

LANCASHIRE COUNTYWIDE RESIDENTIAL, DOMICILIARY AND NURSING CARE PROVIDER FORUM WEBINAR

28th September 2023 2pm-4pm

Chair: Katie Barnes

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

Item	Notes and Actions
1) Welcome and Introductions	Katie Barnes welcomed everyone to the meeting.
2) LCC Updates (Sumaiya Sufi, Julie Dockerty, Joe Cragg, Katie Grant, and Helen Smith)	<p><u>Contract Management, Quality Improvement, and Care Navigation Residential (Sumaiya Sufi)</u></p> <p><u>Agency Staff</u> - LCC have received intelligence around how agency staff are used, and how the implications can be quite serious in a safeguarding setting. There is guidance on the Lancashire Safeguarding Adults Board website on how to manage this from a CQC and safeguarding perspective: Good Practice - Lancashire Safeguarding Children Board.</p> <p><u>Dysphasia</u> - A month ago, providers will have received a Lessons Learned about dysphasia. Unfortunately, there have been further fatal choking incidents in Lancashire in the last few months. An updated version of those lessons has been reissued, and can be found at the following link: https://www.lancshiresafeguarding.org.uk/media/19386/2023-lessons-learned-dysphagia-swallowing-difficulties-v3.pdf</p> <p><u>Connecting Doors</u> – Some care settings have connecting doors to other parts of buildings due to their layouts. In several recent cases, these have not been considered as part of the risk assessment. Please ensure the potential risks and implications of connecting doors are considered going forwards.</p> <p><u>Whatsapp</u> – LCC have received intelligence that Whatsapp is an increasingly popular way to support handover. If any provider does use it for handover, please be aware of what information is shared to ensure Information Governance guidance is met, as social media is open to intrusion.</p> <p><u>Care Navigation Residential</u> – at the last forum, Denis Greenwood gave an update on the service expansion. This was focused on Discharge to Assess, and LCC have now extended that support. Care Navigation Residential no support community sourcing across the county, helping operational</p>



teams to source care home placements. For the last few months, they have also been supporting activity from Mental Health Acute team colleagues around inpatient bed moves. This will be extending to manage placements following discharge from every hospital for West Lancashire residents, in the same way placements are currently supported for Lancashire and Blackpool Teaching Hospitals.

Please make sure to use the care portal to highlight any payment discrepancies or CPLI issues, as these will be passed to Denis and the team.

Please continue to update your capacity tracker as it helps LCC with commissioning placements. We are starting to get intelligence from NECS about non-completion. The tracker is now mandated and providers who don't update for three consecutive months are at risk of a fine. When it reaches two months, LCC will proactively contact providers to discuss the situation.

Three new care navigators have been recruited and will be starting in October. There is also a new team leader to support the community roll-out – Katie Johnston.

D2A/Bed-based Short Term Care Model

Joe Cragg and Julie Dockerty gave an update on LCC's intentions around Short-Term beds and Discharge to Assess (D2A). The intentions are around Residential rather than Nursing. The D2A pathway is a funding mechanism that supports people to be discharged from the acute hospital, as there may be risks or support needs when getting people back home. One of the challenges is providing a robust therapy offer, as the offer is not always consistent and can impact outcomes. There is also sometimes uncertainty around capacity in the market.

LCC have recently undertaken a review of the in-house offer, specifically around residential rehab and are aiming to extend it to look at D2A as well. The aim is to reduce the number of people going through the process and improve the consistency of service delivery.

LCC want to work with therapists and GPs to improve current ways of practice and plan to build and develop the in-house offer for winter 2023. Private care homes have been an important part of the offer. Part of the intention is to put out a specification to the market providing more detail about bed-

sourcing expectations and requirements, including around rates and fees. LCC are factoring in that some of these beds might only be required for a few weeks, and understand this could cause additional admin work.

LCC are working on a name for the new service, and welcome ideas from providers.

Joanna Zlocinska asked if LCC would prefer, for example, 15 beds from the same location. Joe Cragg answered that, while LCC have an approximate forecast for the amount of beds required, it is not specific, and it wouldn't necessarily need to be from the same location. LCC plan to put out a specification to the market and would like providers to come forward to register their interest.

Hilary Briggs asked if the provider would be expected to hold the bed open indefinitely, or would it be expected to be part of the process. Joe Cragg replied that it would be expected to be part of the process, and that beds would be bought on a spot basis, with a set rate put out to the market. Julie Dockerty added that LCC would work together with providers towards better outcomes.

Rachel Houghton asked if LCC would look at how often therapy staff will be visiting, or whether they could be based on-site for a period of time. Julie Dockerty stated that this is part of the challenge as there is a mixed model across Lancashire, but LCC would be looking to accommodate both options.

Patricia Fowler asked in the teams chat if the Capacity Tracker was used to find short-term beds. Sumaiya Sufi answered that it would be, as Care Navigation will be doing the sourcing and do use the Capacity Tracker.

KB asked if the purpose is to replace the current D2A service with an in-house offer for when people come out of hospital. Joe Cragg answered that LCC would be asking the market as they extend and maximise the in-house offer, and the development would go on for the next year or two Julie Dockerty added that LCC want to offer possibility of a period of rehabilitation when required for those who are medically ready for discharge, but not ready to go home. LCC would like to be able to refer to provider's expertise when developing the offer. They will draft a specification and send it to providers for feedback around November.

Nicola Bryant asked if the new service would be like the Interim Bed Model. Sumaiya Sufi answered that some of it is modelled on the experience of the Interim Bed Scheme, but that scheme was a direct response to winter pressures and had some issues due to the capacity of frontline staff. The new offer will be undertaken by Care Navigation and the rollout will be less pressurised, so it should be a smoother experience.

Hillary Briggs asked if the new model risks moving away from providing choice for people needing the service. Joe Cragg stated that a person's preference would still be considered where capacity allowed, and that Care Navigation would still discuss all choices with individuals.

Katie Barnes asked what would happen if a person needed to stay in a home after the short-term placement ended. Joe Cragg stated that the social worker would do an assessment of that individual's need, and the person would have a placement sourced if required.

Peter from Hillcroft asked if specialised equipment would be included in the spot purchase if needed. Julie Dockerty stated that LCC would need to look at that possibility. Sumaiya Sufi added that in the current D2A process Care Navigation will help sourcing the equipment if needed for someone's care. Julie Dockerty raised the possibility of making that more explicit within the specification. Joe Cragg added that LCC would expect operational frontline staff to consider all necessary equipment to ensure a safe discharge.

Joanna Zlocinska stated she would be happy to share lessons learned regarding what works best from the provider's perspective to ensure individuals' best outcomes are met. Julie Dockerty agreed this would be helpful.

Katie Barnes fed back that the NHS often find relatives are unsure what D2A is and can find it a frustrating process. Joe Cragg agreed and stated that this is part of why LCC wanted to look at the specification and handle challenges around co-ordination.

Please send any further questions to Julie Dockerty or Joe Cragg at julie.dockerty@lancashire.gov.uk or joe.cragg@lancashire.gov.uk.

International Recruitment Grant

Katie Grant introduced herself and Helen Smith, and shared a presentation on the International Recruitment Grant.

The application packs have been distributed. If any provider has not received one, please let Katie or Helen know and they will send one out.

The fund is a £15 million national fund from the government to support with pressures on social care staffing and recruitment. LCC are the lead banker in the area, so we are overseeing the funds, and we are working with Blackpool, Blackburn with Darwen, North West ADASS, and the training hub to distribute them. Some of the funds are being used for staffing the project, some have been used to provide training on the Training Hub for providers, and the rest of the money is split between internal and external workforces within the market. The application process is open, and LCC are hoping everyone who is successful will get a minimum of £2500.

HS stated that the criteria for the funding includes providers being registered with CQC. Priority consideration will be given to funding proposals that utilise international recruitment, support delivery of the priorities set out in the local market position statement, and those that can demonstrate collaborative working across groups of providers.

Katie Grant added that LCC recognise that there are challenges as well as benefits for international recruitment. Providers have been working with the LGA, and those involved feel the benefits outweigh the challenges.

Helen Smith added that all successful providers would be expected to comply with the conditions in the application pack, and in the code of practice. Any provider employing international recruits is responsible for that employment, including all standard employment checks, and should not be recruiting from a third party. There is some guidance on modern slavery available, as well as a checklist for providers to use.

Please submit application packs no later than the deadline of Friday 20th October.

Sumaiya Sufi asked if any completed applications have come back from the Lancashire Market. Katie Grant answered that there has been some interest, and some time has been scheduled to start reviewing applications. Decisions will be made throughout the application period.

Sandra Connelly asked if the grant funding is available for the employment of international recruits who require sponsorship but are already living in the UK. Katie Grant replied that it

	<p>could be used for people already in the UK, but could not be used to backdate for people who had already been recruited. Helen Smith added that the funding is relevant to the visa, and a potential recruit would need a tier 2 skilled worker visa or the health and care worker visa. If someone is here on a different visa they would have to switch. Further information is provided at the following link: https://www.gov.uk/health-care-worker-visa/switch-to-this-visa.</p> <p>If there are any further questions please contact Sumaiya, Helen, or Katie via Sumaiya.sufi@lancashire.gov.uk, helen.smith8@lancashire.gov.uk, or katie.grant@lancashire.gov.uk.</p>
<p>3) Integrated Care Board (ICB) Update (Shane Morgan and Adele Thornburn)</p>	<p><u>Dental Network Update (Shane Morgan)</u></p> <p>Shane Morgan introduced himself as the chairman of the Local Dental Network. The Local Dental Network brings together a large range of stakeholders, and informs and offers support to various groups, boards, and committees. The membership includes primary care dentists, managers, dental contractors, and patient representatives.</p> <p>There was an access meeting on 10th May 2023 to explore the issues with accessing NHS dentistry across Lancashire and South Cumbria. They have put together a dental access programme, which consists of five workstreams.</p> <p>They would like some input from providers, as the NHS are aware access to dentistry can be difficult for care home residents. There is an Enhanced Health and Care Homes package, which has been piloted with a view to full roll-out in 2024. If anyone wants to contact Shane, please email him at shane.morgan@nhs.net.</p> <p><u>ICB update (Adele Thornburn)</u></p> <p>The last twelve months has seen the CCGs restructured into an Integrated Care Board (ICB). However, there are still places to contact if providers need support. Jane Brennan is the lead for Adult Health and Social Care and has secured a dedicated workstream and a mandate for funding to deliver some quality initiatives and work with colleagues along the whole sector. For Lancashire, there is a small team of people and a clinical lead for each place. The team is Rosemary Cowell (covering West and Central Lancashire), Catherine Greenhalgh (covering Blackpool and North Lancashire), Angela Clarke (East Lancashire and Blackburn with Darwen), and Emma O'Kane (South Cumbria and North Lancashire).</p>

	<p>They are currently in the process of appointing some admin support.</p> <p>They are doing some work with the directors of adult social care to determine function and programme, adding value to current arrangements while managing resource. They are currently also focusing on winter planning and have been contacting providers to explore why some providers might contact NWSAS more than others. Initial results suggest that it is around awareness or access to other services, which Adele's team can feedback to the ICB.</p> <p>Adele raised the two-hour community response services that are available. The names can be confusing; for example, in East Lancashire, they're known as the Intensive Home Support Service accessed via ICAT. If anyone is unclear about their local two-hour urgent community response service, please contact Adele's team via lscicb-el.regulatedcareprogramme@nhs.net.</p> <p><u>Training Hub</u> – there is a Social Care Training Hub overseen by Liz Williams. Most of the training is free of charge for anyone who works within adult social care.</p> <p>Adele encouraged anyone to get in touch if they have questions, feedback, or if they need support.</p> <p>Katie Barnes asked if Adele could put together a Who's Who introductory document for her team. Adele agreed to put one together.</p>
<p>4) Capacity Tracker (Patricia Fowler)</p>	<p>Patricia Fowler introduced herself as the regional lead for Capacity tracker in North East and Yorkshire. She presented some key metrics from the DHSC's mandate. There are 93% of providers updating in the correct window in the North West, though 7% still are not. Please be aware the window to update is between the 8th and the 14th of the month. For Lancashire there were 33 care homes that didn't update in that window. The data provided by the tracker is the department's main source of adult social care provider data, is used extensively by DHSC, and links into the Government's Care Data Roadmap. The next reporting window opens on the 8th of October.</p> <p>Please ensure you have multiple registered users to cover for absence.</p>

	<p>They have added the autumn and winter flu and covid vaccination programme columns so that data can now be registered on the tracker.</p> <p>They run training sessions for Care Home and Home Care providers, starting at half-past one and lasting for 40 minutes (dates in slides). You do not have to book a place to join.</p> <p>Sumaiya Sufi added that Care Nav have been advocating for providers to update more frequently than mandated to keep vacancies up to date and support the care sourcing process.</p>
<p>5) Chair Facilitates Provider Update / Discussion</p>	<p>Lucy Atkinson from the Program Office gave an update on the Delegation Portal. It is a new product, launched on Monday the 25th September, and is one of two portals. The Delegation Portal will be working for the DOLS team, and will allow Best Interests Assessors (BIAs) to contribute to DOLS assessments. The Adult Portal will be for mental health. There are other future use cases identified.</p> <p>Providers are not currently being asked to use the portal. However, LCC wanted providers to be aware of how DOLS BIA will be working going forward. There will be an Independent BIA letter produced to assure providers that an independent assessor is working with the council. If a provider is unsure, please ask the assessor for that letter and they will provide it.</p> <p>If anyone has any questions, please contact Lucy Atkinson via lucy.atkinson@lancashire.gov.uk.</p> <p>A recording of Lucy's presentation can be found here: https://youtu.be/9kVRP09-Vwk</p> <p>Healthwatch Lancashire – If providers have not already taken part in this survey, please do. This is to capture the experience of the safeguarding process. It can be found at this link https://statics.teams.cdn.office.net/evergreen-assets/safelinks/1/atp-safelinks.html</p>
<p>6) Any other Business</p>	<p>The next meeting will be in-person on the 18th of January, provisionally in the council chamber at County Hall in Preston. The other meetings next year will be March 28th and June 27th, both via Teams, and then the 10th October, which will be another face to face meeting.</p> <p>Rachel Houghton asked for a CQC presentation on the new ways of working.</p>

	<p>Jane Nicholls requested a further dental provision update for later next year, following the presentation today.</p> <p>Sumaiya Sufi thanked everyone for attending.</p>
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