

COMMUNITY CARE SETTINGS CONTINGENCY PLAN

This plan details the three status levels of response in times of service disruption for providers delivering care in community-based settings.

STATUS LEVEL ONE: CONCERN Provider Contingency Response

The provider implements their own business continuity plans. This stage is provider led and operates on the basis that the provider and their care staff work most closely with the people they support and are well placed to understand need and manage risk.

This would include prioritising staff availability to existing packages. Additionally, providers may discuss with their Provider to inform their Business Relationship Officer. (BRO) the potential not to accept new care packages for an agreed length of time.

As a minimum, this level of response would include:

- Securing additional capacity from partner locality provider, sub-contractors and/or agencies
- Implementation of RAG (see below)
- Priority given to hospital discharge requests
- Operational teams within the Council to RAG rate people awaiting services to ensure priority for new care packages is given to those in greatest need

What is RAG?

When a provider is in 'RAG' they are actively prioritising people and are responding to each call based on pre-identified contingencies.

Criteria

When assessing a person, or specific call, the following principles and criteria are used to determine their status:

Red

- There is limited or no mobility
- Calls are time specific (e.g. due to mobility or medication requirements)
- The person lives alone and has no available support network to assist
- They have specific medication requirements that cannot be met by any other support network - The calls require two carers
- The calls require the use of specific equipment
- The person has not alternative form of communication (e.g. unable to use a mobile phone or use assistive technology)

- The person has no ability to risk assess for themselves (e.g. has dementia and no available support network)
- There are on-going safeguarding concerns (Safeguarding Adults Team and operational teams to provide this intelligence when reviewing RAG status with provider)

Amber

- Calls must be undertaken but may not be time critical
- The person has a level of independence and may be able to complete limited tasks for themselves (this may enable a reduction in number of calls)
- The person lives with a family member or has a support network that can provide support at times of crisis or who can assist with certain tasks

Green

- Calls are not time critical and the level of risk is low if a call is late or is unable to take place
- There is a higher level of independence
- Calls could be combined for a limited period
- Calls require only social/domestic support
- The person could be prompted by phone for medication
- The person lives with a family member or has a support network that can stand in at times of crisis and can support with all tasks for the particular call/day

A RAG status is a live status and can change depending on need. It is the provider's responsibility, working with the Council to ensure that the assessments remain accurate and up to date.

There is a documented rationale for the status allocated to each person and details of any additional support options available from family members, neighbours etc. are recorded.

Documentation lists the agreed actions by person when RAG is implemented (e.g. where a person is RAG rated green the provider asks a family member to cover lunchtime meal preparation).

Documentation is shared regularly with the Council.

Operating RAG

When a provider implements 'RAG' it should be operated as follows:

- Providers to declare to the Council when they are operating in RAG by notifying the Contract and Quality Team, who will then liaise with operational colleagues to update them throughout the period of the RAG status
- Where service delivery differs from the care plan the provider keeps records confirming what has been done and why, for example, if a person has been left a sandwich at their morning call instead of receiving their usual lunch call (where the lunch call is purely to deliver meal preparation)
 - Weekly review of RAG assessment and actions taken with the Provider, the Area Team and Business Relationship Officer. (BRO)

STATUS LEVEL TWO: CRITICAL - Provider/Council Collaborative Contingency Response

This level describes a collaborative response from providers and the Council to support in areas of greatest need.

This is a collective response which may include:

- Providers supplying staff to locality partner and/or other providers – mutual aid
- Geographically neighbouring providers activating RAG within their locality to free up capacity to support a neighbouring area
- Providers in other areas of the district activating RAG within their area to support bordering providers so that they in turn can support another area in need

A 'Capacity Alert Call' will be held with the Contract and Quality team and Providers to collectively agree ways to support. This may include, but is not limited to:

- Working with the Support Options Team to assist in moving packages between providers to make more efficient runs and/or providers collaborating and sharing packages
- Agreement to pay 'on plan' even if calls are reduced to essential tasks
- Authorisation for cross provider support is to be given by the Assistant Director, Commissioning & Integration.

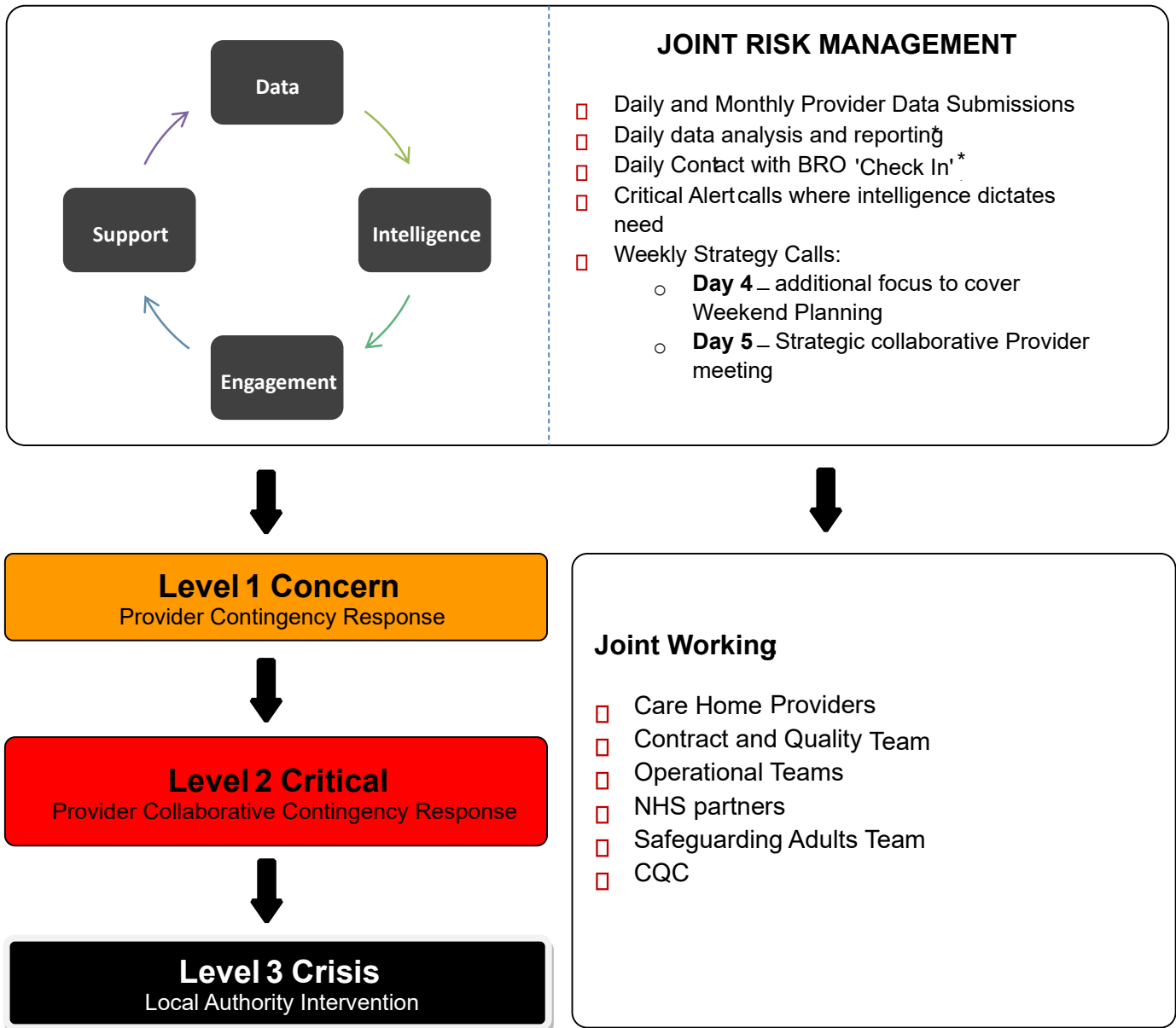
STATUS LEVEL THREE : CRISIS - Council Intervention

This level describes additional actions that can be taken by the Council

- Support from the Council's operational services – Given frontline staff will potentially be in the same or similar situation, this may only be possible where there is a significant risk to a person's wellbeing. Support may also include assistance with admin and coordination elements of service delivery.
- Additional capacity secured by the Council to directly work with and support a provider for a short period of time.
- Review of call times for all visits. The Council commissions services to ensure providers have sufficient time to deliver a safe, quality service. However, in times of greatest need the Council may need to review this approach in specific areas for certain lengths of time.
- Consideration for Residential Placements for respite/short periods for people with less complex needs to provide community capacity for Home Support providers.

- At a point of extreme crisis, a review by operational teams of 'Red' rated persons to identify any highly complex multi carer packages where needs could be met within a residential care setting.
- Escalation through System Silver Command Structure to seek additional support measures.

Community based services Contingency Plan – Process Overview



*** Data and analysis**

Daily and monthly data submissions to inform specific risk and operational effectiveness through analysis and dashboard reporting

**** Daily Calls 'check-in'**

BRO to check-in with check-in with Providers and/or collaborative provider meetings (Co-ordinators and Branch Managers)

Purpose

- Review current pressures and understand current position in relation to Level 1 contingency
- Collaborative discussions to identify and share creative solutions across the county
- Identify where Level 2 contingency needs to be enacted

Critical Alert Call

Intelligence led call for Provider, Social Work Team Leader, Contract and Quality team, BEST, Support Options to come together to enact Level 2

Purpose

- Supportive check and challenge to ensure all options have been exhausted
- Identification of real-time solutions/opportunities to support providers in difficulty

Day 4 Strategy Call

Collaborative meeting – Provider, Contract and Quality team and Support Options to focus on forthcoming weekend and/or any holiday period

Purpose

- As per daily call but a focus on the forthcoming weekend
- Review current pressures and understand current position in relation to Level 1 contingency
- Collaborative discussions to identify and share creative solutions across the district
Identify where Level 2 contingency needs to be enacted

Provider Meeting (Day 5)

Strategic collaborative provider meeting with Contract and Quality team

Purpose

- Review of what is working well, what can be improved
- Forward look to the next week

Weekly RAG Review

Risk management meeting with each Provider, Contract and Quality team Manager/Support Options and B.E.S.T.

Purpose

- Review RAG assessments to ensure there is agreement and to jointly agree management of risk at a person level
- Review of current waiting list RAG assessment ensuring the most in need are prioritised for new packages of care
- Review pressure points (e.g. particular rounds, particular persons)
- Jointly agree alternative provision and identify creative solutions to meet need (e.g. use of equipment, other services)
- Oversight of reviews for any packages identified as having the potential to be reduced