Provider failure and emergency incidents
A checklist for regional response – September 2017

1. Purpose of this document

Local Authorities all have emergency planning arrangements in place and guidance exists to support authorities in the event of provider failure or similar emergency situations. In recognition of the increased risk of provider failure across more than one local authority area, this document provides an additional checklist to enable regions to plan for such an eventuality and to facilitate a more widely co-ordinated response. The intention is for this checklist to be used to develop bespoke plans for the respective regions.

This framework is focused primarily on business continuity, rather than wider emergency planning, and it may in due course require updating / adjustment in light of work being undertaken to learn from recent major incidents. Reference should be made to the civil contingency governance in the local area.

2. Key Principles

Available guidance identifies a number of key principles in dealing with provider failure;

• Person-centred care – individuals’ needs are paramount and any process/practice should maintain dignity and respect.
• Safeguard – while providers may fail, service continuity should not. The local authority’s duty to safeguard and ensure continuity of care comes first.
• Communicate – service users, carers, their families and care workers themselves must never be left out of the loop.
• Managing information – holding good, accessible data on people receiving care.
• Management of personal data will be crucial in fulfilling the duties in the Care Act and ensuring continuity of care for all individuals in a locality, including self-funders.
• Be prepared – preparing, testing and regularly reviewing contingency plans.

3. Related Guidance. The documents below include checklists and templates which regions may find useful in developing a regional plan;

Care and Continuity : Contingency Planning for Provider Failure. A guide for Local Authorities (Care-ContinuityFINAL.pdf) Provides background and policy context around provider failure (including summary of Care Act duties and responsibilities) and a ‘how to’ guide for developing business continuity and contingency plans. The appendix includes other useful references.

Quick Guide – Managing Care Home Closures (1577_QuickGuide-CareHomes_9.pdf) Practical guidance and case studies to support health and care systems.

4. Checklist for Regions

This following checklist provides a set of prompts / questions which regions can use in the event of market failure, or other significant event e.g. flood, fire, where there is a multi local authority impact. It addresses process rather than the nature of actions to be taken, which will be dictated by the type of incident.

Whilst this checklist is intended for use when an incident occurs, regions may also want to use this to work up an outline business continuity and implementation plan, so that some key information
(e.g. names / contact details for all CCGs, other partners) and processes are agreed / in place in advance of an incident. This would not replicate detailed local authority plans, and does not require an in depth impact analysis, but would identify steps to be considered regionally, key contacts etc. This preparatory work could be used to identify any particular areas of risk in the region e.g. mapping of providers and identifying current volume and type of activity to show providers operating in multiple local authorities / providers with poor CQC ratings; other risk factors such as flood, particular weather risks, border / immigration risks etc.

The checklist – Depending on the incident, actions will not necessarily flow in this order, but the list below provides a set of prompts to ensure key actions are considered;

1. In the first instance it is likely that the ADASS regional chair, or vice chair will instigate action, supported by the regional officer.
2. Identify lead DASS. This could for example be the DASS in the local authority where there is greatest impact, the emergency planning / civil contingency lead, or a DASS not directly involved to allow some objective oversight.
3. Identify all local authorities involved and identify a named senior officer from each, who will act as the lead for all communication.
4. Are any local authorities outside the region affected? If so, make contact with regional chair and identify lead officers. This could be checked through the regional chair seeking information from CQC on ‘out of region’ providers, or checking with neighbouring regional chairs.
5. Identify all key partners who are involved / may need to be involved;
   - CCGs
   - CQC
   - Provider services, including care provider associations
   - Administrator for the care provider
   - NHSE
   - Dept of Health (DH)
   - Police / Fire / Ambulance
   - IMCAs / Advocates
   - Voluntary / 3rd sector organisations
   - ADASS national office
   - LGA including CHIA.
   - Other regional bodies eg Greater London Authority
   - Utility companies
   - Public Health England (PHE)

6. Identify key local authority staff who are / may need to be involved, including level of input required from each;
   - Commissioners
   - Safeguarding
   - Social work teams
   - Communications teams
   - Emergency planning
   - Finance
   - Legal services
   - Human Resources
7. Hold initial meeting as quickly as possible – this may be virtual and might not at this point have all partners involved. Initial tasks of this meeting are to establish facts, identify who needs to be involved, governance arrangements (in the event of provider failure, this is likely to be a DASS led process, but for other types of incident it may be that the action is to co-ordinate Adult Social Services involvement as part of a wider response led by another agency eg police).

8. Decide ongoing governance arrangements eg emergency hub, steering group etc. This will include consideration of the levels of response and in particular the nature of the regional response and how this links with individual local authority responses, and any national response.

Unless agreed otherwise, individual local authorities will have local plans in place eg for assessment, meeting needs of those affected (see section 3 for further guidance for individual authorities). The regional plan will include agreeing any common approaches to be used by local authorities, and whether there is benefit from this usually council specific activity taking place on a multi authority basis. This could range from use of common documentation to one authority undertaking activity eg commissioning, on behalf of all.

9. As part of governance arrangements, clarify roles and responsibilities, reporting requirements, any potential conflicts of interest, accountabilities etc.

10. Identify resources necessary to support Adult Social Services response. Consider if additional capacity needs to be brought in eg senior officer capacity, admin support. Agree how this additional support will be funded, but in event of emergency, don’t delay.

11. Develop regional action plan – templates available – see section 3.

12. Communications. Agree how this will be managed, including comms;
- With services users and families
- Within the local authorities including CEOs and elected members
- With provider services - those directly involved and others
- With partners including DH, CQC, emergency services,
- With the media
- With the public
- Refer also to list under item 5 above.

Consider how comms is handled at local authority, regional and national level, and how other partners eg ADASS, LGA might be involved and possibly play a role in comms activity. This will include initial notification and ongoing comms through the duration of the incident and on conclusion.

13. Ensure all meetings / actions are recorded.

14. Consider other practical tasks eg arrangements for teleconferencing / virtual meetings.

15. On conclusion of the incident, a lessons learnt session, possibly via final Steering Group meeting, to be held and lessons to be shared.