HIGHLAND HEALTH & SOCIAL CARE GOVERNANCE COMMITTEE
Report by Committee Chair

The Board is asked to:

- **Note** that the Highland Health & Social Care Governance Committee met on Wednesday 29 June 2022 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

Present:
Ann Clark, Board Non-Executive Director - In the Chair
Tim Allison, Director of Public Health (2pm until 3pm)
Louise Bussell, Chief Officer
Cllr, Christopher Birt, Highland Council from (until 2.30pm)
Cllr, Muriel Cockburn, Board Non-Executive Director
Cllr, Ron Gunn, Highland Council
Joanne McCoy, Board Non-Executive Director
Gerry O'Brien, Board Non-Executive Director
Julie Petch, Nurse Lead
Michael Simpson, Public/Patient Representative
Wendy Smith, Carer Representative
Michelle Stevenson, Public/Patient Representative
Simon Steer, Director of Adult Social Care
Ian Thomson, Area Clinical Forum Representative
Elaine Ward, Deputy Director of Finance
Neil Wright, Lead Doctor (GP)
Mhairi Wylie, Third Sector Representative

In Attendance:
Stephen Chase, Committee Administrator
James Bain, Transaction and Income Manager
Sarah Bowyer, Psychological Services
Rhiannon Boydell, Head of Service - Community Directorate
Lorraine Cowie, Head of Strategy
Fiona Duncan, ECO Health and Social Care & Chief Social Work Officer
Tara French, Head of Strategy for Health and Social Care
Gillian Grant, Interim Head of Commissioning
Arlene Johnstone, Head of Service, Health and Social Care
Tracy Ligema, Deputy Director of Operations
Fiona Malcolm, Head of Integration Adult Social Care, Highland Council
Jo McBain, Deputy Director for Allied Health Professionals
Jacquline Paterson, Contracts Officer
Nathan Ware, Governance and Assurance Coordinator

Apologies:
Pam Cremin, Cllr David Fraser, Philip Macrae, Boyd Robertson, and Mhairi Wylie.

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1 WELCOME AND DECLARATIONS OF INTEREST

The Chair opened the meeting at 1pm, welcomed the attendees and advised them that the meeting was being recorded and would be publicly available to view for 12 months on the NHSH website.

The meeting was quorate.

The Chair welcomed the new Highland Councillor representatives to the committee, and Muriel Cockburn as newly appointed Highland Council representative to the NHS Highland Board.

W Smith declared an interest as a member of the Carers Union and had decided to step out of the meeting during item 3.4 on the Carers Strategy.

2 FINANCE

2.1 Year to Date Financial Position 2022/2023 [PP.1-10]

E Ward noted that formal reporting for the financial year 2022-23 has not yet begun, and therefore the update would highlight how the 2021-22 position had been managed and the expected impact this would have on the new financial year.

- A one-year financial plan has been submitted to Scottish Government with the expectation that it will be revisited at the end of quarter 1.
- An initial budget gap of £42.3m was identified with a cost improvement program planned for £26m, which leaves an unidentified funding gap of £16.3m.
- At a national level, savings of £225m of savings had been identified with a gap of £230m
- At the time of submission, there had been an assumption that COVID costs would be fully funded by Scottish Government but it has now been confirmed that this will not be the case.Any COVID costs would have to be managed from the funding allocation received in quarter 4 of 2021-22. In terms of COVID cost relevant to the partnership, there are a number of areas where costs are anticipated to come through additional staff costs, infection protection, and control measures.
- The paper under item 3.5 addresses the impact of the introduction of non-charging for non-residential services.
- The biggest cost driver within the partnership is the social care providers sustainability payments which are in place in their current format until the end of June. From July the support available to providers will be reduced however there will still be a potential additional burden for the Board..
- The costs for the vaccination program and the responsibility for delivering are currently held centrally.
- Highland Council are managing on NHS Highland's behalf slippage from allocations in 21/22 of just under £16.4m. (shown in table 2), This will contribute to closing the adult social care funding gap for 22/23 and allow. 9.3 million to be built into the financial plan for 22/23
- Significant additional investment has been announced (see Appendix 1). Appendix 2 highlights investment plans.
- Overall the funding position is complex and uncertain.
- Recruitment challenges are likely to continue and will bring an impact. Given the national workforce shortages there is a requirement from Scottish Government to look at how the Board delivers services and whether there is the potential to deliver them differently.
- There are a number of known adult social care allocations which have yet to be confirmed for 2022-23 (see Appendix 3). These are allocations received last year which are expected to be recurring, but at this point in the year they remain unconfirmed.

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- There are risks for 2022-23 associated with recurring costs of permanent appointments made in relation to unconfirmed allocations as well as cost increases above the previously used inflation assumptions such as utility costs and fuel costs.
- There are indications that the Agenda for Change Pay award will be higher than the Scottish public sector pay policy, but it is not clear what the funding implications associated with this could be at present.
- Subsequent papers to the committee will provide an update on the budget against the actual position, as well as including ongoing detail of incoming allocations and the plans against these allocations.

During discussion, the following points were addressed,

- Appointments have been made on a permanent basis as part of mental health recovery funding, however confirmation of the level of funding has not yet been received making this a small risk. L Bussell explained that this was set against the risk that if an effort to recruit was not made then recruitment to these specialist positions was unlikely to happen at all, especially because the board is in competition for specialist appointments with the other Scottish health boards.
- The savings challenge for the partnership for 2022-23 is currently £6.36m, from an overall £26m gap, but if no brokerage is obtained from SG then the partnership may have to find additional money to contribute to closing the overall 16.3m gap. . Technical accounting measures are being looked as are ways to drive down COVID-related costs along with ways of attracting additional funding and energy efficiency measures, but the position remains a significant challenge.
- £14.1m of non-recurrent funding has been identified for investment and decisions will be made about this, once recurrent costs are known. This includes the 9.3 being held by the Council. Should it be possible to invest any of these funds in the services for which the money was allocated in 21/22, that investment can be made recurrently and will form part of the baseline for 23/24. This is likely to be dependent on recruitment which will likely mean slippage, hence funding being made available non recurrently.
- Regarding COVID funding, it was asked that if the £7.1m that has been carried forward from 2021-22 to 2022-23 was not enough would this be funded through the partnership. E Ward confirmedthis had not yet been discussed..
- S Steer commented that there was a high level of confidence of achieving the £3m ASC savings requirement. However inflationary pressures in the independent care home sector was unprecedented. This is a potential risk should the Board have to support care homes financially.
- The likelihood of long-term recurring costs for COVID was acknowledged and that this was in addition to the vaccination programme as a whole. Discussions are being had with Scottish Government about changes to policy decisions to address how these could mitigate the position.
- W Smith commented that the partnership's use of block contracts with private agencies had made it difficult for people to recruit Personal Assistants for their own care packages, and that the remobilisation of day centres would give more flexibility if pre 2018 arrangements were put in place, and a request was made that carers be involved in the discussions around these issues. L Bussell noted that ASC is still dealing with the effects of COVID and therefore safety was key in plans for ASC both locally and nationally which in addition to staff shortfall was a significant challenge. There is a recognition of a competitive situation in terms of recruitment across different care services. There are plans in progress to set up a programme board to explore the pressures on Care At Home and consider how the recruitment situation can be improved by attracting more people to work in the care sector. It was agreed that carers should be involved in any discussions about how to
- J McCoy asked if there was a timeline in place to address the unconfirmed but expected allocations referred to in appendix 3 of the paper. E Ward answered that that it is hoped

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there would be more information to provide after quarter 1 and updates will come to the committee.

The Chair concluded the discussion by noting the importance of investing the available funds wisely and in a way that would reduce demand and increase capacity on care services. It was agreed that an assurance report be brought to a future Committee on use of the funds available for investment.

After discussion, the Committee:	
• **AGREED** to accept **moderate** assurance from the report.	
• **NOTED** The progress on the delivery and planning of ASC savings.	
• **AGREED that an assurance report be brought to the Committee on plans for and outcomes from investment of additional recurring and non recurring funds.**	

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Assurance Report from Meeting held on 28 April 2022 [PP.11-21]

The draft Assurance Report from the meeting of the Committee held on 28 April 2022 was approved by the committee.

– The minutes would be corrected to show G O'Brien as in attendance, and year dates would be amended as appropriate.

The Chair noted that the Action Plan would be updated to reflect items which are now closed or where there have been further developments.

- L Bussell agreed to check closed items with S Chase for the next agenda planning meeting.
- The Chair noted, with reference to a future report on community planning and engagement a draft engagement framework will be coming to the Committee for consideration before going to the Board. This will be added to the workplan.
- Regarding development sessions, one has been agreed for 27 July on climate change and sustainability issues.
- S Steer noted the action to develop a Care Academy approach and offered to bring a paper to the committee that addresses the recruitment crisis and work with Scottish Care. S Steer will liaise with S Chase to establish a suitable committee date for a paper which may involve Scottish Care in the presentation.

The Committee	
– **Approved** the Assurance Report pending the amendments referred to, and – **Noted** the Action Plan.	

3.2 Matters Arising From Last Meeting

- N Wright noted that issues of equity of access in relation to the vaccination strategy were to have been discussed at the present meeting. This will be addressed at the next planning meeting.
- M Simpson expressed thanks to the CO for arranging a meeting outwith the committee in regard to the current situation and future plans for the North Coast redesign.
- M Simpson also noted with respect to the matter of travel warrants raised in AOCB that this was to have been included in the Finance Update or the CO's report. In answer, L Bussell noted that there is a temporary increase arrangement from the Scottish Government for NHS staff and the Board are also looking at how to provide effective support for its independent providers. E Ward noted that this item is currently under review and details will come to the next meeting.

The Chair requested that this be added to the Action Plan as a matter for the Finance Update or CO's report.

- The Chair asked if the mandate for the Fees Group (item 3.2) for decisions made outwith meetings of the committee was now agreed. L Bussell answered that discussions were being had with E Ward and others to determine the processes for the Fees Group. It was felt necessary to delay a final decision until the new Director of Finance is in post.

After discussion, the Committee:	
– Agreed that issues of equity of access in relation to the vaccination strategy will be discussed at the next planning meeting. – Agreed that further details about support with fuel costs will come to the next meeting and that this be added to the Action Plan as a matter for the Finance Update or CO's report. – Noted that the mandate for the Fees Group for decisions made outwith meetings of the committee remained under discussion.	

3.3 NHS Highland Strategy: Together We Care

L Cowie gave a presentation on the current stage of the NHS Highland Strategy and noted that the work has been developed through engagement with the population and workforce within Highland. The strategy will take the organisation through to 2027 and the slide presentation was offered to be shared with the committee.

- It has been developed against the backdrop of the pandemic and this has presented some delays to the work in order to give staff time to properly engage .
- There have been 1,700 responses and 45 engagement sessions. There have been a number of online questionnaires, and use of Facebook and radio to reach as wide a public as possible.
- Images in the documentation had been submitted either by NHS Highland staff or from existing archives.
- A Wordle was shown which emphasised the common themes which arose during engagement sessions, such as 'communities', 'reducing inequality', 'mental health', 'care and the community', 'compassionate' and 'locally available'.
- The quotes shown in the presentation had come from a wide group of people taking into account an inequalities perspective and a protected characteristics perspective to make sure that the people in these groups have a voice within the strategy.
- The mission and vision for the strategy had been drafted and featured three overall strategic objectives and 16 associated strategic ambitions. These are intended to cover the whole life course of the population and to deliver the best possible health and care outcomes within Highland's communities.
- Strategic ambition 1 concerns giving every child the opportunity to start well in life and support development and wellbeing before and during pregnancy
- Ambition 2, 'thrive well', has a focus on young people and building integrated early year services and resilient communities. This includes supporting children's mental health and learning development issues in conjunction with colleagues from Highland Council.
- Ambition 3, 'Stay well', has a focus on preventative health measures which include vaccines, screening and social prescribing.
- Ambition 4 is Anchor well and is about partnership working with communities. The embedding of community planning partnerships and coproduction has already commenced at Lochaber and Caithness, but the aim is to spread this community engagement work throughout Highland.
- Three ambitions relate to the NHS Highland workforce. These are based in part on the recently developed national workforce strategy but tailored to the needs of staff in Highland.

- The ambition ‘Care Well’ considers an integrated approach to care without boundaries with the aim of putting families and carers first.
- Mental Health was a theme frequently mentioned in feedback to the engagement team, wanting to place it on an equal footing with physical health and to reduce stigma.
- The ambition ‘Respond Well’ concerns efficiency of response and adopting a seven day approach.
- Providing person-centred acute care as close to home as possible is another ambition, as is supporting those with long term conditions and assisting self care and how an ageing population can better retain control of their own lives.
- The theme of ‘Age Well’ concerns our aging population, much of this ambition is roundabout frailty and falls, realistic medicine and how we support older people to take control of their own lives.
- The theme of ‘End Well’ concerns palliative and end of life care and giving support to families through bereavement care.
- The theme of ‘Value Well’ gives a focus to carers and volunteers, and the way in which the organisation works with third sector providers to better value their work in the community.
- Ambitions were also noted to embed financial balance, digital delivery, innovative thinking and practice contributing to delivery on climate change.
- A draft plan will be presented to the Board in July for consideration and an annual delivery plan is being formed.

L Bussell added that the strategy is a high-level plan with the aim of being an active and engaging piece of work at every level of the organisation but particularly for its engagement with communities.

During discussion, the following points and questions were raised,

- It was clarified for the attendees that Together We Care is the strategy for NHS Highland but that this involved joint working with partners at almost every level of the organisation. T French noted with regard to the development of a joint partnership strategy that a strategy working group has been established with multi-sector representation and this has mapped out previous engagement work onto the Together We Care strategy and the Highland Council strategy. The aim in this work is to avoid duplication of questions asked of participants.
- M Simpson asked how the work will be evaluated on an annual basis, over the course of the 5 years in order to identify trends and to measure how well ambitions are achieved.
- L Cowie noted that evaluation work is underway with key performance indicators for qualitative and quantitative data added to dashboards to measure the impact of the strategy on the population.
- J McCoy requested a breakdown of the level of engagement from staff, patients, carers and kind of the different groups that the strategy team have worked with.
- L Cowie offered to provide the information to S Chase for distribution.
- G O'Brien commented that all good strategies should be ambitious and challenging, and that this strategy work was starting to give a real context and a framework for discussions to happen to provide aims for delivery outcomes.
- N Wright asked how dashboards for strategy work will be monitored and how this information will feed into the work of frontline staff and communities.
- L Cowie answered that from intelligence perspective, the Integrated Performance and Quality Report (IPQR) is being redeveloped so that it aligns with each of the ambitions within the strategy and makes the dashboard reporting visible for all of the groups involved in the process. The Report is regularly discussed at the Board, within Committees and is being adapted for use by services and teams.
- L Bussell noted some of the key challenges and opportunities raised by the strategy for NHS Highland which include finding the time and the space to examine what it means for each of the districts of NHS Highland. Development sessions have been had with the senior team and this will move to incorporate conversations with each of the districts.

Care Homes, Care At Home, and Mental Health services are other key issues within Highland and there has been a lot of consultation within Mental Health services which relates to the processes for Community and Primary Care engagement.

The Chair thanked L Cowie and her team for her work on the strategy.

The Committee:

- **NOTED** the report, and agreed that information would be circulated to the committee on the groups who were contacted for engagement.

At this point in the meeting the Director of Public Health addressed item 5 of the CO's Report due to the need to leave the meeting early for another commitment.

3.7 CO Report (COVID & VTP update)

T Allison gave a short presentation which provided an overview of the current pandemic and the vaccinations programme.

- The lead time between the preparation of a report and its presentation was noted with regard to the fast moving circumstances of COVID, with details changing week on week.
- The present rate of infection was noted as one in twenty with a 5% infection rate in Scotland as a whole.
- Information on local infection rates is limited due to the lower levels of testing than was the case earlier in the pandemic. However, there is better information for hospitals and care homes due to regular testing requirements and both have seen a rise especially in cases among staff.
- It was noted that the new omicron variants, BA4 and BA5 were more infectious than previous variances.
- It is though the current wave may last a few weeks before another low and then another peak later in the year.
- It was noted that the current situation is less a case of 'living with COVID' than adapting to circumstances because it still presents a serious danger especially among vulnerable groups, however it was thought unlikely that there would be a return to previous government-enforced restrictions.
- Vaccination rates for the over 75s had been approaching 90% coverage and it was felt there was a need to continue to push on to ensure the population are protected as best can be against both COVID and flu, with an especial flu risk noted for later in the year.

In discussion, the committee raised the following points:

- T Allison noted that it was important to apologise on behalf of the Board for things that had gone wrong with vaccine programmes in the past, especially in terms of communications. Lessons have been learned however it could not be guaranteed that problems would not arise in the future due to the split between a national communication system and a local, Board-led delivery. However, it was thought that there was now broadly-speaking more confidence in terms of local delivery.
- It is currently envisioned that the flu vaccine will be delivered at the same time as a COVID booster.
- It was noted that people can be infected with COVID a second time and this is especially the case with the development of new variants. Precise numbers are not possible due to far lower numbers of PCR tests.

- At the time of meeting there had been no final decision from Scottish Government about the Autumn COVID vaccination programme. Interim advice from the Joint Committee for Vaccination and Immunisation was that the following groups would be offered vaccination:

    - residents in a care home for older adults and staff working in care homes for older adults
    - frontline health and social care workers
    - all those 65 years of age and over
    - adults aged 16 to 64 years in a clinical risk group.

The Committee:

- **NOTED** the update and agreed that an item on the Committee's responsibilities regarding the Vaccination strategy and assurance on matters including equity of access would be included in the Workplan.

3.4 Carers Strategy Update [PP.22-44]

I Thomson gave a brief overview of the report which was produced with the aim of showing workings to explain what activity had been undertaken and the uses the funding for the Carers Program had been put to.

- Feedback was requested from the committee to help give some steer on the future direction of travel.
- An implementation plan had been developed from the current Carer Strategy. This has mostly been reactive in an effort to respond to pressing needs.
- It was felt that the short break scheme had been a successful use of the available extra monies and feedback from carers had been positive.
- The team have recently participated in a voluntary carers inspection by HIS. Results are awaited and these will feed into any improvement plans.
- Attention was drawn to the development of the Carers Union which has been viewed positively as a grassroots Highland development which the team are keen to support to help give a better voice for carers. It is hoped that in time a proposal for support will be received from the Carers Union.
- It is felt that support should be given to allow people to have flexibility and have resources at their own disposal to be able to devise good personalized solutions to meet their own needs.

In discussion the following matters were addressed,

- J McCoy noted that there was not much information in the report on inclusion with regard to those who may not, for whatever reason, access digital resources, and asked if there were plans to address this. I Thomson noted that a lot of information is presented in leaflet form but that he would come back with information after discussing this further with members of his team.
  It was asked if there was resource within existing budgets and capacity to support the development of the Carers Union. I Thomson commented that it was not the aim of the team to dictate the ways in which the Carers Union would be supported but that he would be keen to receive a proposal and see what could be done to support it and maintain its independence. The Chair added that the Carers Union had arisen from carers themselves. I Thomson commented that the Carers Improvement Group had not had much success with engaging carers and that the voices of providers had been more dominant, therefore the Carers Union was an encouraging development.
- L Bussell noted that the care inspection I Thomson had referred to had been voluntarily undertaken by NHS Highland in order to get a better view of what areas of support had

been working and what could be improved, and for this to feed into both the larger strategy work but also consider issues of local delivery.

- The Chair suggested there may be some useful feedback from the work on Together We Care that could feed into the Carers Strategy.
- The importance of carers needs through the co-design of support was noted with regard to the shaping of budgeting.
- The importance of acknowledging the work of young carers was raised. This area is largely under the remit of the Highland Council and its Children's Services but the NHS Highland workforce needs to be alert to identifying issues when they are noticed and appropriately referred.

The Committee:

- **NOTED** the update
- **AGREED**
- 1. That the proposed carers' programme budget at Table 1 is deployed in its present form until
- work on the development of a new Carers Strategy is complete.
- 2. That work to develop a new Highland Carers Strategy (2023-26) incorporates the need to
- provide direction on the use of the resource available in the carers programme budget.
- 3. That work to develop a new Highland Carers Strategy (2023-26) incorporates the need to
- recommend/effect new arrangements to input the perspectives of carers into NHSH's
- governance arrangements.
- 4. That the CIG is discontinued and that the perspectives and needs of carers are incorporated
- as part of the strategy development process; and those of service providers are consolidated
- within existing network meeting arrangements.
- 5. That the Implementation Plan continues to structure current activity in this field; and is
- updated by our Carers Services Development Officer on a regular basis.
- 6. That officers seek to ensure they find an appropriate route to catalyse (support and fund) an independent Carers Union in Highland.

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3.5 Commissioned Care At Home Services Report [PP.45-54]

G Grant gave a brief overview of the report and noted critical issues such as staffing availability and retention with 106 care at home vacancies at present which is in addition to over 180 vacancies in care homes.

A number of factors were given explaining the reasons for these pressures which included,

- High rates of absence due to sickness
- The difficulties of remaining punctual for visits over a wide geographical reach
- Increasing fuel costs

The report also sought to address service user experience in order to mitigate problems and improve dialogue in order to create agreed key objectives and attain a stable, resilient and assured provision.

During discussion, the following points were raised,

- It was asked if practical measures such as changing start times to allow greater staff flexibility had made any impact on delivery of services. Examples were given by M Stevenson of poor staff experience of working conditions and low pay..
  -It was answered that a number of initiatives are under consideration, including changes to contractually required start and finish times to allow staff more flexibility in their work, and proactive engagement with families and neighbours in a wider package of support, and always with an eye to avoiding additional burden where it is not sustainable.
  -G Grant expressed concern at the examples of poor staff experience and invited M Stevenson to contact her separately as the team is keen to reduce any barriers to staff who would like to work in the sector. Pay levels are set by Scottish Government at a minimum level of £10.50 an hour and this is an acknowledged challenge for recruitment and retention. Work is underway to consider what additional payments can be made to support staff such as to address increased fuel costs.

S Steer gave assurances that the team are doing everything to address the current system pressures on staff and patients and noted that NHS Highland was the first board in Scotland to apply a minimum rate of £10.50 an hour and that this is similar to supermarket minimum rates. He also noted that the independent sector of care providers is a symbiotic relationship and that workforce planning needs to reflect this, for example in acknowledging a net loss in the care staff pool if NHS staff are recruited from partner providers. S Steer referred to the difficulties in changes to shift patterns where there is a tension between finding flexibility for the available staff and patient needs, through addressing difficult issues such as block contracts and considering salaries as opposed to hourly rates.

- M Stevenson raised concerns about a lack of training for supervisors especially when helping new employees. S Steer answered that all providers should have training in place and that they are inspected by the regulator against this, however the past two years of the pandemic have affected the ability to train staff and increase skills and therefore skills may have deteriorated during this period of isolation and indicates that more effort is needed to engage with in house and care providers and give greater levels of support especially considering the levels of exhaustion and burn out that have been experienced.
- W Smith questioned S Steer's statement that everything was being done to support unpaid carers and that not enough was being done to find out what carers need and address remobilisation of day centres. S Steer clarified that his point was about supporting independent care at home services rather than unpaid carers and that he is keen to have conversation about how best to provide support after a tough 2½ years. The Chair noted that there would be an opportunity to discuss day services at the August meeting.
- The Chair asked for clarification of the ask of moderate assurance from the paper. G Grant responded that work is underway to address the issues and that plans for further actions would be brought back to the committee. The Chair suggested that a substantive report come to the committee in 6 months. S Steer offered an interim update and it was decided that discussion would be had outwith the meeting with L Bussell to consider updates for the CO Report.

The Chair expressed an interest that an update should give some picture from available data of common themes across independent care providers, NHS Highland staff and the services of personal assistants, and whether or not there are any significant disparities across the geography of Highland in terms of care at home provision such as waiting times.

After discussion, the Committee:	
– **Agreed** to accept the recommendations in the report and to take **moderate** assurance.	

3.6 Adult Social Care Fees Group Report **[PP.55-60]**

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James Bain gave an overview of the report which noted that charging for services such as support work, housing support and daycare had been impacted during the pandemic namely had been affected since April 2020 that charging processes work quickly aligned.

- All charging for non-residential chargeable services has resumed with the exception of supplier relief for items such as additional PPE.
- Scottish Government are expected to give their commitment to the ending of charging for non-residential services.
- Legislative and national guidance is highlighted in the appendices to the paper linked to care costs. The average 12 month consumer price index is currently very high with the real rate of inflation much higher for lower income households.
- With reference to the mention of Telecare during the meeting, this is a financially accessible service and the charge is only paid by those who are able to pay. There are currently over 2,800 people in receipt of a Telecare service, be that a basic or enhanced service. This has grown significantly over the last few years with the current charge at £635 per person per week, which is not subject to a financial assessment.
  There is a lot of work ongoing in the switch from analogue to digital which will require supporting a number of elderly people and others through that particular change process,
- Regarding recipients of support work and housing support the pandemic and current financial situation has impacted many in this area and a standstill position for non-residential charging is recommended.

During discussion, the following questions and points were raised,

- M Stevenson asked about the effects of the digital switchover particularly with respect to patients with no access to broadband and limited engagement with technology, and to seek assurance about issues if there was to be a power outage that call alarms would still function. L Bussell agreed to provide an update outwith the meeting on work to ensure no detriment from the switchover.
- M Simpson asked if the standstill or uplift figures would be viable or sustainable over the next 12 months give rising costs and inflation. J Bain answered that one of the reasons for a standstill position was to consider the unknowns of the current cost pressures, and that the terms of the uplift was in relation to discussion around the National Care home contract increase.

In summarising, the Chair drew attention to the recommendations of note, which were points 2, 3 and 4 in the paper.

After discussion, the Committee:	
NOTED: -the current data gathering exercise, the significant current and emerging inflationary cost pressures affecting many families and individuals, and the SG commitment to end non-residential charging, - the charging report has been considered at meetings of the Adult Social Care Leadership Team, the ASC Fees, Commissioning, Briefing and Instruction Group, and the Joint Officer Group on 17 May 2002 **AGREED:** - a standstill charging position for all existing non-residential charges for 2022-23, noting that a short life working group is assessing day care charging as endorsed by the ASC Fees, Commissioning, Briefing and Instruction Group, -that for privately funded residents in NHS owned care homes, the maximum percentage uplift of 5.58% is applied from 1 August 2022 which equates to £1,054 per person per week,	

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- that for maximum weekly respite charges that the organisation apply a maximum weekly charge of £506.65 per person per week subject to existing charging rules, effective from 1 August 2022,	

3.7 Chief Officer Assurance Report [PP.61-64]

In introducing the report the CO commented that it was a relatively short update in order to focus on key issues. Additionally, there has not been an update on the North Coast redesign because dialogue has been ongoing outwith the meeting.

L Bussell noted the vulnerabilities that have been recently experienced around care homes where significant challenges have been faced. Highland is not unique in this regard, but it does have a lot of private providers with small care homes which are becoming very challenging to run.

- In discussion, M Stevenson asked with reference to the Community Risk Register about delays to the maintenance backlog and fire compliance work proposed for the Ross Memorial Hospital. Assurance was sought that the nine patients have been moved to suitable accommodation and that the nine beds will be fully restored once work is completed.
- In answer, L Bussell gave assurance that patients will not be moved from the hospital but moved to another part of the building. There will be very limited disruption to patients and staff and the expectation is for a return to the same level of bed capacity prior to the work. She also noted that the fire compliance work is not a current risk but futureproofing work for the hospital. Liaison with Estates and the contractors is underway to determine the timescale.

After discussion, the Committee:	
• **NOTED** the report.	

4 HEALTH IMPROVEMENT

There were no matters discussed in relation to this Item.

5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Committee Annual Work Plan [PP.65-68]

The Chair noted that the workplan would be reviewed at the next agenda planning meeting in light of the fragility of the current situation, and would be presented for consideration at the next meeting.

The Committee APPROVED the Work Plan.	

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None.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 31st August 2022** at **1pm** on a virtual basis.

The Meeting closed at 4.12 pm

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