordshire Youth Service is under-funded compared to its neighbours and there are difficulties in retaining youth workers. The service is currently assessed to be no more than reasonable.	1
Libraries	The Council runs 10 libraries, plus two mobile libraries	0
Museums	The council operates five museums/heritage centres, plus a mobile museum service. It also provides financial support for a further 16 museums	0
Leisure facilities	The Council provides funding for 11 leisure facilities, which have some 1.5 million customer visits a year	0
Arts inc Courtyard	The Council supports a range of arts and artists. The Courtyard generates in excess of £4million to the county’s economy. A further unknown amount is generated by arts events such as H-art week and the Contemporary Craft Fair	0
Maintenance of roads and footways	The Council maintains all roads (except principal ‘A’ roads) and many footways. They are currently deteriorating.	0
Car parking changes	AS NOW	0
Environmental quality	AS NOW	0
Anti Social Behaviour	AS NOW	0
Bus Subsidies	AS NOW	0
Support for carers	530 carers receive support from the authority, although at least an additional 1,200 have been identified through Herefordshire Carer Support.	0
Short term therapy and support in community	312 people supported by the Hillside Intermediate Care Facility in 2007-08. Only those in the two highest bands – “critical” and “substantial” - currently qualify for services.	0
Discretionary charges	Although discretionary charges have increased, they are still lower than in some comparable areas. Currently, more than 520 people pay discretionary charges	0
Care for dementia	As a result of increasing numbers of older people, there will be a big increase in the number of referrals to the dementia and wider mental health services over the next five years.	0

PCT Issue	“AS NOW” Situation	Percentage who think this is unacceptable
Dental access	Limited access to NHS dental care	40
Long term health conditions	60% of the patients with a long term condition self manage their condition in the community.	20
Falls	Current capacity of fall service is limited and bone density scanning has just been made available.	16
Alcohol abuse	Opportunistic screening and advice by the GPs; advice and support by the drug action teams	9
End of life support	Only 20% of patients receive desired level of care	1
Smoking cessation	Currently the Stop Smoking Service, and selected GP surgeries and community pharmacies offer specialist advice and Nicotine Replacement Therapy.	1
Stroke	Limited capacity of stroke prevention and rehabilitation. Stroke unit is unable to offer thrombolytic therapy to 100% of cases	1
Obesity control	Health promotion activities both for children and adults through various initiatives, and surgical treatment for a maximum of 5 morbidly obese patients per year	0
High cost drugs	60% of patients get them	0
Cosmetic surgery	30% of patients eligible under existing NHS criteria get it	0

APPENDIX F: Alternative Investment Scenarios: Resident Consensus Optimum PCT Budget Allocations

Investment scenario SIMALTO points	-£1.2m 16	-£600k 22	As now 28	+£600k 34	+£1.2m 40
1 Obesity control	Withdraw	As now	As now	As now	Education
2 Smoking cessation	No NRT	As now	As now	As now	Education
3 Alcoholism	As now	As now	Educate kids	As now	Educate kids + surgeries
4 Falls	As now	Target	Target	+ screening	+ screening
5 Stroke	Educate	Educate	100% MRI	100% MRI	100% MRI + rehab
6 Long term health	DIY 24 hours	100% visits	100% visits	100% visits	100% visits
7 End of life care	As now	As now	10% more	10% more	10% more
8 High cost drugs	10% fewer	10% fewer	10% fewer	10% fewer	10% fewer
9 Cosmetic surgery	20% fewer	20% fewer	20% fewer	10% fewer	10% fewer
10 Dental access	20% more city	20% more city	20% more city	20% more all	20% more all

APPENDIX G: Predicted optimum reprioritisation of current PCT services

	Service level	Budget Difference
1 Obesity control	As now	-
2 Smoking cessation	As now	-
3 Alcoholism	Education targeting children and teenagers	+£100k
4 Falls	Early interventions, target people at risk	+£100k
5 Stroke	Education, target people at risk PLUS 100% get MRI scan	+£300k
6 Long term health	Self management, 24 hour hotline PLUS 100% get home visits by specialist nurses	+£400k
7 End of life care	10% more patients get home support/therapies	+£300k
8 High cost drugs	10% fewer patients receive	-£800k
9 Cosmetic surgery	20% fewer patients receive	-£600k
10 Dental access	20% increase in capacity located centrally in Hereford City	+£200k

APPENDIX H: Free text comments report

General Comments	
101	• 20 years respondent was a district councillor

Herefordshire Grid	
S13: Assuming they ignore an inflation increase, which of these four scenarios is most appealing to you?	
1. basic black circled allocation plus first round of improvements - approx £18 a year decrease	
2. Allocation after 2 rounds of improvements – approx £6 a year decrease	
3. Allocation after 3 rounds of improvements - approx £6 a year increase	
4. Allocation after 4 rounds of improvements – approx £20 a year increase	
8	<i>Option 1 chosen:</i> but I'm not happy about it
19	<i>Option 4 chosen:</i> I think that – but I don't personally pay the tax – I might think differently when I do.
46	Unacceptable: Should get these things as now (should be frozen)
89	<i>Option 4 chosen:</i> Manage service better using existing funds
73	<i>Option 4 chosen:</i> The tax is too high but it's nothing paying to ease the traffic
127	<i>Option 4 chosen:</i> Any increase has got to be offset against bureaucracy and waste, i.e. the IT issue several years ago

PCT Grid	
S26: Assuming they ignore an inflation increase, which of these four scenarios is most appealing to you?	
5. basic black circled allocation plus first round of improvements - approx £18 a year decrease	
6. Allocation after 2 rounds of improvements – approx £6 a year decrease	
7. Allocation after 3 rounds of improvements - approx £6 a year increase	
8. Allocation after 4 rounds of improvements – approx £20 a year increase	
46	Should have option 4 improvements without paying more money (there is always one!)
28	It is no good spending more tax on health services because it just goes on admin and the services don't improve

General Comments	
12	S6: Very unhappy Yes! Because of roads because they are so bad
13	S1: Quite pleased: Based only on bin collections!! (Is that Herefordshire?) S4: Very unhappy: Hardly any of it affects us
15	(postcode LD8 2..): We relate to Wales – not to Hereford – we never go there – this is irrelevant to us – fire ambulance and police all come from Powys
16	(Postcode LD8 2..) In this area we relate to Presteigne (Wales) just a mile down the road
20	The Courtyard is brilliant! We go every Friday – It's my treat.
27	S28: Full council tax paid: Going through separation will then be reduced
81	Traffic: The HGV through this village is fair in that there is an economic need but a better layout would be very beneficial – cut through to M5
84	Our village is never cleaned – but we get drunken people driving through throwing their bottles and cans in the road The mobile libraries here are marvellous and a lifeline. In the last year there have been several occasions where the library has not turned up and we are suspicious the council is trying to take the service away We never had anyone cleaning the roads or dog mess in this in this area. We have no buses anyway.
89	Why is there no mention of cancer care here which is so important? I would rather spend money on that – not rely on charities
95	I am very unhappy about the recycling. We must buy – at a high price (about 20p each) green sacks for garden waste – they will only take their own sacks – but then they are thrown in with the general waste for landfill – so why must we buy theirs – and why can't the garden waste go for composting as other authorities do. I would be happy for my name to be passed on for a reply.
97	It is unacceptable to put up parking charges but other things are more important.
107	My dad was dead when I went in to see him in hospital. I had to tell the desk. He hadn't just died either?? Doctors – very pleased with. Not happy with hospitals. Wards aren't functional. Nurses can't see patients
121	Happy with rubbish collection service at the current level – do not cut service!
124	Excuse that all possible, viable and necessary attention be paid to River Lugg/ Kenwater drainage and to standing water ensure maximum alleviation of flooding
127	As Herefordshire scored '0' rating on CSCI report 2 years ago, adult learning disability services should have been included in survey.
131	<ul style="list-style-type: none"> Was very interesting – it did make me think how difficult it was to allocate this money and all the things you want and can't have

General Comments	
134	<ul style="list-style-type: none"> It was interesting but I was a bit frustrated. There were no questions about education. It was skewed – appalling – biggest option how the council is run and efficiency. This survey assumes there is nothing wrong with the council. There was nothing about training/ industrial training. Assume no questions about those issues so they are not interested. I laughed on ... Better bus service – one bus would be good! Post office service was not included It did not ask the right questions. In my office, I've had a council officer meeting where he has been twitching at 4.15 because he needed to leave at 4.30pm, rather than get to a solution. The Bypass option was hidden (assume it was the transport question). Assume one option is the bypass (option 10). I've never heard it described thus. It did not give residents a chance to speak on all options – the “second river crossing” – where is it going to/from
171	<ul style="list-style-type: none"> Please note, plastic bottles are not collected.
189	<ul style="list-style-type: none"> S28: Council tax – splits the bill with one house share person
190	<ul style="list-style-type: none"> What are the council doing with the money saved by using TNT postal collection service instead of Royal Mail? I think PCT should be paid for out of national insurance contributions
196	<ul style="list-style-type: none"> I think the council are over-staffed – there should be a staff reduction
198	<ul style="list-style-type: none"> Buses (72 Hampton Park) should start at Tesco again to help old people with shopping to carry! Should have more NHS dental care – too expensive to go privately and NHS waiting lists are too long
215	<ul style="list-style-type: none"> Respondent stated that loading bays in high streets are strictly speaking for unloading only. She has been fined in the past for loading large items. They should be called <u>unloading bays</u>.
227	<ul style="list-style-type: none"> Diabetes!! I would object if the diabetes care was reduced. Whoever drew up this list needs to know that there is a high proportion of diabetes in this country!
281	<ul style="list-style-type: none"> Experience of Herefordshire Council is that they are poor organisers with considerable overlaps and wasted opportunity. This problem, whilst interesting, adds to the view that they lack strategic direction. The process is also ... to certain options without giving the opportunity to comment on other service or management costs.
294	<ul style="list-style-type: none"> There need to be more facilities for children – somewhere for them to play or play football or a youth club – even a new leisure facility
296	<ul style="list-style-type: none"> Would have liked more statistics to be able to make a proper judgement
298	<ul style="list-style-type: none"> Instead of spending extra funding on statues and sculptures – should have used the money to provide more wards/ beds at Hereford Hospital
310	<ul style="list-style-type: none"> Blue arrow improvements – respondent decided not to improve number 8 – ran out of money!

Comments from SIMALTO Grid Herefordshire Grid

1. Libraries	
292	He decided not to improve the libraries – better ways to spend the money!

3. Leisure Facilities	
8	We don't have enough leisure facilities now

5. Maintenance Of Roads And Footways	
6	The ditches are dreadful here. They are never cleared out like they used to be and the roads are appalling
17	The roads are horrific!!
23	Lorries should not be allowed to use the small roads and Bridge Sollars is being weakened by them and cars are allowed to drive too fast
25	The footpaths around here are disgusting – you can't walk on them. There is a new sign giving a map of footpaths but you can't walk on them because of brambles and branches – they are completely overgrown
79	There is a path at the back of the gardens – a light was put there for people to walk dogs – it's very bright and stays on all night. No one uses the path in the night – it's light pollution

6. Car parking charges	
7	Car parks not as important as other things
13	Not many people pay in the car parks because the traffic warden goes at the same time each week so they know when they don't have to pay
46	Car park charges have doubled. Don't go into town now.
291	More car parking facilities are needed in the city centre
298	Should abolish car parking charges at the hospital
210	I think the latest round of car parking charges (which were greater than advertised) has actually cost the local authority revenue
211	Price of Hereford car parks if dreadful – too high – prevents visitors coming

7. Local environmental quality – graffiti, fly posters, dog mess	
7	Villages don't need more cleaning. They are very self-governing – but the towns certainly do (HR2 0..)
13	Everything we use is in Presteign – all we get is they clean the gutters once a year but they leave their muck there and it runs back in the gutters again The villages are never cleaned
20	How can they reduce number 7? They <u>never</u> do anything anyway!
21	We never get that service anyway
25	Nobody ever cleans up dog mess round here and it is always outside the school – it is disgusting – I have complained about it but no one will take responsibility
211	Re-introduce notices asking people to 'take their litter home' and 'do not drop litter'.
228	I've already complained re: fly-tipping litter
314	Recycling in Oakley's Terrace, Ledbury: Only issue one rubbish bag per house. I put out approximately 3 per week.

8. Anti Social Behaviour (ASB)

28	ASB is a priority here. The bus had to stop coming through the village as bricks were always being thrown at it. They built a scout hut and it was immediately burnt down.
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9. Bus Subsidies

6	We don't get a bus here at all
8	The bus services have already just been cut
12	They have already cut our bus service from every hour to every 2 hours – it's ridiculous!
13	The buses have changed and now don't connect up and my son gets stranded
301	Need a better bus service and a later and earlier bus (buses start 9.17am into town and finish 3pm)

11. Children's Services

13	The support is good in Powys. I don't know what it is like in Hereford.
84	It is unacceptable because of lack of discipline and parental control
313	Too many young people with nothing to do in Leominster – only sports available – but they need more – something to do other than just sport.

12. Youth Services

84	These options would not solve the problem
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16. Dementia or other mental health problems

13	I would like to see something done for the elderly who don't have anything wrong with them but who live alone in remote villages
21	My mother who lives alone was in "Hillside" for 6 weeks and the care was amazing

PCT Grid

3. Leisure Facilities

191	Alcoholism – does this include drugs? Should be a separate item on chart
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8. High Cost Drugs

123	Should be dealt with by Central Government – all patients should get them – no postcode lottery. The respondent felt very strongly about this – said it should be dealt with by Central Government – all patients should get high cost drugs – it should not be a "postcode lottery".
209	Illegal drugs should be included on the SIMALTO for PCT

9. Cosmetic Surgery

29	Cosmetic surgery – is it boobs, bums or reconstructive surgery. For future reference it is useful to have absolute clarification on some issues. I am very interested to see the findings of this survey so I hope Herefordshire let us know the findings.
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