

Telford & Wrekin Council

Right Help, Right Time to Promote Independence

Managing Provider Business Failure Overview & Contingency Plans



Managing Provider Business Failure Overview & Contingency Plans Governance

Title	Managing Provider Business Failure Overview & Contingency Plans
Purpose/scope	To set out the arrangements relating to regulations and the Guidance as our temporary duty to responding to provider business failures to continue to deliver care and support. The policy sets the councils obligations and responsibility in meeting that temporary duty imposed on the council under sections 48-52 of the Care Act 2014
Subject key words	Council obligations Provider failure Legislative provision Prevention & Mitigation Legal duty Quality assurance and market oversight Risks Contingency planning
Council Priority	Protect and support our vulnerable children and adults Improve the health and wellbeing of our communities and address health inequalities
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1 Introduction

“**Business Failure**” where the Provider is not an individual is defined under sections 2-5 of the Regulations as follows:

- (a) The appointment of an administrator
- (b) A receiver is appointed;
- (c) An administrative receiver
- (d) A resolution for a voluntary winding up is passed other than in a members’ voluntary winding up;
- (e) A winding up order is made;
- (f) An order by virtue of article 11 of the Insolvent Partnerships Order 1994 (joint bankruptcy petition by individual members of insolvent partnership) is made;
- (g) An order by virtue of article 11 of the Insolvent Partnerships Order (Northern Ireland) 1995 (joint bankruptcy petition by individual members of insolvent partnership) is made;
- (h) The charity trustees of the provider become unable to pay their debts as they fall due;
 - (i) Every member of the partnership (in a case where the provider is a partnership) is adjudged bankrupt; or
 - (j) A voluntary arrangement proposed for the purposes of Part 1 of the 1986 Act or Part 2 of the 1989 Order has been approved under that Part of that Act or Order.

Where the Provider is an individual, “**Business Failure**” means that:

- (a) The individual is adjudged bankrupt; or
- (b) A voluntary arrangement pursuant to Part 8 of the 1986 Act or Part 8 of the 1989 Order is proposed by or entered into by the individual.

This Plan covers what we have identified from the Act, the Regulations and the Guidance, as our ‘Temporary Duty’ to responding to Provider Business failures to continue to deliver care and support. The Plan will identify the Council’s obligations and responsibility in meeting that ‘Temporary Duty’ imposed on us under sections 48-52 of the Act. It sets out our contingency plans for various Care Provider organisations to support, offer advice, guidance and signpost individuals to alternative accommodation and placements.

Care and support provision may have to suddenly cease because of a Provider’s Business Failure or be affected by service interruption, and notice of this could be at short notice following intelligence from the CQC (where the Provider’s business is covered by the Market Oversight regime) or by coming to the Council’s attention where it isn’t, and that will trigger the Council’s ‘Temporary Duty’ and this Plan sets out the process to be followed if this occurs.

Contracts between a Provider and the Council require the Provider to have a Business Continuity Plan in place which (amongst other things) outlines what information the Provider holds on residents should an eventuality like this arise. Regardless of the robustness of the Business Continuity Plan, there is still likely to be possible part closure of service i.e. reduction in beds or termination of Nursing or Residential placements. In the event of service interruptions, it would be expected that although the service will have an Emergency, Rapid and Programmed closure plan in place that there will be sufficient time to activate this plan and to put measures in place to ensure the residents’ are re-accommodated. Where there is no contract between the Council and the failed business the Council will not have any Business Continuity Plan to rely on but will instead have to rely on powers under the Act to request all information it needs.

The Council will work with internal teams, external agencies and other professional bodies to assist the re-accommodating residents (where necessary) and to ensure a safe transition period of service users.

Where an Administrator has been appointed to administer a failed business the Council's 'Temporary Duty' is not engaged but the Council will be expected to cooperate with the Administrator whilst he/she is running the business. This will allow time for the home to be sold, or to be taken over by another Provider.

Should the measures put in place by the Administrator fail, the Council has a duty of care and a responsibility for all residents within the Council.

In all circumstances a coordinated approach and response between the Council, Telford & Wrekin CCG, the Administrator and the Provider will be required. This plan outlines the arrangements to be put in place to respond to this type of event.

2 Council Obligations

It should be noted that the Council has an obligation for **ALL** residents within the borough of Telford and Wrekin that are affected or displaced regardless of whether they are funded by the Council or not. This means that the Council's 'Temporary Duty' applies irrespective of whether the affected residents are funded by the Council.

2.1 Responding to our duty

The Act covers all people receiving care or support from a registered Provider undertaking regulated activity, our 'Temporary Duty' will be activated when due to business failure this care or support provision ceases. Our duty can be triggered for contracted and non contracted services within the Council.

2.3 Responding to our Temporary Duty

We have an obligation to respond and invoke our 'Temporary Duty' to individuals:

- Who have purchased the care and support privately.
- Where care and support is being purchased by other local authorities.
- That are not ordinary resident in the Council's area.
- That have not been assessed as requiring the care and support they are receiving.
- That do not meet eligibility criteria or have not been financially assessed.

3 Legislative Provision

For the entire Provider failure closure scenarios addressed in this Plan the Council has a number of responsibilities and legislative measures to adhere to regarding our 'Temporary Duty'. The relevant legislation is set out below.

3.1 Care Act 2014 (Provider Failure)

Section 19 and 48 - 57 of the Care Act 2014, the Regulations and Guidance sets out the responsibilities for the Council in the event of a Provider business failure, and the need for robust contingency planning in advance to address service interruptions. This Plan will ensure the Council monitors and reviews Provider organisation on a regular basis to identify those that pose the greatest risk of failure for whatever reason.

3.2 Health and Social Care Act 2008 (Regulated Activity) Regulations 2010 apply

The Health and Social Care Act of 2008 established the Care Quality Commission (CQC) as the regulator of all Health and Adult Social Care services. Regulations are made under powers set out in the Health and Social Care Act 2008, and they provide more detail about the powers and duties the commission has, and about the duties that people providing and managing services have. The regulations made under the main Act change more frequently than the act itself.

3.3 Care Quality Commission (Registration) Regulations 2009

These regulations came into force on 1 April 2010. They apply to all regulated activities, and make requirements about the way that people who wish to provide or manage a regulated activity in England can become registered.

3.4 Care Standards 2000 (This is superseded by Health and Social Care Act 2008)

Provides for the administration of a variety of care institutions, including Nursing and Residential services, including the creation of the National Care Standards Commission, now the Care Quality Commission, to undertake the regulation of care.

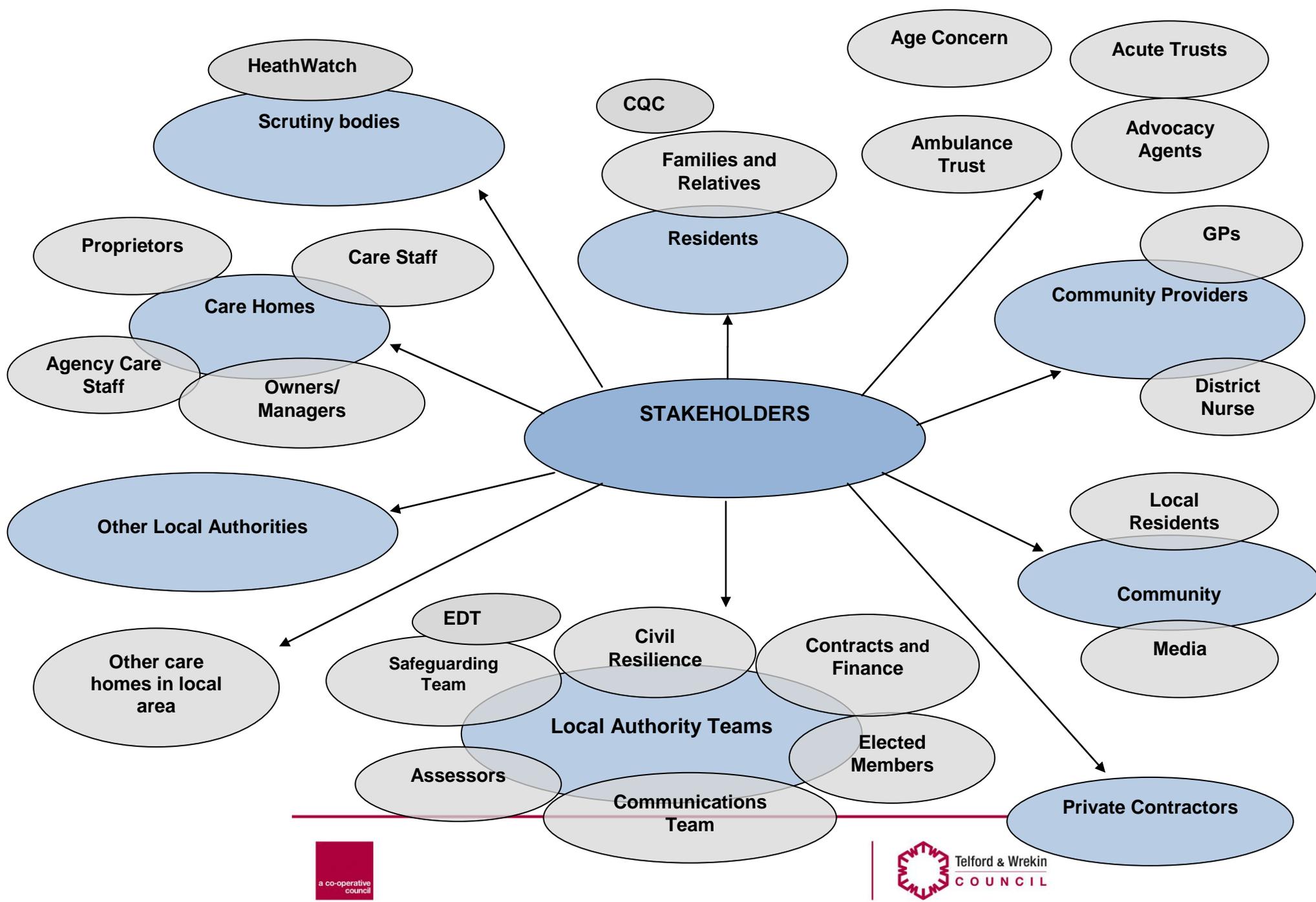
Definition of a care service as any home which provides accommodation together with nursing or personal care for any person who is or has been ill, is disabled or infirm.

3.5 TUPE (Transfer of Undertakings (Protection of Employment) Regulations 2006 (as amended by the Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014)

TUPE protects employees who belong to the undertaking (i.e. a project or work activity) that is being transferred. TUPE applies regardless of whether an organisation operates to make a profit or has purely charitable objectives and regardless of the size of the organisation. A TUPE transfer can involve just one employee

4 Stakeholder Map

The following diagram details all of the key stakeholders who need to be considered and involved whenever this Plan is activated.



5 Prevention and Mitigation

All Providers that the Council places residents with are required under their contractual terms to have fit for purpose Business Continuity Plans in place. This should now include a process for Business Failure. The Council has the right to request and scrutinise such Business Continuity Plans as it sees fit via Quality Assurance and Performance arrangements with its contract with the Provider.

6 Legal Duty

- The legal duty is to meet service users assessed eligible needs appropriately and safely, by either providing care for them, or buying it.
- Failure to discharge the duty could lead to foreseeable harm which may lead to a negligence claim.
- Leaving a person in an inadequate service facing the threat of closure, could lead to a breach of human rights **Article 3** No Torture or degrading treatment and **Article 8** right to private and family life, which would also open up a damages claim.
- The Council also have a wider health and well being responsibility under the Act and other social care related legislation and regulations.

7 Quality Assurance and Market Oversight

Under its contracts with Providers the Council has clauses that ensure proactive Quality Assurance and Performance measures are in place that monitor Service delivery, Safety, Performance and the Financial Stability of Providers.

Via its Quality Assurance and Performance Framework, and contracted processes -the Council has a good understanding of market sustainability and triggers for Care Provider failure. The Council will also be aware of how Providers are performing and their trading conditions.

7.1 Monitoring Approach

The Act establishes that the CQC will take on the responsibility for assessing the financial suitability of larger hard to replace Providers and will notify local authorities if they have concerns regarding the financial stability of a Provider, however, the Council has to be mindful that they will be critical or hard to replace Providers that are not in the CQC Oversight Regime therefore, the Council has scoped its local Residential and Nursing Providers and Domiciliary Care Providers to ensure all are monitored for Quality Assurance and Performance including financial triggers (Appendix 1&2)

As a result of the knowledge and understanding obtained on Provider performance and the financial stability of the organisation, the Council will be able to identify and work with those that pose the most risk of financial failure or service disruption and to address these interruptions. This may invoke our contingency plans or sign post where necessary. This is also coupled with information received in advance from CQC as a trigger regarding Providers in their regime that may be unable to sustain service provision.

T&W	Responsibilities to effectively address Provider Business Failure and Service Interruptions
Quality Assurance & Performance Officer,	<ul style="list-style-type: none"> To gather intelligence and information including quality assurance and performance data, staffing requirements, aware of overarching financial triggers and concerns. Quality Officers to share this with relevant stakeholders as appropriate e.g. CQC liaison group, Quality surveillance group, Contract and Commissioning officers, Internal teams and professionals. Quality Officers to be proactive to help anticipate and work with providers to prevent or delay closure. To maintain links with CQC with a view to early warnings where a provider may be at a risk of failure.
Contracts and Commissioning Contract Officer	<ul style="list-style-type: none"> To have a good knowledge of the Provider market and who can provide what service and whether alternative services need to be put in place. To engage with Providers via contract reviews. To negotiate alternative solutions. To work with other Commissioning bodies and Authorities' e.g. CCG and revisit pooled funding arrangements and other local authorities in cross boundary arrangements. To alert finance team of the situation and request Provider submits more detailed accounting documents and statements.
Finance teams	<ul style="list-style-type: none"> Finance to evaluate in depth Provider accounts and report.
Contracts Officer, Quality Officers, Finance Officers	<p>Contracts Officer to arrange review meeting to discuss the issues concerns:</p> <p>Attendees</p> <ul style="list-style-type: none"> Provider Organisation Contracts Officer Quality Officers Finance Officer <p>To share the outcome of the meeting with:</p> <ul style="list-style-type: none"> Senior management, Service Commissioner Adult Brokerage.

For the purpose of this Plan, the monitoring of services will cover the following service areas as regulated services:

Residential, Nursing and Domiciliary Care Market
Older People 65+ (Residential ,Nursing and Domiciliary Care)
People with Learning disabilities 18- 64 (Residential, Nursing and Domiciliary Care)
People with Mental Health needs (Residential, Nursing and Domiciliary Care
Physical Disabilities and Sensory Impairment (Residential, Nursing and Domiciliary Care

8 Market Composition Questions and Indicators

Following guidance from the Department of Health: *Cordis Bright Provider failure Tool Kit*, Market Composition Indicators are based on the service and provider market.

Example:

The structure of the existing social care market—number of beds, homes, domiciliary care offices, domiciliary care hours per week

Scale of provider’s operations—how big is the provider business in terms of homes operated, beds provided, domiciliary care offices operated, number of hours delivered per week.

Operating locations of the provider—is it a purely local provider, a regional provider or national provider.

Regulatory compliance—what is the level the regulatory compliance achieved by the provider in the local market and if they are a regional or national provider what is the level of compliance achieved elsewhere?

We will be using within our Monitoring Framework the following Market Composition Questions and Indicators for the regulated services areas mentioned above.

- Is the organisation well established and known as a well organised service
- Are they a national organisation and experienced in providing Care and Support
- Is the service a Local service not well known but known out of area
- Is the service out of area and not known
- Is the service a Local service and not well established
- Is the service a Local service known to be of concern to other authorities or with poor CQC rating

We will be working cross boundary and engaging with other regional local authorities to monitor provider organisations, share information, assess, analyse and scope the size and proportion of smaller local residential providers using the following model

Provider size	Range in home numbers	Range in bed numbers
Small	1-3 homes	1- 60 beds
Medium	4-10 homes	61 – 499 beds
Large	11 homes	500 beds or more

In relation to the size and sustainability of Domiciliary Care Providers we will be using the international accepted definition of Small Medium and large services to size our local providers.

Category	Employees
Small	Under = < 50
Medium	Under= > 51 <250
Large	Over = >251

9 Triggers for Provider Business Failure or Service Interruption

We have listed within our overall monitoring framework various triggers which could lead to a **Programmed, Emergency, Rapid or Temporary** closure of a Residential Care or Support service in Telford & Wrekin due to Business Failure. Included in the bullet points below (**bold**) are areas in which we will focus, some of these (indicated with *) are the most likely cause of business failure. *Source: Cordis Bright - Provider Failure Toolkit - Consultation*

- Lack of business continuity planning.
- Loss of financial stability
- Part closure or service Interruption.
- Bankruptcy.
- The service provider being placed in administration.
- **Are there any known issues around staff being paid below the National Living Wage**
- **Have the necessary Financial Accounts been submitted, on time, to Companies House**
- **There has been more than 1 request for quicker processing of invoices made by the Provider within 1 year.**
- **Any complaint, whistle-blowing or adverse press raising concerns about paying staff, reduction in available equipment, meal budgets or facilities.**
- **There has been a service modification, withdrawal, (such as removing Nursing care beds) or significant price increases have been made or proposed. Or, imposed restrictions of clients (i.e. Suspensions) within the last 6 months.**
- **The Closure of another Home or service within the 'group' of Homes/Services run by the Provider has taken place within the last year, or is known to be planned.**
- ***Higher staff turnover and / or higher degree of use of agency staff compared to other similar providers.**
- *Failure to adequately respond to compliance requirements.
- *Running out of cash to pay staff and other creditors
- *Consistent failure to comply with regulations.
- *Running out of customers i.e low occupancy levels at the service
- Other business decision of owner / proprietor to close the business or sell the business.

10 Identified Risks Resulting from Provider Business Failure

- Moving residents may pose an increased risk to their well-being, so all measures should be taken to ensure any closure, part closure or interruption is dealt with in a planned and systematic way.
- There may be risk of heightened anxiety amongst public, staff and trade unions over the uncertainty of the care service future. The Public Sector (T&WC/CCG) has no responsibility in regard to the staff or union/company issues which remain a private sector concern. However we must ensure that residents and families are reassured that social welfare of vulnerable people will remain our utmost priority.
- There is a financial risk that the administrator will increase fees which would put an increased financial pressure on The Council and self funders.
An emergency relocation of vulnerable residents will produce an unacceptable and dangerous risk to older vulnerable residents.
- The moving of vulnerable residents over a short period of time is a dangerous and unacceptable risk which a rapid or emergency home closure presents which can lead to Resident's condition may deteriorate due to the shock of sudden move.
- Poor contingency plan which has not considered the event of business failure.
- Potential lack of suitable beds available with in the borough or with other local providers.
- Financial risks to the Council in securing alternative Care and Support Provision.
- Lack of communication between the Provider and Local Authority leading to actions taking place without the Council's knowledge.
- Potential negative media coverage may lead to increased alarm and anxiety.
- Reputation risks of Provider and the Local Authority.
- Closure of an establishment which operates multiple Care Homes, or the closure of more than one establishment at the same or similar time.

11 Response Team

Response Team (RT)

In the event that the Plan is activated this would trigger the attendance of key professionals with a dedicated role. As this is a Provider Business Failure issue the team will be made up of the following professionals to ensure an effective response and coordinated approach.

- Assistant Director
- Service Delivery Manager – Commissioning (Vulnerable People)
- Contracts Manager
- Contracts Officer
- Brokerage Manager
- Assessment and Case Management Team
- My Options Team
- Quality Assurance and Performance Officers
- Telford & Wrekin CCG representative
- CQC
- Safeguarding
- SPIC (Shropshire Partners In Care)
- CCG (where appropriate)

This team will provide a strategic management approach to the closure, ensuring an appropriate response is made and that staff “on the ground” are coordinated and provided with decisions and direction. In the event of a partial closure, depending on the issues which may causes a partial closure or termination of beds, the number and nature of stakeholders involved may vary.

When activating this Plan, it has to be considered that the Provider will have their own Business Continuity Plans in place which may mitigate the need to activate a multi-agency response to the closure. However, this plan outlines the worst case scenario where a multi-agency response is required.

12 Business Failure Plans

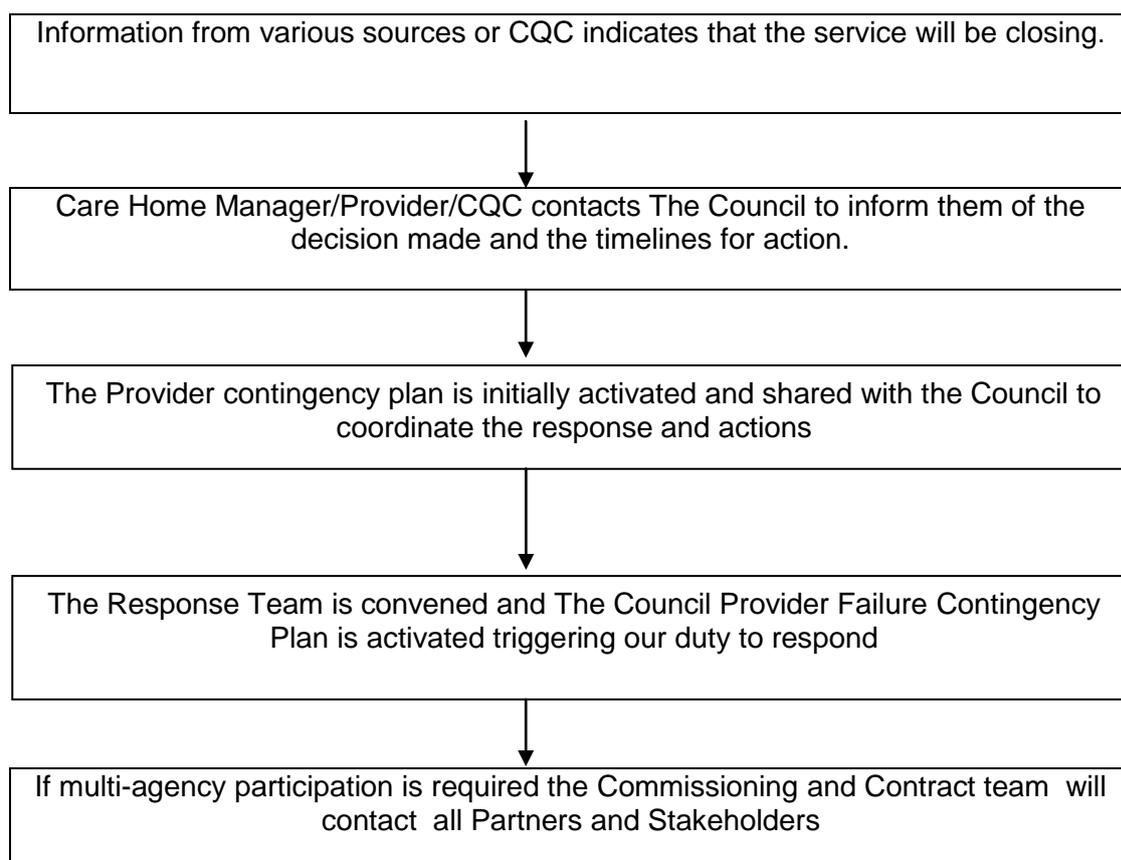
Section 1

Programmed Closure of Residential Service Provision

Programmed Closure and Escalation Process

The following triggers could arise which may lead to a programmed of a Residential Service Provision.

- Potential failure of service
- Potential service interruption
- Potential administration



Programmed Response Action Plan

In the event of an programmed closure of a Residential or Nursing care home within Telford and Wrekin, the following action plan checklist should be used: There will be a notice period for this type of closure which may take several months depending on the contract terms and notice period within the PPA (Pre Placement Agreement) and IPA (Individual Placement Agreement)

	Actions:	Joint Responsibility:
Contracts and Quality team	<ul style="list-style-type: none"> • Notification of closure from Provider to The Council. • Up to date list of residents required. • Arrange Initial meeting with Provider. • Identify members of the Emergency Response Team (ERT) Response Team meeting is convened. • Where there are resident from other authorities, other Local Authorities to be notified. • Seek advice from CQC and People Services on the use of interim Council staff from 'My Options Team' at the service to support or staff from other agencies. • The Council to work with SPIC to ensure providers, residents, families and staff are kept informed. • To Inform Communications Team and CQC. • To advise on the quality of alternative provision. 	Commissioning & Contracts Provider
Provider	<ul style="list-style-type: none"> • Letter to be sent to residents and staff informing them of the situation. • Obtain contact details of residents' main relative, carer and GP etc. 	Provider
Response team	<ul style="list-style-type: none"> • Establish timescales and allocate tasks • Identify residents funded through T&W • Identify residents funded by other L/A • Identify self funded residents. • Identify T&W CCG funded Service Users. • The Council to prepare and maintain a local stakeholder briefing summary for elected members and MPs. • The Council and T&WCCG to draft a letter of reassurance to residents and families. • The Council will work closely with Shropshire Partners in Care (SPIC) to ensure that any information is shared with providers, residents, families and staff. 	RT
Assessment and Case Management	<ul style="list-style-type: none"> • To undertake individual assessments/re-assessments, including Mental Capacity Act (MCA) assessments where appropriate. 	Assessment & Case Management

	<ul style="list-style-type: none"> • Telford & Wrekin CCG to also undertake assessments. This process is likely to be extensive and complex and may also give rise to reconsideration of joint funding, Continuing Health Care (CHC) Free Nursing Care (FNC) • Establish what support is available to enable residents to visit alternative services. • Identify residents who have special needs. • Identify residents who may wish to re-locate earlier rather than later. • Provide information and advice also signpost to other sources of information and support. • To ensure full consultation and involvement in the relocation process. 	T&WCCG
<p>Adult Brokerage:</p> <p>Where possible every effort should be made to fulfil personal requests such as home location or keeping groups of friends together; however it must be recognised that this may not always be possible.</p>	<ul style="list-style-type: none"> • Identify suitable alternative placements. • Obtain up to date list of bed vacancies. • Family members need to be contacted if they can return home this would be the best solution. • To triaged residence and prioritise accordingly. • To terminate IPAs with exiting provider and issue new IPAs with incoming provider. 	
<p>Finance</p>	<ul style="list-style-type: none"> • Identify the level of fees currently paid and the net cost to alternative provision. • Calculate overall cost of relocation. 	

Section 2

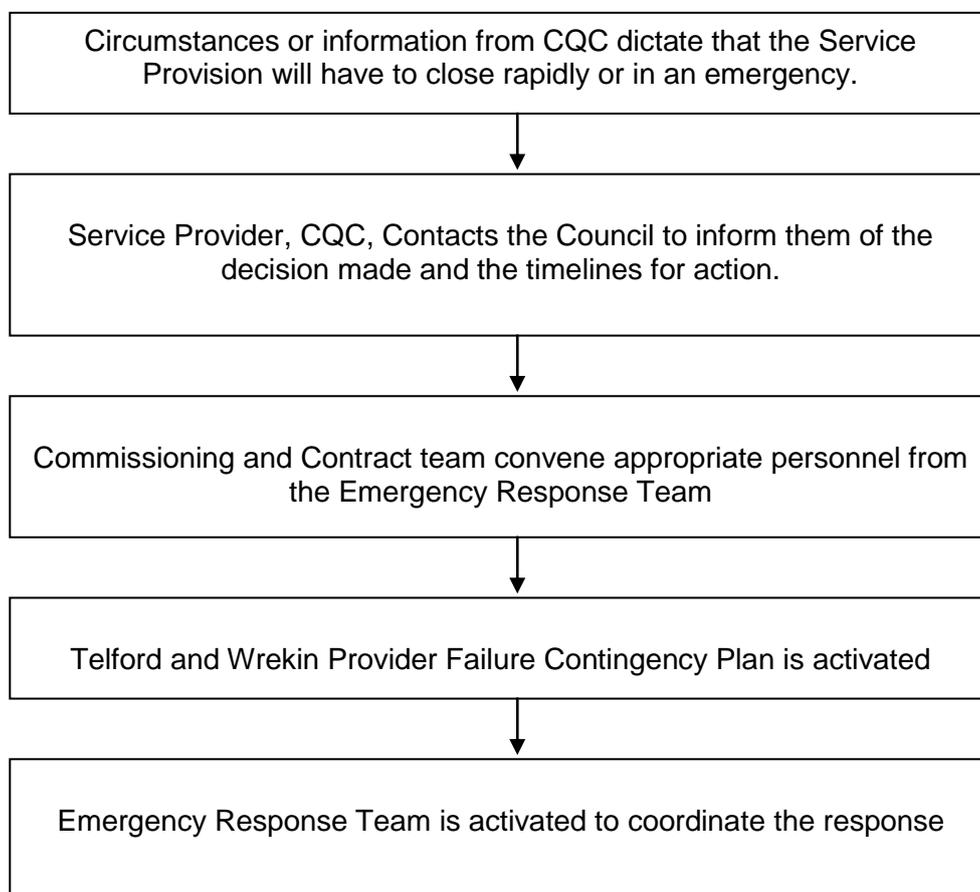
Rapid or Emergency Closure of Residential Service Provision

Rapid or Emergency Closure and Escalation Process

The following scenarios could arise which could lead to an Emergency, Rapid or Temporary closure of Service Provision:

- Bankruptcy of the service provision
- Service provision placed in administration
- Termination of PPA /IPA resulting in a 28-day closure notice
- Information from CQC Market Oversight
- Financial business failure
- Other business decision of owner / proprietor to close the business

Escalation Process



Rapid and Emergency Action Plan

In the event of a Rapid or Emergency closure of a Residential Service Provision, the following action plan should be invoked: There will be a notice period for this type of closure depending on the contract terms and notice period within the PPA (Pre Placement Agreement) and IPA (Individual Placement Agreement)

Rapid Response	Actions	Joint Responsibility
Commissioning and Contracts Team	<ul style="list-style-type: none"> • Activate the members of the Emergency Response Team (ERT). • To inform Telford & Wrekin Communication Team and CQC. • Meeting to be scheduled. • Determine any additional members that need to be present. • Arrange to meet with Provider Organisation and agree a closure date whenever possible. • Confirm the final closure date. • Provider to provide an up to-date list of residents, carers/relatives including funding source for the following groups: <ul style="list-style-type: none"> ➤ T&W funded residents ➤ CCG funded residents ➤ Self funded residents ➤ Residents from other Local Authorities • Where there are residents from another local authority, the ERT Chair will ensure that they are informed of the impending closure. • Seek HR / CQC advice on the use of T&W staff to support at the service or staff from external agencies. • Seek HR / CQC advice on the retention of Care Home staff through the use of short-term or casual contracts with TWC or another agency. 	Commissioning and Contracts Team Provider RT
Provider:	<ul style="list-style-type: none"> • Letter to be issued to each resident, relative, members of staff explaining the position. If the owner refuses or is unavailable to issues letters then the Director or Assistant Director of Adult Social Care to ensure letters are issued. • Obtain contact details of all resident's main relative/carer, GP etc 	Provider RT
Response Team	<ul style="list-style-type: none"> • Identify care managers/and others stakeholders to work with the Provider and to ensure these individuals have open and free access to the service during the relocation period. • Establish realistic timescales and allocate tasks • T&W will work closely with Shropshire Partners in Care (SPIC) to ensure that any information is shared 	RT

	<p>with Providers, Residents, Families and Staff.</p> <ul style="list-style-type: none"> • T&W will adopt a reactive stance to the media, in that we will not issue any press release but will respond to direct enquiries on a case by case basis. This may be reviewed, directly by the Director or Assistant Director of Adult Social, if information circulated by local media becomes excessively scaremongering or derogatory. • To prepare and distribute (via the Service Manager) a letter of reassurance to all residents and/or families, which will include assurances about our planning, response strategy, commitment to continuity of care 	SPIC
Assessment Case Management:	<ul style="list-style-type: none"> • Identify residents who have special needs who may need to be prioritised. • Are there any residents who may wish to re-locate earlier rather than later. • Ensure that there is full consultation and involvement in the relocation process. • Allocate support staff to individuals and their families. • To undertake individual assessments/re-assessments, including Mental Capacity Act (MCA) assessments where appropriate. • Telford & Wrekin CCG to undertake assessments. (This process is likely to be extensive and complex and may also give rise to reconsideration of joint funding, Continuing Health Care (CHC) Free Nursing Care (FNC)) 	<p>Assessment and case Management</p> <p>Telford & Wrekin CCG</p>
Finance	<ul style="list-style-type: none"> • Identify the level of fees currently paid and the net cost to alternative provision. • Calculate overall cost of relocation. 	

Section 3 Domiciliary Care- Provider Closure

The Council have a Domiciliary Provider framework agreement in place. Almost all of our Domiciliary Providers are part of this framework and contractual agreements are in place. All agreed Care and Support packages' are sourced from this framework in the first instance for individuals who require a Domiciliary Care Provision.

The Council ensures the Safety and Wellbeing of individuals. Where there is a failure or risk of failure to the provision of a Domiciliary Care agency; The Council has a duty to source alternative provision to ensure continuity of Care and Support is provided.

For those Providers who are not part of the framework spot purchased agreements are in place.

In the event of our duty being triggered and we are informed by the Provider Organisation of a pending closure to a Domiciliary Care agency on or off the framework the same roles, responsibilities and escalation process will apply.

Roles	Responsibilities
<ul style="list-style-type: none"> Contracts and Quality Team 	<ul style="list-style-type: none"> To convene relevant closure meetings with the exiting Provider agency and relevant internal professionals. To ensure the organisational Business Continuity plans are invoked. To identify self funders etc To ensure the exiting provider is compliant with all notices periods within the agreement.
<ul style="list-style-type: none"> Adult Brokerage 	<ul style="list-style-type: none"> To identify which individuals are in receipt of Care and Support and what level of service there are receiving. To secure continuity of care from a range of Providers via the Domiciliary Framework agreement. To ensure all IPAs are terminated and new IPAs with the new provider are completed.
<ul style="list-style-type: none"> Assessment and Case Management 	<ul style="list-style-type: none"> Responsible for making the initial contact with individuals. Re- assessing each unless there is an indication that one is needed, or a review of the individual was due. Updating and maintaining individual information and records. Attending relevant meeting as required
<ul style="list-style-type: none"> Finance 	<ul style="list-style-type: none"> To make emergency funding available To advise and assist on the credit of any funding paid in advance to the Provider. Identify the level of fees currently paid and the net cost to alternative provision. Calculate overall cost of relocation

Escalation Process

- 1- Notification of closure to Commissioning and Contracts team.
- 2- Schedule in relevant meetings e.g. Identification for time frame for the closure, adherence to the timeframe as set out within Terms and conditions of contract. Confirm 'individual care packages' and what is being provided,
- 3- Case management to contact and notify service user of change in provider and undertake a new assessment if required.
- 4- Provider to invoke their own Business Continuity plans and to work with the Council throughout the transfer.
- 5- Brokerage to source alternative Provider from the Dom Care framework, cancel ISAs and re issue new ISA with new Provider.
- 6- Contracts /Brokerage to identify individuals receiving care and support, cost of new package and negotiate where necessary.
- 7- Brokerage to schedule transport if required.

SECTION 4

Non Regulated Support Services and Self Funded Service Users Information, Advice and Signposting

The Local Authority has a temporary duty to meet the needs of all those affected by the business failure in their area, including:

- Those who have purchased the Care and Support privately
- Those whose Care and Support is being purchased by other Local Authorities
- Those who are not ordinarily resident in the Local Authority area
- Those who have not been assessed as requiring the Care and Support they are receiving, do not meet eligibility criteria or have not been financially assessed.

These types of service will cover:

- Floating support
- Sheltered Housing
- Short term supported accommodation
- long term supported accommodation
- Day Care Services
- Personal Assistants
- Information and Advice
- Advocacy

We have identified avenues to be accessed for Providers to support with Information, Advice and Signposting through:

- Telford & Wrekin - My life
- Brokerage Teams
- Access Teams
- Internal teams - My Options

Self Funded Service Users

We will identify these individuals as part of our overall Provider Failure Plan and indiscussion by the emergency Response team. We will work with the Provider and individuals and offer information, advice and signposting to alternative services as required.

Personal Assistants (PA)

Telford &Wrekin Council has no direct contractual link with the employee or Personal Assistant; however in relation to the Care Act 2014 and as part of temporary duty The Council has a responsibility to respond to the Provider Business Failure and ensure alternative support is accessible and available also to signpost employees in the right direction for help, Information, Advice and Support.

In light of Personalisation, many service users have chosen to have a Direct Payment or Personal Budget and choose to employ a Personal Assistant to assist them with their Care and Support requirements thus, enabling them to live an independent life as possible within the community.

We have advised clients that they must have their own contingency plans in place. This can be a family member or friend to support until an alternative PA can be sourced and recruited via the council's My Life (Personal Assistant) site or by other means.

In the case of an emergency situation where family members are unable to provide support, Domiciliary Care agencies can be contacted to ensure consistency and continuity of care. Agencies can be contacted on behalf of the employee via the Telford & Wrekin Brokerage Team, or if preferred the Brokerage Team will give clear information and advice on how they can do this for themselves.

Escalation Process:

- Personal Assistant failure to provide support
- Support may be unavailable from Friends or Family members
- The Telford & Wrekin First Point will be the first point of contact for employers.
- Employers will be signposted to the My Life site (Personal Assistant)
- A range of options and information will be available to enable the continuity of their care and support via the recruitment of another personal assistant that the employer feels matches their needs
- In emergency situations a Domiciliary Care agency can be contacted via T&W Brokerage Team or by the client themselves

Appendix One - TELFORD & WREKIN CARE HOMES

Provider Organisation	T&W	Home(s) Name	Service type	No of beds	Sizing Locally
Accord Housing	T&W	• Bennett House	OP Residential	45	
		• Cartlidge House	OP Residential	54	
		• High Mount	Residential ALD	8	
		• Ellen Court	Mental Health	7	
			Total	114	Medium
Mr C J Davies	T&W	• Bank House	OP Residential	20	
			Total	20	Small
Caretech	T&W	• Faycroft	ALD	6	
		• Laburnums		7	
		• The Bungalow		4	
		• The Crescent		4	
			Total	21	Small
Claremont Care	Newport - Telford	• Beaumaris Court	Nursing	30	
		• Stanford House	ALD	5	
			Total	35	Small
Combat Stress	T&W	• Audley Court	Mental Health	27	
Coverage Care	T&W	• Barclay Gardens	OP Residential	40	
		• The Cottage	Nursing	40	
		• Far Croft	OP Residential	41	
		• Lightmoore View	Nursing	75	
			Total	196	Medium
LJ Care Ltd	T&W	• Deansfield	OP Residential	15	
			Total	15	Small
Dimensions	T&W	• Doseley Road	ALD	5	
		• Keepers Crescent		5	
		• Maurice Lee Avenue		6	
		• The Grove		5	
			Total	21	Small

TELFORD & WREKIN CARE HOMES					
Provider Organisation	T&W	Home(s) Name	Service type	No of beds	Sizing Locally
Goldcare Future Management	T&W	• The Priory	Nursing	36	
			Total	36	Small
Avery Homes Ltd		• St. Georges Park	OP Residential	41	
			Total	41	Small
The Keepings	T&W	• Birkdale	OP Residential	27	
			Total	27	Small
Leegate Home	T&W	• Mayfield House	ALD	6	
			Total	6	Small
Morris & Co.	T&W	• Morris Care	Nursing	77	
			Total	77	Medium
Prokare	T&W	• The Limes • The Willows	ALD	6 8	
			Total	14	Small
Redwood Care	T&W	• Myford House	Nursing	57	
			Total	57	Small
Roden Homes	T&W	• Roden Hall	Nursing	50	
			Total	50	Small
Rylands Care Ltd	T&W	• The Rylands	Nursing	44	
			Total	44	Small
Select Healthcare		• Woodcote Hall	OP Residential	56	
			Total	56	Small
Spring Care	T&W	• Hatton Court	Nursing	60	
			Total	60	Small
Home Farm Trust		• Beech Spinney • Hermitage Way • Severn Cottage & Rose House • Wrekin Cottage	ALD Residential	7 7 19 16	
			Total	49	Small

Tracs Ltd	T&W	• Glanmore	ALD	7	
			Total	7	Small
TELFORD & WREKIN CARE HOMES					
Provider Organisation	T&W	Home(s) Name	Service type	No of beds	Sizing Locally
United Care Ltd	T&W	• The Rubens	OP Residential	26	
			Total	26	Small
Lotus Care Management Services Ltd	T&W	• The Villa	Nursing Total	36	
			Total	36	Small
Overley Hall School Ltd	T&W	• Station House	ALD	4	
			Total	4	Small
Sanctuary Care	T&W	• Lake view	OP Residential	60	
			Total	60	Small
Sambrook Care Ltd	T&W	• Sambrook House	OP Residential	28	
			Total	28	Small
Supported Homes Ltd	T&W	• Wrekin villa	ALD	5	
			Total	5	Small
Mr & Mrs B Wall	T&W	• Walnut Villa	ALD	6	
			Total	6	Small

Appendix Two - Domiciliary Providers

PROVIDER	AREA	FRAMEWORK	LOCAL PRESENTS	Size of Business Small = <50 Staff Medium = >51 <250 Large = >251
Bethphage	Adults	Y	Y	Medium
Accord Housing - Bournville House (extra care)	Adults	Y	Y	Large
Brockton Care	Adults	Y	Y	Small
Care Bureau (The)	Adults	Y	Y	Large
Carewatch	Adults	Y	Y	Medium
Carradice Care	Adults	Y	Y	Small
Choices Housing	Adults		Y	Medium
Custom Care	Adults	Y	N	Large
Direct Healthcare	Adults & Children	Y	Y	Large
Dimensions	Adults	Y	N	Large
Homecare4u	Adults	Y	N	Medium
Home Farms Trust	Adults	Y	N	Small
Human Support (The)	Adults	Y	N	Large
JK Caring for You	Adults	Y	N	Small
Kare Plus (Shropshire Branch)	Children	Y	N	Small
Paradigm Health and Social Care	Adults	Y	Y	Medium
Accord Housing - Parkwood (extra care)	Adults	Y	Y	Large
Peace of Mind Homecare Services	Adults	Y	Y	Medium
Sanctuary	Adults	Y	Y	Large
Sevacare	Adults & Children	Y	Y	Large

Supreme Home Care	Adults	Y	Y	Medium
Tailored Care	Adults	Y	Y	Medium
Tracscare	Adults	Y	N	Large
Trident	Adults	Y	N	Large
Vision Homes	Adults	Y	N	Medium
Voyage Care	Adults	Y	N	Large
We are the Care Company	Adults & Children	Y	Y	Medium

Appendix Three

T&W Communications Flow Chart and Process - To Follow