
CARE SCRUTINY COMMITTEE
26/09/24

Present:

COUNCILLORS:

Beth Lawton (Chair), Menna Baines, Jina Gwyrfai, R. Medwyn Hughes, Dewi Jones, Elwyn Jones, Eryl Jones-Williams, Gwynfor Owen, Gareth Coj Parry, Rheinallt Puw, Meryl Roberts, Anwen Jane Davies and Einir Wyn Williams.

Officers present:

Llywela Haf Owain (Senior Language and Scrutiny Advisor) and Rhodri Jones (Democracy Services Officer).

Present for Item 5:

Councillor Dilwyn Morgan (Cabinet Member - Adults, Health and Well-being), Aled Davies (Head of Adults, Health and Well-being Department), Meilys Heulfryn Smith (Assistant Head - Supporting Communities, Health and Well-being) and Siân Edith Jones (Assistant Head - Adults Services).

Present for Item 6:

Councillor Dilwyn Morgan (Cabinet Member - Adults, Health and Well-being), Aled Davies (Head of Adults, Health and Well-being Department) and Siân Edith Jones (Assistant Head - Adults Services).

Present for Item 7:

Councillor Dilwyn Morgan (Cabinet Member - Adults, Health and Well-being) and Councillor Elin Walker Jones (Cabinet Member - Children and Families), Aled Davies (Head of Adults, Health and Well-being Department), Dafydd Paul (Assistant Head - Safeguarding and Quality, Children and Supporting Families Department) and Mannon Emyr Trappe (Assistant Head - Safeguarding, Quality Assurance, Mental Health and Community Safety, Adults, Health and Well-being Department).

Present for Item 8:

Councillor Dilwyn Morgan (Cabinet Member - Adults, Health and Well-being) and Aled Davies (Head of Adults, Health and Well-being Department) and Meilir Price Owen (Project Manager, Corporate Leadership Team).

1. APOLOGIES

Apologies were received from Councillors Angela Russell and Linda Ann Jones.

2. DECLARATION OF PERSONAL INTEREST

A statement of personal interest was received from Councillor Rheinallt Puw for Item 6. This was not a prejudicial interest and therefore he did not withdraw from the discussion.

A statement of personal interest was received from Councillor Eryl Jones-Williams for Item 8. It was noted that it was a prejudicial interest and he withdrew from the meeting for the item.

3. URGENT ITEMS

None to note.

4. MINUTES

The Chair signed the minutes of the previous meeting of this committee held on 13 June 2024 as a true record.

5. DOMICILIARY CARE SERVICE

A report was presented by the Cabinet Member for Adults, Health and Well-being, Head of Adults, Health and Well-being Department, Assistant Head - Supporting Communities, Health and Well-being and Assistant Head - Adults Services.

It was explained that a series of changes were currently under way within domiciliary care. Some issues had been acknowledged as needing to be addressed for some time but it was confirmed that they were now being implemented. It was explained that these modifications were now being introduced in line with the Ffordd Gwynedd review. It was noted that officers looked at the services from a citizen's perspective to assess whether or not services were effective.

It was declared that an agreement adopted with external providers, which had been adopted since November 2022, implemented a new way of working. It was noted that all providers collaborated effectively with the social workers and wider communities to offer users domiciliary care of the highest standard. This was compared to the previous working model where there was not as much collaboration and domiciliary care providers were required to work in a monotonous way to provide care at the same time of day without really considering adjustments to the user's schedule. It was emphasised that the current model allowed employees to build relationships with users and that solving any problem or need that needed to be addressed could be achieved more easily, with the support of partners.

However, it was recognised that adjusting working patterns between the above two models was challenging and it was confirmed that the department was currently still in that transition period. It was assured that employees believed that their terms of working had changed for the better in recent years and it was noted that starting to implement the new model of working had resulted in improved cooperation in community hubs deriving additional community value from the agreements. Examples were shared of how terms of working had been able to be modified such as changes in holidays and travel expenses and adjustments to shift patterns. It was acknowledged that some employees believed they were on their own and did not feel involved in relevant decisions and therefore it was ensured that the Department continued to find new ways of presenting ideas and communicating with employees to ensure input.

It was confirmed that all external agreements were now with third sector or small third sector families. It was emphasised that money was not being spent beyond the local area of the County.

In response to a query on modifications to ICT systems, the Assistant Head of Supporting Communities, Health and Well-being confirmed that four of the domiciliary care services systems needed to be modified due to the change in the working model. It was explained that the service's current systems followed the old working model and needed to be adapted to ensure that arrangements for care planning, scheduling staff hours and recording user mobility were formulated according to the new working model.

Work to look into adapting these systems by a Swansea University Professor would be starting soon and the findings were expected to be published by March 2025.

It was explained that the problems with the domiciliary care provision were more challenging in some areas than others. It was elaborated that approximately three areas had high numbers on the waiting list for domiciliary care and had experienced recruitment difficulties over the past two years. It was noted that officers had investigated any possible patterns to these deficiencies but it was noted that there were no patterns between internal and external providers or geographical patterns. However, it was emphasised that five or fewer individuals were waiting for domiciliary care in the vast majority of County areas.

It was announced that a new internal Project Board had been established led by the Head of the Adults, Health and Well-being Department. Members were encouraged to contact the officers with any query regarding this subject.

During the discussion, the following observations were noted:

Members were reminded of the commitment given to the Council's care workers in the lead up to the current agreements, that if the new agreements resulted in a change in domiciliary care management which meant that their current work location was transferred to an external provider, they would be able to continue to work for the Council in an area near their current work location. It was also noted that those employees would have been able to move to work for the external providers if they wished.

The Assistant Head of Supporting Communities, Health and Well-being explained that the external company had failed to recruit enough employees in some areas to address the demand for a service, therefore the Council had continued to offer services. Pride was expressed that domiciliary care provision could continue to be delivered in those areas, but it was noted that this was also having an impact on nearby areas operating with fewer employees until the recruitment problems were resolved. It was emphasised that there was no single customary arrangement for resolving problems of this type in communities and it was noted that officers and partners were constantly looking at the market to try to find solutions to problems that arose. It was elaborated that staff had regular conversations with officers to identify any concerns and resolve them as quickly as possible.

Following the response, it was asked whether the Council had saved money through these adjustments or whether the costs of providing domiciliary care were now higher for the Department. In a further response, the Head of Department confirmed that the cross-county percentage split of who provided the domiciliary care service had not changed much. It was explained that the Council, private sector and third sector operated within specific areas within the County rather than working together across the County as a whole as part of the new model. The view was shared that this had given the third sector more opportunities to operate within the County and the Council was keen to see that. Savings made as a result of this change were reported in detail, noting that no direct significant savings had been achieved to date. It was explained that there was an initial increase in starting to implement the model but that the Department had plans and processes to ensure a saving over the next period. It was emphasised that these changes to the working model were not driven by financial savings but ensuring that service users and their needs were at the heart of the arrangements.

It was elaborated that there were financial challenges within the current system, and it was emphasised that officers were working with Audit Wales to ensure tight financial systems were put in place. It was confirmed that the cost of providing domiciliary care

internally by the Council was being monitored on an ongoing basis. It was trusted that adhering to these steps would reduce the cost of overspending that currently exists in the field. Examples where some services had transitioned easily to the new model were drawn out, but it was noted that some services were struggling to adopt changes in procedures. It was ensured that the Department as a whole assessed the care provided internally and externally to ensure that financial difficulties were kept within control and to ensure reduced expenditure and increased savings in this field in the near future.

In response to a query and concerns about the Tywyn area identified in the report, the Assistant Head of Supporting Communities, Health and Well-being confirmed that 24 individuals were awaiting care in this area. It was reported that this was 20% of the demand for a domiciliary care service in that area. It was explained that around 8800 hours of care were met by the County but around 920 hours were not. It was noted that this meant that around 10% of those who required domiciliary care were not currently receiving provision and it was emphasised that this was a concern for the Department. It was emphasised that the Department had adapted its data collection systems in the last period to highlight when the information provided by different databases was inconsistent so that it could be investigated and understood, and this had resulted in shorter waiting lists in general in the County and in this particular area. It was acknowledged that there were extremes where some areas saw longer waiting lists than others. It was stressed that a domiciliary care group meeting was held in the area recently to gather ideas on how to address this deficiency such as adjusting working hours, collaborating with the local community hubs, etc. Reference was also made to the fact that staff training and gaining essential skills were key to meeting the demand for these services. Pride was expressed that the new model was a success in this area before committing to the contracts and it was hoped that the deficiency could be resolved as soon as possible.

It was pointed out that Gwynedd provided more domiciliary care per 100,000 of the population than most counties in Wales. In response to this, the Head of Department confirmed that this was not necessarily something of a positive nature. It was elaborated that this was an indication that Gwynedd was over-providing domiciliary care services, and it was hoped that this new model would lead to a change in this statistic in the future.

A recent awareness-raising event on direct payments held in the Porthmadog area was highlighted. It was considered that making use of these arrangements would reduce waiting lists for domiciliary care by supporting individuals who had adapted their way of life to provide care for their loved ones due to the lack of carers available within the County to undertake the work. In response to the observations, the Assistant Head of Supporting Communities, Health and Well-being confirmed that significant work was ongoing to develop this service and that it was a very complex process. It was elaborated that the Department was collaborating with the Community Catalysts company and had established an in-house Catalyst Officer to support individuals within the County's communities who were interested in setting up small businesses that offered care – and were paid through a direct payment system. It was reported that 17 small enterprises had been established so far and more were currently under development. It was acknowledged that direct payments could not be provided to individuals living with the person being looked after due to statutory restrictions, but families were encouraged to have a conversation with care providers and social workers about this challenge if this was the main element of why individuals did not use the services.

The Department was thanked for presenting an honest Report with clear information on successes and challenges arising within the field. Information was requested on the numbers of care providers who were able to provide care through the medium of Welsh. It was explained that this was a challenge within the Department and that the figures of

Welsh speakers were not as high as would be wished. It was elaborated that the Department supported staff with language training but noted that it was a challenge in general.

In response to observations on employee support, the Assistant Head of Supporting Communities, Health and Well-being confirmed that a Project Board had been established within the Department to address the issues that teams and service providers believed needed to be addressed. It was elaborated that the Project Board (and the Council in general) received external support to realise objectives through the IMPACT (Improving Adults Care Together) project. It was noted that this project supported workers from the same fields and shared good practice so that everyone across Wales and England became aware of what kind of systems worked and how improvements could be made.

Reference was made to the PERCY questionnaire which assessed the quality of life of care service users to ensure that they felt their life had purpose and that their well-being was improving. In response to the observations, the Assistant Head of Supporting Communities, Health and Well-being confirmed that a project group had been set up to look into the questionnaire to see if it would benefit domiciliary care users in Gwynedd.

The officers and all care workers were thanked for their hard work within the field.

RESOLVED

To accept the report and:

- 1. Note concern about the waiting lists for domiciliary care in some areas of the County.**
- 2. Request data on waiting lists across the County for easier comparison of areas.**
- 3. Ask the Cabinet Member to update the Committee on the work of the Domiciliary Care Project to include information about reducing costs and improving the quality of data.**

6. TRANSPORT FOR THOSE WITH DEMENTIA TO ATTEND DAY CARE

A report was presented by the Cabinet Member for Adults, Health and Well-being, Head of Adults, Health and Well-being Department, Assistant Head – Supporting Communities, Health and Well-being and Assistant Head – Adults Services.

During the discussion, the following observations were noted:

It was reported that all employees within this field complied with the statutory requirements of the Social Services and Well-being Act.

A reminder was given that there was an expectation for employees to identify individuals' outcomes as well as the best method of providing them with care and support. It was noted that individuals' personal resources, family support, level of independence, local support networks and financial considerations were taken into account.

The most common day care provision was explained, clarifying that there were three provisions within Gwynedd. These were located at Llys Cadfan (Tywyn), Plas Hedd (Bangor) and Plas-y-don (Pwllheli). It was elaborated that Plas Hedd provided day care for the highest number of individuals living with dementia and with day needs, with five individuals attending for a specialist service for two days a week. It was confirmed that 10 individuals were receiving a service at Plas Hedd with two members of staff looking

after them. It was reported that four individuals were receiving a day care service at Plas-y-don and three individuals at Llys Cadfan. It was acknowledged that fewer individuals were using the service in these areas, but it was felt that this was not due to transport reasons. It was pointed out that services were being provided in other residential homes that belonged to the Council but it was stated that these were carried out on an occasional basis.

It was confirmed that it was the families who transported these individuals to the day care provision because conditions were too profound to allow independent use of taxis, but it was noted that there were some cases where taxis were used.

It was emphasised that staff had not received complaints about a lack of transport and there were no noticeable changes in attendance numbers due to transport issues.

It was noted that the Department collaborated with the Health services on a very regular basis. It was elaborated that the Health service ran specialist day care services mainly on the Llŷn Peninsula and in south Meirionnydd on some occasions. It was elaborated that 10-15 individuals attended day care provision (up to 33 individuals per week for a service that took place on two days a week) and each individual was encouraged to make their own transport arrangements. It was explained that they were doing this because the most suitable site for provision within the areas was Bryn Beryl and hospital transport was considered to be unreliable. It was emphasised that the Health service encouraged families to provide transport or rely on social transport such as O Ddrws i Ddrws or Cymrod. It was reported that Hafod Hedd (Bryn Beryl) staff were seeing an increase in the numbers of individuals attending and were not aware of anyone not attending due to transport problems.

A report was provided on other services available to individuals living with dementia, which also offered respite to unpaid carers. The Dementia Actif service was preventative support that supported a number of individuals and their families. It was explained that the service was run for individuals with a wide range of needs, and it held entertaining and sociable exercise classes. It was explained that the service collaborated with several community hubs and was constantly accepting new attendees. It was noted that the service offered transport to the activities at a reasonable cost.

Pride was expressed in receiving the ICF budget grant from the Welsh Government which had resulted in the appointment of five Dementia Support Workers. It was explained that these workers mostly provided one-to-one specialist care in the homes of individuals with profound dementia when day care provision in a centre or residential home was not suitable for them. It was reported that they supported between five and 10 individuals each with a 9-5 service Monday to Friday. It was also added that they transported individuals to day activities in the community when suitable if no other support was available. Attention was also drawn to Eryri Co-operative, which was a similar service commissioned by the Council for individuals where it was not suitable for individuals to attend day activities.

Some of the barriers when considering transport to services were highlighted such as the need for the vehicles to be suitable and safe for users. It was confirmed that officers had been aware of a lack of transport for years as a minibus or taxi was not a suitable option in many cases, as well as in the case of individuals with challenging behaviour at times resulting from their condition. It was emphasised that teams noted that it was difficult to find a company willing to carry out this transportation work on behalf of the Council and the services provided by private companies, if they agreed, could be very expensive. They added that transportation vehicles needed to be modified in some

cases to ensure the safe transit of individuals and therefore the family was deemed to be the most suitable method of providing transport in many cases.

Financial matters were considered, noting that there was a fee of £4 for day care provision, which was used to contribute to catering costs. It was explained that there was no request for a contribution to fund the care. It was elaborated that financial welfare support was provided to anyone who expressed concern through the Income and Well-being service.

Members were encouraged to contact the Department if they were aware of anyone wishing to attend day care services but facing transport challenges so as to ensure a solution and access to services.

During the discussion, the following observations were noted:

The numbers of individuals living with dementia and attending a day care service were considered to be low. In response to the observation, the Assistant Head of Adults Services added that travelling to a centre for a service was no longer attractive to individuals and that many more individuals wished to receive care tailored to them in their own home.

In response to a query about waiting lists for the day care services, the Assistant Head of Adults Services confirmed that everyone requesting the service was currently receiving it and no one was waiting for care.

It was noted that unpaid carers did not receive much respite because they transported their relatives to the activities rather than receiving transport. The Cabinet Member added that the relatives of the service users were also welcome to attend the activities, sharing examples of instances where this had been very successful.

It was reiterated that relatives would be willing to pay more than £4 for a good standard of care for individuals with dementia and that increasing those fees should be looked into. Further, it was commented that it was necessary to ensure that individuals received the correct and appropriate benefits to ensure that they had the funds to pay for their care when a fee was due.

In response to the development of a Transport Policy, the Head of the Adults, Health and Well-being Department confirmed that this policy was soon to be in the pipeline. It was elaborated that the intention was to try to develop it so that the policy was in effect from April 2025 and work was ongoing to achieve that target.

There was reference to the challenges to provide services throughout the County, noting that distance from the services could motivate individuals and their relatives not to attend services.

In response to a query, the Assistant Head of Adults Services confirmed that a consultation on the day services would be prioritised but noted that there was no specific timetable to carry out this consultation at this time.

RESOLVED

- 1. To accept the report, noting the observations made during the discussion.**

2. **To express concern that the provision was not consistent across the County and emphasise the importance of providing respite to unpaid carers.**
3. **A further report was requested on the review of Transport Policy and the review of Day Care for Members to provide timely input.**

7. ANNUAL REPORT ON THE CHILDREN AND SUPPORTING FAMILIES DEPARTMENT AND THE ADULTS, HEALTH AND WELL-BEING DEPARTMENT'S COMPLAINTS, ENQUIRIES AND EXPRESSIONS OF GRATITUDE PROCEDURE FOR 2023-24.

The report was presented by the Cabinet Member for Adults, Health and Well-being, Cabinet Member for Children and Families, Head of Adults, Health and Well-being Department, Assistant Head - Safeguarding and Quality (Children and Supporting Families Department), Assistant Head - Safeguarding, Quality Assurance, Mental Health and Community Safety of the Adults, Health and Well-being Department.

Members were reminded that the Council had a statutory responsibility to report on how it investigated and responded to complaints in accordance with the Social Services Complaints Procedure (Wales) Regulations 2014 and the Representations Procedure (Wales) Regulations 2014. It was explained that these arrangements for social services differed from the general complaints system operated within the Council.

It was confirmed that the Report shared information about the Adults, Health and Well-being Department as well as the Children and Supporting Families Department in a bid to ensure that the same arrangements were in place for both departments.

It was explained that specific criteria were used to identify which events were appropriate to respond to. It was noted that these were usually services that had been provided up to 12 months in advance of the complaint being lodged, rather than historical matters.

It was elaborated that the Stage 1 procedure was a means of trying to resolve the complaints by receiving the team manager's response and holding direct conversations with the complainants. It was confirmed that if this did not resolve the situation, complainants were entitled to request an investigation as part of the Stage 2 arrangements. It was emphasised that these were conducted by investigators who were independent of the Council but were individuals on a recognised list. It was explained that complainants could start the process at Stage 2 without going through Stage 1, noting that this was now the tendency, particularly with Children and Family cases. It was noted that if the matter could not be resolved following an investigation, it could be escalated to the Ombudsman. However, it was emphasised that no issue had progressed to this stage.

It was explained that the independent investigator was qualified, experienced and managed to deal with the complexity of cases. It was noted that there was a shortage of Welsh-speaking investigators and that this was a challenge for the service and created delays in investigations as there was a need to ensure that a Welsh speaker was available to look through information and interview individuals. It was further expanded that there was a challenge in identifying independent Welsh-speaking investigators as many of them had been working locally in the area or for Gwynedd itself, resulting in a reduction in the number of people available to carry out investigations.

It was reported that Complaints Officers and Senior Complaints Officers were available to facilitate these processes. It was emphasised that they administered the processes

objectively, even though the service was located within social services. It was noted that this work could be challenging due to complainants' frustration and dissatisfaction with the service they wanted to complain about.

Timescales were referred to, stating that officers had 10 days to respond to a Stage 1 complaint and 25 days to respond to a Stage 2 independent investigation. It was explained that the Adults, Health and Well-being Department responded to 82% of Stage 1 complaints in a timely manner and the Children and Supporting Families Department managed to respond to 92% of them in a timely manner.

It was noted that the Departments had learnt some lessons following the discussions and investigations into complaints such as tensions with families, conflicts with decisions and difficulties in providing care. Reference was made to some tiresome complainants, who remained dissatisfied with the situation following the full responses and noted that there appeared to be an increase in number of threats. It was elaborated that some individuals succeeded in finding out personal information about members of staff and shared information on social media, resulting in difficulty in maintaining continuous contact. It was emphasised that the Council had a policy to deal with tiresome complainants stating that the threshold to be identified as 'tiresome complainants' was very high to ensure that complainants could complain if they did not receive due service.

It was mentioned that the service also dealt with data protection legislation, ensuring that applications from individuals and the courts were dealt with appropriately. It was also noted that officers dealt with freedom of information requests. It was explained that 316 requests were received in the Children and Supporting Families Department and 40 requests for related information to the Adults, Health and Well-being Department last year and that there was pressure on officers to ensure that the information shared was appropriate and acceptable for the purpose of the requests.

During the discussion, the following observations were noted:

The complaints and the results of the investigations were discussed as seen in the report, stating that a number of them were unfounded. In response to the observations, the Assistant Head of Safeguarding and Quality noted that the majority of complaints received were unfounded but there were findings from time to time. It was elaborated that some complaints ended in partial findings, where some of the points discussed in the complaint were upheld and others were unfounded. It was emphasised that some complaints indicated that there were no lessons to be learnt, detailing that this would be indicated for any complaint where there was a proper procedure already in place. It was noted that only in new situations that arose would the complaint indicate that there were lessons to be learnt.

An observation was received that there was a possibility that some service users were unhappy with services and did not want to complain and that their relatives could not complain on their behalf, leading to higher numbers of complaints that could not be included in the data. In response, the Head of the Adults, Health and Well-being Department confirmed that the departments collaborated with individuals in a preventative way before situations were escalated as a complaint. It was explained that this was a very effective method of ensuring that every person using services were happy with them. It was hoped that any concerns users might have were addressed in this manner. It was emphasised that the Council complied with all statutory regulations and the need to ensure adherence to them was explained. Anyone who was not happy with the services they received was urged to get in touch with the department to resolve this.

RESOLVED

To accept the report, noting the observations made during the discussion.

8. CHARGING FOR CARE POLICY

The report was presented by the Cabinet Member - Adults, Health and Well-being, Head of Adults, Health and Well-being Department and Project Manager, Corporate Leadership Team.

It was noted that the report was intended to give Members the opportunity to pre-scrutinise an amendment to the policy before a public consultation was held and a further Report presented to the Cabinet for a formal decision. A reminder was given that the Adults, Health and Well-being Department was currently overspending and intended to make amendments to this policy to start addressing the current financial challenges.

It was explained that the hope was to have the Committee's observations on three elements of the Charging for Care Policy. It was detailed that these included:

- Adapting the policy to add specific services that have historically been free of charge such as Day Care, Mental Health Support Service and Dementia Support Services.
- Adapting the wording defining unpaid carers and making the clause on unpaid carers clearer. It was emphasised that the Council had not been charging a fee for direct care to unpaid carers and recommended that the policy continued to reflect that. The need to continue to support unpaid carers was identified as it reduced the burden on social services. It was recognised that there was a need to highlight what was available free of charge to unpaid carers and it was recommended not to charge for any support that was in the name of the carer. It was considered that there should be a charge for any service where there was an element of direct or indirect care for the individual receiving support, dependent on financial assessment.
- Act on fees that were already in the policy but where the Council had not historically been charging them. An example was shared of deferred payments used where an individual entered a residential or nursing home but did not sell their home. It was explained that the person's care costs went against their property and that the Council would regain the care fees that had accrued when their home was sold. It was emphasised that the policy allowed the Council to instigate these fees as well as fees for payment administration and legal work. It was confirmed that the Council did not charge interest on the expected fees.

It was noted that each individual was entitled to be assessed for care. It was explained that if the assessments indicated that they did not have the means to pay, the fees would be exempted. It was clarified that a maximum of £100 per week for care fees had been set for care fees for individuals and it was emphasised that no one would need to pay more than that for their care.

During the discussion, the following observations were noted:

It was noted that it was difficult to make definitive decisions on this matter without receiving detailed data about the changes proposed to be made to the policy.

Consideration was given to whether the £100 maximum was likely to increase for consumers. In response to the observations, the Cabinet Member for Adults, Health and Well-being confirmed that fees were required for care services to ensure services

continued to be delivered in the future. It was reported that the Welsh Government had recently held a consultation to increase the maximum from £100 to £125. It was confirmed that the Welsh Government approved the new maximum, and it was noted that Cyngor Gwynedd would adjust the maximum amount individuals would pay for care to £125 to be on equal terms with other counties. It was further pointed out that this maximum was only in effect for domiciliary care as the deferred payments process was used for residential care.

The Department was asked to give specific consideration to charging individuals receiving care services for mental health conditions. The importance was emphasised of maintaining these services as a preventative method against future higher density needs that would be more costly. It was considered that research to ensure that all individuals received the benefits they deserved to help pay for care services would be very valuable. However, it was accepted the individuals would continue to receive the services if they did not have the means to fund them due to each individual's right to receive care.

Gratitude was expressed for the opportunity to give consideration to these changes before formal decisions were confirmed. The Department was asked to return with a further report when timely to allow further scrutiny of the policy.

RESOLVED

- 1. To agree to the principle of further research on amending the charging for care policy.**
- 2. A more detailed report was requested including exact fees to be charged and the proposed charging framework.**

The meeting started at 10.30am and ended at 13.20pm.

Chair