

# Adult Social Care and Health Directorate

## OPPD Home Care Purchasing Operations Guidance

<b>Issue Date:</b>	July 3 2017
<b>Review Date:</b>	July 3 2018
<b>Owner:</b>	Megan Brackenborough Change Implementation Team
<b>Version No:</b>	V0.9



### Welcome

Welcome to the Home Care Purchasing Operations Guidance. This document is intended to inform Older People and Physical Disability staff from the 3rd July 2017 and in the interim of Phase Three Implementation on roles and responsibilities in relation to the purchasing process, and managing expectations for home care. A Terminology Glossary has been included in Appendix 19 in order to support your understanding on this guidance. Please note that this document is not exhaustive and the policies (i.e. Risk Assessment, Direct Payments, Charging for Home Care and other Non-Residential Services Policies) and systems guidance available to KCC staff on KNet should continue to be referred to.

### Contents

1. Expectations of roles and responsibilities in relation to arranging home care	pages 3-9
2. Kent Enablement at Home (KEaH) 'Self Funder' process	page 10
3. Purchasing flowchart	pages 11-14
4. Process for moving Clients from Non-Contracted to Clustered Providers	page 14
5. Promoting Independence through Review (PIR) scheduling Flowchart	pages 14-16
6. Process for prioritising the placing of Clients on the waiting list	page 16
7. Multiple Notice of Termination Handback procedure	page 17
8. Individual Handback procedure	page 17

### Appendices

1. Guidance on recording and escalating performance management information
2. Form for referral to KCC Purchasing (new/changes on existing)
3. Standard email template (missing/ incomplete referral information)
4. Allocation tool/Purchasing Protocol for Clusters
5. Package of care (POC) confirmation – form for use by Providers.
6. Clustered Provider decline – standard e-mail template from KCC Purchasing to Clustered/ Contracted Provider
7. Individual contract ('Indi') or exceptions placement flowchart (for identifying the type of Non Contracted Placement)
8. Non Contracted Providers (exceptions placement list)
9. Indi process flowchart (to create an SDO)
10. PIR Notification email (Purchasing to Case Management worker)

11. PIR Appointment Confirmation Letter (PIR Admin/Purchasing (WK) to Client/Client representative).
12. Sustainability Matrix.
13. Area / Locality Purchasing Officer (PO) Weekly 'Wash- Up' meetings – Standard Reporting Template.
14. County PO Peer Group meetings – Standard Reporting Template
15. Contract Management Schedule
16. Monthly Operational Cluster meetings
17. Quarterly Area/Locality Operational Forums – Terms of Reference and Membership (Contracted & Non-Contracted Providers)
18. Quarterly Area/Locality KCC Cluster Commissioning Liaison Forum - Terms of Reference and Membership (Cluster Contracted Providers only).
19. Terminology Glossary

### Expectations of roles and responsibilities in relation to arranging home care

Expectation of roles and responsibilities in relation to domiciliary care purchasing							
	Adult Community Team	Short Term Pathway	Kent Enablement at Home	Area Support	Commissioning	Contracted Providers	Non Contracted Providers
Case Management and KEaH Locality Organisers to consider all Clients for Enablement, and to always refer when there is potential to improve independence. The Team Manager must send the referral to Purchasing when the client has bypassed KEaH in order to evidence their approval for this.	/	/	/				
Case Management and KEaH Supervisors to ensure alternatives to a KCC costed provision are thoroughly explored prior to making a request – including discussion at Weekly Supervisor meeting, Wash Up and Practice Assurance Panels	/	/	/				
To manage Client /Family expectations consistently from the outset – ensuring timing of calls is a matter to be discussed and agreed between the Care Provider and the Client. Providers should aim to meet choice/ preference where possible.	/	/	/	/	/	/	/
To only discuss and specify requirements on the timing of visits where these are essential to meeting the client's assessed needs – and to specify these in the least restrictive way to Purchasing; understanding the more detailed guidance available to Case Management and KEaH	/	/	/				
The Referrer must ensure the BICA is accurately updated on AIS/ Swift prior to a request being sent to Purchasing	/	/	/				
Where Clients or their Representatives express dissatisfaction relating to the care arrangements (including requests to change Provider) directly to Case Management, these must be discussed with Purchasing to agree the best options for resolution PRIOR to agreeing or committing to any specific action with the Client/ their Representative.	/	/	/				
Case Management must work with Providers and Client's where issues such as challenging behaviour are impacting on the agencies' ability to deliver the care. In these instances a multi-agency case review should always be considered in order that actions can clearly be agreed and understood by all relevant parties. Case Management should additionally make proper use of Area Risk Panels where Clients may be placing themselves or others at significant risk of harm or neglect. N.B. Multi-agency casework should never be delayed, but should run in parallel with other processes such as Area Risk panels.	/	/	/				

Expectation of roles and responsibilities in relation to domiciliary care purchasing							
	Adult Community Team	Short Term Pathway	Kent Enablement at Home	Area Support	Commissioning	Contracted Providers	Non Contracted Providers
The Referrer must ensure that the Purchasing Team are made promptly aware of any significant change in circumstance or necessary amendment to the POC whilst in progress.	/	/	/				
Case Management must inform Purchasing in a timely manner when there has been a change in client need and subsequent service delivery. This must be within accordance to the authorisations processes and where applicable, approval must be sent to Purchasing to support this request. This will support in ensuring Providers are paid accurately.	/			/			
Case Management must respond promptly to requests from Providers to engage in addressing or advising upon issues relating to specific Clients.	/						
All staff understand that KCC's role is to support Self Funders to source their own private care arrangements directly. Exceptions to this are covered within the Charging policy for Homecare and other Non-Residential Services.	/	/	/	/	/		
ACT Case Management are responsible for arranging and carrying out new reviews when there has been a change to the level of care and the client is already known to the ACT. Minor amendments to the POC will not require a new review however will continue to be subject to other reviews. N.B. new review: completed within 8 weeks of the provision being put in place.	/						
Case Management and the KEaH Supervisor must contribute as appropriate to homecare Provider assessments to ensure a safe and sustainable transfer of care, and that risks to Clients and others – including Care Workers – are accurately communicated and shared	/	/	/				
Case Management / KEaH Supervisor must share the charging letter with the client and obtain their signature	/	/	/				

Expectation of roles and responsibilities in relation to domiciliary care purchasing							
	Adult Community Team	Short Term Pathway	Kent Enablement at Home	Area Support	Commissioning	Contracted Providers	Non Contracted Providers
Locality Organisers to reject appropriate referrals due to capacity if a start date cannot be provided within 48 hours (with the exception of Hilton referrals in East Kent only)			/				
Senior Admin to share complete and updated information on a weekly basis with the Ashford and Canterbury Area Support Manager and Purchasing Officers on 'line of sight' of those KEaH Client's who have an actual and/or planned discharge date from KEaH AND who are expected to require an ongoing POC – including those who may be self-funding their care 'privately'. The Ashford and Canterbury Purchasing Team will then share this with the relevant Providers.			/	/			
Senior Practitioner/ Team Manager and Purchasing Officers must attend KEaH Improvement Cycle meeting to find out current KEaH capacity and <u>overstayer</u> information and communicate to the team	/			/			
Operational Manager to escalate to Area Management Team meeting when there has been a lack of representation at KEaH Weekly Improvement Cycle meetings			/				
Operational Manager /Operational Support Officer to include ASMs in the distribution of the action trackers following the weekly Improvement Cycle meetings, in order that ASMs can ensure this is discussed at Area Management Team meetings			/	/			
Where a POC is not available on discharge from KEaH to ensure that a robust discussion has taken place as to temporary alternatives – in order to avoid the Client remaining unnecessarily as an ' <u>overstayer</u> '. This must be escalated to the ACT Team Manager in order that they can identify who will have a discussion on alternatives.	/		/				
Purchasing Officers must follow the published procedures for purchasing homecare, and to adhere to the Area/ Locality Purchasing protocols that define the order/ priority in which specific Providers should be approached and when further direction should be sought from within the line management				/			
Purchasing Officers must only proceed with Referrals that have all the required information (including authorisation to bypass KEaH, stipulate times and financial authorisation) and documentation. To advise the Referrer of any missing/ incomplete/ inconsistent information and documentation in order to proceed with sourcing the care Provider.				/			

Expectation of roles and responsibilities in relation to domiciliary care purchasing							
	Adult Community Team	Short Term Pathway	Kent Enablement at Home	Area Support	Commissioning	Contracted Providers	Non Contracted Providers
The Area Support Manager must provide a monthly report to the Area Management Team (AMT) on Purchasing Activity within the most recent period.							
Area Support Managers must have an initial conversation with Providers proposing multiple <u>handbacks</u> (i.e. Notice of Withdrawal by an existing Provider) in order to identify any options and to negotiate timescales.				/			
Area Support Managers to take the operational lead in the management of <u>handbacks</u> – including the holding of regular conference calls with Purchasing Officers and relevant Providers to arrange care in the scenario of multiple <u>handbacks</u> .				/			
Commissioning Manager/ Lead to chair the Strategic Provider Forum and Quarterly Area / Locality Cluster Liaison Forums. There should be appropriate representation within this meeting including; Area Support Managers, Contracted Providers, Commissioning Officers and other Staff and Partners as required.				/	/	/	
Area Support Managers must escalate contract performance issues to Strategic Commissioning in consultation with the relevant Service Managers and the Assistant Director.				/			
Area Support Managers must lead Monthly Cluster Meetings in accordance with the Terms of Reference. Representation to include; Clustered Providers, Purchasing Officers and the Area Support Manager.				/		/	
Area Support Managers must lead Quarterly Operational Locality Provider Forums; ensuring these adhere to the KCC Terms of Reference and that a written record is maintained of attendance, agenda items, and any key decision items. Contracted and Non Contracted Providers are invited to attend this Forum, as are Purchasing Officers, and other Staff and Partners as appropriate.				/		/	/
Area Support Managers must chair the weekly Area/ Locality Purchasing Officer 'Wash Up' meeting and provide a written report to the Area Management Team and Lead Assistant Director on the same day.				/			

Expectation of roles and responsibilities in relation to domiciliary care purchasing							
	Adult Community Team	Short Term Pathway	Kent Enablement at Home	Area Support	Commissioning	Contracted Providers	Non Contracted Providers
Purchasing Officers to report significant issues at the weekly Purchasing 'Wash Up' meeting e.g. delay in response from specific agencies; available capacity that is due to become available within specific MSOAs, level of 'declines', inappropriate referrals etc.				/			
Purchasing Officers must understand what constitutes an urgent matter i.e. 'handbacks' of existing POCs – and bring such matters to the immediate attention of the ASM				/			
Purchasing Officers must support all Providers (Clustered/ Contracted/ Non Contracted) to be aware of the KCC Purchasing process and their roles and responsibilities within this.				/			
All Staff must maintain the confidentiality of commercially sensitive data – i.e. the contracted prices agreed between KCC and individual providers; any specific terms and conditions agreed between KCC and individual Providers.	/	/	/	/	/		
Providers to escalate urgent matters i.e. multiple <u>handbacks</u> (immediately with the ASM. All other Staff <u>have</u> a duty to redirect this information to the ASM immediately if they have been advised of the <u>handback</u> ).	/	/	/	/	/	/	/
Purchasing Officers are required to attend KEAH Improvement Cycle meetings when there are <u>Overstayers</u> or capacity refusals				/			
The Area Support Manager must provide supervision and management to Area Purchasing Officers. Additionally, ASMs must have daily oversight of Purchasing activity and an overview of performance – daily status and movement on any Clients on the 'packages to be placed' list. This includes being available by telephone for immediate and urgent queries.				/			
The Area Support Manager must ensure that prioritisation and communication of the 'packages to be placed' list is in accordance with RAG definitions, and to decide when to intervene directly via personal contact with Cluster Provider Managers.							
The Area Support Manager and ACT Team Manager must jointly review the KEaH <u>Bypasser</u> report and agree actions accordingly. Examples of actions might include; discussion of the Enablement Policy at Wash Up or during Supervision.	/			/			



Expectation of roles and responsibilities in relation to domiciliary care purchasing							
	Adult Community Team	Short Term Pathway	Kent Enablement at Home	Area Support	Commissioning	Contracted Providers	Non Contracted Providers
Area Support Managers must (using evidence to support) advise Assistant Director when Clustered Providers have capacity to consider the managed transfer of POC placed with Non-Contracted Providers				/			
Area Support Managers must ensure that ALL requests from Providers (including Non Contracted) for Price Increases are routed through Strategic Commissioning – who will make decisions in consultation with Area management.				/	/		
Area Support Managers must advise KEaH of any potential handbacks from Clustered/ Contracted / Non Contracted Providers at the earliest opportunity.				/			
Providers and Purchasing should consider solutions to support in successfully arranging care for e.g. splitting the calls with another agency or providing a future start date.				/		/	
Providers must confirm care arrangements with the client prior to completing and returning the POC Provider Confirmation form.						/	/

Expectation of roles and responsibilities in relation to domiciliary care purchasing							
	Adult Community Team	Short Term Pathway	Kent Enablement at Home	Area Support	Commissioning	Contracted Providers	Non Contracted Providers
Providers must communicate with Case Management regarding amendments to care delivered i.e. increase to call times, in order that this can be authorised. Providers must notify Purchasing of this amendment via a weekly variation report. Once approved, Case Management must confirm the amendment to Purchasing in order that this is accurately captured on the system to ensure correct payment.	/			/		/	/
Providers must raise proposals for client handbacks (i.e. due to challenging behaviour) with the Purchasing Officer in the first instance.						/	/
Contracted Providers to advise ASMs when they have capacity in order that opportunities to move clients to the Clustered provider are identified and actions are agreed accordingly.	/			/		/	
The referrer must obtain the appropriate level of financial authorisation for the home care package being requested, based on the cost setting guidance, prior to referring to purchasing (with the exception of KEaH for high costed POC).	/	/	/				
The KEaH Supervisor must inform Self Funders who have been unable to source care 5 working days following completion of their period of Enablement that a referral will be sent to KCC Purchasing Officers in order to search for care alongside the client and that they may be charged an arrangement fee if as a result the client accesses care through KCC.			/				
Area Support Managers to conduct reviews using the Sustainability Matrix at an agreed frequency.							
Purchasing Officers must keep the Referrer up to date on the progress of Clients awaiting a POC				/			

### KEaH 'Self Funder' process

If all of the criteria below (bullet points) apply, the process referred to above must be followed.

- The client has reached their enablement potential
- Ongoing care needs requiring a POC has been identified
- The above two points have been agreed at the Weekly Liaison meeting
- The client will be a Self-Funder

The Supervisor will advise the client that their period of enablement has come to an end and that ongoing care needs have been identified, for which they will need to source a POC. The client will be informed that they are now entering into a five working day grace period where they will not be charged for the KEaH service - this is to allow time for care to be arranged. If after this period, care has not been sourced, a referral will be sent to Purchasing in order that clients are supported in organising their care. Clients must be informed that they may however be charged an arrangement fee for this. This process is stipulated within the standard letter 'Home care Charge Advice Letter (KEaH only) available on the KNet Social Care Policies page.

### Purchasing flowchart

\*Please note, if there is a sanction on a provider, a joint decision between Area Support Manager (ASM), Assistant Director (AD), Service Manager (SM) and Strategic Commissioning must be taken about future placing and current placements.

- 1) Referral emailed to Area/ Locality Purchasing mailbox must include:
  - financial authorisation (please refer to roles and responsibilities guidance)
  - complete and up to date BICA (if client is known to ACT)
  - Final Review Form (If the client is being referred via KEaH)
  - Risk Assessment (if applicable)
  - completed Purchasing Referral form (Appendix 2)
  - and the, signed charging letter.
  - Swift/ AIS must also be accurately updated.
  - If a time related need has been stipulated, or the client is bypassing KEaH the referrer must forward the request to the Team Manager (or if unavailable, Senior Practitioner) to forward on to Purchasing. This will form evidence of approval.

- 2) POs will check the referral and if key information is missing or incomplete, or the appropriate authorisation route has not been followed, the request will be sent back to the referrer using the standard template (Appendix 3). The PO must use the free text section to specify the information required in order to proceed with the request.

- 3) Once all referral documentation has been shared with Purchasing, the PO must add the POC request details to the Packages spreadsheet.

- 4) The PO must then use the Purchasing Protocol Instructions (Appendix 4). This will give guidance about the order in which Providers should be approached in specific clusters.

- 5) The PO should then communicate the basic details (as included on the Provider tab of the Packages spreadsheet) to the appropriate Cluster Provider. The time of each referral to a Provider must be recorded.

6) The Cluster Provider will have 2 hours to respond to the request. The response will be: accept/ decline or still considering. If the Provider makes no response at all within the 2 hour timeframe, this will be considered a decline. If the Provider responds to advise that they are still considering the request, they must also give a date and time for when they will be able to give a definite answer. The timescale proposed must be within a reasonable timeframe and prior to the requested start date. POs must escalate where necessary to the Area Support Manager in order to determine whether the next identified Provider should be contacted (if so, this intention must be communicated to the Provider 'still considering' the request). To inform their decision, the Provider may request further information via email or verbally. If so, the PO must send the following referral documents (within 2 hours to the request) via Egress to the secure email on record:

- the BICA (if the client is known to ACT)
- the Final Review Form (if the client has had a recent episode of KEaH)
- the Referral form,
- and the Risk Assessment (if applicable).

Tentative Acceptances will be removed from the Packages spreadsheet (If later declined, the POC will be re-added to the list). If accepting, Providers must ensure that POs are aware prior to making contact with the client or their representative.

### 7) Accept

8) POs must phone the client or their representative to advise them that the Provider will be in contact. The PO must inform the Provider that they are able to proceed with contacting the client by sending them a copy of the Provider Confirmation Form (Appendix 5) once the courtesy call has been made and the client is aware that the agency will be in further contact. This must be completed within 2 hours of the acceptance. If the client/ representative is unavailable, the provider must be updated throughout.

9) The Provider must confirm that they are accepting the POC by completing the template (Appendix 5). The Provider must discuss the specific arrangements for the client's care including the start date and the planned time of calls prior to completing and returning the Provider Confirmation Form. Purchasing must ensure that the Referrer is kept up to date throughout the process of arranging care, including confirming to KEaH when receipt of the Provider Confirmation Form has been received in order that they can inform the client.

10) The PO will then update Swift and complete the Service Delivery Order (SDO) which will then be sent to the Provider. This must be sent to the Provider before the package of care commences where practicably possible but no later than 2 working days from the confirmation being received for contracted providers, and no later than 2 working days from the Indi being completed for non-contracted providers. POs must then make the referrer aware that care has been sourced and the date this will commence. KEaH can then confirm when their service will end, if appropriate. The PO/ Admin must then complete the financial assessment within 2 working days and send to Finance.

### 7) Decline

8) Contracted Cluster Providers are expected to consider specific criteria prior to declining a package of care. This is specified within the expectations of roles and responsibilities section. If the Provider offers a future start date, the PO should escalate this to the ASM in order that a decision can be taken alongside the relevant Manager on whether to accept. The decision will be taken on a case by case basis and dependent on risk may include the Key Worker.

Following a verbal or written decline, POs should send the standard email (Appendix 6) to the Provider, copying in a senior representative from that organisation.

POs must acknowledge this decline by inputting onto Swift (for further information please see Appendix 1). Please note, the PO must maintain a record on AIS/ Swift to evidence that an agency has been approached and the outcome. This is applicable for all Providers.

9) If declined, other Providers are approached in accordance to the Cluster Allocation Instructions (Appendix 4).

7) Decline  
continued.

10) If the remaining Clustered Provider(s) or Other Contracted Providers are able to accept the POC, POs must follow the process from '7) Accept'.

If a Clustered Provider has subsequently declined the POC the process from point 9 'Decline' must be followed. However, Other Contracted Providers will not be sent a 'decline' notification because they have not agreed to accept POC outside their cluster. If Other Contracted Providers within the area have been exhausted, prior permission to approach Non Contracted Providers must be sought via the ASM will consider the request and advise on further actions. This may involve consulting with the AD (in particular, where the authority to place with Non Contracted Providers has not been delegated to the ASM). Prior to making contact, Purchasing must be satisfied that the Non Contracted Provider is registered with the Care Quality Commission (CQC) and has met all standards of care within their most recent inspection. In order to update Swift and complete the SDO to send to the Non Contracted Provider, the PO should use the graphs (Appendices 7 and 8) to clarify whether the placement will be an 'Exception' or an 'Indi'. The process for Indi contracts is included within Appendix 9. If the placement is an 'Exception' Community Support must be contacted in order that the previous contract can be unlocked and shared with the Provider.

### Process for moving Clients from Non-Contracted to Clustered Providers

- If there is capacity within the Clustered Provider, (intelligence acquired through Locality Clustered Meetings) the ASM must escalate this information to the AD
- A joint decision will then be taken with KCC Commissioning on whether to move the Non-Contracted business to the Clustered Provider. This decision will take into consideration the impact on the Client and also the commercial risk. The outcome must then be communicated to the ASM in order that they can act accordingly. **This decision must be taken jointly with appropriate representation from KCC Commissioning.**

### Process for moving Clients from Other-Contracted to Clustered Providers

- Data identifying the number of Clients placed with "Other Contracted" will be shared with Contracted providers
- This will enable Other Contracted Providers and Clustered Providers to discuss and propose moving packages where it makes best use of their workforce etc.
- The ASM must be involved in agreeing the proposal to ensure that appropriate consideration has been given to the impact on the Client – including any charging considerations in accordance with the KCC Charging Policy

### Purchasing flowchart continued.

#### PIR (new review) scheduling for Clients new to ACT

- 1) Once care has been arranged, POs must update the spreadsheet with the POC start date. This will automatically generate a 'review date'.
- 2) The PIR Admin will check the spreadsheet at agreed intervals to identify packages due for review. Following this, the PIR Admin will phone the client to advise of Provider confirmation being received and of the start date that has been specified. The review will also be arranged over the phone; slots should be made visible within PIR Worker's diaries so this can be scheduled. \*In West Kent, the PO will phone the client to clarify care arrangements and to schedule the review for Case Management (using the Scheduling Tool).
- 3) The PIR Admin will send the PIR Worker an email including the confirmed review date (Appendix 10) and an Outlook invitation for the review. \*In West Kent, the PO will send the Case Worker an email (Appendix 10) including the confirmed review date with the SU and will change the colour slot to red.
- 4) The PIR Admin will then add a case note to capture a record of the conversation. \*In addition to this, in West Kent, the PO will record the Case Officer/ Manager as the Key Worker on AIS.
- 5) The PIR Admin will send a letter (as appropriate) (Appendix 11) on behalf of the Case Officer to the Client and/or next of kin (NOK) confirming the appointment date and time.
- 6) The Case Worker will contact the client before the review to ensure appointment date/time is still suitable
- 7) The Case Worker will then; review the provision of support, complete a care and support plan with the client, amend the existing care and support plan if applicable (reapplying the eligibility criteria as necessary). The Case Worker will then email PIR Admin with the outcome of the review. The Case Worker is responsible for sharing documentation with the client and/or their representative from the review - i.e. assessment, care and support plan etc.
- 8) The PIR Admin will then record the outcome of the review on the PIR Team Tracker  
PIR Admin will update AIS/ Swift information within 5 working days of receiving the paperwork from the Case/ PIR Worker. The Case/ PIR Worker must therefore send this documentation upon completion.



### **Process for scheduling PIR (new reviews) when the client is known to ACT**

For clients known to ACT, POs at the point of recording the service will update the AIS review tab with a four week future review date from the start of the service. The KCC Officer will then phone the client to inform them that confirmation from the provider has been received and to communicate the details shared on this form. The Practitioner is then responsible for arranging the review. AIS/ Swift must be updated within 5 working days of completing the review. A 'new' review is completed within 2-8 weeks of a new provision being put in place; it may not be required if there has been a minor change to the level of service delivery. The client will however be subject to other reviews (i.e. annual) as normally required.

**Reviews on New POC (PIRs) will be a standing item on the agenda within all Area Management Team (AMT) meetings.**

### **Process for prioritising the placing of Clients on the waiting list**

ASMs, using their discretion, will escalate to SMs and ADs when an alternative process is deemed necessary to assist in sourcing care. Actions will be agreed jointly and are likely to consist of the following;

The relevant Team Manager (ACT/STP) and/or KEAH Locality Organiser (LO) is responsible at all times for ensuring that every client who is 'waiting' is an 'active' referral to Purchasing, and that the Purchasing team are informed in the most timely manner of any circumstances affecting an individual's readiness to commence a new POC. Similarly, POs must also ensure the referrer/ key worker is kept up to date on clients on the Packages spreadsheet. The standard of internal communication, including timeliness, will be monitored closely by ASMs and reported regularly to the AMT.

If any individual client has been awaiting a POC for 10 working days or longer this must be escalated for discussion with the Team Manager with the intention of clarifying the level of risk to that client's wellbeing in order that appropriate actions to mitigate are agreed and taken. All clients waiting more than 10 days will be reported in detail to the regular AMT meeting.

Clients awaiting a package of care for 5+ days must be considered for re-assessment as to whether the care initially requested is still appropriate or required and that the individual is safe. The Team Manager /KEAH LO will agree and advise on who is best to re-assess the situation of the client. Purchasing must be advised of any amendments to the initial referral immediately. Also, the packages to be placed list is regularly shared with Commissioning and this information will provide an overview on current supply issues.

If there are multiple clients in one Locality/ Area waiting for care, additional procedures will be followed for escalating discussions with all Cluster providers. For example; scheduling teleconferences with all providers to identify opportunities for splitting packages.

### Handbacks

Please note, any provider request for a price uplift must be redirected to Strategic Commissioning in order that actions are agreed on how to proceed.








### Multiple Notification of Termination Handback Process














- The Provider must inform the ASM of the handback at the earliest opportunity (this must be a minimum of 5 days).
- The ASM must then advise the KEaH Operational Manager and AD of the handback and continue to update them throughout the process of the 'handback'.
- The ASM will set up a teleconference at the earliest opportunity (but no later than within 24 hours of the notification being received) to discuss the handback with the Provider in order to prevent or mitigate the impacts of this. The phone call should be minuted, and notes shared with the Provider.
- If following this conversation, the handback is still to go ahead, the ASM must arrange an urgent teleconference with Other Contracted Providers, Clustered Providers and POs in order that care can be arranged and options such as sharing POC can be considered in a timely manner


If a client is at risk of not having care arranged following the handback, the ASM must escalate this to the respective Team Manager. Consideration should be given for alternative care and support arrangements and these should be discussed with the individual and/or their representative. Interim care arrangements such as respite beds will need to be agreed with the AD in instances where there is no home care service available. KEaH should always be the very last resort.

### Individual Handback Process

- Any notification of an individual handback must be sent to POs in the first instance
- POs must escalate this to the ASM immediately in order that actions are agreed
- Clients will not be re-added to the packages to be placed list for reasons in relation to choice and preference of calls

1	Guidance on recording and escalating Performance Management Information	 Declines and Partial Acceptance v0.2.doc
2	Form for Referral to KCC Purchasing (new/ changes on existing).	 Referral to Purchasing v0.13.doc
3	Standard email template (missing/ incomplete referral information)	 <b>Standard email template - missing, in</b>
4	Allocation tool/Purchasing Protocol for Clusters	<a href="https://kentcountycouncil.sharepoint.com/sites/Microsites/HCP/SitePages/Home.aspx">https://kentcountycouncil.sharepoint.com/sites/Microsites/HCP/SitePages/Home.aspx</a>
5	Package of care confirmation – Form for use by Providers.	 <b>Package of care homecare provider cc</b>
6	Clustered Provider decline – Standard E-mail template from KCC Purchasing to Clustered/ Contracted Provider	 <b>Declined POC request v0.2.msg</b>
7	Individual Contract ('Indi') or Exceptions placement flowchart (for identifying the type of Non Contracted Placement)	 INDI OR EXCEPTION FLOW CHART AUGUS
8	Non Contracted Providers (exceptions placement list)	 Non Contracted Providers.pdf

9	Indi process flowchart (to create an SDO	 INDI PROCESS FLOW CHART AUGUS	
10	PIR Notification email (Purchasing/ PIR Admin to Case Management worker)	 PIR email v0.3.docx	
11	PIR Appointment Confirmation Letter (PIR Admin/Purchasing (WK) to Client/Client representative).	 PIR Letter v0.2.docx	
12	Sustainability Matrix.	 Sustainability Matrix v0.5.xlsx	
13	Area / Locality PO Weekly 'Wash- Up' meetings – Standard Reporting Template.	 PO weekly wash up TOR v0.3.docx	 Purchasing weekly Wash Up template v0
14	County PO Peer Group meetings – Standard Reporting Template	 County Purchasing Officer Peer Group M	
15	Contract Management Schedule	 Schedule 14 Contract Managemen	
16	Monthly Operational Cluster meetings	 Appendix 1a_Step one_Operational Me	 Appendix 1b_Step one_Operational Clus
17	Quarterly Area/Locality Operational Forums – Terms of Reference and Membership (Contracted & Non-Contracted Providers)	 Operational Provider Forum ToR v0.4.docx	
18	Quarterly Area/Locality KCC Cluster Liaison Forum - Terms of Reference and Membership (Cluster Contracted Providers only).	 Appendix 2a_Step two_Contract Quart	 Appendix 2b_Step two_Contract Quart

19	Terminology Glossary	 Terminology document v0.3.docx
----	----------------------	--