



Kent County Council
Social Care, Health and Wellbeing

**Protocol for Managing the Exit of a
Supporting Independence Service (SIS)
Provider
*(post decision)***

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Appendix One – Planning/Commissioning Service Provider Exit Checklist

Appendix Two - Tracker Template for use by the Access to Resources Team

Appendix Three – Allocation template for use by the Commissioning Team.

1. Definitions

1.1 This policy uses the following terms:

Care Act	The Care Act 2014
CCG	Clinical Commissioning Group
CFAO	Client Financial Affairs Officer
CHC	Continuing Health Care
CQC	Care Quality Commission
FAN	Financial Activation Notice
IMCA	Independent Mental Capacity Advocate
KCC	Kent County Council
Mobilisation	The development and execution of proposed service provision
MSOA	Middle Super Output Area
OLA	Other Local Authority
NoK	Next of Kin
SCHW	Social Care, Health and Well-being
SDO	Service Delivery Order
VCS	Voluntary Community Sector

2. Principles

This protocol complements the Care Act service provider exit principles and is designed to provide practical guidance to the lead mobilisation managers and stakeholders on managing the process, ensuring legal duties are met, best practice is followed and well-being is maintained and promoted. The guidance describes the mobilisation processes involved with a service provider exit and:

- *Describes KCC powers and duties when services are at risk of interruption in general and, in particular, when the interruption is because a service provider's business has failed.*

- Provides guidance to Kent on the exercise of those powers and the discharge of those duties.
- Explains how the Care Act makes provision to ensure that, in such circumstances, the care and support needs of those receiving the service continue to be met. The overarching principle, established by the Care Act, is that when carrying out its care and support functions in relation to an adult, the local authority must promote the well-being of the person.
- Describes the roles and responsibilities of the service provider(s) and key stakeholders in the event of a service provider failure and/or exit. The document compliments the market shaping protocol which outlines the importance of maintaining a good knowledge of the service provider market, and maintaining an operational surveillance of potential problems.
- Provides a list of relevant processes which need to be considered during the management of a service provider exit. It will also facilitate a project planned approach to managing that exit. These are:

➤ **Pre Mobilisation Preparation**

Describes the essential preparation work required to design and develop the mobilisation plan and outlines the key outputs to produce for key stakeholders.

➤ **Communication Strategy**

Outlines the stages and considerations to follow to ensure the effective planning, co-ordination and implementation of a communication plan with internal and external stakeholders.

➤ **Mobilisation Strategy**

Describes the processes to follow whilst people are transferring to ensure safe transition to the new service provider.

➤ **Post Mobilisation Strategy**

Outlines the end stage processes to confirm the safe transition of people has taken place and ensure any lessons learnt and protocol review takes place.

- The protocol should also provide any practitioner involved in the process clarity about the decision making process and an understanding of the tasks which may need to be completed once a decision has been made. The protocols also provide the person, family members and carers the support of a clearly managed process through a potentially difficult set of circumstances.
- Outlines how to implement and manage an operational response and explains the power to meet urgent needs of people impacted by a potential service provider failure and/or exit. The power to meet urgent needs is available where urgent needs arise as a result of service provider failure (**registered (unregulated) or unregistered service provider**) The power may also be used in the context of

quality failings of service providers if that is causing people to have urgent needs to be addressed.

3. Scope

The lead responsibility for managing the exit process post decision lies with the local authority in which the service provider operates. This document is written for managing this process within Kent in which KCC would take the lead.

This protocol therefore applies to the support of all people and their families in Kent whether KCC funded, self-funding, NHS funded or funded by another authority.

This protocol has been developed in consultation with:

- Joanne Empson, Commissioning Manager, Strategic Commissioning, Community Support
- Carina Neeves, Commissioning Officer, Strategic Commissioning, Community Support
- Dave Harris, Commissioning Officer, Strategic Commissioning, Community Support
- Cathy Worden Hodge, Policy and Standards Officer, Policy and Standards, Operational Support Unit
- Maria Coates, Area Support Manager, Canterbury and Ashford
- Patricia Burn, Area Support Manager, Thanet & SKC
- Emma Turner, Purchasing Officer, Canterbury
- John Callaghan, Senior Business Officer, The Business Management Team
- Representatives from Home Care and SIS providers

4. Types of Service Provider Exit

There are various types of service provider exit:

<p>Enforced</p>	<p>The regulatory and registering body, CQC, may take enforcement action that leads to the community service provider ceasing to operate on a permanent or temporary basis. KCC can also make a decision to terminate/not renew a contract held with a service provider under the contract terms and conditions for example due to change in commissioning strategies or provider non-compliance/performance.</p>
<p>Planned Exit of a Provider</p>	<p>When a community service provider voluntarily decides to close their service they are required to make an application to CQC to cancel their registration (where applicable) to provide all regulated activities. Once the registration is cancelled the service provider can no longer carry out the regulated activities. The service provider must also ensure notice is given to the local authority in accordance with the terms and conditions of the contract.</p>
<p>Response to an Emergency Event</p>	<p>This includes closure due to business failure as well as situations where the people receiving a service are required to change service provider because of emergency events. Such events may include:</p> <ul style="list-style-type: none"> • Loss of provider administrative base including the equipment and information it contains due to fire or flood • Loss of the providers ICT facilities due to theft, vandalism or failure of contractor / network provider • Disruption to the supply of road fuel impacting SIS staff travel • Significant loss of SIS staff due to pandemic or strike action <p>In these situations these protocols will offer additional guidance to support the emergency planning procedures. In circumstances such as flood or fire it is expected that a service provider will have a business continuity plan that is fit for purpose and in keeping with Fundamental Standards of service delivery required by the terms of their CQC registration and regulation, and the principle of wellbeing under the Care Act. The NHS Commissioning Board Core Standards for Emergency Preparedness, Resilience and Response (2013) requires NHS organisations and providers of NHS funded care to maintain up to date Business Continuity Plans, these should be used to inform an emergency response and will set out how they will:</p> <ol style="list-style-type: none"> a) maintain continuous service when faced with disruption b) resume key services which have been disrupted

5. Pre Mobilisation Preparation

The below identifies considerations and stages to follow to establish an effective communication and mobilisation plan to ensure the safe transition of people receiving community services:

Pre Mobilisation Stage Strategy	
1	<p>Identify a Lead KCC Manager to Co-Ordinate Exit</p> <p>The Social Care, Health and Wellbeing Assistant Director will have responsibility for the management of the exit of a community service provider but may delegate this role within the management structure of the area or otherwise within the Directorate as appropriate. The designated lead mobilisation manager(s) both Operational and Strategic Commissioning will work closely with a core team/task force and Access to Resources Team to co-ordinate the service provider exit and reallocation of people accessing the services. The lead Strategic Commissioning manager may also appoint a lead Strategic Commissioning Officer to support this work.</p> <p><i>Appendix One</i> provides a Planning/Commissioning Service Provider Exit Checklist for use by the commissioning team.</p>
2	<p>Identify a Lead Service Provider Manager to Co-Ordinate Exit</p> <p>The exiting service provider must identify a lead mobilisation manager in liaison with the local authority who will hold the responsibility for the management of the exit and act as point of liaison. If a provider does not have the infrastructure to do this, the local authority in liaison with CQC and incoming providers will agree the most appropriate lead. The service provider under CQC Regulations has a 'duty to co-operate' and (Regulation 12 (2) (i) states:</p> <p><i>"Where responsibility for the care and treatment of service users is shared with, or transferred to, other persons, working with such other persons, service users and other appropriate persons to ensure that timely care planning takes place to ensure the health, safety and welfare of the service users."</i></p> <p>Inappropriate behaviours from the service provider will be reported to CQC by the lead commissioning manager which may lead to formal action being taken and will have a likely impact on the registration.</p>
3	<p>Identify the Access to resources Team Members to Co-Ordinate Exit</p> <p>The lead operational manager will liaise with the Access to Resources team to identify which members of that team will be responsible for the management of the tracker and associated SWIFT changes. The lead operational manager will co-ordinate any liaison with people receiving a service, their families/carers and incoming/exiting service providers should they have any queries relating to the transfers, escalate risk and relieve anxieties.</p> <p>A mobilisation team will usually comprise of the following roles and the team membership, contact detail and roles should be communicated by the lead operational manager with the incoming and outgoing service providers and members of the core team/task force:</p>

		<ul style="list-style-type: none"> • <i>Admin</i> • <i>Commissioning Officer</i> • <i>Access to Resources Purchasing Officers</i> • <i>Case Manager</i> 		
4	Identify a Core Team/Task Force	<p>Due to the geographical complexity of co-ordination of transfers, a number of key stakeholders will be involved in the management of the service provider exit. Therefore, a core team/task force will be required to support the lead operational and commissioning managers and their teams to co-ordinate the process using resources effectively and efficiently to identify risks at the earliest opportunity, to minimise their impact and to ensure that the people and their families and carers experience a smooth transition. The team membership may include:</p> <table border="1"> <tr> <td> <ul style="list-style-type: none"> • <i>Social Care eg. Safeguarding, MCA, Case Management</i> • <i>SC Strategic Commissioning Team</i> • <i>KCHFT</i> • <i>CFAO</i> • <i>Finance</i> • <i>The Service Provider</i> • <i>Transport</i> • <i>Third Sector, voluntary groups/charities etc</i> • <i>District/Borough Council Housing/Rent Office</i> • <i>Landlords / Property Owners</i> • <i>Research and Intelligence</i> </td> <td> <ul style="list-style-type: none"> • <i>The relevant CCG</i> • <i>Legal Services</i> • <i>HR Connect team</i> • <i>CQC</i> • <i>Access to Resources</i> • <i>KMPT</i> • <i>Business Management Team</i> • <i>Continuing Healthcare</i> • <i>Media / Press Office</i> • <i>Performance Team</i> </td> </tr> </table>	<ul style="list-style-type: none"> • <i>Social Care eg. Safeguarding, MCA, Case Management</i> • <i>SC Strategic Commissioning Team</i> • <i>KCHFT</i> • <i>CFAO</i> • <i>Finance</i> • <i>The Service Provider</i> • <i>Transport</i> • <i>Third Sector, voluntary groups/charities etc</i> • <i>District/Borough Council Housing/Rent Office</i> • <i>Landlords / Property Owners</i> • <i>Research and Intelligence</i> 	<ul style="list-style-type: none"> • <i>The relevant CCG</i> • <i>Legal Services</i> • <i>HR Connect team</i> • <i>CQC</i> • <i>Access to Resources</i> • <i>KMPT</i> • <i>Business Management Team</i> • <i>Continuing Healthcare</i> • <i>Media / Press Office</i> • <i>Performance Team</i>
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5	Identify Available Timescales	<p>The timescales may vary dependent on any notice given or in the event of emergency exit, the time available. The lead operational and commissioning managers will need to review the timescales throughout the closure as these may change if staff leave or, as people move from the service.</p> <p>The pace of closure must be managed to suit the needs of the people receiving the service as well as ensuring the best TUPE arrangements are supported (as required).</p>		
6	Hold Strategy Meeting /Teleconference	<p>The lead operational and commissioning managers will hold a planning meeting/teleconference with relevant members of the core team/task force and Access to Resources Team to plan the service provider exit actions and escalate risks as required.</p>		
7	Interim Support for Business Continuity	<p>In the event that the continued staffing becomes unsustainable before all people receiving a service have been safely transferred, an interim support solution is required in discussion with Health (as required) and the Responsible SCHW Director.</p> <p>This may include utilising KEaH, accommodation or short term bed facilities and/or seeking support from the Voluntary Community Sector (VCS) – are these appropriate alternatives – what else is available? The lead operational and commissioning managers should liaise with</p>		

		<p>the VSC to scope the range of service required which may include:</p> <ul style="list-style-type: none"> • <i>Help with looking for alternate care and support provision where there is no relative/advocate to assist</i> • <i>Advocacy agencies such as Listening Ear and Citizens Rights for Older People</i> • <i>Faith organisations in the locality</i> • <i>Assistance with transport</i>
8	Inform CQC	The lead commissioning manager will contact the regulatory body at the earliest opportunity to share intelligence and impact on people receiving a service and involve them in the co-ordination of the transfer.
9	Inform Procurement	The lead commissioning manager will liaise with the Procurement team to identify termination processes to follow as required.
10	Legal Advice	Legal advice may need to be taken by the lead commissioning manager (with approval from the Head of Service) with regards to TUPE or decommissioning decisions to determine the mobilisation strategy. Employers have legal obligations to adhere to consult with staff and in accordance with TUPE regulations of 2006. Advice regarding indemnity variations may also need to be sought to support TUPE arrangements for incoming providers.
11	Finance Management	<p>Early discussion with the relevant finance teams should be made by the lead commissioning manager to ensure any impact to payment or charging are determined with the relevant stakeholders and a management plan implemented. This will include ensuring incoming service providers are set up on the relevant payment systems as appropriate.</p> <p>Finance should be involved in the logging/recording additional costs incurred by the local authority for managing the exit e.g. staff overtime, transport, agency staffing etc. which may be claimed from the provider under breach of the contract terms and conditions.</p>
12	Systems Management	Changes in service providers are likely to impact on the construct of some contracts on SWIFT. The lead commissioning manager should ensure potential changes to care items, budget codes etc are determined with the relevant stakeholders and a management plan implemented.
13	Research and Intelligence Input	To determine the right solution to ensure a smooth transition for people affected by a change in service provider, in the case of a planned exit the lead commissioning manager may need to source mapping support to illustrate where current services are being provided, identify service provider presence and present recommendation on who the likely incoming service providers may be to begin early conversations with stakeholders.
14	Notification E-mail Circulation	The lead commissioning manager should distribute a notification e-mail to relevant stakeholders regarding the service provider exit and agreed actions and contacts. The notification e-mail should be in line with the Communication Strategy and produced in consultation with Corporate Communications.
15	Update With a Contract	The lead commissioning manager will ensure SWIFT is updated with an appropriate warning flag (in most cases this will be a suspension) to

	Warning Sanction	ensure any SWIFT users accessing the contract receive a warning message regarding the service provider exit.
16	Collate List of People Currently Using the Service	<p>A comprehensive list of people receiving services via the affected KCC contract(s) including their next of kin/representative (often recorded within the billing address) should be obtained from SWIFT by the lead commissioning manager from the 'Client by Provider Report' or 'Non Residential Care Service with Contract Number Report (Performance Restricted)' to support communication and mobilisation tasks. This may also include self-funded, CHC and/or OLA funded people also which will be obtained from the service provider directly.</p> <p>For people receiving their services via a direct payment arrangement, a service provider list of people to be cross reference with SWIFT for communication to be sent by KCC. If this is not available via the exiting service provider, then the local authority will have to work with existing staff members employed by the exiting service provider and the incoming service provider to identify this information.</p> <p>The billing address report obtained by the Finance team is to be used to identify alternate address details in circumstances where the person receiving the service is unable to receive the communication directly.</p> <p>The 'Client by Provider Report' or 'Non Residential Care Service with Contract Number Report (Performance Restricted)' is to be used to identify FAN information to identify call time delivery.</p>
17	Data Quality Checks	<p>As part of data quality assurance, the lists are to be cross referenced with service provider databases and any self-funded, CHC and/or OLA funded people are to be scoped within the list. Oversight of the communications and transfer of people to be held by the lead operational and commissioning managers to ensure safe transfer.</p> <p>The lists must also identify people currently in hospital to ensure continuity of service when they return home.</p>
18	RAG Rating People Receiving a Service	The lists of people receiving a service who are known to the local authority are to be RAG rated by the lead operations manager to identify any reviews to be prioritised together with any urgent transfers to take place to safeguard people receiving a service. Those people not known to KCC will be entitled for an assessment to ensure any eligible needs are met and/or information, advice and advocacy is offered. RAG criteria may include people living alone, people with high care packages or those with dementia for example. Those people with alternate mailing addresses should also be identified to ensure any communications reach the correct recipient as well as those requiring any communication in an alternate format.
19	Create Allocation Sheets	<p>The lead commissioning manager should use the data obtained for people receiving a service to develop allocation sheets for incoming/exiting service providers.</p> <p><i>Appendix Three</i> provides an allocation template for use by the Commissioning Team.</p>

		The 'Client by Provider Report' or 'Non Residential Care Service with Contract Number Report (Performance Restricted) and 'Emergency Placement Report' should be used to support the development for the incoming/exiting service provider allocation sheets to ensure key NoK, FAN delivery times etc information is included.
20	Create Mobilisation Tracker	<p>A mobilisation tracker should be developed by the lead commissioning manager which reflects the allocation data shared with incoming/exiting service providers and includes key milestones and checkpoints to manage a safe transfer.</p> <p><i>Appendix Two</i> provides a tracker template for use by the Access to Resources Team .</p>
21	Exiting Service Provider Strategy Meeting to be Held	<p>The lead operational and commissioning managers will hold a meeting with the exiting service provider to discuss the contract exit, CQC responsibilities, timescales, actions etc.</p> <p>This may also include agreeing a checklist with the exiting service provider (and the incoming service provider) for data exchange which may inc. TUPE information, planned visits/communication to people/staff, DQ checks. schChecks on any monies still held by the provider should also be made – for example for any pilots projects held or monies held for people receiving a service.</p>
22	Incoming Provider Strategy Meeting	The lead operational and commissioning managers should hold a meeting with incoming service providers to discuss potential transfers options, agree actions and escalate risk etc.
23	Land Lord Discussion to be Held	Discussion regarding any tenancy arrangements which may be impacted by a change in service provider are also to be explored with both the exiting/incoming service via liaison with the landlords Case Management teams.
24	Pre Mobilisation Status to Be Provided to DivMT/ DMT	The lead operational and commissioning managers should provide an update to DivMT/DMT as appropriate to share the details of the mobilisation and communication plans, agreed actions, escalate risks, associated costs of changes of service provider and seek decisions as appropriate.

The Business Management Team should be informed in the event of any threatened or imminent exit or as soon as it is known a service provider is exiting the market. The Business Management Team will provide, in accordance with existing Business Continuity arrangements, appropriate guidance particularly where the speed of the closure is increased during the process or in the event that unforeseen problems arise.

The Business Management Team will liaise with the Duty Emergency Planning Officer, NHS Emergency Preparedness, Resilience and Response (EPRR) / Commissioning Support Unit on a council-wide response if necessary. This may include the provision of emergency welfare support / transport through existing arrangements with the voluntary sector.

Business Management Team

Operational Support Unit

Tel: 03000 411 567

Email: SCbusinessmanagement@kent.gov.uk

6. Communication Strategy

The below identifies considerations and stages to follow to ensure the effective planning, co-ordination and implementation of a communication plan to ensure the safe transition of people receiving SIS services. Robust delivery of a communication plan will aim to avoid misunderstandings and establish trust with people and their families/carer whilst enabling them to exercise genuine choice and control when making alternative arrangements. The plan ensures both proactive (sharing information and keeping people informed) and responsive (dealing with queries and allaying people's anxieties) communication. Messaging should be consistent, open and honest and regularly updated. The Communication Strategy should be produced in consultation with Corporate Communications as required.

Communication Strategy		
1	Notice of Exit	<p>In the cases of a planned exit, no less than three months' notice should be given and flexibility must be sought where possible.</p> <p>Where the closure is in response to an emergency and/or limited notice is available, people receiving a service including their families/carers should receive key information and messaging as soon as practicable in a printed version for reference purposes by the lead commissioning manager.</p>
2	Stakeholder Mapping	The lead commissioning manager must produce stakeholder mapping to ensure key stakeholders receive the right level of communication.
3	Communication Plan	A communication strategy must be co-produced by the lead commissioning manager with the service provider and other key stakeholder representatives (<i>as identified within the stakeholder mapping</i>) including appropriate timescales and how, what, when, how and why key tasks and milestones need to be reached.
4	Responsibility for Informing People Receiving a Service	<p>With the service provider, the lead commissioning manager will agree who will lead on communications to groups of people receiving a service who will be affected (i.e. KCC contracted, OLA, CHC, DP, self-funded etc).</p> <p>In the case of an emergency, alternate communication methods will need to be established.</p>
5	Responsibility for Informing Families of People Receiving a Service	<p>Using the SWIFT data mentioned within the pre mobilisation preparation section, NoK/advocates should be communicated with as per the person's/families request. This will ensure direct messaging is received by the intended recipient and relive stress and anxieties.</p> <p>For any service provider led communications, the lead commissioning manager must seek confirmation from the service provider that this practice will be followed also. If the service provider is unable or unwilling to do so, the local authority will ensure people affected are informed of any changes where required.</p> <p>In the case of an emergency, alternate communication methods will</p>

		need to be established.			
6	Responsibility for Informing People with Cognitive Impairments/ Learning Disability	Linked with the above, the lead commissioning manager should work with the Performance team, the Access to Resources Team and the service provider to identify any people with potential cognitive impairments which may be at risk of increased confusion or agitation should they receive direct communication from KCC or the service provider. Communication decisions should be made via the Access to Resources Team, the service provider and case manager where required on an individual basis.			
7	Timings of Communications	The lead commissioning manager will ensure timings of communication's are planned in accordance with the stakeholder/communication plan to take account of weekend/bank holidays, Purdah, elections etc to ensure recipients of information are able to receive a timely response.			
8	Keep Stakeholder Groups Informed	<p>Briefing notes/status updates should be provided to key stakeholders by the lead operational and commissioning managers i.e. DMT, DivMT, Members, Media etc to ensure stakeholders are effectively kept informed and messaging is consistent and positively promoted.</p> <p>Stakeholders including service providers must be made aware of the impact the use of social media can have when used to promote messaging and all communications must be made in accordance with briefing and guidance notes produced by the lead operational and commissioning managers.</p>			
9	Media – Inform KCC, CCG and Health Press Offices	<p>The KCC media office should be provided with the briefing notes by the lead commissioning manager and will manage all media enquiries and liaise with the other media offices to ensure a single public message (<i>details are correct at times of protocol development</i>).</p> <table border="1"> <tr> <td> <p>Kent County Council: Senior Press Officer Social Care Health and Wellbeing Strategic and Corporate Services Tel: 03000 417896 lone.Gyamfi@kent.gov.uk</p> <p>Press Office Manager Strategic and Corporate Services Tel: 03000 416421 Lucy.Majin@kent.gov.uk</p> </td> <td> <p>West Kent, South Kent Coast, Thanet, Canterbury CCGs secsu.media@nhs.net Phone: 03000 424499</p> <p>Swale, Dartford Gravesham Swanley(DGS) CCGs NKM.communications@nhs.net telephone: 07825 105845</p> </td> <td> <p>KCHT Julia Rogers Press Officer JuliaRogers1@nhs.net</p> </td> </tr> </table>	<p>Kent County Council: Senior Press Officer Social Care Health and Wellbeing Strategic and Corporate Services Tel: 03000 417896 lone.Gyamfi@kent.gov.uk</p> <p>Press Office Manager Strategic and Corporate Services Tel: 03000 416421 Lucy.Majin@kent.gov.uk</p>	<p>West Kent, South Kent Coast, Thanet, Canterbury CCGs secsu.media@nhs.net Phone: 03000 424499</p> <p>Swale, Dartford Gravesham Swanley(DGS) CCGs NKM.communications@nhs.net telephone: 07825 105845</p>	<p>KCHT Julia Rogers Press Officer JuliaRogers1@nhs.net</p>
<p>Kent County Council: Senior Press Officer Social Care Health and Wellbeing Strategic and Corporate Services Tel: 03000 417896 lone.Gyamfi@kent.gov.uk</p> <p>Press Office Manager Strategic and Corporate Services Tel: 03000 416421 Lucy.Majin@kent.gov.uk</p>	<p>West Kent, South Kent Coast, Thanet, Canterbury CCGs secsu.media@nhs.net Phone: 03000 424499</p> <p>Swale, Dartford Gravesham Swanley(DGS) CCGs NKM.communications@nhs.net telephone: 07825 105845</p>	<p>KCHT Julia Rogers Press Officer JuliaRogers1@nhs.net</p>			
10	Contact Centre/Call Back Resource	<p>Due to the scale of potential impact to people using the service and media and member interest, contact centre resource should be identified to ensure enquirers who contact KCC receive the correct information and are signposted accordingly.</p> <p>The lead commissioning manager will ensure that Commissioning/Operational resource is established to support the receipt of calls received either directly or indirectly from the call contact centre.</p>			

11	Contact Centre/Call Back Script	To support those key stakeholders supporting the above process, a script should be developed by the lead commissioning manager to support consistent and positive messaging as well as offer examples of frequently asked questions.
12	Operational Team Guidance	To support Operational teams and ensure they are fully briefed on the pre/post exit decisions, guidance should be developed by the lead commissioning manager to support consistent and positive messaging as well as offer examples of frequently asked questions.
13	Communication Contact and Messaging	<p>Within internal and external communications the following messaging should be included (as appropriate):</p> <ul style="list-style-type: none"> • <i>Reasons for service provider exit</i> • <i>Reassurance of service continuation and options available</i> • <i>Expected timeframes</i> • <i>Steps relatives will be expected to take</i> • <i>Who will provide assistance</i> • <i>The contact person/ point for any queries the person has regarding the process</i> • <i>Information about prices/charges incurred</i> • <i>Funding information including direct payment arrangements</i> • <i>People's rights and how they can be exercised (ie appeals, complaints process)</i>
14	Communication Mediums	The appropriate medium should be used by the lead commissioning manager to communicate all relevant messaging and documents relating to the exit of a service provider which may include letters, K:Net, Kent.gov.uk, bulletins, newspaper, briefings, reports etc.
15	Posting of Information	Where information is sent out, if timeframes allow, the KCC Communications team should be engaged by the lead commissioning manager to seek quotes for printing, postal and SAE costs.
16	Reviews	Due to the complexity and geographical impact of the change in service provider, people affected by a change in service and/or their families/carers will have the opportunity to discuss their care needs and service provider via the review process.

7. Mobilisation Strategy

The below identifies considerations and stages to follow to ensure the effective planning, co-ordination, and implementation plan to ensure the safe transition of people receiving community services:

During Mobilisation Strategy - Person Specific					
1	Safeguarding	<p>Where concerns are identified relating to the care and support of any person then it may be necessary to raise an alert under the Multi-Agency Safeguarding Adults Policy Protocols and Guidance for Kent and Medway (2015). The concerns should be discussed with the core group and CQC, the regulatory body, should be alerted.</p> <p>Multi-Agency-safeguarding-adults-policies-protocols-and-guidance-kent-and-medway.pdf</p>			
2	Needs Assessment and Risk Assessment	<p>Assessment should be appropriate and proportionate to the situation. In all cases this will need to include a risk assessment of both assessed needs and the potential impact of the service provider exit, including change in service provider. The assessment may need to involve:</p> <ul style="list-style-type: none"> • <i>Case Manager</i> • <i>Nursing Staff</i> • <i>Learning Disability Specialists</i> • <i>Community Psychiatric Nurses</i> • <i>Therapists</i> • <i>Sensory Services</i> • <i>Involvement of specialist nursing services may be required for some people</i> • <i>IMCA</i> • <i>KMPT staff</i> 			
3	Care and Support Plan	<p>The care and support plan should be up-to-date and contain the detail necessary to provide appropriate continuity of care. This may include (where relevant):</p> <table border="1"> <tbody> <tr> <td> <ul style="list-style-type: none"> • <i>Communication capabilities</i> • <i>Likes, Dislikes, Preferences</i> • <i>Preferred Name</i> • <i>Mobility/Transfers</i> • <i>Dietary Needs</i> </td> <td> <ul style="list-style-type: none"> • <i>Personal Care</i> • <i>Continence Needs</i> • <i>Mental Health/Emotional needs</i> • <i>Religious/Cultural Preferences</i> • <i>Medication</i> </td> <td> <ul style="list-style-type: none"> • <i>Carer's/relatives' Views</i> • <i>Goals/aspirations</i> • <i>Personal Relationships</i> • <i>Social/Environmental Needs</i> </td> </tr> </tbody> </table> <p>If people not known to the local authority do not have an up to date care and support plan, those affected will be entitled to access the local authority assessment process. It may also be necessary to seek a person's individual agreement that information held about their support and care can be shared with others who may be involved in their care if their explicit consent to do so was not previously obtained. An explanation must be given if a person's individual agreement was not possible to be obtained.</p>	<ul style="list-style-type: none"> • <i>Communication capabilities</i> • <i>Likes, Dislikes, Preferences</i> • <i>Preferred Name</i> • <i>Mobility/Transfers</i> • <i>Dietary Needs</i> 	<ul style="list-style-type: none"> • <i>Personal Care</i> • <i>Continence Needs</i> • <i>Mental Health/Emotional needs</i> • <i>Religious/Cultural Preferences</i> • <i>Medication</i> 	<ul style="list-style-type: none"> • <i>Carer's/relatives' Views</i> • <i>Goals/aspirations</i> • <i>Personal Relationships</i> • <i>Social/Environmental Needs</i>
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4	Agreeing Contact from	<p>An appropriate representative from the new service should make contact with the person transferring to them prior to the change to assess they can</p>			

	the Incoming Service Provider – People Receiving a Service	meet the person’s needs and preferences and provide an opportunity to relieve any anxieties and answer any questions. It should be recognised that in some circumstances where the service provider exit has been enforced or in response to an emergency the full process may not be followed owing to time constraints, and risk assessments to that effect should be completed as the situation demands.
5	Agreeing Contact from the Incoming Service Provider – Staff Affected by TUPE	As part of the TUPE process it is important that an appropriate representative from the new service makes contact with the staff member transferring to them prior to the change to provide an opportunity to relieve any anxieties and answer any questions. It should be recognised that in some circumstances where the service provider exit has been enforced or in response to an emergency the full process may not be followed owing to time constraints, and risk assessments to that effect should be completed as the situation demands.
6	Documentation	<p>Where possible a person’s master file held by the service provider should be transferred to their new service provider. Any agreement to share information must take account of the Data Protection Act. A consent form may be required to be completed where explicit consent to share has not previously been obtained from the person. All staff must take all reasonable steps to ensure security is maintained when sharing, transferring, transporting people’s files and any personal information. The Data Protection Act requires that data be kept safe and secure, ensuring that information cannot be accessed by unauthorised persons.</p> <ul style="list-style-type: none"> • <u>KCC funded people</u>: all files should be transferred to the new service provider • <u>People placed by other local authorities</u>: the exiting service provider should contact the relevant authority direct for instructions about files • <u>Self-Funding people</u>: the person should be advised that the file may contain valuable information for the new service provider and that it is advisable for files to be transferred with them • <u>Health funded people</u>: all files should be transferred to the new service provider
7	People with a Health Primary Need	For any person in receipt of full/part funded continuing healthcare arrangements the local authority with health must be in liaison and work together where appropriate to ensure the smooth transition of the affected people to the new service provider.
8	People with a Social Care Primary Need	<p>Where possible and practical, family/carers may be able to assist in the change of service provider process which may help ensure the person is reassured and comfortable with the change in service provider and can contribute to the wellbeing of the person undergoing this experience. Voluntary organisations may be able to assist with the transition period also.</p> <p>An appropriate individual from the incoming service provider should arrange introductory/welcome communications to support the person to adapt to their change in service provider. In most cases where TUPE applies the person should have continuity of care worker to support the transition.</p>

Mobilisation Stage Strategy - Process Specific

1	Mobilisation Tracker Management	The Access to Resources Team will be responsible for the daily management of the tracker to ensure each key milestones and checkpoints are monitored and completed to manage a safe transfer process. The Access to Resources Team will also be responsible for keeping an accurate record of people transferring to the new service provider and tracking hospital admissions/discharges for those people affected.
2	Mobilisation Wash Ups	The lead operational manager to arrange daily/weekly wash ups with incoming/exiting service providers and key stakeholders may be required to share progress, report Issues, escalate risk and problem solve.
3	Fan's	The Access to Resources Team will be responsible for the ending of old and creation of new Fan's for the exiting/incoming service providers. As SWIFT is updated by the Access to Resources Team with the new care package details it is recommended that the old and new FAN's are shared with the incoming and exiting service providers at this point rather than waiting for the date the care package starts with the new service provider. This will allow the new service provider to have full FAN information before the care package starts and compliments current practice by the area teams. Consideration would need to be given to the scale of the transfers involved at the time and resources available.
4	Communications	Communication to be made to stakeholders in accordance with the communication plan by the lead operational and commissioning managers.
5	Safety Checks	The Access to Resources Team will be responsible for safety checks to people who have transferred and the incoming service provider which should be evidenced within the tracker. Where applicable this may include self-funded people and liaison with health and any other local authority should be made to ensure people have been safely transferred under their organisations commissioning arrangements.
6	Purchasing Protocol	The lead commissioning manager will liaise with the Access to Resources Team to ensure the purchasing protocol is updated accordingly to ensure the purchasing information is correct.
7	During Mobilisation Status to Be Provided to DivMT/ DMT	The lead operational and commissioning managers should provide an update to DivMT/DMT as appropriate to share the details of the mobilisation status, agreed actions, escalate risks and seek decisions as appropriate.

8. Post Mobilisation Strategy

The below identifies considerations and stages to follow to ensure the effective review and closure of the mobilisation strategy plan to ensure the safe transition of people receiving community services:

Post Mobilisation Strategy		
1	Mobilisation Tracker Data Quality/Safety Check	<p>The Access to Resources Team will be responsible for data quality checking the mobilisation tracker to ensure all key milestones and checkpoints have been completed and any actions agreed for outstanding areas.</p> <p>The lead operational manager will also work with the Performance team to ensure all people have been transferred to the correct service on SWIFT and will implement any agreed actions as required for any outstanding system work.</p>
2	Review Unpays	The lead operational manager should review any outstanding FAN invoice payments as part of the provider exit process.
3	Cancel Contract	On completion of the service provider exit, the lead commissioning manager must ensure the existing contract with the service provider is formally cancelled both contractual basis and on a SWIFT/systems basis. A future date may need to be scheduled for the closure of SWIFT contracts as operational teams may need to back date activity which can only be done if the SWIFT contracted is not ended. Therefore it is recommended the SWIFT contract is suspended with a file note and reviewed in 3 months from the exit date.
4	Debrief	On completion of the service provider exit the lead operational and commissioning manager should organise a debriefing meeting for those involved in the exit process. The debriefing session should be held within the first two weeks of the service provider exit and should explore what went well, lessons learned and how to improve on the process. Any outcomes from this debrief which highlight shortfalls in the protocols should be brought to the attention of the Strategic Commissioning – Community Support Unit.
5	New Care Arrangements Review	After completion of the safety check following the change of service provider, via the review process, people should be able to feedback regarding their new service provider and raise any outstanding matters related to the change in service provider which need addressing. This may also include a review of any self-funded people who were assisted in the process and others who might request KCC involvement.
6	Mapping to be Refreshed	To support further clustering opportunities to support a sustainable market, mapping may need to be requested by the lead commissioning manager to support clustering opportunities to promote better care rounds for service providers.
7	Mobilisation Cost Analysis	As required, the lead commissioning manager will undertake a mobilisation cost analysis relating to the contract changes to include within the exit report.

8	Service Provider Exit Report	The lead operational and commissioning manager will complete a post exit report to include lessons learned. The report will be presented to the appropriate Operational Divisional Management Team meeting (DivMT), Strategic Commissioning DivMT and any other meeting as required.
9	Review Contract Management Arrangements	The lead commissioning manager will review exiting contract management arrangements to ensure any additional resource to support incoming service providers is implemented as required.
10	Thank You's/ Because of You's to be Submitted	The lead operational and commissioning manager should submit any specific Thank You's for key stakeholders to recognise their achievements.
11	Review of Protocol	<p>The protocols will be reviewed by the Strategic Commissioning – Community Support Unit working in partnership with key stakeholders involved in the service provider exit process.</p> <p>Any revisions to the protocol should be uploaded to the relevant K:Net pages as follows:</p> <p>http://knet/ourcouncil/Pages/our-policies.aspx http://knet/Change/Pages/Adults-home-care.aspx</p>
12	Archiving	The lead operational and commissioning manager will ensure archiving of paper and electronic documents is undertaken in accordance with data retention protocols.