

LANCASHIRE COUNTYWIDE RESIDENTIAL, DOMICILIARY AND NURSING CARE PROVIDER FORUM WEBINAR

15th September 2022 2pm-4pm

Chair: Katie Barns

Note taker: Emily Ann Harrison

Item	Notes and Actions
<p>1. Welcome and Introductions</p>	<p>KB instructed all to put in chat- names and providers. KB discussed there has been changes to the provider forums which means this is now the care home and nursing home provider forum. Domiciliary care has been separated.</p>
<p>2. LCC Updates</p>	<p>Denis Greenwood– Care Navigation / Residential Finding Team N/A- DG gave apologies Sumaiya giving update and taking questions on behalf of Denis.</p> <p>Now running sector specific forums, which Mike mentioned in previous forums. The first of the care home specific forums:</p> <ul style="list-style-type: none"> - Residential and nursing. - One for Home Care providers pending - One for Disabilities pending. <p>Mike confirmed- there is a learning disabilities forum on the horizon as somebody has come forward to chair this.</p> <p>Care navigation update- brief messages</p> <ul style="list-style-type: none"> - Sumaiya thanked group on DG behalf for continued support in allowing to stick to agreed admission dates and discharge timeframes. - Sumaiya asked group to please continue to support with early admission dates where possible. - Sumaiya asked group to keep capacity tracker up to date bearing in mind with one eye on the future there is mandatory data completion within NECS capacity tracker. Everyone should be receiving updates from the capacity tracker when that compliance window opens and closes. As a local authority we rely on NECS for that vacancy information.

-Re. the upcoming bank holiday Monday 19th September we are working.
The approach from our internal colleagues will be respectful, keeping calls to emergencies only and any pre-planned admissions. Emailing communication will continue as normal.

-Katie raised a query from a supplier- sometimes when an SU comes into your service, and you are caring for that individual and agreed a costing. Providers are finding it hard to change that costing if it isn't correct. Katie has been informed the new portal is running well however there is an adjustment you can do on there to change it but if they don't have a social worker that can be challenging.

Q- Who does this sit with... finance, social work team, Care Nav?

A- Sumaiya advised- that should be raised via the care data team on the portal and should be easier to do now. Sumaiya explained the next step is who picks this up and if the costing has been recorded the care data staff who pick up from the portal as long as it's evidenced on the adult social care system, they should be able to make those changes pretty quickly. If the error isn't obvious or not recording, it's a case of trying to get to the bottom of it.

- SS to attach guidance notes for this.

-Kylie Home Care manager of Windmill Log raised they don't not have access to portal as they are closed. Kylie asked if can be sent the portal separately.

-Sumaiya answered- anyone can access their [provider pages](#). Everything i.e., notes from these forums, useful communications etc. are put on the portal. The portal Sumaiya and Katie are referring to is their finance system which can be accessed once a provider has a contract with LCC and start accepting placements.

Sumaiya and Katie asked group if more training for the portal is required. Group to let them know either separately or on the chat.

Sumaiya showed group provider portal briefing recording to look back on.

Mike Alsop– Fair Cost of Care Exercise update

Policy information commissioning senior manager from the Age Well team.

MA gave recap of the government's guidance for local authorities in UK & Wales around market sustainability and fair cost of care (FCOC) fund. It required them to carry out a FCOC exercise which providers will take part in. Data collection must then be submitted by 14th October to the department of Health & Social Care. The other part of this is to prepare a market sustainability plan which also needs at least an interim plan submitting the same date.

-Lancashire secured the services of an organisation called Commercial Gov. They have done a lot of costing type exercises before within Social Care. This organisation had worked with some trailblazers also and working with several other local authorities.

-A plus to using this organisation is it is an opportunity to do it through a third party, meaning it is them asking for the data and not Mikes team.

Mike thanked group for taking part in the cost data exercise. Received 25% of the whole market in Residential and Social Care. Mikes team are now preparing this data with large amount of it to go through.

-Appendix A will be submitted on 14th October which is a form laid out with the department of Health & Social Care which are the results of our FCOC exercise.

The grant of funding going to each local authority to meet the FCOC result has been determined yet for next year. Given government changes which could result in a change of tactic all is unsure what the end result will be. Decisioning from the government will be made after 14th October once all results have been submitted. Decisions will be made public early next year.

-Mikes team are currently drafting the Market Sustainability Plan with regards to the FCOC results. Plan includes risks within the market around services in scope i.e. residential, over 65's and over 18's home care. Plan includes reporting back to the DHSC on how we intend to reach the FCOC and how it is intending it will be worked towards.

-Final submission of the Market Sustainability Plan is due in February 2023.

Questions:

-Generic question from forum re. how much will they be granted in April.
-Mike hopes to be able to go through that soon est. November time.

-Sumaiya mentioned she still has insurance premiums issues coming her way and asked Mike to continue to highlight this area as it is still a problem.

-Katie mentioned staffing- biggest challenge for everyone. Katie reiterated the cost of agencies and asked why we aren't regulating them yet?

They charge £50 per hour and keeping the staff to themselves and not giving them to a care home is outrageous. Why aren't we tapping into that market? Is there any underlying work happening around this? We can't get the care staff anymore as they are going straight to agencies due to higher salary and agencies are pocking every penny just like the energy companies.

-Karen fully agrees with the above statement from Katie and has directly raised this with their CQC lead. Karen mentioned its also not just the cost but the fact that providers are fully responsible for making sure that they have their profiles, provided training, all accountability lies with the providers not at all with the agency.

-Full agreement in the need to start a network in pushing through to be listened to by the CQC as it needs regulating.

-Katie explained they normally get told what grant they have in February and thanked Mike for letting providers know prematurely. However, explained there are much bigger issues like as per above.

-Karen responded- Mikes team have the opportunity now that meeting monthly with CQC. Ideal chance to start raising these issues from the providers.

- Mike responded in agreement and reassured group he will mention the issues raised and through their Northwest ADAS link as well. Mike discussed the point they made to the department of Health & Social Care that the FCOC isn't an actual FCOC it's an exercise and it doesn't cover wanting to protect the work force and grow them as to do this you have to pay them appropriately and all it was giving you is the chance to say how much you as a provider pay them now.
- Mike read we are at the lowest employment level in 40 years.
- Katie mentioned people are doing a lot of the sponsorship to recruitment which is the last resort now which will have a major knock-on effect on the English as they disseminate down and we won't have enough information shared effectively, resulting in the lack of quality data.
- Sumaiya introduced Liz Williams Sumaiya's go to for all things staff and ICS. SS and Liz has discussed agencies before and have tried to set up a forum solely for agencies. This would help us control the flow of information, in terms of what is accepted, their safeguarding responsibilities etc. so that it would support the wider care market. This idea wasn't successful as no one has a list of all agencies because they are not regulated. This could be relooked at.
- Sumaiya mentioned Lisa Slack (HOS- QCSA) does meet with the CQC regularly.
- KB raised- as long as providers know that it is being looked at. KB went on to explain the pain of managers (as per the chat) "The mental health of someone managers I come across on a daily basis is more catastrophic than any fair market position".
- KB raised there are providers that would be advocates this idea and it might be aside of LCC that the providers get together for support network and decide where they need support.

Sumaiya raised in addition to this- Skills for care are looking for a provider to come forward to chair their registered manager forums in the central area.

- SS asked if anyone wanted to offer their services for this. They can't run them until they have a chair.
- If you are interested in doing this- get in touch with Sumaiya who will link with Matt at Skills for Care.
- Other areas are already covered it is just central Lancashire still pending a chair for those forums.

Good work was done on this (use of agency staff) years ago by [the Adults Safeguarding board](#).

- Sumaiya confirmed this is still used and shared.

Mike suggested inviting KB into next meeting with CQC to talk about this particular subject on behalf of this forum.

- KB and SS agreed on this.
- SS advised group to email her anything re. the above area and she will share it with Mike.

Sumaiya Sufi– Contract Management and Quality Improvement

Sumaiya reflected on a previous forum where Liz Williams came and spoke about the upcoming changes to the Integrated Care Systems (ICS) and the CCG's.

- Changes have now happened, and the term (ICB) Integrated Care Board being used and quite consistently now if you're working for the NHS. This is as the CCG's have merged into one care board.
- SS shared her screen and showed forum their website.
- SS went through the website and explained changes in more detail.
Explaining they have decided this work will be done on local footprint area (Lancashire)
- Each local authority area has their own director of Health & Care Integration which have been appointed.
- Louise Taylor has been appointed for Lancashire's.
- Louise will continue to be the Director of Adult Social Care for LCC however Lancashire is looking to recruit a deputy director for more day-to-day work.
- Sumaiya exhibited on screen the directors appointed for the other areas.
- Sumaiya will share link of press release in the notes for group to refer back to.
- Advert has gone out to recruit a Director of Integrated Strategic Commissioning- looking to appoint by October.
- This director will have the responsibility for the following with immediate effect:
 - current commissioning function
 - Contract Management team
 - Care Navigation team
 - Quality Assurance

- SS explained to group hers and her team's signature will change slightly due to the above for clarification for forum.
- No operational changes.

Katie raised the request of having a list of who's who.

Sumaiya confirmed she got one from Gill Palmer (Louise Taylor's PA) however it was out of date. SS agreed she will get an up to date one from Gill and upload it with the notes.

Other LCC updates

Sumaiya thanked those for joining the workshops held back in August about our introduction of the new older people residential and nursing contract. A survey ran afterwards which closed on 5th September however the survey is still open to submit organisation details.

- Sumaiya advised all providers to submit their details as they need their most up to date information when assigning them a contract.
- The Northwest has been recognised as the highest performing on the capacity tracker in terms of regular updates and meetings. This information is so important for such as policy direction and so on.

	<ul style="list-style-type: none"> -SS thanked forum for this and a continued ask them to keep it up. -Would be most helpful to update tracker daily however if not possible at least a couple times a week. <p>Learning:</p> <ul style="list-style-type: none"> -SS talked about a care home closure on the Fylde coast and as a result of some financial troubles the home were facing. There were debates and discussions around the point of notification of the closure and notice periods. The care home organisation insisted they had to close within a certain timescale which was a breach of contract but also unsafe in order to move people within those timescales. -SS stated knowledge that providers may find themselves in financial difficult situations however asked providers to let them know with as much notice as possible so Sumaiya's team can support the provider, residents and their families involved to enable a safe move to other places of care. -KB raised that some providers may not have that immediate contact/ relationship with the team or feel unconfident in knowing who to call- who do they call? -SS responded with herself or the Contract Monitoring team. All group have Sumaiya's email address, contract monitoring duty mailbox. If you know who your CMO is contact them. -SS gave an example of a provider calling her that she hadn't spoken to previously with this area of difficulty. It wasn't a formal notice it was just an update for Sumaiya of where that care home was up to and information of what routes they were going to try. They worked together with Sumaiya and the outcome was safe and secure. -KB raised the flip side to that is from a sector specific scenario is how people in the community perceive that don't understand care homes. The natural consensus out there is that people think poorly of care industry. On top of that a care home closure happens and no one is supported.
<p>3. Andrew Beechener and Steve Tingle (Republic of Things Home Page- Republic of things) Re. passive sensors</p>	<p>Andrew thanked and introduced their service Manchester based company working in the field of assisted technology. Working across Lancashire at the moment in the following areas: discharge from hospital, independent living, winter pressures and specific issues i.e. fuel poverty.</p> <p>A project is being undertaken with Halton Council in regard to one of their care homes and want to use this forum as an opportunity to raise the profile of what the technology might be able to do but also to get your feedback to help shape our development as we move forward with this project and any kind of responses would be welcome.</p> <p>Halton Council have an issue with an 80 bedroom care home that they currently run which is specifically for residents with advance cases of Dementia. The problem is around the building fabric as the building becomes overly hot in the summer and incredibly cold in the winter. Consequence to this is the council are having to spend a considerable amount of money to try to manage conditions within the building. That manifests itself as large industrial air conditioning units that are hired on a weekly basis to regulate the temperature during the summer</p>

and given the current high energy prices its huge expense the council is having to go to.

The building itself as got to a point where there is going to be a significant investment to raise the standard of the building for a series of works that are going to last for in excess of a year.

What they're really looking/ struggling to do is to quantify how the environment within the building will improve as a consequence of that investment.

Currently the only way of knowing at the moment is i.e. feedback from staff and measuring the temperature across the building on a daily basis.

Another drive for this investment- during Covid the council were concerned re. the air quality in the building.

- Some environmental factors outside of your control.

Issues such as ventilation can be managed and that can have serious beneficial effect on improving the air quality within the building.

Overall challenge for the council:

- Failing building, that is not suitable to meet the needs of the occupants.

How can they ensure the improves they are going to make have the desired affect?

How can they implement a regime that helps them to understand the needs of the occupants in a far better way than they are able to do currently?

- This is where Andrew/ Steve's team come in.

They have worked with Halton Council previously again around independent living, but they asked us to deploy our IOT solution to their property to extract Metrix around the building's performance.

To do this they-

- Deploy a sensor (Steve showed on screen) very easy to install and it stores data from the room it is in.

- Metrix measured are: Temperature, relative humidity and movement i.e. how the staff move around the building and occupancy levels.

The aim is to provide the council with an ongoing reference and continuous monitoring within the environment of that home in order for the council to be more proactive.

The data from the sensors is updated every 4 hours and the sensor itself has a battery life of in excess of three years.

Reason for speaking at today forum was to see if there is a market for their services. If anyone would be interested in what they have to offer.

Questions:

Have Andrew's team developed the technology themselves?

- Andrew answered- Yes, the technology was developed as part of a large innovate UK project that they undertook working with Manchester City Council, specifically around independent living.

Steve raised- The cost of this. The reason he is interested in this compared to other assisted technology is because it is very cheap. Two sensors for one person for three years costs £158= £1.09 a week meaning could cover a 30-bedroom care home for around £1K a year. It is very cost affective.

This could help providers manage the care home more effectively in terms of energy costs.
Andrew & Steve raised- Would like to coproduct this with people so if anyone is interested on this forum, raise their enquiry with them.
The product is called (SMILEY) Smart Enhanced Independent Living?
Company is called Republic of Things.
Haven't got a name for the care home ones yet.

Andrew & Steve to leave contact details in chat for group.

Another project they are currently running with Lancashire County Council is in home care and what they're looking to do is see if they can safely replace some of the human visits with technology.

Steve raised- there is not enough care bodies so have to think differently re. technology especially in people's homes. Can't emphasise it enough particularly for care homes that are in financial difficult times. The cost of this compared to other things is much more manageable.

- Average tele care package living in own home would be anything from £15-£30 per month.

- SMILEY is around £1.09 per week.

Sumaiya raised re. cost- she appreciates this is an innovative solution. Is there any funding for a provider to trail this?

Steve answered- he is aware of similar funding for technology for people with learning disabilities and supported living. They may be something around this they can access, will investigate it. However, for the first year for an average of 80-bedroom care home should be around £1K to £1,500 a year which the home may need to find.

Katie raised- The £1.09 per week suggested is that per unit sensor?

Andrew answered- that cost is based on two sensors in a someone's homes. Effectively a single room would only require one sensor.

We would come into the building to do a survey, it may be your common areas that vary possible extra sensors needed due to size and what extend you wish to monitor those areas.

Sumaiya asked- how they retrieve this data, is it stored on a cloud system etc.?

Andrew responded- you access it on a dashboard via the web. Can also within the system itself they can develop algorithms, so when certain conditions are met within an area in a property a notification/ alert can be generated. In those instances, they are looking for are i.e. extreme hot/cold temperatures, high levels of humidity which would indicate poor ventilation and airflow areas and other problems may arise i.e. damp/ mould.

Andrew added- can export the data to providers in its entirety, in the form of excel which can be turned into reports and more.

Katie asked about the movement and how it is captured.

Andrew confirmed- they provide them with average number of movements per hour. You will get a view of the amount of activity that is occurring within the space.

Katie asked re. care side in terms of technology- with movement being monitored from individuals, is that a DOLLS?

- Group unsure of this

	<p>Katie expressed it is not a negative she is just covering all bases from a management point of view. Katie suggested it would need to be added to their DOLLS.</p> <p>Steve confirmed- yes this may be the case. Wanting to work with the care home that is interested and to design it as best fit for care home.</p> <p>Katie & Steve discussed- where some care home lack capacity meaning someone in care is being monitored in 24hr period it would just need to be added to the DOLLS and be approved under court protection potentially.</p> <p>Ryan Godwin- He has been involved in a presidential landlord's association for 30 years and the one problem they have in the community as housing provider all through the land is condensation which causes black mould and dampness problems within a building and actually this is what's causing the problem instead of this vague idea someone is drying clothes in an area. This goes for sheltered accommodation, supported living, extra care and so on. Steve agrees this is great idea for being able to give people the information of the problem which at the moment they can't understand. It will help living conditions, as people now more than ever will turn heating down and close windows creating humidity levels to shoot up and personal health taking a huge hit. The best time for this is now.</p> <p>Ryan invited Andrew & Steve to their meetings with tenants and landlords. Andrew & Steve put their numbers and email addresses in chat. Andrew answered Jane's question in chat.</p>
<p>4. Ann Louise Stephens– Urgent and Emergency Care Service Provision</p>	<p>N/A- Ann Louise gave apologies</p> <p>Hopefully can join us next/ another time.</p>
<p>5. Adam Purnell/ Liz Williams– Institute of Health and Social Care Management Membership</p>	<p>Liz introduced and updated group.</p> <p>Something they have paid for within the Lancashire South Cumbria the health and care partnership/ the ICB. In response to a lot of feedback from social workers re. the need for leadership development and peer ship networking, getting together as a group more. They have teamed up with the Institute of Health and Social Care Management with Adam Purnell.</p> <p>Paid full memberships for all social care providers across Lancashire and South Cumbria including managers, deputy managers and senior leaders to join the Institute of Health and Social Care Management. Giving access to courses with are CPD accredited, lots of special interest groups and lots of initiatives that the IHSCM group have developed.</p> <p>Adam updated group with everything IHSCM have to offer.</p> <p>Adam is from Lancashire and was a home care and residential care manager in the area as well. IHSCM exists solely just to help people's leadership and management skills. It is a membership-based organisation but like Liz said they</p>

have partnered so you don't need to pay yours as it is paid for you now. You are free to access the benefits of the membership.

The idea behind this is due to the cost-of-living crisis we are in this year- why should development and progression be behind that P wall and if we could remove that P wall and provide everyone with the skills and attributes that will benefit them, it's surely a good thing.

Liz & the ICB have arranged for this and it's great to be able to offer this out.

Adam raised- they are the professional institute for Health and Social care leaders, one of the oldest institutes in the country around since 1902.

When you join the institute, you are joining that professional institute.

The institute is ingrained on peer support/ people learning from each other.

Benefits from this institute:

- You get post nominals MIHSCM- put the letters after your name.
- All provide the contents and learnings
- Members create workshops for us
- Guest blogs- people can really be apart of to share the information
- Short courses/ master classes/ long courses
- Power hours
- Daily meetings
- Conferences/ festivals to attend

Idea behind it is to try to professionalise it and bring some sort of respect to the social care workforce.

Two years ago, social care was recognised by the company who decided this would become part of their programme.

We are all about content and learning, peer support and providers having a voice. To help inform the local authorities, ICB and so on.

Adam had a very positive meeting with Louise Taylor, who is keen for us to organise an independent care provider voice in Lancashire.

Adam and IHSCM team will help set that up and organise this so that on the ICB and forum meetings there is an independent voice going on the contractual and commissioning side of things.

Adam discussed what he means by platform of voice.

All about creating solutions that get taken on board at top level i.e. current Prime Minister and Health and Social Care secretary level.

They create reports and consultations:

- Previously did a people plan for Health and Social Care which looks at what needs to change in Social Care for it become a better place to work and live. This was well received and launched in the House of Lords.
- Undertook work with the leadership academy to engrain Health and Social Care within the leadership academy and to provide further leadership opportunities.
- Currently coming to end of the current consultation for the second white paper of the people plan.
- Launched a consultation to create a social care register for care providers so that would be for individual care assistants, care workers, PA's going onto a register to professionalise them in a way that the nursing register

does itself. (Voluntary proposal at this moment in time but it has gained momentum) working with NACAS and other significant stakeholders to.

Course wise- not here to fill the skills for care gap or safeguarding moving or handling. Here to provide the leadership angle on things.

Practical courses that will be launched end of 2022/ beg 2023 will relate to:

- How to pass your CQC registered management interview
- Preparing to go digital
- Instruction to online marketing:
 1. How can you market your businesses better?
 2. How can you get more people through the door?
 3. How can you get more staff through the door?
- Conducting appraisals
- CQC & HR compliance

Attendees are given practical activities to complete i.e. audits, you don't just sit and listen you are very much involved. Practical things you can take away to your organisation to do and improve on there and then.

Secondly there are social care renovator groups which people are more than welcome to join and talk about, people plan, positive image. They do a lot around improving the image of social care. They have a number of campaigns currently running to raise awareness and recognition to people working in social care, trying to join up with the NHS. Wanting the social care workforce to join up with the NHS and to be recognised just as much and to work with them. In the case of another pandemic, it wouldn't just be rainbows going up in windows we want to be celebrating our social care Conrad's and workforce.

Adam is going to set up a meeting just for Lancashire.

All areas will get their own area meetings.

These meetings are a chance to hear from group what would benefit you, your time and money. Money is tight at the moment and time is precious so the questions is what can we provide you with as a professional institute Health and Social Care leaders that will actually take some burden off you?

Goes for the council to- what can we provide you as the institute as a partnership that again releases some burdens and brings some joy back to what we do.

It's easy to join- you just need to put a code in which is 100% free for all providers at no cost. All training courses and everything listed above is all included in the membership.

Adam is not here to sell this programme as it is free to all providers, he is here to help with experience in this field himself.

Here to create a brighter future in Health and Social Care.

Questions:

Katie- Can you help us with the agency issues we have?

Adam answered- We are hoping that the care register that we're proposing will eliminate some of these tasks.

- It will have HR and CQC input.
- Applicants will have verified and validated references.
- DBS's will be there on the update service.
- Previous job experiences.
- Training passports and transferable qualifications.

As a recruiter it takes away all the hard tasks and should be able to recruit in a matter of days not weeks.

It will allow us to introduce job day trials- as from evidence we have received on feedback shows a lot of people exit social care after their first job due to joining somewhere, not liking it and leaving it thinking the job isn't for them.

Concerns- could allow people to jump ship and go for different jobs.

Counter argument- would the council want people working for the organisation that isn't benefitting it, not wanting to be there phoning in sick and not being a valued member.

Adam's team- trying to alleviate some of that work and being reliant on agency through that. The actual tackling the demand for agency and bank is a longer one which comes into our people plan. Looking into care benefits, employee benefits, how can we create a discount card specially for social care? We have blue light card but it can be temperamental.

This gives chance for a better service from people thriving in their job and wanting to be there. It is all about getting people to want to work in the social care industry.

Adam raised- Funding:

- If we can get social care staff in care homes etc on same money or more than agency we can start solving the problem. We need to figure out how to go about sourcing the funding.

Regulatory side of programme:

- As part of this year's people plan- we are looking at policies, regulate ons and guidance.

Adam is hosting a panel called CQC- What's the point? at the Care Show in Burnley in October.

They are having these tough questions around what is regulated, what is unregulated.

PA's are becoming a strong workforce in social care.

Adam believes they are going to be a part of the system moving forwards but how do we tackle that unregulated aspect of social care so that there a parity between works that we're all doing.

Adam put email address and contact number in the chat for group.

Sumaiya has all the information to send out from Adam.

<p>6. Chair facilitates provider update/ discussion</p>	<p>Good Practice / innovative interventions /Initiatives /reflections /learning</p>
<p>7. Any other business/ next meeting agenda items</p>	<p>Louise from the Lancashire and South Cumbria Resilience Hub/ forum- Sumaiya has shared her and her team's services before with this forum back in April. Louise met Sumaiya at the social care forum back in August and Louise thanked for sharing their information as they have started working with 20 care homes. The work they have been able to do with those care homes has been amazing and the care homes have really benefitted from it. Due to the work they have been doing and the people that have signed up with Louise and her team around Wellbeing, they have been able to widen the offer so now offering a lot more than originally and it's free. Free health and wellbeing support. Mental is so important and wanting to keep a vibrant and engaged sector we need to support in that respect. They provide really good therapy for carers, managers absolutely exceptional work.</p> <p>Sumaiya to share Louise & her team's information in the interim for group to get in touch if interested.</p> <p>Get Louise on next forum to discuss further.</p> <p>For future things: Sumaiya raised- she was contacted by our colleagues who are leading on the Covid-19 public enquire preparation for the county council and we have now had further information shared so we now know more about the enquiry and the approach and direction it's likely to take. They would like to come and talk about this at the next forum. Katie confirmed- this was beneficial last time and agreed to this.</p> <p>The next forum will be in December. Mike may want to come along and talk to us again- depending what updates he's had around Market Stainability Plan.</p> <p>Sumaiya raised- Are quarterly meeting still appropriate moving forward? Katie mentioned- agreed electronically wouldn't be forever however it is easier, quicker, safer, people can work at the same time and tap into information being shared and people don't need to travel. Electronically has an overall better turn out. Group to decide how frequently going forward they want this forum. People can attend if they want, not if they don't.</p> <p>Katie asked- Are group happy with how the forum runs? Group responses were positive: - It is very effective</p>

- 8 weeks would be good

Katie & Sumaiya discussed- moving next forum to November. December could be to late with Christmas and everything.

Katie & Sumaiya- to email liaise to sort new November date.

Sumaiya to provide- updated organisational chart & include additional information promised to be shared along with the notes.

Sumaiya reminded everyone to sign in, in the chat so we have record of who attending and which provider they are from.

Katie offered group to contact her with any further discussions they want to have. Reminded everyone 'we have the biggest voice as we are the providers' so need to keep it like that.

Katie & Sumaiya- Thanked all for attending & they will get date out as soon as possible.

Joining link

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

[+44 1772 952601,,652362012#](#) United Kingdom, Preston

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