

Date: 11 March 2020
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TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Dear Board Member

EAST RENFREWSHIRE INTEGRATION JOINT BOARD – 18 MARCH 2020

Please find attached the undernoted items marked “to follow” on the agenda for the meeting of the Integration Joint Board on Wednesday 18 March 2020.

Yours faithfully

Anne-Marie Monaghan

Chair

Undernote referred to:-

Item 6 – Budget 2020/21

Item 9 – Care at Home Improvement and Redesign Programme Update

Item 11 – Carers Strategy Implementation and Development Plan 2020-21

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board								
Held on	18 March 2020								
Agenda Item	6								
Title	Revenue Budget 2020/21								
<p>Summary</p> <p>To provide the Integration Joint Board (IJB) with a proposed 2020/21 Revenue Budget. The IJB is asked to note that the assumptions within this budget are subject to revision following any implications for Scotland from the United Kingdom budget expected to be agreed on 11 March 2020.</p>									
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)								
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> • Accept the budget contribution of £51.313 million for 2019/20 from East Renfrewshire Council • Accept the £0.606 million for Community Justice expenditure funded by grant via East Renfrewshire Council • Accept the delegated budget for aids and adaptations of £0.550 million • Accept the indicative budget contribution of £72.135 million from NHS Greater Glasgow and Clyde • Accept the indicative set aside budget contribution of £31.674 million from NHS Greater Glasgow and Clyde • Agree that directions are issued to East Renfrewshire Council and NHSGGC confirming the acceptance of the budget, caveated for amendment following the outcome of the UK budget announcement 									
<p>Implications checklist – check box if applicable and include detail in report</p> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Financial</td> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Legal</td> <td><input type="checkbox"/> Equalities</td> </tr> <tr> <td><input checked="" type="checkbox"/> Risk</td> <td><input type="checkbox"/> Staffing</td> <td><input type="checkbox"/> Property/Capital</td> <td><input type="checkbox"/> IT</td> </tr> </table>		<input checked="" type="checkbox"/> Financial	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal	<input type="checkbox"/> Equalities	<input checked="" type="checkbox"/> Risk	<input type="checkbox"/> Staffing	<input type="checkbox"/> Property/Capital	<input type="checkbox"/> IT
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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

18 March 2020

Report by Lesley Bairden, Chief Financial Officer

REVENUE BUDGET 2020/21 REPORT

PURPOSE OF REPORT

1. To provide the Integration Joint Board with a proposed revenue budget for 2020/21. The proposed budget and contributions from our partners are subject to revision following any implication for Scotland from the UK budget announced on 11 March. The directions to our partners will be caveated to reflect this.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - Accept the budget contribution of £51.313 million for 2019/20 from East Renfrewshire Council
 - Accept the £0.606 million for Community Justice expenditure funded by grant via East Renfrewshire Council
 - Accept the delegated budget for aids and adaptations of £0.550 million
 - Accept the indicative budget contribution of £72.135 million from NHS Greater Glasgow and Clyde
 - Accept the indicative set aside budget contribution of £31.674 million from NHS Greater Glasgow and Clyde
 - Agree that directions are issued to East Renfrewshire Council and NHSGGC confirming the acceptance of the budget, caveated for amendment following the outcome of the UK budget announcement

BACKGROUND

3. This report is a continuation of regular revenue budget and revenue budget monitoring reports to the IJB to inform the board of its financial position. This report provides an update on the latest information relating to the 2020/21 revenue budget and the implications to the IJB and sets out a proposed budget for 2020/21.
4. The Scottish Government has set its budget in advance of the UK budget, expected to be published on 11 March 2020. This means that the budget proposal below may require amendment to reflect any impact on the IJB.
5. The Scottish Government Budget settlement is for one year only and it is expected that from 2021/22 multi-year budget settlements will commence. This will improve certainty for future financial planning. In the meantime, the Medium-Term Financial Plan for the IJB will be revised in April 2020 following the UK budget announcement and the IJB consideration of the proposed 2020/21 budget.

REPORT

6. The Scottish Government draft spending and tax plans announcement was delivered on 6 February 2020 and set out the draft budget for financial year 2020/21. The main messages for the IJB from the announcement were:
- i. £100 million nationally transferred from the Health portfolio to Local Authority for in-year investment in health and social care and mental health services that are delegated to IJBs.
 - ii. The £100 million should be additional and not substitutional to each Council's 2019/20 recurring budget.
 - iii. In 2020/21 NHS payments to the IJB must deliver an uplift of at least 3% over the 2019/20 recurring budget.

7. The £100 million to support integration is for:

	National £m	Local £m
Contribution to continued delivery of the Living Wage	25.00	0.42
Uprating of free personal and nursing care	2.20	0.08
Implementation of the Carers Act	11.60	0.19
Further Support for School Counselling	4.00	0.10
Investment in integration	57.20	0.94
Total	100.00	1.73

8. With the exception of School Counselling which has only recently transferred to the HSCP budget the demographic and cost pressures in our budget estimates included assumptions covering Living Wage, free personal and nursing care and carers costs.
9. The letters of 6 February 2020 appended to this report include the supporting detail of the draft budget announcement:
- Appendix 1A: from the Minister for Public Finance and Digital Economy sets out the details of the local government finance settlement for 2020/21.
 - Appendix 1B: from the Interim Director of Health Finance and Governance sets out the details of the 2020/21 indicative budget allocation for Health Boards.
10. The Cabinet Secretary for Finance subsequently wrote to the Leaders of all Scottish local authorities on 27 February 2020 confirming a further £95 million to council revenue core funding.
11. A further letter was issued from the Scottish Government on 28 February 2020, jointly from the Directorates for Health Finance and Governance & Community Health and Social Care, which included the following key messages:
- i. Similar to last year, flexibility will be available to Local Authorities to offset their adult social care allocations to Integration Authorities by up to 2% and a maximum of £50 million in 2020-21 based on local needs.
 - ii. The Scottish Government and COSLA have agreed joint work to support ongoing local plans to manage the deficit position with a small number of Integration Joint Boards (IJBs) and their partner Health Boards and Local Authorities. The aim of this support is to ensure that structural deficits in funding do not impact on the operational budgets of IJBs, giving them the time and space to redesign and reform services to deliver within agreed budget parameters.
 - iii. The Scottish Government and COSLA have agreed joint political oversight to drive improved performance in health and social care through a combination of enhanced joint accountability and a streamlined improvement and

development offer for IJBs. This will be achieved by working with Local Government and NHS Boards to agree a shared national and local approach to accountability for delivery. This will take account of standards, data and measures and we have agreed to work together to develop a small number of deliverable outcomes to help ensure Integration Authorities use their total resources to focus on delivery of key areas for improvement, including reducing delays in care. This work will be progressed quickly using normal mechanisms and we will keep you informed of progress.

12. This letter (included at Appendix 1C) has significant impact for IJBs and the detail is being worked through nationally.
13. The East Renfrewshire Council budget was agreed on 27 February 2020 and recognised the additionality of the £100 million per the draft budget announced. However, the council budget may still be subject to some variation as a result of the final confirmation of the terms of the Scottish and UK budgets.
14. The proposed budget offer to the IJB for consideration in this report is compliant with the settlement conditions set out above. A summary of this position is included at Appendix 2 and Appendix 3 confirms compliance. You will note that there is a minor difference of £3k as a result of planning assumptions on our share of the £100 million prior to confirmation.
15. The East Renfrewshire Council proposed contribution is £51.313 million with a further £0.606 million expenditure funded from Criminal Justice Grant; this funding is passed through the council.
16. The Aids and Adaptations budget is included as c£0.550 million and is also subject to any final adjustments from the UK budget settlement.
17. The contribution from NHSGGC (shown at Appendix 4) reflects the indicative budget offer letter from the Health Board. This includes the minimum 3% uplift on the relevant elements of the budget. Again, this is subject to revision following the final Scottish and UK budget and approval by the Health Board on 21 April.
18. The set aside budget offer is indicative and remains a notional budget at this stage. This has been restated reflecting current activity and includes a 3% uplift. An Unscheduled Care Commissioning Plan has been developed across NHSGGC HSCPs and will be brought to each IJB. This sets out the first steps in developing strategic plans for unscheduled care.
19. This means the minimum revenue budget contributions for our day to day operational activity, excluding set aside and housing aids and adaptations should be:

2020/21 Expected Revenue Budget Contribution	£'000
ERC Minimum Contribution (Appendix 2)	51,313
ERC Grant Funded Criminal Justice (Appendix 2)	606
NHSGGC Expected Contribution (Appendix 4)	72,135
Total	124,054

20. For every 1% change in contribution the impact would be £0.513 million ERC and £0.721 million NHSGGC.

21. Within each partner contribution there are a number of cost pressures, as detailed in the supporting appendices. The table below sets out a summary of the cost pressures, identifies the funding available to meet these pressures and the savings challenge to close funding gaps.

	ERC £'000	NHS £'000	TOTAL £'000
1. Cost Pressures:			
Pay Award and Incremental Increases	1,267	702	1,969
Inflation, Contracts and Living Wage	1,521	389	1,910
Demographic and Demand Pressures	1,120		1,120
Prescribing based on a 4% pressure		639	639
Investment in Integration – School Counselling	97		97
2019/20 Legacy Savings (projects and community rationalisation)	330		330
Total Pressures	4,335	1,730	6,065
2. Funding available towards cost pressures			
	2,191	1,442	3,633
3. Unfunded Cost Pressures			
	2,144	288	2,432
4. Proposals to Close Funding Gap:			
Learning Disability Bed Model Framework		100	100
Freeze uplift on non-pay – manage through efficiency / moratorium and review property	120	28	148
Fund Prescribing up to 3% per uplift and manage risk through contingency supported by investment in technician		160	160
Revise adult demographic on current care package costs	100		100
Increase income from interim funding and inflation increases	100		100
Inflation adjustment expected	160		160
Total of Identified Savings	480	288	768
Remaining Funding Gap – will need to be met from care packages: revise individual budget calculator to reflect prioritisation based on national criteria.	1,664		1,664
Total All Savings Proposed	2,144	288	2,432
Savings as a % of Partner Contribution	4.2%	0.4%	

22. The pay and inflation cost pressures include:
- The 2020/21 expected cost for the Care at Home staff regrading and the ongoing increment pressure resulting from Health Visitors regrading.
 - Provision has been included for the National Care Home Contract with the annual inflation still to be confirmed, however an assumption is now included for a reduction on the original planning amount based on current intelligence.
 - The Scottish Living Wage increases from £9.00 to £9.30 per hour. The cost is in excess of the contribution included in the budget settlement, however given the current constraints on the local provider market and recruitment challenges we will fund this. The options under consideration are £0.30 pence per hour plus on costs or a % increase to the total hourly rate for providers.
 - Provision is also included for the impact of moving to a new framework for Care at Home (July) and Care and Support (October) during 2020/21.
23. The demographic and demand pressures recognise the impact of our increasing population and older people. This pressure results from both residential and care at home demand – although we should see care at home costs begin to stabilise as the action plan progresses. The demographic pressures also include costs for young adults transitioning from children services to adult care. There is also provision for continuing care recognising our corporate parenting responsibility for our looked after young people.

24. The current prescribing cost pressure is estimated at a 4% increase on current costs; however, as we have an increase of 3% to this budget, I propose that we increase by 3% and manage any risk through the contingency reserve we hold. Every 1% change in cost equates to £0.160 million and we hold £0.222 million in reserve. Clearly there is a degree of risk in this approach and, supported by local and GGC professionals we need to increase the frequency and depth of prescribing financial monitoring and reporting to ensure frequent and robust review.
25. The school counselling budget recently transferred to the HSCP remit and this funding is fully committed, supported by a detailed implementation plan.
26. The 2019/20 savings included a reduction in project funding of £0.5 million and we have achieved £0.270 million of this on a recurring basis. This saving included a review of all former Integrated Care Fund and Delayed Discharge activity; previously treated as a separate funding stream but will be subsumed to the core budget in 2020/21. There is currently £0.5 million deferred income on the IJB balance sheet for this funding stream that will be transferred to the budget saving reserve. It is not possible to realise the £0.230 million balance from within project activity, so this has been added to the 2020/21 pressures. Similarly, a saving of £0.1 million from reviewing community activity to rationalise has been reconsidered; given our move to prioritise care packages and only support those with greatest need our community assets are all the more important.
27. The savings proposals identified of £0.768 million, prior to the review of care packages, can be achieved from the beginning of the year.
28. The £1.664 million balance of savings required will have to come from care package costs as we have been signalling for some time and as set out in our Medium-Term Financial Plan (MTFP). To achieve this, we will have to revise our individual budget calculator to reflect a prioritisation approach where we can only support those most in need, this will be supported by a policy based on the national eligibility criteria. This saving will take some time to deliver and will need to be bridged by our remaining reserves; with expected year-end balances of budget savings £0.8 million (including the £0.5 million to be added) and £0.250 million in year contingency.
29. This will give us just over £1m and if necessary, we may have to unhypothecate remaining earmarked reserves and utilise our general reserve of £0.272 million.
30. The IJB will recall the decision to defer the introduction of a contribution from individuals as part of the budget calculator to ensure equitable treatment and allow time for all care packages to be reviewed. Given the review delays due to resource constraints and the requirement to revise the calculator the IJB is asked to defer the introduction of the contribution (previously estimated c£0.2 million, before further savings applied) during 2020/21.
31. The cost pressures set out above, of just over £6 million is broadly in line with the MTFP published last March and the required savings of £2.432 million falls within the range of a poor settlement in the plan.
32. The MTFP will be revised in April following consideration of this budget proposal by the IJB and taking into account any amendments as a result of the UK budget.
33. In addition to the pressures set out above there is a likely significant cost of observations within Learning Disability in-patients that will be met from the earmarked reserve supporting the bed redesign; a full year cost could be c£0.5 million.

34. The impacts of Brexit and the evolving Covid 19 virus situation may impact on service delivery, costs and population demand for service. There is a caveat to the budget that these cannot be specifically quantified or forecast and are out with normal business expectations.
35. With the caveats around the UK budget, Brexit and Covid 19, it is the view of the Chief Financial Officer that the proposed 2020/21 budget is deliverable. However, this will be extremely challenging and will leave us with little in reserve for unforeseen circumstance or forward investment opportunity to develop our next strategic plan.
36. The Chief Officer and Chief Financial Officer recognise the funding constraints and pressures that our partners are facing and along with the IJB are fully committed to continued partnership working to support whole system financial planning.
37. In addition to the proposed revenue budget contributions above we will utilise year 3 (plus any carry forward) of the Primary Care Improvement Fund (£1.7 million) and Mental Health Action 15 funding, per our submitted spending plans (£0.4 million)

CONSULTATION AND PARTNERSHIP WORKING

38. The Chief Financial Officer has consulted with our partners and will continue to work in partnership with colleagues to develop the budget setting and financial planning process for future years.

IMPLICATIONS OF THE PROPOSALS

Finance

39. The proposed 2020/21 budget, subject to the caveats around the finalisation of the Scottish and UK budget is set out in this report.

Risk

40. The risk to the IJB remains delivering a sustainable budget in 2020/21 and beyond. The IJB will deplete reserves and not comply with our policy on reserves. We may not meet our population demand for services.
41. There is an unquantifiable risk of cost and service impact from Brexit and Covid 19.
42. There is a potential cost pressure within the Learning Disability In-Patient Service from significant observation resource requirements.

Staffing

43. The proposed 2020/21 budget includes funding for staff pay award, meets the ongoing cost of the Health Visitor regrading meets the cost of Care at Home staff regrading and provides funding for care providers to meet the increase in the Scottish Living Wage.
44. The proposed budget also allows for increased capacity within Care at Home.
45. The savings proposals include a saving target of £0.250 million to be achieved from the implementation of a digital programme including continued review of the workforce, brought forward from 2019/20. The savings from phases 1 and 2 of the Fit for the Future structure review are achieved in full.

Equalities

46. The equalities issue relating to individual budget contributions is included. Any other equalities issues will be addressed through implementation of savings and investment programmes.

Directions

47. The directions to our partners will be issued upon agreement of the 2020/21 budget, subject to the caveats discussed in this report.

CONCLUSIONS

48. The 2020/21 proposed budget will allow the IJB to set a budget that is balanced and deliverable, subject to achieving all savings on a recurring basis by March 2021. The Medium-Term Financial Plan for the HSCP sets out the cost pressures and challenges for future years and will be revised in April, following any amendments as a result of the UK budget.
49. The report recognises the need to continue to engage with our partners for future financial planning and that an agreed mechanism to agree and operate the set aside budget for 2020/21 is required.

RECOMMENDATIONS

50. The Integration Joint Board is asked to:
 - Accept the budget contribution of £51.313 million for 2019/20 from East Renfrewshire Council
 - Accept the £0.606 million for Community Justice expenditure funded by grant via East Renfrewshire Council
 - Accept the delegated budget for aids and adaptations of £0.550 million
 - Accept the indicative budget contribution of £72.135 million from NHS Greater Glasgow and Clyde
 - Accept the indicative set aside budget contribution of £31.674 million from NHS Greater Glasgow and Clyde
 - Agree that directions are issued to East Renfrewshire Council and NHSGGC confirming the acceptance of the budget, caveated for amendment following the outcome of the UK budget announcement

REPORT AUTHOR

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)

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0141 451 0746

8 March 2020

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB 28.11.2018 - Item 12: Revenue Budget 2019/20 Update

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Minister for Public Finance and Digital Economy



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Councillor Alison Evison
COSLA President
Verity House
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EH12 5BH

Copy to: The Leaders of all Scottish local authorities

6 February 2020

Dear Alison

Today the Scottish Government set out proposed Budget, and tax plans and public sector pay policy for 2020-21, and introduced the associated Budget Bill. Further to the announcement the Scottish Government write now to confirm the details of the local government finance settlement.

Details of the indicative allocations to individual local authorities for 2020-21 are also published today in Local Government Finance Circular 1/2020 which begins the statutory consultation period on the settlement.

In coming to the decision to announce the Scottish Budget before the outcome of the UK Budget is known, the Scottish Government listened carefully to the representations COSLA made on behalf of local government of the damaging impact any further delay would have on the delivery of vital public services and also the practical challenges this would pose around the setting and collection of council tax.

The delay to the UK Budget means that we do not know what total Budget funding will be available to Scotland next year, as we do not yet have confirmation of Barnett consequentials that will flow from changes in UK Departmental expenditure or the updated economic and tax forecasts that are needed to finalise the Block Grant Adjustments that impact on over 30% of our Resource DEL budget. For the purposes of this Budget, the Scottish Government has taken an appropriately cautious approach in estimating the likely outcomes of the UK Budget on 11 March for both revenue and capital budgets, noting that the proposed timetable for the Budget Bill is for parliamentary consideration to conclude on 5 March. If the settlement from the UK government is significantly different from the assumptions the Scottish Government have made, we may need to revisit the allocations contained in this letter.

The Budget announced today prioritises our shared objectives of improving wellbeing, supporting inclusive economic growth, responding to the Global Climate Emergency and

tackling child poverty and remains firmly anchored in the jointly agreed National Performance Framework.

The Scottish Government's budget for 2020-21 is bold and ambitious, delivering on our key commitments. Prioritising these commitments has required fresh consideration of all areas of expenditure, as we continue to deal with the effects of UK Government austerity, with Scotland's discretionary resource budget from the UK Government for 2020-21 still set to be considerably lower in real terms than it was in 2010.

The total revenue funding to be provided through the settlement for 2020-21 will be £10,572.8 million, which includes distributable non-domestic rates incomes of £2,790 million.

The Capital settlement has been set at £763.1 million and this includes the continuing expansion of Early Years provision and the addition of a Heat Networks Early Adopters Challenge Fund.

The total funding which the Scottish Government will provide to local government in 2020 -21 through the settlement in funding for core services is therefore £11,336 million, and includes;

- £201 million revenue and £121.1 million capital to support the expansion in funded Early Learning and Childcare (ELC) entitlement to 1,140 hours by 2020;
- In addition to the £160 million available in 2019-20, a further £100 million to be transferred from the health portfolio to the Local Authorities in-year for investment in health and social care and mental health services that are delegated to Integration Authorities under the Public Bodies (Joint Working) (Scotland) Act 2014. This brings the total transferred from the health portfolio to support health and social care integration to £811 million in 2020-21. The additional £100 million for local government includes a contribution to continued delivery of the real Living Wage (£25 million), uprating of free personal and nursing care payments (£2.2 million), implementation of the Carers Act in line with the Financial Memorandum of the Carers Bill (£11.6 million), along with further support for school counselling services whether or not delegated under the Public Bodies (Joint Working) (Scotland) Act 2014 (£4 million);
- Baselining of the £90 million added at Stage 1 of the Budget Bill for 2019-20;
- The ongoing £88 million to maintain the pupil:teacher ratio nationally and secure places for all probationers who require one under the teacher induction scheme;
- Provision for the Teachers Pay (£156 million) and Pensions (£97 million);
- £5.3 million for Barclay implementation costs; and
- A new capital £50 million Heat Networks Early Adopters Challenge Fund to support local authorities who are ready to bring forward investment-ready heat networks.

As confirmed last week local authorities will continue to have the flexibility for 2020-21 to increase Council Tax by up to a maximum of 3% in real-terms (4.84% cash). This local discretion will preserve the financial accountability of local government, whilst also potentially generating around £135 million to support services.

The revenue allocation delivers a real-terms increase for local government for 2020-21 compared to 2019-20. Taken together with the additional spending power that comes with the flexibility to increase Council Tax (worth around £135 million next year) the total revenue funding would deliver a real-terms increase in the overall resources to support local government services of £435.9 million or 4.3%.

In 2020-21 integration will bring together, under the direction of Integration Authorities, more than £9.4 billion of expenditure previously managed separately by NHS Boards and Local

Authorities for social care, community health care and some hospital services. Integration Authorities must be empowered and supported by their Local Authority and NHS Board partners to use the totality of these resources, including any targeted investment already committed for specific purposes, to better meet the needs of their local populations.

Individual local authorities will, in return for this settlement, be expected to deliver certain specific commitments.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2019-20 recurring budgets for social care services that are delegated. Similarly, the £4 million for school counselling services must be additional. This means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities and funding for school counselling services must be £100 million greater than 2019-20 recurring budgets.

We will also continue to take forward our ambitious programme of educational reform that will deliver an education system led by communities, schools and teachers. The Scottish Government, in partnership with local authorities, will empower schools to make key decisions over areas such as the curriculum, budgets and staffing while continuing to deepen collaboration across the education sector. In recognising that teachers are central to achieving our ambition of delivering excellence and equity in Scottish education we will continue to commit an overall funding package of £88 million in the local government finance settlement to support both maintaining the pupil teacher ratio at a national level and ensuring that places are provided for all probationers who require one under the teacher induction scheme.

Each local authority area will continue to benefit from Pupil Equity Funding (PEF) which forms part of the overall commitment from the Scottish Government to allocate £750 million through the Attainment Scotland Fund, over the term of the Parliament to tackle the attainment gap. £120 million in Pupil Equity Funding is going directly to headteachers to provide additional support to help close the attainment gap and overcome barriers to learning linked to poverty. PEF is additional to the £62 million Attainment Scotland funding, which is outwith the local government finance settlement. Money from the Attainment Scotland Fund will continue to provide authorities and schools with additional means to provide targeted literacy, numeracy and health and wellbeing support for children and young people in greatest need.

The Heat Networks Early Adopters Challenge Fund will be a competitive fund to provide enabling and financial support to assist the build and installation of exemplar local authority-led heat network projects. The Challenge Fund will offer capital funding up to an intervention rate of 50 per cent and will be available for new and existing heat networks who are able to demonstrate progress towards greenhouse gas emissions reductions and wider socio-economic benefits. There will also be a smaller development funding call within the Challenge Fund to help develop early stage project proposals to become investment-ready in future years. The detailed terms and conditions for the Heat Networks Early Adopters Challenge Fund will be drawn up in consultation with COSLA and we anticipate that it will launch early in the financial year.

The Scottish Government remains committed to a competitive non-domestic rates regime, underlined by the proposals outlined in this Scottish Budget. The poundage in Scotland has been capped below the Consumer Price Index inflationary increase at 49.8 pence, a 1.6 per cent increase. The Scottish Government are also introducing some further support for intermediate sized properties which will ensure around 95 per cent of properties in Scotland now pay a lower poundage than they would in other parts of the United Kingdom. Full details of this and all other reliefs are set out in Local Government Finance Circular 1/2020.

In these unprecedented times with all the uncertainty imposed upon us by the UK Government the Scottish Government believe, taking into account all the circumstances, the allocations set out in this local government finance settlement is the best that could be achieved and continues to provide a fair settlement to enable local authorities to meet our shared priorities of improving wellbeing, supporting inclusive economic growth, responding to the Global Climate Emergency and tackling child poverty.



KATE FORBES

Directorate for Health Finance and Governance
Richard McCallum, Interim Director



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Chief Executives, NHS Scotland

Copy to: NHS Chairs
NHS Directors of Finance
Local Authority Chief Executives
Integration Authority Chief Officers
Integration Authority Chief Finance Officers

Issued via email

6 February 2020

Dear Chief Executives

Budget 2020-21 – Indicative Allocation

Following the announcement of the Scottish Government's Budget for 2020-21 by the Minister for Public Finance and Digital Economy in Parliament today, I am writing to provide details of the funding settlement for Health Boards. A breakdown of the total is provided in **Annex A** to this letter.

The Portfolio settlement will make a significant contribution to the central purpose of the National Performance Framework - enhancing population wellbeing through our core work delivering the healthy and active outcome. In addition, there is a wider benefit from investment in the health and sport portfolio, particularly in relation to outcomes for an inclusive and sustainable economy, reducing poverty and inequality, growing and sustaining inclusive and resilient communities, and promoting a bright future through our children and early years.

The settlement will support continued delivery of the core priorities set out in the Programme for Government, which focus on; waiting times improvement, primary care, investment in mental health and delivering further progress in the integration of health and social care, as well as continuing to shift the balance of spend towards community health services. It also recognises the wider inflationary pressures faced by Boards and Integration Authorities.

Baseline Funding

All Territorial Boards will receive a baseline uplift of 3%. In addition to this, those Boards furthest from NRAC parity will receive a share of £17 million, which will continue to maintain all Boards within 0.8% of NRAC parity.

The National Waiting Times Centre, Scottish Ambulance Service, The State Hospital and NHS 24, along with the NHS National Services Division and Scottish National Blood Transfusion Services (within NHS National Services Scotland) will also receive a baseline uplift of 3%. NHS National Services Scotland, Healthcare Improvement Scotland, and NHS Education for Scotland will receive funding uplifts of 2%, which includes funding towards pay costs. The new budget for Public Health Scotland includes funding transferred from NHS Health Scotland and NHS National Services Scotland.

This position continues to assume that the £15 million of National Board savings is fully delivered in 2020-21 and that further progress is made in National Boards collaborating to deliver service improvement and further savings.

Investment in Improving Patient Outcomes

In addition to the baseline funding uplift, a total of £461 million will be invested in improving patient outcomes in 2020-21, as set out below:

Improving patient outcomes	2019-20 Investment in reform (£m)	2020-21 Investment in reform (£m)	Increase for 2020-21 (£m)
Primary Care	155	205	50
Waiting Times Improvement	106	136	30
Mental Health and CAMHS	61	89	28
Trauma Networks	18	31	13
TOTAL	340	461	121

When combining the £121 million increase in investment in reform with an increase of £333 million in baseline funding for frontline NHS Boards, the total additional funding for frontline NHS Boards will amount to £454 million (4.2 per cent) in 2020-21. Further detail is set out in **Annex A**.

Full details of the method of allocation and evidence of delivering against agreed outcomes will be set out by individual policy areas.

Core Areas of Investment

Primary Care

Investment in the Primary Care Fund will increase to £205 million in 2020-21. This will support the implementation of the GP contract and development of new models of primary care - where multidisciplinary teams of nurses, doctors, pharmacists, AHPs and other clinicians work together to meet the needs of their communities. This includes £10 million to be invested in GP premises.

Waiting Times Improvement Plan

Investment of £136 million will be provided to support waiting times improvement and reform. Work will continue to develop Annual Operational Plan submissions, with specific focus on inpatient and day cases, as well as wider plans to deliver sustainable solutions, including progress against the development of the elective centres. Included in this funding is £10 million for winter 2020-21, to allow Boards maximum opportunity to plan as appropriate.

Mental Health and CAMHS

Funding of £89 million will be directed to a range of partners for investment to support mental health, and children and young people's mental health. In the year ahead we will build on previous support to Territorial and National Boards through ongoing delivery of the Mental Health Outcomes Framework, the NHS Workforce Development Programme and support to improve access to high quality mental health services. We will also continue to fund the additional CAMHS staff recommended by the Children & Young People's Mental Health Taskforce from within £5.1 million administered by NHS Education Scotland. This will see a continuation in the Scottish Government's specific investment in Boards to support mental health service delivery. The Minister for Mental Health and her officials will discuss investment plans in more detail with you in the coming months.

The Mental Health Services budget also includes funding to be directed to Integration Authorities for the recruitment of 800 additional mental health workers as outlined in action 15 of the Mental Health Strategy. There will also be investment in perinatal and infant mental health overseen by the Programme Board led by Hugh Masters. Nonetheless the bulk of service provision is funded through NHS Boards' baseline funding, and we expect NHS Boards and Integration Authorities to prioritise spending in these areas in response to increasing demand and in line with Programme for Government commitments to deliver a shift in the balance of overall spending.

Trauma Networks

This funding will increase from £18 million to £31 million, taking forward the implementation of the major trauma networks.

Alcohol and drugs

The Portfolio budget includes an additional £12.7 million to tackle the harm associated with the use of illicit drugs and alcohol. The Minister for Public Health, Sport and Wellbeing and his officials will discuss investment plans in more detail with Boards and Integration Authorities in the coming months. It is expected investment by Boards and Integration Authorities will increase by 3% over and above 2019-20 agreed recurring budgets to address these issues.

Reform Funding

This budget prioritises baseline funding, along with increased investment in particular areas of reform that will improve patient outcomes. We will however work with colleagues to agree investment in specific programmes of work, such as in relation to radiology and laboratories services, as well as in-year funding to support the strategies of NHS 24 and Scottish Ambulance Service, which will have a wider benefit to the service.

Health and Social Care Integration

In 2020-21, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 3% over 2019-20 agreed recurring budgets.

In addition to this, and separate from the Board Funding uplift, the Health Portfolio will invest a further £100 million in Local Authorities for investment in social care and integration, and continued support for school counsellors. This will take the total funding transferred from the health portfolio to £811 million in 2020-21. The additional £100 million for local government includes a contribution to continued delivery of the Living Wage (£25 million), uprating of free personal and nursing care payments (£2.2 million), implementation of the Carers Act in line with the Financial Memorandum of the Carers Bill (£11.6 million), along with further support for school counselling services whether or not delegated under the Public Bodies (Joint Working) (Scotland) Act 2014 (£4 million).

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2019-20 recurring budgets for social care services that are delegated. Similarly, the £4 million for school counselling services must be additional. This means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities and funding for school counselling services must be £100 million greater than 2019-20 recurring budgets.

In 2020-21 integration will bring together, under the direction of Integration Authorities, more than £9.4 billion of expenditure previously managed separately by NHS Boards and Local Authorities for social care, community health care and some hospital services. Integration Authorities must be empowered and supported by their Local Authority and NHS Board partners to use the totality of these resources, including any targeted investment already committed for specific purposes, to better meet the needs of their local populations.

Capital Funding

Boards should assume an unchanged initial capital formula allocation, with additional investment planned for the elective centres and Baird and Anchor Centre in Aberdeen.

Three Year Financial Plan

We will continue to engage with Boards to finalise Annual Operational Plans and three year planning assumptions. This will set out a number of principles to be delivered in relation to finance and wider performance and I hope the information contained in this letter will assist in the finalising of plans.

Yours sincerely



RICHARD MCCALLUM

Interim Director of Health Finance and Governance

Annex A – Board Funding Uplifts

NHS Territorial Boards	Total 2019-20	Uplift £m	Uplift %	2020-21 Total
	Allocation £m			allocation £m
Ayrshire and Arran	740.2	22.2	3.0%	762.4
Borders	213.4	6.4	3.0%	219.8
Dumfries and Galloway	306.9	9.2	3.0%	316.1
Fife	679.3	22.2	3.3%	701.5
Forth Valley	541.5	17.3	3.2%	558.7
Grampian	984.0	29.5	3.0%	1,013.5
Greater Glasgow and Clyde	2,295.8	68.9	3.0%	2,364.7
Highland	645.3	20.7	3.2%	666.0
Lanarkshire	1,231.2	36.9	3.0%	1,268.1
Lothian	1,482.6	57.4	3.9%	1,540.1
Orkney	51.1	1.5	3.0%	52.6
Shetland	52.3	1.6	3.0%	53.9
Tayside	784.9	23.5	3.0%	808.5
Western Isles	77.7	2.3	3.0%	80.0
	10,086.2	319.7	3.2%	10,405.9
NHS National Boards				
National Waiting Times Centre	58.3	1.7	3.0%	60.0
Scottish Ambulance Service	270.3	8.1	3.0%	278.4
The State Hospital	36.5	1.1	3.0%	37.6
NHS 24	70.6	2.1	3.0%	72.7
NHS Education for Scotland*	444.8	16.7	3.8%	461.5
NHS Health Scotland / Public Health Scotland**	18.9	0.4	2.0%	47.9
NHS National Services Scotland**	345.6	9.1	2.6%	327.7
Healthcare Improvement Scotland	25.8	0.5	2.0%	26.3
	1,270.7	39.8	3.1%	1,312.1
Total NHS Boards	11,357.0	359.5	3.2%	11,718.0
Improving Patient Outcomes	340.0	121.0	-	461.0
Total Frontline NHS Boards***	10,861.9	453.8	4.2%	11,315.7

* The uplift for NHS Education for Scotland includes recurring funding for training grades.

** Budget for Public Health Scotland of £47.9 million reflects budget for new public health body and includes transfer of £27.1 million from NHS National Services Scotland.

*** Frontline NHS Boards comprise the 14 NHS Territorial Boards, National Waiting Times Centre, Scottish Ambulance Service, State Hospital, and NHS 24.

Directorate for Health Finance and Governance
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Chief Executives, Local Authorities
Chief Executives, NHS Boards
Chief Officers, Integration Authorities

Copy to: Directors of Finance, Local Authorities
Directors of Finance, NHS Boards
Chief Finance Officers, Integration Authorities

Issued via email

28 February 2020

Dear Colleagues

Budget 2020-21

The Scottish Government's Budget for 2020-21, which was announced in Parliament on 6 February by the Minister for Public Finance and Digital Economy, confirmed that the Health Portfolio will transfer a further £100 million to Local Authorities for investment in social care and integration, and for continued support for school counselling services. This will take the total funding transferred from the health portfolio to £811 million in 2020-21.

The distribution of the additional £100 million for Local Authorities is set out in the **Annex**, and includes a contribution to continued delivery of the Living Wage (£25 million), uprating of free personal and nursing care payments (£2.2 million), implementation of the Carers Act in line with the Financial Memorandum of the Carers Bill (£11.6 million), along with further support for school counselling services whether or not delegated under the Public Bodies (Joint Working) (Scotland) Act 2014 (£4 million).

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2019-20 recurring budgets for social care services that are delegated. Similarly, the £4 million for school counselling services must be additional. This means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities and funding for school counselling services must be £100 million greater than 2019-20 recurring budgets.

Similar to last year, flexibility will be available to Local Authorities to offset their adult social care allocations to Integration Authorities by up to 2% and a maximum of £50 million in 2020-21 based on local needs.

The Scottish Government and COSLA have agreed joint work to support ongoing local plans to manage the deficit position with a small number of Integration Joint Boards (IJBs) and their partner Health Boards and Local Authorities. The aim of this support is to ensure that structural deficits in funding do not impact on the operational budgets of IJBs, giving them the time and space to redesign and reform services to deliver within agreed budget parameters.

Finally, the Scottish Government and COSLA have agreed joint political oversight to drive improved performance in health and social care through a combination of enhanced joint accountability and a streamlined improvement and development offer for IJBs. This will be achieved by working with Local

Government and NHS Boards to agree a shared national and local approach to accountability for delivery. This will take account of standards, data and measures and we have agreed to work together to develop a small number of deliverable outcomes to help ensure Integration Authorities use their total resources to focus on delivery of key areas for improvement, including reducing delays in care. This work will be progressed quickly using normal mechanisms and we will keep you informed of progress.

Yours sincerely

RICHARD MCCALLUM

Interim Director of Health Finance and Governance



ELINOR MITCHELL

Director of Community Health and Social Care



Annex

Allocation of £100m from Health and Social Care Budget	
	Total (£m)
Aberdeen City	3.51
Aberdeenshire	3.99
Angus	2.29
Argyll and Bute	1.74
Clackmannanshire	0.87
Dumfries and Galloway	3.14
Dundee City	2.77
East Ayrshire	2.26
East Dunbartonshire	1.93
East Lothian	1.80
East Renfrewshire	1.63
Edinburgh, City of	8.28
Eilean Siar	0.62
Falkirk	2.75
Fife	6.62
Glasgow City	10.98
Highland	4.24
Inverclyde	1.63
Midlothian	1.45
Moray	1.80
North Ayrshire	2.70
North Lanarkshire	5.69
Orkney	0.43
Perth and Kinross	2.96
Renfrewshire	3.20
Scottish Borders	2.24
Shetland	0.36
South Ayrshire	2.41
South Lanarkshire	5.75
Stirling	1.57
West Dunbartonshire	1.63
West Lothian	2.77
SCOTLAND	96.00
School Counselling (to Education)	4.00
Total	100.00

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EAST RENFREWSIRE COUNCIL : PROPOSED BUDGET CONTRIBUTION 2020/21

	ERC £,000	CJ Grant £,000	Total £,000
2019/20 Approved Budget	48,789		48,789
Adjustments: after ERC budget agreement			
Free Personal Care	8		8
Carers Act	481		481
School Counselling	311		311
Criminal Justice Grant Funded		561	561
Restated 2019/20 Base Budget	49,589	561	50,150
Cost Pressures 2020/21			
Pay Award and Increments	799	**	799
Inflationary Adjustments		**	
Utilities, Transport and Fuel	18		18
National Care Home Contract / Free Personal Care / Living Wage / Contracts	1,457		1,457
Fostering and Kinship	46		46
Demographic Pressures			
Increase in Demand for Services - Older People	688		688
Increase in Demand for Services - Adults	100		100
Increase in Client Assessed Need - Transitions to Adulthood	252		252
Increase in Demand - Assessment & Care Management Capacity	39		39
Corporate Parenting - Continuing Care	41		41
Investment in Integration Funding - £100m Nationally			
Investment in Integration - School Counselling - share of £4m	97		97
Investment in Integration - Adults - share of £96m	1,630		1,630
Other Adjustments			
Care at Home Sustainability - Workforce Regrading	315		315
Historic Abuse Inquiry - Capacity	130		130
Adjustments to central support charges	23		23
Criminal Justice Grant Funded Expenditure (** will meet pay and inflation costs)		45	45
Additional Expenditure	5,635	45	5,680
Total Spending Requirement for 2019/20	55,224	606	55,830
1 Savings target in ERC proposed contribution	(4,122)		(4,122)
Compliance Adjustment	211		211
ERC Proposed Revenue Contribution to IJB 2020/21	51,313		51,313
Criminal Justice Service Grant Funded Expenditure		606	606
Total Budget agreed by ERC on 27 February 2020			51,919
1 Original Savings Proposed as part of ERC budget 2018-2021	(3,429)		
In year increases proposed as part of ERC planning	(248)		
Additional proposed to meet further cost pressures for 2020/21	(445)		
Savings included prior to budget announcement on 6 February	(4,122)		

Appendix 3

COMPLIANCE CHECK TO BUDGET SETTLEMENT - ERC CONTRIBUTION

Based on ERC Budget set on 27 February 2020	£,000
Recurring 2019/20 Budget	49,589
1 Add: Investment in Integration Funding - Adults	1,630
Add: Investment in Integration Funding - School Counselling	97
Minimum Contribution per Settlement (1) Conditions	<u>51,316</u>

ERC Agreed Budget Contribution to IJB 27 February 2020 51,313

- 1 The minor difference relates to planning assumptions on East Renfrewshire's share of the £100m
At the point of ERC setting its budget this was assumed at £1.627m for adults, subsequently confirmed at £1.630m.

NHS GREATER GLASGOW & CLYDE - PROPOSED BUDGET CONTRIBUTION 2020/21

	£'000	Eligible to Uplift £'000	Expected Uplift 3.00% £'000
2019/20 Opening Recurring Budget			
Pay	17,787	17,787	533
Non Pay	3,853	3,853	116
Prescribing	15,984	15,984	480
Resource Transfer	11,679	11,679	350
Family Health Services	24,098		0
Recurring Expenditure	<u>73,401</u>	<u>49,303</u>	<u>1,478</u>
		0	
Family Health Services Income	(1,512)		0
Other Income	(1,196)	(1,196)	(36)
2020/21 Recurring Base Budget	<u>70,693</u>	<u>48,107</u>	<u>1,442</u>
Add: Expected Inflation Uplift	1,442	70,693	
Expected 2020/21 Budget Offer excluding Set Aside	<u>72,135</u>	72,135	
Cost Pressures		% Pressure	
Pay Award	662	3.9%	
Prescribing	639	4.0%	
Non Pay	39	1.0%	
Resource Transfer	350	3.0%	
Health Visitor Regrade	40		
Learning Disability In Patient Observations (potential significant cost - variable)			
Total Cost Pressures	<u>1,730</u>		
Expected Uplift	1,442		
Funding Gap	<u>288</u>		

	NHS £000	ERC £000	IJB £000	Total £000
Funding Sources to the IJB				
1 Original Revenue Budget Contributions	72,135	51,313		123,448
Criminal Justice Grant Funded Expenditure		606		606
Funding Outwith Revenue Contribution				
1 Housing Aids & Adaptations *		550		550
Set Aside Budget	30,751			30,751
Total IJB Resources	102,886	52,469	-	155,355
Directions to Partners				
Revenue Budget	72,135	51,313	-	123,448
Criminal Justice Grant Funded Expenditure		606		606
Resource Transfer	10,900	(10,900)		0
Carers Information	58	(58)		0
	83,093	40,961	-	124,054
Housing Aids & Adaptations *				
Set Aside Budget	30,751	550		550
	113,844	41,511	-	155,355

* includes capital spend

1 Subject to final budget confirmation following UK budget and associated partner approval



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	18 March 2020
Agenda Item	9
Title	Care at Home Improvement and Redesign Programme
<p>Summary</p> <p>This report provides an update to the Integration Joint Board on the progress of the Care at Home service in relation to the improvement activity undertaken to date. The report includes a summary of progress against Care Inspectorate requirements and anticipated timeline for completion of any required actions.</p>	
Presented by	Julie Murray, Chief Officer
<p>Action Required</p> <p>The Integration Joint Board is asked to note and comment on the report.</p>	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input checked="" type="checkbox"/> Staffing <input type="checkbox"/> Directions <input type="checkbox"/> Infrastructure </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

18 March 2020

Report by Chief Officer

CARE AT HOME IMPROVEMENT AND REDESIGN PROGRAMME

PURPOSE OF REPORT

1. This report updates the Integration Joint Board on progress against the comprehensive programme developed to support meeting the Care Inspectorate requirements. The report also includes an update as to progress against the timeline and key milestones to be reached to progress the service redesign.

RECOMMENDATION

2. The Integration Joint Board is asked to note and comment on the report.

BACKGROUND

3. Integration Joint Board members will recall that as previously reported the Health and Social Care Partnership's new senior management team formed a view that there needed to be a substantial redesign of the service and formed a change programme board to oversee this. As reported the service intent was to continue with improvement activity whilst progressing the service redesign.
4. The focus for the service has now moved to ensure improvement actions to date are embedded within the service and that additional resources are in place to support taking forward the service redesign.
5. The Integration Joint Board has received a series of reports on the issues with the in-house care at home service and the improvement activity underway. Links to all previous papers are provided at the end of this report in the background papers section.

REPORT

6. The programme of improvement and redesign is being led by the Chief Officer and the programme oversight board chaired by the Council Chief Executive is now established. Membership is drawn from staff side, HR and legal services as well as the Chief Officer, who is the Programme sponsor, the Chief Social Work Officer, the Intensive Services Manager and a programme manager.
7. The key element in relation to meeting and sustaining the Care Inspectorate requirements is to review frontline management roles to ensure our home care support workers are properly supported in the community. This will require the development of new roles that are fit for the future.
8. Continuity of support for our service users will require further recruitment and a change to work patterns to ensure the staffing resource is better aligned to meet service demand.

9. A robust recruitment campaign has been progressed to support recruitment to the service, including advertising through STV; social media and radio. The campaign timings were aligned to run in conjunction with the national recruitment campaign for social care being led by Scottish Government. The campaign has been extremely successful with 199 enquiries and 118 applications received to date. Interviews are underway and a rolling programme of induction planned to support new staff into post. HR Business partners are supporting the recruitment process to ensure timely progress through our Safer Recruitment procedures.
10. The role of the Homecare Reablement Worker has been re-evaluated to a grade 5 due the knowledge element of the role changing as a requirement of the Scottish Social Services Council (SSSC) registration. All staff who currently hold the relevant qualification have been upgraded with effect from 17 December 2019. Staff who have yet to gain the required qualification will be upgraded from 2 April 2020. It is not anticipated that any further increase in grading for front line staff will result following service redesign.
11. We are now in the second phase of improvement within the service. Absence levels have hampered progress, however additional management staff have now been secured which will support progress going forward. 'Phase 2' running from September 2019 to March 2020 where the focus is on:
 - Realigning the continuing work on the requirements to reflect the second inspection feedback and report
 - Refining and refocussing the use of additional resources
 - Planning the service redesign and begin the implementation.
12. The table below sets out progress against the key improvement activities required to be completed to ensure the service meets the requirements made by the Care Inspectorate. The table sets out the achievements to date and anticipated timeline for completion of actions.

Requirement	Achievements	Further Actions Required/Gaps	Staffing Resources Required to Complete Activities	Expected Completion Date
Care and Support				
Ensure that service users' personal plans set out how the health, welfare and safety needs of individuals are to be met	- Personal plan format agreed with Care Inspectorate (CI) - 6 FTE Reviewers recruited - 2 additional reviewers recently recruited specifically to support hospital discharge referrals - Personal plans are updated at point of review	Some service users still require new format care plans. Additional review staff are currently addressing these.	Existing review staff team	30/04/20
	- Risk assessments now included within personal plans - Through Patch meetings, supervision and induction Home Care Workers (HCW) encouraged to read personal plans and report any changes needed	Plans require to further developed to be more outcome focused	Learning & Development (L&D) teams Reviewers, Home Care Organisers (HCO) and managers	31/07/20

	<ul style="list-style-type: none"> - All care planning now undertaken is completed on Carefirst forms, which ensures wider access to all relevant HSCP staff - Quality assurance now being undertaken by dedicated staff - Carefirst form being adapted to ensure outcomes for service users are reflected - Care plan related development sessions and practice forums are now established 			
Medication must be managed in a manner that protects the health and wellbeing of service users	<ul style="list-style-type: none"> - Medication pilot (small scale) implemented in relation to administration of medication from original packaging - Medication management is now part of the assessment process - Additional pharmacy technician appointed dedicated to support Care at Home Service. - Specific clarification on levels of support with medication issued to all front line staff through inductions, texts, patch meetings and inclusion in the care diaries - To date 150 of home care workforce have undertaken Medication training - Medication classification now added to Carefirst forms - Post training competency based assessments now underway- undertaken by pharmacy team - Medication Policy agreed and being rolled out through implementation of pilot 	<p>Upscaling of pilot requires to be progressed</p> <p>Continue medication training for staff</p> <p>Personal plans require to be further developed to reflect a person centred approach around the manner in which service users wish to be supported with the management of their medication</p> <p>Medication Policy to be reviewed in line with agreed policy review date.</p> <p>Safemed App (promoted by SSSC) to be uploaded to all phones</p>	<p>Pharmacy team, Patch Organiser, HSWs in Neilston, L&D, Manager</p> <p>L&D, All operational staff</p> <p>L&D teams Reviewers, HCOs and managers</p> <p>Pharmacy Lead and Service Manager</p> <p>Service Manager and IT support</p>	<p>Rollout of pilot across Neilston by end April</p> <p>80% by end April 2020</p> <p>31/07/20</p> <p>31/03/20</p> <p>30/04/20</p>
Ensure that personal plans are reviewed in line with legislation	<ul style="list-style-type: none"> - 6 Full Time Employment (FTE) Reviewers recruited - 2 additional reviewers recently recruited specifically to support hospital discharge referrals - Review template agreed with CI - Review documentation captures all relevant persons participating or contributing to reviews 	<p>Quality Assurance (QA) findings have identified differences in quality of review recording and a lack of focus on outcomes. Further development activity being</p>	<p>L&D teams Reviewers, HCOs and managers</p>	<p>Ongoing</p>

	<ul style="list-style-type: none"> - Performance monitoring on reviewing within statutory time period is now collated and reported to senior management on a weekly basis - Reviewers integrated into specific operations team to ensure smoother transition of information of any service changes required as a result of reviewing activity. - QA exercise initiated to monitor review quality and remedial action initiated 	scheduled for reviewers and HCOs		
Ensure handling of complaints is in accordance with our procedures and good practice guidelines	<ul style="list-style-type: none"> - "How to Complain" information is included in core information provided to all service users - HCO development sessions have given focus on complaints handling - Discussion on key issues raised through complaints on patch and operational management meeting agendas - Draft Home Care Complaints handling procedures prepared – final feedback comments being collated - Year 19/20 complaints to date and themes overviewed and reported. Future reporting route and timescale agreed 	Finalise the complaints handling procedure and implement Regular reporting shared with management team	Service Managers, Managers, HCOs and HSWs Project Officer	31/03/20 31/03/20
Ensure that planned and actual service delivery times are agreed with those receiving the service and appropriate to meet the assessed care needs	<ul style="list-style-type: none"> - Staff visit compliance has improved to over 90%- time compliance has also improved to over 60% - On time visit levels have been maintained despite absence pressures - Service redesign planning commenced and TU support agreed - Some scheduling improvements implemented where resourced allowed 	Continue to manage levels of absence with HR support Agree and implement transport strategy to improve service responsiveness Hospital discharge function embedded into Patch teams Implement Service Redesign	Managers, HCOs and HR Transport team & Consultant Managers Managers, TU, HR	31/06/20 30/06/20 31/05/20 31/03/21
Staffing				
Ensure that we employ and deploy support staff in sufficient numbers to adequately	<ul style="list-style-type: none"> - Key service priority is recruitment activity 	Complete interviews and recruitment process for current bank of applicants	Managers, HR, Support Team	15/04/20

meet the needs of service users.	<ul style="list-style-type: none"> - Robust induction arrangements in place and HR support given to accelerate appointments - New appointments working to alternative work patterns to better meet service demands - Promotion of career path with several promotions via internal recruitment 	Assign new recruits to service users to support improved continuity and meeting service user needs	Managers and HCOs	30/06/20
		Creation of a bank of staff for 'as and when required' cover for absence being established	Managers and HR	30/06/20
Ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform	<ul style="list-style-type: none"> - Training records available of all training undertaken workforce - HCO development programme delivered – evidence available outlining training undertaken/ongoing- range of topics covered - Multiple induction programmes delivered - rolling training programme now introduced - Training opportunities discussed at Patch Meetings - Quarterly training priorities set 	Deliver rolling training programme including Adult Support and Protection (ASP) training	HCOs to schedule - L&D Team to deliver	Commence by 31/03/20
		ASP App (promoted by SSSC) to be uploaded to all phones	Service Manager and IT support	31/03/20
		Learning and Development Framework for Practice to be finalised	Service Manager and L&D team	31/03/20
Ensure provision of staff supervision and appraisals	<ul style="list-style-type: none"> - Supervision and Quality Conversation programme introduced for front line staff and HCOs- absence levels have led to significant gaps in planned programme - Importance of supervision highlighted at operational meetings - Future supervision dates now projected 	Gaps currently identified in supervision to be prioritised in coming weeks	HCOs and HSWs	31/03/20
		Group supervisions to be undertaken where gaps in individual arrangements have been delayed due to line manager's absence	Managers & HCOs	31/03/20
		Supervision Policy requires to be finalised	L&D	TBA
The service should review the results of the training in dementia awareness for staff and ensure proposals are in place to increase the	<ul style="list-style-type: none"> - Hosted Dementia Bus training sessions - Included dementia training in quarterly training plans - Dementia training also included in overall service training plan 	Continue to schedule HSWs to planned sessions	HSOs	Ongoing

access of this training for staff	and the 6 week rolling training programme			
Management & Leadership				
Ensure the service follows the guidance on notification reporting to the Care Inspectorate	<ul style="list-style-type: none"> - Development sessions for HCOs & Home Care Managers (HCM) focused upon making timely and appropriate notifications to the CI - Notifications process has now been refined to ensure alignment between Datix and CI notifications. 	Identify and implement further revisions to increase process robustness and timeliness of reporting	Senior Homecare Manager/ Home Care Managers	31/03/20
		Introduce routine reporting on incident notifications for the service to ensure management overview	Senior Homecare Manager/ Home Care Managers	31/03/20
Supplementary areas				
	<ul style="list-style-type: none"> - Home Care management meetings and Patch meetings now well established - QA visits to support front line staff and service users now initiated - Additional temporary management resource now commenced - HCO out of hours rota now provides full service cover hours - Staff and Service User survey issued 	Collation of service user feedback from review data and implement any required follow ups	Senior Managers	31/03/20
		Analysis of current service user and staff surveys and follow up	Senior Managers	31/03/20
		Introduce routine 'Courtesy Calls'	Service Manager	30/07/20
		Increase level of QA visits in the field	Home Care Managers/ HSOs	30/04/20
		Resolve phone system issues	Governance and Systems Manager	TBA
Continue to develop Standard Operating Procedures across the Home Care service	Managers/Improvement Team Members as appropriate	Ongoing		

SERVICE REDESIGN

13. The timeline and key milestones for the service redesign are being progressed in partnership with key workstream stakeholders and are outlined below. There has been slippage with timescale due to absence levels within the service and subsequent operational pressures. Revised timescales have therefore been included.

Activity Area	Original Timescale	Revised Timescale
Design (operating model, structure, initial financial modelling)	Jan- mid Mar	Jan- end May
In principle approvals	Late March	Mid - June
Phase 1 (Non Frontline workers)- specifications, consultation & implementation	April - July	June - October
Phase 2 (Frontline staff team)- (specifications, consultation & implementation)	Aug - Dec	October – March

CONSULTATION AND PARTNERSHIP WORKING

14. Staff side are represented on the programme oversight group. The draft collective agreement, linked to the adoption of the ethical care charter, has now been prepared and shared with staff side. Further engagement sessions with cohorts of staff from both frontline and management staff teams are being progressed to further inform the direction of the service redesign.

IMPLICATIONS OF THE PROPOSALS

Finance

15. The Care at Home service is currently projected to overspend by £760k based on the current cost commitments against a budget of £7.5 million (10.8%). This includes the £1 million funding agreed by the Integration Joint Board for this year. This is an increase in projected costs of £259k since last reported (in period 8) and includes additional spend on recruitment.
16. The cost projection is regularly reviewed to reflect the ongoing impact of the action plan, including increasing recruitment, reducing agency use, the interim framework contract and review of care packages. This continues to be refined as the year progresses and we are working hard to bring costs closer in line with budget on a recurring basis.
17. The additional £750k recurring budget (included in the position above) is meeting the costs of 12 responders, 10 care at home FTE (full time equivalents) and additional contract management capacity. There is also £175k committed to progress the improvement and redesign of the service.
18. The £250k non-recurring resource is fully committed and is funding a number of development posts along with training and recruitment. Should there be any in year slippage, this will carry forward to fund a full 12 months of activity.

Staffing

19. Redesign of the care at home service will have implications for current staff roles and working patterns. The first phase of the redesign will include the management structure and staff roles within this structure, the second phase will see the rationalisation of the work patterns of frontline staff to ensure that service demands can be fully met at the peak demand times for the service.

Risk

20. The risk associated with the Care at Home service remains high. Our improvement and redesign work should support an overall reduction in risk. Risks associated with winter pressures have to date been mitigated through winter planning. It should be noted that continued pressures to provide services to ensure discharges from hospital are not unduly delayed have added additional pressure to an already stretched service. To some extent this risk has been mitigated by transfer of service to the external market framework providers where capacity is available. The additional risks in light of the COVID 19 virus are being managed on a day to day basis as guidance from Scottish Government is updated. It is anticipated that as necessary existing service provision will have to be prioritised and an eligibility criteria implemented for any new service referrals. High levels of absence across the service are already a contributory factor to the high risk rating of the service. These continue to be mitigated as far as possible through ongoing support to manage absence from HR business partners, managed allocation of overtime and use of agency staff.

Directions

21. None at this point, but will be issued when redesign proposals are agreed.

RECOMMENDATION

22. The Integration Joint Board is asked to note and comment on the report.

REPORT AUTHOR

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11 March 2020

BACKGROUND PAPERS

IJB Paper: January 2020 – Care at Home Improvement and Redesign Programme
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=25790&p=0>

IJB Paper: November 2019 – Care at Home Improvement and Redesign Programme
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=25553&p=0>

IJB Paper: September 2019 – Care at Home Improvement Update: August 2019
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=25145&p=0>

IJB PAPER: August 2019 – Care at Home Improvement Update
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24912&p=0>

IJB PAPER: 26 June 2019 – Care at Home Improvement Update
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24640&p=0>

IJB PAPER: 1 May 2019 – Care at Home Inspection Report and Improvement Plan
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24316&p=0>

IJB PAPER: 20 March 2019 – Care at Home Improvement Activity
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24127&p=0>

IJB PAPER: 30 January 2019 – Care at Home Update
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23706&p=0>

IJB PAPER: 29 March 2017 – Care at Home Programme Update
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=19790&p=0>

CCGC PAPER: 20 June 2018 – Homecare Service Inspection
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22587&p=0>

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	18 March 2020
Agenda Item	11
Title	Carers Strategy Implementation & Development Plan 2020-2021
<p>Summary:</p> <p>The Carers (Scotland) Act 2016 came into effect on 1st April 2018. The purpose of this report is to provide an update for the Integration Joint Board (IJB), an update on progress with the implementation and development of the key principles of the Carers Strategy within East Renfrewshire.</p>	
Presented by	Irené Brown, Carers Lead
<p>Action Required</p> <p>The Integration Joint Board is asked to note the content of this report and the progress made in the implementation and ongoing development of the key principles of the Carers Strategy.</p>	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Staffing <input type="checkbox"/> Directions <input type="checkbox"/> Infrastructure </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

18 MARCH 2020

Report by Irené Brown, Carers Lead

CARERS STRATEGY KEY PRINCIPLES – IMPLEMENTATION & DEVELOPMENT PLAN 2020-2021

PURPOSE OF REPORT

1. The purpose of this report is to provide the Integration Joint Board (IJB) with an update on progress of the implementation and development of the key principles of the Carers Strategy.

RECOMMENDATION

2. The IJB is asked to note the content of the report and the progress made in the implementation and ongoing development of the key principles of the Carers Strategy.

BACKGROUND

3. The Carers (Scotland) Act 2016 (the Act) and the Children & Young People (Scotland) Act 2014 placed new duties on local authorities and health services by enhancing and extending the rights of carers of all ages to support, with a focus on prevention.
4. The Integration Scheme for East Renfrewshire Integration Board was amended in February 2018 to reflect the introduction of the Carers (Scotland) Act 2016 prior to the Act commencing on 1st April 2018
5. The overall aim of the Carers Act is for carers to be supported to continue to care, for as long as they choose, with improved physical and emotional wellbeing and a life alongside caring.
6. Key responsibilities for East Renfrewshire under the Act include:
 - To develop and offer an Adult Carer Support Plan to any person who is identified as a carer and to provide carers with information and advice services.
 - To set out and publish local eligibility framework to help determine the level of support to provide to carers.
 - To provide support to carers, including short breaks and publish a short breaks services statement.
 - To involve carers in the planning of services, and before a cared-for person is discharged from hospital, involve any carer of that person in the discharge.
 - To develop a local carers' strategy.
7. Carer involvement in the designing and implementation of all carer related services is a key principle of the Act. In 2017 East Renfrewshire Voluntary Action (VAER) and East Renfrewshire Carers Centre were commissioned to work with East Renfrewshire HSCP to co-produce and to co-design our approach to supporting carers. The Care Collective became the recognised identity across East Renfrewshire for engaging and designing these approaches, now included in our strategy for carers.

REPORT

Introduction

8. East Renfrewshire HSCP Plan Priority 7 is , '**People who care for someone are able to exercise choice and control in relation to their caring activities**'. From our work with stakeholders we have agreed **4 strategic carer outcomes** that are fully in line with the Carers (Scotland) Act 2016, the National Health and Wellbeing Outcomes and East Renfrewshire HSCPs Strategic Plan.
- Carers are identified, valued and involved
 - Carers have choice, control and a life alongside caring
 - Carers are living full lives and able to support their health and wellbeing
 - Caring is a positive experience

Outcome: Carers are identified, valued and involved.

9. Our Care Collective engagement activity 2020 to 2021 will build on initiatives such as Carers Act National Marketing Campaign, Carers' Week and Carers' Rights Day. Through the Care Collective we will continue raising awareness of carers, reducing any stigma associated with support for caring, and encouraging people to participate in shaping support for carers.
10. Further activity will include:
- Delivering Carers Act awareness sessions to all HSCP staff & partner agencies by July 2020.
 - Ensuring that carers, staff and partners are aware of ERCarers as the main provider of advice, information and support for carers and are able to refer and signpost appropriately to them alongside Talking Points and other relevant third sector partners including Voluntary Action East Renfrewshire (VAER), Recovery Across Mental Health (RAMH) and Alzheimer Scotland. Ongoing March 2020 to March 2021.
 - Reviewing and updating web and digital information including linking to validated external advice and information web sites. A Digital Support Worker post will be advertised by ERCarers in March 2020.
 - Reaching out to groups that can help us identify carers currently under represented to reflect the diversity of East Renfrewshire's population by May 2020.
11. There has been a significant rise in young carers being identified from 2018 to 2020. Since January 2019, a Young Carers Education Worker, funded by the HSCP and employed by ER Carers Centre, has worked across all seven secondary schools in East Renfrewshire with pupils, teachers and any other relevant staff to raise awareness of The Act, Young Carers rights, the Young Carer Grant, the Young Scot Young Carers Package and other support available.

Young Carers	Primary	Secondary	Total
Census 2018 (Sept)	9	19	28
Census 2019 (Sept)	18	43	61
Today (24/02/2020)	24	62	86

12. Examples of awareness raising include delivering PSHE lessons and speaking at assemblies, hosting pupil lunchtime and parents night stalls. Organising Young Carers Day event at St Lukes. Similar young carer awareness input has been provided in eight primary schools within East Renfrewshire. This post is funded for 18 months and is due to end in July 2020.

Outcome: Caring is a positive experience

13. Talking Points continue to identify carers, through having 'Good Conversations'. At Talking Points, carers can drop-in to speak with someone from ERCarers, get the advice and information they want, find out what's available locally and be offered the opportunity to complete an Adult Carer Support Plan (ACSP). Of the people who attended Talking Points and identified themselves as carers, 98% reported their quality of life needs were fully met. Other relevant third sector organisations including VAER, RAMH, Alzheimer Scotland continue to support adult carers to access self-help and **community based solutions**.
14. Each health board must involve the carer before a cared-for person (the patient) is discharged from hospital. A **Universal Caring Pathway** is in place across all hospital services to identify, involve and support people with a caring role. Support for carers in NHS Greater Glasgow and Clyde is delivered via a partnership between HSCP, Local Government and voluntary sector organisations. They offer services which include: information and advice; emotional support; money advice; access to education, training and employment support; and, access to short breaks from providing care. (See Appendix 1)
15. Getting the right balance also means developing a consistent and clear prioritisation framework so carers are getting the right level of support at the right time. The HSCP undertook a consultation exercise on eligibility for supporting carers and an **eligibility framework** has been established. This was agreed previously by the Integration Joint Board in April 2018.
16. The ER **Adult Carer Support Plan** (ACSP) has been developed in collaboration with partners. ERCarers staff have been trained in outcome focussed asset based planning and Good Conversations. They have completed 56 ACSPs with carers since January 2019. Of these, using ER eligibility framework, 14 carers were identified as having a substantial or critical need for support and referred onto the HSCP. The ACSP paperwork, processes and pathways will be reviewed by HSCP and other relevant stakeholders during 2020.
17. The Care Collective found there were challenges identified that specifically related to the **Young Carer Statement** (YCS).

"The idea and purpose of a statement was difficult to explain and some young carers identified that this was not something they asked for"
18. This was overcome by showing examples of how young carers' needs may be met in a way unrelated to statutory services, for example, having time to complete homework, or have a lift to football and young carers knowing they have a right to decline a YCS. The Young Carers Schools Group have been piloting the Young Carers Statement App since January 2019. The Young Carers Education Worker is supporting pastoral teachers to use The Young Carers Statement App. 30 Young Carers Statements have been completed to date although as yet not all schools or pastoral teachers are familiar with the App and how to use it.

Outcome: Carers are living full lives and able to support their health and well-being.

19. We are implementing models which promote Young Carers health, wellbeing and resilience through Getting It Right for Every Child (GIRFEC) and East Renfrewshire's Children and Young Persons Plan.
20. With our community planning partners we are working to develop a range of approaches that support both carers and the people that they support to maintain their health and wellbeing. This includes many dementia friendly activities.

21. Over the past year only one referral has been received from a GP by ERCarers. GPs can now use the SCI Gateway system to refer. Across Greater Glasgow and Clyde only six referrals have been received by Carers Centres via SCI Gateway. Alongside ERCarers we will be working with our GPs and other primary care colleagues to understand why this is and develop their awareness of carer related matters ongoing throughout 2020.

Outcome: Carers have choice, control and a life alongside caring

22. ERCarers receive funding from HSCP and other sources to support carers responsively with small amounts of funding for flexible breaks without the carer. Funding from HSCP is also being used to employ a Short Breaks Development Worker to work with our local market to develop respite and short breaks options that match carers' outcomes. This post will be advertised by ERCarers in March 2020.
23. A draft **Short Breaks Services Statement** will be shared with key stakeholder groups after which will be taken for approval to the next meeting of the Carers Act Implementation Group (CAIG). The statement will encourage creative approaches that get it right for both the carer and the person for whom they care. Once agreed and approved this statement will be reviewed annually and as required.
24. The Carers Lead is in the process of identifying a tool for meaningful qualitative evaluation for carers' outcomes. This will help us over the coming year to know if we're making the difference carers in East Renfrewshire want and need.

CONSULTATION AND PARTNERSHIP WORKING

25. Details of the Care Collective and Carers Act Implementation Group are outlined in the report.

IMPLICATIONS OF THE PROPOSALS

Finance

26. The 2019/20 spend on respite and carers costs is £925k in total. This includes the costs of the carers lead post and funding to the carers centre as well as the costs of providing respite care which includes carers assessments and individual care packages where respite is one element of care.

Directions

27. No directions are being issued as a result of this paper.

CONCLUSIONS

28. This report contains details of the progress in local implementation of the Carers Act and further activity planned for 2020-21.

RECOMMENDATIONS

29. The Integration Joint Board is asked to note the content of this report and the progress made in the implementation and ongoing development of the key principles of the Carers Strategy.

REPORT AUTHOR AND PERSON TO CONTACT

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February 2020

Chief Officer, IJB: Julie Murray

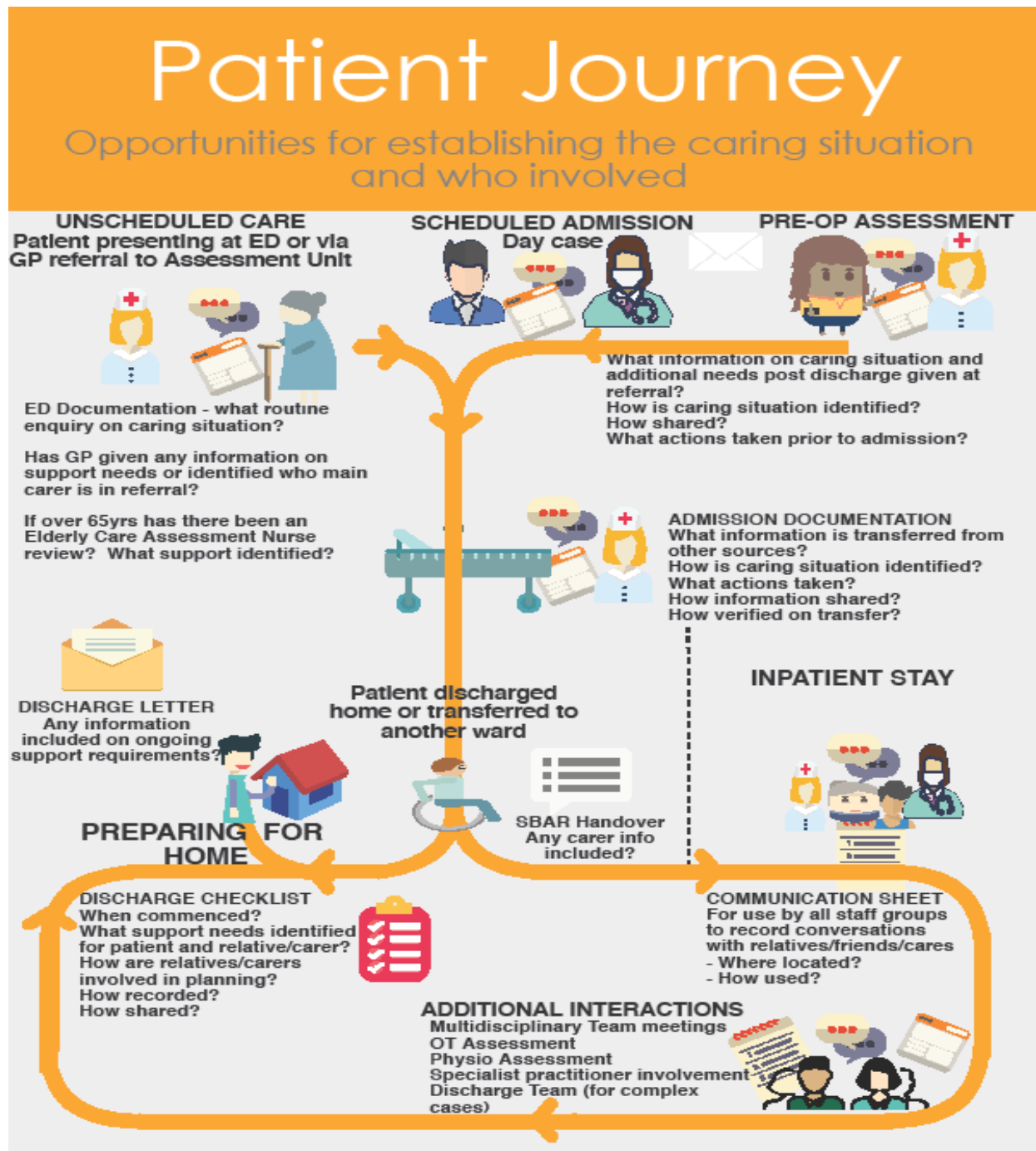
BACKGROUND PAPERS

Carers (Scotland) Act 2016. 2020. Carers (Scotland) Act 2016. [ONLINE] Available at:
<http://www.legislation.gov.uk/asp/2016/9/contents/enacted>.

IJB Paper 2018 - 4 April 2018: Implementation of the Carers (Scotland) Act 2016
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22102&p=0>

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Appendix 1: Universal Carer Pathway



Appendix 2 Strategy On One Page

Strategy On One Page			
<u>The Aim</u>	<u>The Key Principles</u>	<u>The Key Outcomes</u>	<u>What success would look like ...</u>
<p>People who care for someone are able to exercise choice and control in relation to their caring activities</p>	<p>Carers are identified early.</p> <p>All HSCP Staff and partner organisations are able to identify and signpost carers</p> <p>Carers are involved, valued and equal partners in planning care and support for the person they care for and planning carers services</p> <p>Carers are supported to maintain their health and wellbeing by getting the right support at the right time</p> <p>Carers have choice and control by being offered personalised support and an Adult Carers Support Plan or Young Carers Statement.</p>	<p>Carers are identified valued and involved</p> <p>Carers have choice and control over their support and a life alongside caring</p> <p>Carers are living full lives and maintaining their health and well-being</p> <p>Caring and planning support is a positive experience for carers</p>	<p>Carers are being identified earlier in their caring role</p> <p>Carers are saying they feel involved and valued when planning care and support services with Health and Social Care</p> <p>Carers are saying they're getting the right support at the right time</p> <p>Carers feel supported to have a life alongside caring and more carers can take a short break.</p> <p>Carers are saying they have a balance in their life and are able to maintain their health and wellbeing</p>