

**LANCASHIRE COUNTYWIDE RESIDENTIAL, DOMICILIARY AND NURSING
CARE PROVIDER FORUM**

**23rd January 2025 2pm-4pm
Microsoft Teams**

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 forum and thanked attendees for coming.
2) LCC Public Health – Dental Health Epidemiology Survey (Louise Day)	<p>Louise Day introduced herself as a Public Health Commissioner at LCC. The council take part in a national dental health survey every year, managed by the Office for Health and Improvement and Disparities and commissioned through local authorities. Every year, focuses on a different demographic, and this year the government has chosen over 65s in care homes. The surveys are carried out by Jane Pearson's team at the School of Dentistry at UCLAN in Preston.</p> <p>Jane Pearson shared a presentation, which will be distributed with the minutes. They have been sent lists from CQC and must find a set number of people for the survey; 1200 in 22 weeks. The aim is to estimate population oral health status within this demographic. The questionnaire takes around 30 minutes per person. They need to see a minimum of 6 sites, and a maximum of 10 per district, with an aim to see minimum 100 people per district. They will be contacting Care Homes, though they have had difficulties finding enough people with the mental capacity to agree to the assessment.</p> <p>If any questions, please contact Jane via jpearson@uclan.ac.uk or 01772 895870.</p> <p>Katie Barnes asked for clarification on capacity. Jane Pearson answered participants need to be able to agree to take part. However, agreeing to take part hasn't always meant people are willing to take part when the team visit.</p> <p>Rosemary Cowell asked if this would be suitable for someone who couldn't get a dental visit. Jane Pearson clarified that this is a survey rather than a full dental examination. However, they can recommend pathways to</p>



	<p>people they see. They have also advised dental networks of a potential increase in people to see.</p> <p>Sumaiya Sufi asked all attendees to share info about the project with their admin teams, to ensure everyone is prepared to receive the call. LCC will reiterate the message at the forum in March.</p>
<p>3) LCC Updates (Sumaiya Sufi, Hannah Parkinson)</p>	<p>Post-Christmas has been a busy time for Care Navigation. They had system issues over the weekend which have been resolved. They are exploring E-Brokerage, which will be going live with Homecare in February. The hope is that it will go live for other areas of the business subsequently, leading to more efficient turnarounds.</p> <p>There has been wholesale leadership change at LCC. Sumaiya Sufi presented a new structure chart which will be distributed with the minutes. Several roles are interim as LCC are waiting to appoint a permanent Chief Exec in February, who will then make permanent appointments. LCC will provide updates of any further changes.</p> <p>LCC has received notification of inspection by CQC. They have submitted the self-assessment and the site visit will take place week commencing 24th February 2025. LCC have selected six providers from those who volunteered to speak to LCC, and they are confident that will be representative of the market. The cohort includes Katie Barnes as chair of this forum and Caroline Cosh as chair of the Homecare Forum.</p> <p>Sumaiya Sufi gave a reminder about the Skills for Care Adult Social Care Workforce Data Set. If providers complete it, they get access to subsidised training by applying for money from the Adult Social Care Workforce Data Fund. Lancashire has previously done well on returns but has some work to do to hit DHSC targets. We are aiming to beat the 80% completion figure Blackpool are currently at. Providers may be contacted by Sumaiya or by Andrea Seed, and there may be larger sessions to drive engagement. Matthew Errington, locality lead for Skills for Care, is also willing to visit homes to help with their returns. There is an inbuilt training matrix in the platform, which can help when returning information to LCC. The inputted data also informs national policy and practice, and if Lancashire issues are represented there is a higher chance they will be highlighted on a national</p>

basis. Katie Barnes added that the platform can also share data directly with CQC through a function providers can turn on and off.

LCC have been trialling the PAMMS assessment monitoring solution with their in-house homes and want to expand the trial over the next year. LCC have identified a cohort of homes to contact, but if it appeals to anyone, please contact Sumaiya via Sumaiya.sufi@lancashire.gov.uk.

Commissioning

Mike Alsop introduced himself as the new Head of Service for Commissioning, Brokerage and Market Shaping. He thanked all providers who returned the consultation exercise back in October. The response didn't meet expectations for engagement, so LCC will be investigating how they can do better getting that feedback. However, Commissioning have used the information they did receive to inform the fee setting work. It has been a challenging year for fees for Local Authorities across the country. The report will be discussed at the Cabinet meeting on the 6th of February. That will be followed by the call-off period. After that, the uplifts will be communicated to the market. General inflation, National Living Wage, and National Insurance increases have all been considered for the report. Mike Alsop warned that uplifts may not meet expectations, but the position of the market was still healthier than other local authorities, and this has been the most challenging time financially across his career.

Hilary Briggs from Thornton Lodge asked about the council's stance on top-ups, due to the strain smaller providers may be under. She also raised that LCC are charging more in their own homes than they are paying providers. Mike Alsop answered there is nothing in the fees paper about top-ups as it is a separate issue. There is no strict policy on top-ups as LCC are aware providers charge them, and it is a symptom of the lack of public money in the market. If LCC don't have the money, they can only advise how much they are able to pay, which, while not ideal, is the reality of the current landscape. Mike added that LCC are continuing to lobby as much as possible to get more budget into Adult Social Care. LCC will have to investigate top-ups internally, but it will always have to be in line with what the council can afford. They

	<p>are also hoping to address having set rates around residential and nursing care in the future.</p> <p>Hilary Briggs raised that there needs to be more information going to social workers about payments in the deferment scheme. Mike Alsop agreed to investigate what guidance goes out to social care staff. Sumaiya Sufi added there have been internal conversations about ensuring that financial information is shared consistently. They will feed back into the PPG for Adult Social Care.</p> <p>Belinda Finch asked via chat if LCC could give providers a figure of what each Resident placement in a local authority home costs. Sumaiya Sufi answered that it is published with the cabinet reports, and providers can request a copy of the current fee structure via contract management.</p> <p>Hannah Parkinson introduced herself as a Commissioning Manager with LCC. She is working with Maxine Smith on the procurement of Residential and Nursing Contracts. LCC are planning to have a framework for providers to apply to. There will be engagement sessions in the early summer months to communicate ideas to the wider market. LCC are using feedback from providers about the previous contract to inform planning. They will be updating the terms and conditions, including service-specific specifications to cover residential, nursing, enhanced care, and younger adults. LCC will be making sure that providers are involved throughout the process, and Maxine and Hannah have been visiting homes to inform the basis of the service specifications. Katie Barnes stated it is important that providers are involved in the process and being listened to, and advised the providers to get in touch with LCC if they would like Hannah and Maxine to visit their home.</p> <p>Belinda Finch asked, via the teams chat, if this work is a cost cutting exercise. Mike Alsop answered that it is not, and is an opportunity to really look at the residential care market, gain a better understanding and develop a strategy together which will take us into the future and ensure a resilient and strong market and good services for residents.</p>
4) Integrated Care Board (ICB) Update	Rosemary Cowell introduced herself as the Clinical Lead for the care sector in Central Lancashire. She stated that

<p>(Rosemary Cowell)</p>	<p>the ICB really values the work that providers are doing in care homes.</p> <p>The ICB are focusing on areas such as pressure ulcers and falls. One of their aims is to help homes with quality. If anyone is struggling, please speak up. They are also hoping to hear if people are getting their rounds from. If not, please get in touch via rosemary.cowell@nhs.net.</p> <p>Please be aware the Health and Social care hub is closing at the end of March.</p> <p>There is an upcoming transformation meeting with LSCFT and LTH.</p> <p>If there are any questions, please contact Rosemary.</p> <p>Chat asked if the ICB will be providing training for pressure care and falls. Rosemary Cowell updated that they will be discussing it in upcoming meetings, as it is a massive issue. There has been work to install NOBI Lamps, though some homes don't have strong enough WIFI. The ICB are investigating technology to help with that.</p> <p>The ICB team is available if Care Homes need them. They will be distributing information packs, which they are hoping to incorporate with the LCC information Sumaiya sends out.</p>
<p>5) LCC Financial Assessment Team – Deferred Payments scheme (Adeel Khan and Antony McCarthy)</p>	<p>Antony introduced himself as Team Leader of the Deferred Payments team. Adeel Khan introduced himself as the Care Finance Manager, overlooking Deferred payments. There is also a legal team involved in setting up deferred payments, and the team tends to communicate with service users and their families rather than providers.</p> <p>Antony gave an overview of the process. A resident will go into a care home with care commissioned by social care. That will go to the Financial Assessment team who complete a financial assessment, establishing if that person owns property. If they do, for the first 12 weeks of stay it is disregarded, but is included from the 13th week. If that means they have more than £23250 in assets they are liable to pay something, so the case is referred to the Deferred Payments team.</p>

As a Deferred Payments Agreement is a legal agreement, the individual must have capacity or a legally appointed person with the power to manage finances. If they don't, they will be allowed time to get representation in place. LCC will offer the deferred payments scheme but cannot force someone onto it.

There are fees involved, including an administrative fee of £998 and interest of 4.25% on borrowings, which is reviewed twice yearly. There needs to be security for the loan, so LCC investigate if the property can be used, and check if there is equity release or any restrictions. They then complete an independent valuation of the property and issue legal documents. This is all following discussions with family and SU. Once checks are complete, they submit paperwork to legal department and process that with the land registry.

Hilary Briggs asked if the deferred payment is automatically on LCC rates or if they talk to the designated provider first. Antony McCarthy answered that rates would be based on the agreed commissioned care. Sumaiya Sufi added that the discussion about rates would have to be part of the initial stages of the care assessment between the social worker, individual, their family, and the care provider. Hilary Briggs raised that there have been instances of providers not finding out someone has moved onto deferred payments until they check the portal and find they are receiving a lower payment that they have not agreed to. Several providers echoed this experience. Katie Barnes agreed the figures meant it was cheaper to go through the deferred scheme than private care. Hilary Briggs added in some cases she felt the social worker had pushed individuals onto the deferred payments scheme. Sumaiya Sufi stated that the conversation can be had internally with social work colleagues now LCC have heard feedback from providers.

Dawn raised her provider had a gentleman who had been paying £900 and moved to deferred payments, and the social worker had refused to move away from the standard LCC rate. They also had the daughter visit in tears because she had received a bill from LCC for £14000 and hadn't realised that she had to pay for the first 12 weeks. Adeel Khan stated this would all be contained within the Deferred Payments agreement and should be discussed with the family. Dawn added that

there was an issue with asking people who may not have a financial understanding to understand complicated financial terms and procedures. Sumaiya Sufi agreed and added LCC are aware they need to improve that process at the social work level. Dawn also asked how social workers can decide standard rate is acceptable. Sumaiya Sufi answered that the situation would require internal discussion and a steer from the leadership to make sure there is a consistent message going out to and from all teams. Katie Barnes requested a social care team representative at the forum. Sumaiya Sufi agreed to ask the interim director or the principal social worker to attend.

Dawn raised an issue where a social worker had advised a resident that he couldn't pay a third-party top-up, and that it had to be his sister. The social worker claimed that they hadn't heard of a first party payment. Antony McCarthy advised that the person can pay the top up themselves for the first twelve weeks, and then it would need to move to a third-party payment to ensure there is someone to pay in case they use up the equity in the property. He added that not everyone can go on a deferred payment, even if they have a property, as there are eligibility criteria and sustainability criteria to meet. Dawn clarified the person in question doesn't have property but had money in the bank and wanted to pay the top up. Antony McCarthy advised that he would not be able to as it wouldn't be sustainable as that capital might run out. Adeel Khan added that there was a risk in cases where that might run out that the care home would ask them to move out which has an effect on that person's health. For deferred payments, there has to be enough equity in the property to sustain a top up for three years for nursing care and five years for residential care. If someone is no longer able to afford a top up, the family would need to come to the Adult Social Care Hub and request a reassessment.

Hilary Briggs raised that they were finding a gap between the end of D2A and the financial implications discussion with residents. She felt the local authority should be responsible for the financial cover of that gap. Sumaiya Sufi answered that Care Navigation ask what the fee will be post the D2A or Short-term bed period. If there are issues in individual cases, the service user or their family need to raise it via the hub.

	<p>Amanda Brelsford raised she had a resident who was living with family for over three years before moving into the residential home. She sold a bungalow but invested that money in a property for her family. LCC were covering fees but had assessed her as having funds because she has capital invested in a property that doesn't belong to her. What happens when her money runs out? Antony McCarthy answered that LCC must follow the Care Act and guidelines, and if the person is deemed to have deprived themselves they will be assessed as having the assets and therefore would be liable for the full cost. If the money runs out social care would get involved. Adeel Khan added there are legal ramifications in these cases and Legal would get involved. Sumaiya Sufi advised Amanda to contact social care a few months before the money runs out to arrange a social care assessment and a care act assessment.</p> <p>Sumaiya Sufi asked how deferred payments work with the annual uplift of fees. Antony McCarthy answered that individuals always continue to pay their contribution to the placement, and they would automatically start borrowing the increase.</p> <p>Any further questions please contact deferred payments team via dpateam@lancashire.gov.uk. Due to data protection, they will not be able to pass on much information on individual cases, but providers may pass on the deferred payment team's details to service users' families.</p>
<p>6) Chair Facilitates Discussion (Good Practice/ Innovations/ Any other Business)</p>	<p>Sumaiya Sufi will try to get social work representation, and Clare Mattinson to attend as director of commissioning, for future forums. The outcome of the fees can be discussed at the next meeting.</p> <p>Nadine Phillips raised the Providers Unite movement, which is to help providers to push the government to look at fees www.providersunite.co.uk</p> <p>If anyone has any ideas or requests for future topics, please contact Sumaiya Sufi via Sumaiya.sufi@lancashire.gov.uk.</p> <p>Katie Barnes raised training and PCNs, as they are trying to get something started in the Fylde and Wyre locality.</p>

	<p>Louise Mattinson asked about update on the hospital escort issue from the previous meeting. Sumaiya Sufi updated that LCC are finalising the communication and principle as they need buy-in from all the local authorities across the area. She will be discussing it with Legal tomorrow.</p> <p>If anyone from the Fylde Coast wants to join the Last 1000 days project, please let Katie Barnes or Sumaiya Sufi know.</p>
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