

LANCASHIRE COUNTYWIDE RESIDENTIAL, DOMICILIARY AND NURSING CARE PROVIDER FORUM WEBINAR

17th November 2022 2pm-4pm

Chair: Katie Barnes

Note taker: Emily Ann Harrison

Item	Notes and Actions
Welcome and Introductions	Katie led welcome and introduction. Discussed meeting must be recording for purpose of notes.
LCC Updates	<u>Denis Greenwood – Care Navigation Residential</u> DG sends apologies. Sumaiya Sufi provided this overview. Sumaiya is the Quality Improvement and Safety Specialist for Health & Residential settings. Sumaiya manages the contracts care homes and quality team for LCC & Care Navigation Residential team. Update from Denis to be shared with the forum: - Brief overview since previous attendance (Live across the following acute sites LTH, BTH, Southport and Ormskirk (Not Nursing or EMI), D2A Community referrals and the new addition of East Lancs out of area D2A



	<p>referrals i.e. Airedale Hospital.</p> <ul style="list-style-type: none"> - Previously discussed the shift in demand from Residential to Nursing; this is still the case for demand for Nursing, EMI exasperated by the escalation seen with our NHS colleagues. In addition, we have recently seen a demand for Under 65 referrals (mainly PD) and Bariatric referrals with and without Nursing and both under and over 65. Advice from the ICB provided is to include the cost of leasing the bed in your D2A quote. - NECS update – Please continue to update you information on NECs, but remember to please submit offers off the TADs that are issued by the team. Please continue to provide feedback on the quality of those TADs as this is shared back with our colleagues at the corresponding Hospital. - Covid Test results should continue to be shared with you on discharge paperwork, but we are aware of request for vaccination information, again this should be shared directly by the hospital. - ASK – The demand for a 7 day service is widely publicised in the media and we have been operating for some time now working 364 days a year – any help you can provide for accepting admissions / responding to referrals would be greatly appreciated by both ourselves, the hospital and the SU/Family - As the demand has increased it has been necessary to provide options the SU/family may not agree on, primarily due to location. However, such is the demand that a placement in the desired location may either not be available or indeed exist (managing realistic expectations is our role). Please continue to provide offers if we are approaching as our first port of call is to the desired area, but if we are reaching out to you to respond, we do need that offer. - If you are accepting an offer, please submit with your weekly costs and proposed admission date / if rejecting please provide a reason. We've recently had feedback from several of you that you have seen <u>improvement</u> on receiving responses from ourselves after submitting an offer – this was pleasing to hear given the level of escalation we have seen.
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- I was recently made aware of some instances of concern raised by families around visiting (viewing prior to admission) – however upon investigating, each instance was due to an outbreak with which the CN had informed the family member. Again, this does link back to demand as well as managing expectation. We did however, through working with the a few of the providers facilitate some video calls whereby the family were given a virtual tour and the feedback form the family was very good.
- I continue to meet with providers who wish to have a 1:1 conversation concerning possibly diversifying or changing their offer, so please continue to contact me and we often do this with our colleagues in the Contracts Team.
- Thank you again for your continued support and from the whole of the team we wish you a happy Christmas and New Year.

Q&A

Q from Joanne: Are we now able to visit hospitals to complete our own assessments.

- A from Katie: Presumes that would be down to the hospital's discretion.
- A from Ann Louise: Not aware of any restrictions, the issue will be the timeliness. For example, if you are intending to do own assessment but not till Monday-Tuesday that might be an issue.

Q from Caroline: been out to do a couple of assessments recently at hospitals and there has been no resistance to that at all.

Statement says- we can in Lancaster, but they prefer us not to. Unfortunately, we can not trust the trusted assessments.

Sumaiya discussed as Denis mentioned- if you have any feedback about discharge assessments, please don't put it down to 'another one that's not correct' please do share it with us as it is important for them to be improved. Ann Louise stated to send errors/ barriers across to her to link in with health contacts to sort any problems out.



Q: We frequently make an offer and never get a response, is this standard to not respond?

-A from Katie: Common consensus is that lots of care homes respond, and they can't always respond back in a timely manner. Therefore, you will only get a response if you are successful in the placement.

Mike Alsop – Fair Cost of Care Exercise update

Mike ran through the below presentation (see attachment titled 'Fair cost slides – November provider Forum')

Q&A

KB raised- minimum wage has been dropped today so hoping that will be considered as well.

Mike confirmed- done calculations of what it will look like since the end of FCOC exercise. Figures have been updated in line with that and that is part of the consideration to be put forward in terms of fee rates as well.

Mike raised this is a major challenge for us due to inflation and NLW.

Q from Paul: Last update Mike gave he stated there was not enough money to pay what was going to be needed to hit the FCOC, which is unsustainable POV. Energy costs per resident is est. £20pw but with the new one looking at £100pw per resident. Insurance has now risen by 25% this year, over and above last year which doubled. Massive costs in system which doesn't believe the FCOC has captured.

- A from Mike: FCOC exercise itself was disappointing for me in terms of the response, which was 23% and was hoping it would be much more than that. We can only rely on what comes into us and from that cost information that came into us from providers themselves we can't do more than that. Mike agrees with Paul on wanting to know what was submitted to the Department of Health & Social Care and this will be published. Once



published you will see the whole process and all the information.

- Mike added: the process looked at 21-22 costs as those were the last costs most providers would have had available to them within a complete year. That was uplifted for inflation to arrive at a 22-23 cost but it didn't allow for input of information about the increases since then around inflation and energy costs etc. However, we have applied that anyway to our own results when looking at our fee levels for 23-24 which went in the submission on market sustainability plan to the department of Health & Social Care.

Paul raised- For one of his larger homes with 60 beds he has been offered more than its worth as a going concern. We are still in a world where property prices are still worth more than our businesses. Providers like himself looking to retire the situation is unless money is put in to make it worth selling as a going concern, we will just shut it as I can get more by sat in it as a building.

- Mike agreed: it needs to be at a sufficient level where it covers those types of issues for a provider. Providers need to see a return on their capital investment.

- Paul mentioned: with interest rates going up, that return on capital as well as return on investment. As there are two parts to it, has to be significantly higher going forward than the interest rates because that has a knock-on effect on what return you can get on your capital without the building.

David Greenwood raised: POV previous comment re. FCOC exercise was spot on. When it was announced it made out it was going to be the panacea. I had an impression that country wide, everything would get sorted and it would get recognised that things were very low.

Reacting to what Mike has said: it seems to be another case of individual councils having to justify their own little patch.

David has a home in Merthyr, which Wales themselves did their FCOC and their minimum rate now is £7.18. Compare that with £5.35 and multiply by 30 residents, what a massive amount of money that is. The Wales home you can more or less say is viable. The Lancashire ones, no way- and we're a charity so



we don't insist on the top-up and other providers are finding the same problem. We're dealing with people who don't have that short fall. Something needs to be done or by 2023 some providers won't even be here.

Sumaiya Sufi – Contract Management and Quality Improvement

SS thanked whole forum- as response rate for E-form completion for Residential has massively improved since reinstatement (post covid).

Feedback from Care Sector programme group- chaired by Jane Brennan

Post Covid was between 35/40% and now up to 68% so big Thank you!

Hope to see those numbers keep improving.

SS hoping to have an update for group at the next forum (Jan time) for the future of that system, once things are more definitive and have been agreed. Contract with Adam coming to natural end however discussing plans.

Capacity Tracker- always trying to promote completion of this. This information is used by Ann Louise and colleagues for discussions at very senior levels; NHS England, Department of Health and Social Care and Local teams use it to inform practice and training/ support. Empathising the importance of continuing to complete the CT.

Sumaiya shared an image on screen which has been created by the National Care Capacity Tracker team. See attachment titled '*Provider Frequency Update*'

Data on Capacity Tracker- shows rates for COVID-19 & flu vaccinations remain significantly low.

Ann Louise confirmed this is correct and that it is mainly staff. Resident's rate is around 67% however aware of some data quality issues there but is in line with national picture.

Particularly worried about poor number of staff not up taking the vaccines. Flu



season has come early and absolutely need everybody as well as can be to keep them in work over this winter period.

Ann Louise asked- Please persuade and promote the vaccinations to your staff. There is a webinar this Monday 21st November hosted by ADASS.

Sumaiya has sent details to providers already.

Ann Louise asked ADASS if webinar could be recorded for those that can't attend.

Recording the meeting has been confirmed.

Sumaiya raised- all group will have received email from Contract Management mailbox re. payments and the transfer from Oracle Fusion from R12. Group should have received an early payment due to this transfer.

Sumaiya mentioned a research opportunity from the University of Hertfordshire re. care homes and primary care. They would welcome participation in a study to develop a vision for primary care that enables consistent access to high quality health care for care home residents. Workshops are 90 minutes occurring on a day and time convenient for you and care home.

Token of appreciation- £20 voucher.

Fire service contacted SS and her team today due to incident at Preston care home. A resident has been able to get out of a fire escape door and fell down the stairs. The resident has subsequently passed away.

SS will share the how, why and learning around this incident once concluded.

Q&A

KB asked providers- From a provider perspective, we have been through a tough couple of years with the NHS and pushing vaccinations etc. Are any providers doing anything innovative to encourage them to take the vaccine?

KB stated she and her managers are finding it really tough to do so.



	Chat response: All vaccinated staff are put into a prize draw.
LCC Covid-19 Inquiry team - COVID-19 Public Inquiry update	Roma, Catherine and Joanna led. See presentation titled ' <i>Covid 19 Inquiry Summer 2022</i> ' <u>Q&A</u> No questions.
Urgent and Emergency Care Service Provision	Ann Louise Stephens led. See presentation titled ' <i>2 hour UCR for care homes</i> ' <u>Q&A</u> No questions.
Lancashire Resilience Hub	Louise Roper led. Louise is from the LCFT Resilience Hub based in Tudor house opposite Chorley Hospital with a range of staff working across the county and online as well. Resilience hub specifically focusses on supporting Health & Social Care staff with their psychological wellbeing. Team of 20 have 6 referrals per day. They provide 1:1 therapy, CBT routes or EMDR and a whole range of different types of therapy. These therapists make up majority of the team. There is a team that specifically look at supporting care home staff which started in Jan 2022. Louise started it in January, others joined in May, and now have 5 people just to focus on supporting care home staff. This work is taking place as in 2021 only 3 care home staff accessed the psychology therapy. Figures show est. 40 staff have now contacted which is positive increase- however long way to go.



	<p>Louise ran through the model of support as described in the attached titled 'Overview of Support Oct 2022' Her contact details are in the chat.</p> <p>Caroline (care home manager) raised- they have successfully worked with the team before, and it was very beneficial.</p> <p><u>Q&A</u> KB asked- is there ability to send the care staff the information so they can anonymously self-refer into your service. Sometimes the barrier is the care staff don't want us to know they feel that way.</p> <ul style="list-style-type: none"> - A from Louise: everyone self refers on the website. The link to go on is the LFCFT resilience hub. Louise will put this in the chat. A newsletter was sent with all this information on, which Sumaiya sent out across the board so everyone should have received.
<p>Chair facilitates provider update/discussion:</p>	<p>Good Practice / innovative interventions /Initiatives /reflections /learning</p>
<p>AOB</p>	<p>KB led. Things brought to her attention:</p> <p>Mask wearing- Can we question mark it? What is IPC saying? Are there any discussions at local authority level? Government level and NSHE are talking about the mask wearing. It is a recruitment issue.</p> <p>To put out to providers collectively around visiting. How are people managing visiting? Are people finding they're just letting visit run as normal? Are they still booking visits? Are we still isolating people?</p>



There is guidance out there and people are adhering to it where they see fit with the visiting. This is still a going concern.

Katie asked the forum- Does anyone have any problems with visits?

- Chat responses confirm back to normal unless outbreak at which point are guided by IPC.

Sumaiya raised- Ann Louise had brought up some media interest around the above. Ann Louise asked colleagues in Sumaiya's service if they had heard anything which they haven't. If there was it is usually just a misunderstanding around the outbreak situation and not understanding the Infection and Prevention guidance that they're following. Incidents they have had to do with relationships between families and care homes which they've had to advise and get involved with.

[Guidance on managing unreasonable complainant behaviour - Local Government and Social Care Ombudsman](#)

Sumaiya asked forum- would it cause any issues for providers to use NHS mail across the board? A lot do already but not all.

Katie stated- Some providers have had NHS mail for years now as they had to do it as part of DSPT tool, had no choice and had to be compliant.

From a frustrating provider POV: KB does think all should prefer NHS mail surely and its secure.

Martha raised- struggles to get onto NHS mail. Support is available and providers should contact Sumaiya.

KB mentioned- if you have worked for a different provider and do move that can become an issue for this. Tell the person on end of NHS help desk to make your old obsolete and create new one, much easier process.



Next meeting agenda items	<p>19th January</p> <p>Next agenda suggestion:</p> <p>Health Champions - KB raised- herself, Caroline and Amanda are now Level 3 qualified in being a workplace health champion. It's incredibly useful and very linked into what Louise is doing.</p> <p>Safeguarding colleagues- Update on Lancs safeguarding adults board guidance</p> <p>CQC colleagues to speak- (Ginny or David)</p>

