LANCASHIRE COUNTYWIDE RESIDENTIAL, DOMICILIARY AND NURSING CARE PROVIDER FORUM WEBINAR

23rd March 2023 2pm-4pm

Chair: Katie Barnes

Note taker: Adam Livermore, Commissioning Support Officer, Lancashire County Council

| Item | Notes and Actions |
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| 1) Welcome and Introducti ons | Katie Barnes welcomed everyone to the meeting. |
| 2) LCC Updates | Contract ManagementSumaiya Sufi (Quality Improvement and Safety Specialist, Lancashire County Council) encouraged everyone to engage with the Social Care Training Hub, and to sign up for the newsletters. Training is free, and the Hub can also request and source training if asked. https://www.lscthub.co.uk/socialcare/ LCC has put in a bid for funds against the international recruitment fund the Department of Health and Social care have announced and are awaiting the outcome in April. This bid involves more funding for the hub and support for our international workforce, as well as the translating care scheme mentioned at the previous forum. LCC are also bidding to support international recruitment costs as recruitment has been an ongoing challenge for providers across the board. If funds are granted, LCC will be working with providers to co-produce this resource.ADAM System – Sumaiya thanked everyone for submitting data to |
| | The central area team led by Sue Shannon are relaunching the Central Lancashire activity forums. This is a forum for activity co- |

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| ordinators to come together to share ideas and challenges. This will be a face-to-face forum on the 19 th of April at County Hall in the Diamond Jubilee room. Places are limited to 20. If anyone on the forum would like to be added to the distribution list please let Sumaiya Sufi know via email (<u>Sumaiya.sufi@lancashire.gov.uk</u>). There is also a forum in the east, though this does not have LCC involvement. |
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| LCC are still awaiting something more concrete and tangible about energy support scheme payments made to care home residents and if this can be passed onto the care home. There have been some discussions about requiring a DHSC steer. |
| There is a Market Sustainability payment of about £120 per funded placement across commissioned services in Lancashire. LCC have struggled to get payments out due to transition to Oracle Fusion but these payments are now being progressed. The cabinet item can be found at the following link: <u>https://council.lancashire.gov.uk/ieListDocuments.aspx?Cld=122&M</u> <u>Id=12098&Ver=4</u> Katie Barnes thanked Mike Alsop on behalf of the forum for his hard |
| work on these payments. Mike Alsop updated that the Fair cost of care was published on the website on the 1 st of February. From the 27 th of March, the Market Sustainability Plan will also be published via the website. This will give a summary of what our Market Position statement would say and where we think our residential care market will be during the next three years. |
| Sumaiya Sufi updated that there is a new monitoring framework, which is based on the content of the new specification that is planned to be introduced (already part of the NHS contract). The new framework has new areas and questions around improving services going forwards. They have also added questions around additional training areas as part of the training requirements that we monitor against. It will be shared prior to any visits, and providers are encouraged to fill out as much as possible before the visit so the visit can focus on any priority areas. |
| Care Navigation Residential |
| Denis Greenwood (Care Navigation Team Leader, Lancashire County Council) shared a presentation. He updated that the responsibilities of Care Navigation Residential have changed recently. They operate in several hospital sites across Central and West Lancashire, and get involved with placements that require a |

| second move or where affordability becomes a factor. They do try to find out what is affordable at the outset to get the right move first time, but it is not always clear when there isn't a financial assessment. They provide lists of vacancies through the NECS Capacity Tracker to next of kin or services via referral from social workers. They are also involved with Care Package Line Items (CPLIs) which are the payments to providers. |
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| There has been a push towards taking more weekend referrals, and Care Navigation Residential are commissioning more weekend placements than ever before. They are looking at commissioning on a district level. They are also reporting back issues with registering with GPs, transports, incorrect assessments, or medications. |
| Care Navigation average turnaround time is 48hrs, and the target agreed with trusts is 3.5 days. Even when they were particularly busy in January, they still achieved turnaround in 2.5 days. They are also trying to take administrative tasks away from social workers where brokerage teams can pick them up in order to aid turnaround. |
| Their remit is expanding slightly due to closer links with Contract Management. They have developed training links with the Contracts team and have linked into the Lancashire and South Cumbria Training Hub. The Hub offers training around NG tube feeding, Moving and Handling, and Challenging Behaviours, and Denis encouraged providers to sign up for the training as it has been beneficial for progressing Care Navigation Referrals. |
| The team are interested in visiting care home settings again and intend to engage with providers to arrange visits. If anyone is interested please email Denis (Denis.Greenwood@lancashire.gov.uk). |
| Funding queries have shifted more to the care portal, and the Care Data team are now picking up D2A queries. Denis encouraged providers to use the care portal for queries. |
| LCC are currently advertising for 2 weekend care navigators and full-time positions to support the expansion of the service offer. There are conversations going on with Lancaster and Morecambe and West Lancashire around expanding the offer in hospitals. |
| Care Navigation have dealt with over 3000 referrals for placements in the financial year, and demand has shifted so more of these referrals are due to the nursing process. EMI placements are the same as in the last year, and EMD is reduced. More people with complex needs are coming through the pathways. |

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| For access and password onto the Care Portal you will need to contact the iSupplier Helpdesk who can be contacted at 01772 534966 or payablessupport@lancashire.gov.uk |
| Denis asked for questions. (Answers to questions posed in the chat were answered after the meeting) |
| Joanne Fairclough stated in the chat that the main issue is that the assessments do not always reflect the care needs of service users which then means care homes cannot get assistance from mental health services. Denis answered the Residential Team continue to share feedback with the relevant Hospital and our Social Care Teams concerning the quality of assessments. In some instances, the team does request an updated assessment when receiving comments from Care Home providers when the needs on the assessment does not reflect the bed type requested. |
| Joanne Fairclough also mentioned that they have problems moving people on if they are inappropriately placed. Denis answered transferring residents can be a difficult decision for the family when they have already made the decision on the current Care Home. We make every effort to source an alternative as quickly as possible. Please continue to share funding queries through to the Care portal and changes we recently made at the start of the year concerning funding are proving to beneficial in reducing the number of queries raised. |
| Gillian Landy mentioned in the chat that they had issues with hospital staff not wanting to discharge residents back to them because they did not understand the services the care home provides. Denis answered I refer to Sue and Clare's presentation and the prospect of those staff in the hospital gaining further knowledge on services. |
| Pennine View Home stated in chat they felt timescales from assessments to admission were too long and that assessments do not reflect real needs. They suggested further assessments being completed closer to discharge, especially for homes supporting weekend placements. Denis answered the Residential Team will request an updated assessment if the responses from the provider indicate the need, but also if a sufficient amount of time has lapsed. I will share this feedback at the Operations meetings in each area to understand what would be deemed appropriate. |
| Joanne Fairclough asked via the chat if the shift in workflow was due to the assessment process. Denis answered it is undoubtedly a factor that requires further exploration as we certainly recognise that in the North of the County, the demand for Nursing placements is greater than other areas. However, we also need to recognise that |

| | the complexity of patients has grown, remaining at home with additional services has increased and other factors since the |
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| | pandemic will be impacting on the shift. |
| | How many people have been discharged from nursing beds due to over assessment? Denis Greenwood stated it was quite difficult to get a level of detail due to the amount of service partners involved, but he would see about getting a figure. |
| | Katie Barnes stated that the consensus was that people can take a person back when they need nursing care, and a care home can provide person-centred care as they know the person well, though a nurse who doesn't know that person might not be as aware of that person. District nurses could attend the care home to become more knowledgeable. Some of the assessments can be very clinical because they come out of a clinical setting, and this might not exactly meet needs. Sue Lott added that the task and finish group would need to look at devising a form containing all the information the care home would require from a hospital. There also needs to be more sharing of understanding across the process, so that hospital assessors and care homes understand what the other can provide. Katie Barnes added there is some work being done with the clinical leads around the care home teams to streamline processes. Katie Barnes offered to discuss the task and finish group with these professionals, as they might be interested in getting involved. |
| 3) Discharg e to Assess | Sue Lott (Head of Service Adult Social Care, Lancashire County Council) shared a presentation on Discharge to Assess (D2A). |
| Assess Pathway (Sue Lott and Clare Mattinso n) | During the COVID pandemic, the government identified a need to rapidly free up capacity in hospitals. The directive was given to operate a Discharge to Assess process where people needed to be discharged within two to four hours of no longer requiring a bed. This timescale was later relaxed. In July 2022, section 91 of the Health and Care Act came into force which formally revoked the previous Care Act legislation and mandated Discharge to Assess. |
| | Now people need to be discharged within the same day and, ideally, within two hours of being identified as no longer meeting the criteria to reside. The target is that no more than 5% of people in hospital don't meet the criteria to reside. Data on specific hospitals can be found in the presentation. |
| | The full process is outlined in the presentation slides. Placement sourcing is currently inconsistent as it depends on the hospital. Some hospitals' sourcing is handled by the NHS and some by LCC. |

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| This is one of the council's challenges around D2A. Several other challenges are listed in the presentation slides. |
| If a reasonable offer can be secured, the guidance states that person must be discharged. If, following assessment, that person needs a longer stay, they will then be offered options. The speed of discharge is a challenge and can lead to difficulties and stresses for the person requiring discharge. Communication and the timeliness of follow up calls is not always good, and care homes aren't always given the name of the lead professional. It can also be difficult to settle people in, register them with a GP and draw up a care plan. Sue Lott stressed that LCC recognise this can be a lot of work, and that LCC are aware multiple moves for people is not the best thing and can be disruptive. |
| Sue Lott passed the presentation to Clare Mattinson (Head of Service Policy Information and Commissioning, Lancashire County Council). Clare updated that LCC develop a specification around D2A. This is to create consistency across the Lancashire area so that people can expect a consistent and fair service. LCC will be discussing the draft specification with colleagues and care providers. There will be a Task-and-Finish group and Forums around co-production. If anyone would like to be involved, please contact Sumaiya Sufi via <u>Sumaiya.sufi@lancashire.gov.uk</u> |
| Clare asked those attending to let LCC know of any issues with the D2A process from the provider perspective. |
| Katie Barnes suggested having someone from every part of the sector in the specification Task-and-Finish group would be important. |
| Caroline Sawley Banks mentioned in the chat that her service had struggled to get a discharge team to co-ordinate discharge back into the home. Evelyn Buckley added that assessments are not always able to take place on the same day, and information sent from a D2A discharge in January had old and incorrect information. |
| Angela mentioned in the chat that her home had several empty beds for EMI EMD with no referrals. The Old Vicarage also stated that they do not receive any referrals. |
| Hilary Briggs from Thornton Lodge Care Ltd mentioned in the chat that there had been delays in D2A assessments that have meant the provider has needed to fund one-to-one care, causing them to make losses of £2705.40 per week. Jenny Westwood added that there have been issues with follow-on funding. |

| | | Hilary Briggs, Gillian Landy from JT Care Homes, and Diane from Delaheys all agreed that a working group around the issues with D2A was a good idea. Hilary Briggs expressed an interest in being involved via the Teams Chat. |
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| 4) | DOLS Update (Marie Delaney, Nick Clifton, and Laura Kirkham) | Nick Clifton (DOLS Manager, Lancashire County Council) shared a presentation on the screen. He clarified that the presentation would be a DOLS update as they are still awaiting a response to the LPS consultation from the Government. |
| | | LCC have expanded the team since last summer. They have more than 20 Best Interest Assessors (BIAs) in post and are hoping for 30 by the summer. They appointed a temporary manager yesterday and have an advert out for a fourth manager. They are also interviewing for three social care support officers next week and are operating in three footprint areas covering all the Lancashire districts. Going forward, BIAs will be concentrating on areas rather than across the county. LCC are hoping this will create more familiar contacts for care homes. The DOLS team also have a pool of 30 independent BIAs as well and are expanding the use of BIAs in community teams. |
| | | They are now processing more DOLS applications, and the LCC DOLS team appreciate the support they are being given from Care Homes and Providers. The core team is responding to all new applications and are trying to assess within 3-4 weeks. This does leave a backlog of nearly 3000 historic applications, though there is a proposed plan in place and some independent assessors are working on historical cases. Senior Management are currently looking at the plans for approval. |
| | | Nick Clifton asked care homes not to send in repeat referrals as those applications are already in place. If you need an update, please contact the DOLS team who can let you know the status of a particular DOLS case. If you need to provide an update, please also contact the DOLS team via DOLS.BIA@lancashire.gov.uk. |
| | | LCC are now only accepting online referrals for DOLS. The DOLS team have had good feedback about the online referral but please let them know if there are any problems. |
| | | Katie Barnes asked how long the form 2 process takes as they had not heard anything back. Nick Clifton answered that anything pre- January would be part of the backlog as that is when the team structure changed. |

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| | Nick Clifton informed the forum that all the forms are online. The link is in the presentation which will be shared via the portal. |
| | Marie Delaney (Liberty Protection Safeguards Lead Practitioner, Lancashire County Council) will be sending Sumaiya Sufi leaflets that will also be shared via the portal. |
| 5) National Institute | James Connolly (ENRICH Lead, NIHR) shared a presentation. |
| for Health and Care Research | NIHR's aim as an organisation is to enable and develop research, through promoting research studies in hospitals, schools, prisons, community centres and other locations. They have 15 local networks across England. |
| (Kay Aymer and James Connolly) | ENRICH is an initiative by NIHR to work more closely with care homes and enable them to do research. Care Homes involved with ENRICH are not obligated to take part in every study, but will have opportunities to opt-in to ones that interest them, and can link into feedback about other studies. There are some studies that are not yet open where the researchers are looking for care home involvement. Any Care Home that signs up to ENRICH will get a certificate, which is good for CQC, and would need to be renewed every year. Some studies will also have a financial incentive, and there would be support with research delivery, as NIHR have staff who can come in and help to ease burdens with capacity relating to the studies. |
| | In the last year, the North West Coast Network have had 45 care homes sign up to ENRICH, including 20-30 in the last couple of months. 22 care homes have taken part in research studies and have had some sort of recruitment of a participant. 15 of 30 overall studies have had care home involvement. |
| | If anyone is interested, please express an interest via the links/contacts in the presentation or contact James or Kay Aymer (Research Officer, NIHR) via james.connolly@nihr.ac.uk or kay.aymer@nihr.ac.uk. |
| | Sumaiya Sufi asked what the cause of the increase in homes signing up was. James Connolly answered that it is due to word of mouth and LCC helping with advertising. |
| | James also referred attendees to the website as that has case studies which show the experience of contributing to a study. |
| | Sumaiya Sufi agreed to link NIHR with Liz Williams for the workplace forum. |

| 6) Chair Facilitate s Provider Update / Discussio n | Katie Barnes asked if it would be useful to hold a forum face-to- face. Sumaiya Sufi will send out a poll asking if people are interested in a face-to-face meeting. Katie Barnes asked who people would like to see presenting at a forum. |
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| | Sumaiya Sufi mentioned there had been some changes in the CQC Local Inspection Manager resource, so she will try to get Ginny Rider to present. David Coup is also leaving, and they have two new inspection managers joining the team, so it would be good to have an introduction to them. She has had contact from the Urgent Care team who would like to come and talk re 2-hour UCR. Further, Tom Mackley from NHS England would like to come and talk about the importance of eye health. |
| | Katie Barnes has had a request from Matthew Errington to discuss an update at each meeting. |
| | Sumaiya Sufi asked if anyone has any ideas for future items to let her know. |
| | The next meeting will be on the 22 nd of June 2023 2-4pm |
| 7) Any other Business | The UK Government has introduced a requirement for voters to show photo ID when voting at polling stations. This new requirement will apply for the first time from 4 th of May. Anyone who does not have an accepted form of photo ID will be able to apply for a free voter ID document, known as a Voter Authority Certificate. We know that some groups are more likely to experience barriers in preparing for this change and may need support to access photo ID. There will be some documents about resources in the provider portal. |