

LANCASHIRE COUNTYWIDE RESIDENTIAL, DOMICILIARY AND NURSING CARE PROVIDER FORUM

3rd July 2025 10 am-12 noon
The Exchange, County Hall, Preston

Chair: Katie Barnes

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

Item	Notes and Actions
1) Welcome and Introductions	Katie Barnes and Sumaiya Sufi welcomed everyone to the forum.
2) Wendy Mackley – Health Protection Service: Hot Weather Actions	<p>Wendy Mackley introduced herself as from the Health Protection Service. She gave a presentation detailing actions that can be taken to mitigate the impact of hot weather. It will be included with the minutes on the provider portal page.</p> <p>The Met Office produce hot and cold weather warnings. The hot weather warnings last from 1st June to 30th September, and providers can sign up for alerts via https://www.metoffice.gov.uk/weather/warnings-and-advice/seasonal-advice/heat-health-alert-service. They will give these alerts a score in the emails they send out, which will suggest the impact.</p> <p>The Health Protection Service have designed actions around Care Home residents, but they can also apply to staff as anyone is at risk in hot weather. Details of specific risks are included in the presentation. Information on any actions to take will be relayed via Sumaiya and the Contracts team.</p> <p>If there are any questions, please send them to Wendy.Mackley@lancashire.gov.uk.</p>
3) Carole McCann – Covid and Flu Vaccinations	<p>Carole McCann introduced herself as the Programme Director and Chief Nurse for the vaccination programme in Lancashire and South Cumbria. She discussed an ongoing piece of training to support care homes with registered nurses to give their own staff and residents covid and flu vaccinations. The work in Lancashire started as a trailblazer scheme, though there are now projects in Bristol and Somerset as well.</p> <p>There will be a Teams briefing session on the 17th of July for anyone interested in being involved in the autumn</p>

	<p>campaign starting on 1st October 2025. A one-page briefing will be sent out from the Contracts mailbox. Currently there are over 20 care homes involved, though most are from Blackpool and Cumbria, so they would love more involvement in Lancashire. The size of the home doesn't matter, but they do need registered nurses on-site.</p> <p>Homes would have to commit staff to online training. There are 6 modules to complete, at around 45 minutes each. Following the training, registered nurses would then be vaccinators. They will also need access to an NHS.net email address to order and record vaccines, though Carole's team are able to help set those up. In autumn, her team would arrange for Covid vaccinations to be delivered to involved homes, and would also arrange for access to flu vaccines. The home would determine how to allocate them. They would be responsible for consent as staff and residents have a choice whether to take the vaccines or not, but it does cut out the need for GP involvement, and feedback from staff and residents have shown it is more convenient. Further, residents with dementia have fed back that they prefer to be vaccinated by someone they know at a time of their choosing. New residents can be vaccinated as they move in, allowing for better protection. Further, the home will also be paid for any vaccinations they administer.</p> <p>Can a home still be offered the scheme if they don't have a registered nurse? CM answered that the regular system still exists for those care homes without registered nurses, and staff and residents would still be offered vaccines by GPs and outreach schemes during the winter campaign.</p> <p>If a provider has a group of homes, can one home register and administer vaccines at the other homes? Providers can use one home as a hub and administer vaccines at others, as this is what Hillcroft currently do.</p> <p>Does the registered nurse have to be working within a nursing role? As long as they are registered and trained they can administer vaccines regardless of their current role.</p> <p>Would a trained nurse be able to administer vaccinations at locations under the same provider that aren't care homes? They can and would be classed as a vaccination centre for that group.</p>
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	<p>Does anything need to be done about insurance/ Nothing additional needs to be done. While homes would be accountable, the programme has been created alongside the CQC and is covered under the CQC registration for a nursing home.</p>
<p>4) Julie Dockerty – Head of Service Adult Social Care</p>	<p>Julie Dockerty introduced herself as the interim Head of Service for Adults with Learning Disabilities and Autism. LCC are having an ongoing redesign of Adult Social Care, so there will be some new Directors and Heads of Service in the coming months.</p> <p>Julie raised issues around adult social care, including timelines of assessments and reviews, and managing changes to people's needs. The current Adult Social Care focus is managing risks in communities and getting care to those who may not have support at all. There are approximately 2000 people awaiting a care assessment, though LCC are finding there are a lot of contacts around equipment and accommodation. While these don't necessarily fall under the remit of Adult Social Care, this still takes time to determine and still affects their ability to respond. There are ongoing discussions about how best to redirect these questions, such as making sure those around finance go directly to the correct finance team. Julie recommended that providers make it clear that something is a finance issue when contacting Customer Services, so that it can either go quickly to the relevant finance team or to Care Navigation to amend a CPLI.</p> <p>Providers raised several issues. Some are having trouble raising issues on the phone as they can't get through and never get a call back, meaning they are not able to. They also get cut off after waiting for so long. Julie stated LCC are aware of the administrative issues and are investigating potential fixes.</p> <p>There are ongoing issues with CPLIs overrunning across payment periods, and providers asked if some could go into different payment periods to help with cash flow.</p> <p>Katie Barnes raised that social worker allocation is an ongoing issue. Residents often don't get allocated people in the time period necessary, and there is a sense that social workers view people as safe in a care home when they may still need additional support.</p>

	<p>Providers raised issues around self-funders who are running out of money and need Local Authority funding. They are often unable to get involvement in time, and can therefore become unable to pay for several months. There have also been issues with rebates in this situation, as LCC won't pay the care home until they have received the family's contribution, but the family can't pay until they have received money back from the care home. Julie Dockerty stated that LCC recognise there is an issue with people moving from health or self-funding responsibility. LCC are taking steps to address communications and processes to ensure queries go to the correct place more quickly.</p> <p>One provider suggested providing feedback to CQC. Katie Barnes answered that these issues were raised during the CQC inspection, and that feedback should be released in the next three weeks.</p> <p>One provider asked if these payment situations would come under safeguarding, especially as there are issues with risk to provider cash flow and the ability to provide services. Katie Barnes advised providers to raise safeguarding alerts in required. Julie Dockerty added that she saw these issues as a contractual matter.</p> <p>One provider suggested that they would like more clarity around the escalation process within LCC. Another suggested doing impact assessments, especially around the self-funder cash flow situations. Katie Barnes suggested branching off from the forum with an isolated meeting to discuss the processes and the issues.</p> <p>Another provider suggested there is no consistency of process and it could vary depending on which social worker a home is working with.</p> <p>Another home raised that they kept having to chase LCC as they keep adding an end date to emergency care that needs extending. They asked if LCC could change the software to either not require an end date or prompt someone to ask the home if the person is still there. Sumaiya Sufi stated that the end dates had been put in because there were overpayments due to providers not informing LCC in a timely manner. This meant LCC were having to claw back significant amounts of money.</p>
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	Sumaiya Sufi asked providers to send her details of any specific cases at Sumaiya.sufi@lancashire.gov.uk so she could investigate.
5) Andrea Cox and Hannah Parkinson – Short Term Beds	<p>Andrea Cox introduced herself as the Commissioning Manager leading on Intermediate Care. She gave a presentation on Short Term Beds and the External Preferred Provider List (EPPL). It will be included with the notes.</p> <p>The original contract was a variation on what was already existing and has been extended to April 2026 as LCC procure for their new EPPL list. The slides include an overview of the current offer and service specification, as well as the proposed new approach with an open framework.</p> <p>A questionnaire has been sent out. There have been 58 respondents so far, and Andrea encouraged everyone who hadn't yet responded to do so.</p> <p>One provider raised that people tend to stay on the short-term pathway on a more long-term basis, and it felt like a backward step for person-centred care as several people cannot go home, and the residents don't get their choice if the local authority is the first option.</p> <p>Katie Barnes raised an issue with the name "Preferred Provider List" as "Preferred" implied quality, and the optics need to change. She suggested "Engaged" provider list instead.</p> <p>There was one provider where a resident wanted the service but were informed the provider were not on the EPPL, even though they had been assured they actually were</p> <p>One provider raised that social workers had asked them about the short-term beds fee, but it is a set fee. Andrea Cox and Sumaiya Sufi agreed there needed to be internal discussions about the fees.</p> <p>How do LCC meet the requirement to allow people to choose if they block people from choosing placements that aren't on the EPPL? Sumaiya Sufi stated that there is a choice of accommodation policy. LCC have taken legal</p>

	<p>advice and will do so again to ensure they are meeting their statutory duty.</p> <p>One provider requested some data about how many short-term bed placements become long-term, and how many go to LCC home and how many come to external providers. Providers also asked for information on occupancy levels of internal homes compared to external homes.</p>
6) Joe Cragg - Ebrokerage	<p>Joe Cragg introduced himself as a commissioning manager and presented some slides giving an overview on the Ebrokerage system. They will be included with the notes.</p> <p>Ebrokerage has already been introduced for Homecare, and LCC would like to bring it in for sourcing for Residential and Nursing Homes. There is a list of benefits of the system outlined in the slides.</p> <p>A provider asked how they would hear back about bids, as they would often bid for multiple clients with one bed. Joe Cragg stated that there will be timed responses, though LCC are currently setting requirements on the system. Ebrokerage will allow for more information to go to providers. When something is awarded, all providers who have submitted a bid should be informed.</p> <p>Providers raised that there are still issues with the Ebrokerage system for Homecare, and suggested perfecting it for Homecare before rolling it out further. There were also concerns about response times for any bids. Sumaiya Sufi agreed to take concerns back for internal discussions while setting up the system. Joe Cragg added that timescales for responses need to factor in discussions with the person about their preference, and Sumaiya Sufi added that they are limited by hospital discharges. Providers asked if they would be able to withdraw an offer after close if they get other offers on the bed. Joe Cragg agreed to consider that point.</p> <p>The presentation had a timescale for stages including provider testing at the end of July, and virtual training in September. Sumaiya Sufi requested that providers are vigilant about their emails so that they register within the timescales LCC are asking them to. There were concerns raised about the tightness of the timescales. Sumaiya Sufi</p>

	<p>stated that there could be discussions around those, and there could be additional supports for providers if needed.</p> <p>There was a question if there would be KPIs relating to responses to packages, as there are with Homecare. Sumaiya Sufi answered that, while Care Navigation have internal targets, and there are KPIs for Short-Term Beds, there are currently no KPIs within the res and nursing contract. Katie Barnes suggested LCC learn from the last system that was introduced, and there will need to be potential retraining in November. Joe Cragg confirmed there would be ongoing support after October.</p> <p>Someone asked if providers would be prompted if there are new packages. Joe Cragg confirmed there would be an email prompt.</p> <p>An information form will go out for feedback in the next week, so providers can suggest any missed categories and services. The survey itself will then go out as a Microsoft Forms questionnaire.</p> <p>If there are any questions, please contact Joe Cragg via joe.cragg@lancashire.gov.uk.</p>
<p>7) Angela Clarke – Integrated Care Board Update</p>	<p>Angela Clarke introduced herself as a Care Sector Clinical Lead, and Fatema Nakhuda introduced herself as a commissioner for the ICB.</p> <p>The DHSC and the NHS England are merging, and ICBs are having to drop around 50% of their running costs. Lancashire and South Cumbria must drop 47%, though they are still waiting for a forward plan and information from central government. Until they hear otherwise, Angela's team is still there to support providers. They are currently working to onboard new providers and calling those who they have started additional contracts with.</p> <p>The current workstream focuses are professionals and care, end-of-life, eye care, dental work, and Safe Care Forums. The next Safe Care Forum is due around November, and they are hoping the focus will be pressure ulcers and mental capacity, though there maybe future ones about end-of-life and oral care work. Please ensure the ICB has your correct email for the distribution list. There is ongoing safe care and pathways work to get escorts into the hospitals, though it is still not finalised. If</p>

	<p>there are any problems in health settings, please let Angela's team know.</p> <p>The team are aware of issues in the sector around continence and delays in FNC payments. There was a question about when the FNC payments changed over and why. Angela stated she had discussed the matter with Paul Whittle. His team are aware of the delays, and a paper is in the process of being finalised. Angela asked for any specific cases to be sent to her so she could direct them to the correct place.</p> <p>There was a question about fast tracks of end-of-life patients, as one provider in Ribble Valley had not received any. Fatema Nakhuda stated that there is a RAG rating system that could affect offers but asked the provider to contact her directly so she could investigate.</p> <p>Another provider asked about a situation where the family are having to pay following an MDT meeting after having understood the person would receive CHC funding. Angela asked for specific cases to be sent to her team directly so she could investigate.</p> <p>A provider from Sandy Banks asked about 1-to-1 funding, as they had someone come in on 1-to-1 due to safeguarding, but progress is stuck because there's no FNC payment or DST. Angela requested more details so her team could investigate.</p>
8) Any other business	<p>Katie Barnes stressed the importance of networking as providers and warned that the forum needs to have a purpose with the changes to the Local Authority. She asked people to respond to any surveys.</p> <p>One provider raised that there are some ongoing discussions about a Care Association, and he will be in touch with Katie Barnes.</p>