



Halton Clinical Commissioning Group

Provider Service Closure
3. Managing an Unplanned Service Closure

April 2015

INFORMATION SHEET

Service area	<p>Halton Borough Council Adult Social Care Communities Directorate.</p> <p>Halton Borough Council Integrated Safeguarding Unit</p> <p>Halton NHS Clinical Commissioning Group</p> <p>Adult Social Care Providers</p>
Date effective from	TBC
Responsible officer(s)	Quality Assurance Manager
Date of review(s)	TBC
Status: <ul style="list-style-type: none"> • Mandatory (all named staff must adhere to guidance) • Optional (procedures and practice can vary between teams) 	Mandatory for all Halton Borough Council Adult Social Care Staff
Target audience	<p>Halton Borough Council Commissioning Managers</p> <p>Halton Borough Council Quality Assurance Team and Contract Team</p> <p>Halton Borough Council Adult Social Care Teams</p> <p>NHS Halton Clinical Commissioning Group</p> <p>Continuing Health Care Team</p> <p>Adult Social Care Providers</p> <p>Adults who use services, their families and carers</p>
Date of committee/SMT decision	TBC
Related document(s)	<p>Mental Capacity Act</p> <p>Data Protection Act</p> <p>Human Rights Act</p> <p>Deprivation of Liberty Safeguards</p> <p>Mental Health act</p>
Superseded document(s)	Halton Borough Council Home Closure Protocol 2004

Equality Impact Assessment Completed	Need to do new one
File Reference	

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1.0	Aim of the Policy	PRACTICE
1.1	In cases where there is an immediate termination of a provider contract or 'urgent' closure of a service within the scope of this policy, there will clearly be limited preparation time, but every effort should be made to ensure that any moves are undertaken with sensitivity to the individual needs of the service user.	The associated policies, listed below, should be considered alongside this document.
1.2	In responding to an emergency, or unplanned closure, paramount consideration should be to ensure that adults' needs continue to be met with the least disruption and stress to them. The actions outlined in this policy and associated appendices are not necessarily sequential (the response required for each emergency closure situation will be assessed given the circumstances and immediacy of the closure), nor are the procedures intended to restrict staff from using their initiative and responding sensitively and imaginatively to unforeseen situations or to particular individual needs	<ul style="list-style-type: none"> • Provider Service Closure 1. Market Oversight and Management • Provider Service Closure 2. Managing a Planned Service Closure
1.3	This policy provides guidance on how Halton Borough Council (HBC) delivers its responsibilities in managing an unplanned service closure.	
1.4	<p>This policy document (<i>Provider Service Closure 3.Managing an unplanned service closure</i>) is part of a suite of policies that direct :</p> <ul style="list-style-type: none"> • provider market management, oversight, intelligence and prevention of service disruption for residential and domiciliary providers(through planned or unplanned service closure) • management of a planned service closure (residential, supported living and domiciliary) • management of an unplanned service closure (residential, supported living and domiciliary) 	
2.0	Scope of the protocol	
2.1	The possibility of interruptions to residential, supported living and domiciliary care and support services causes uncertainty and anxiety for the person receiving services, their carers, family and friends. Interruptions to services can occur as a result of many different factors, including business failure, significant safeguarding issues or quality compliance issues that fail to be rectified.	
2.2	Transferring from a familiar setting, either as an individual or as part of a group, is likely to be stressful. This is especially so when there is very little or no warning of a disruption to service as in the case of an emergency closure.	

<p>2.3</p>	<p>This policy details how HBC meets its responsibilities, in relation to the Care Act, in the following area:</p> <ul style="list-style-type: none"> Responding to an unplanned residential, supported living or domiciliary service closure – where little or no notice of closure has been given to HBC. 	
<p>2.4</p>	<p>This policy applies to services in which there are funded and/or self-funding individuals.</p>	
<p>2.5</p>	<p>The scope of this policy is not to replace individual service business continuity plans. It is a requirement of every HBC commissioned service provider to have a ‘tried and tested’ Business Continuity Plan that is reviewed.</p>	
<p>3.0</p>	<p>Principals which underpin this protocol</p>	
<p>3.1</p>	<p>In undertaking a planned closure of a service within the scope of this policy, HBC and Halton CCG are committed to the following principles:</p> <ul style="list-style-type: none"> Provider market oversight and intelligence is used to foresee closure risks and implement remedial actions to prevent closures, where possible. Where decision making results in the need to make a planned closure of a service, timescales are appropriate to the adults who use the service, where ever possible. Ensure that the dignity and welfare of adults who use services is considered at all times. Communicate decision making in a timely, effective and transparent manner to all stakeholders. Minimise disruption and distress to adults who use services, promoting familiarity and consistency of care wherever possible. Where relocation of adults who use services is required, assess the needs of all adults, irrespective of funding arrangements. Ensure that alternative accommodation takes into account compatibility of each adult’s needs to promote positive cohabitation between groups of adults using a supported living service. Service closures will be managed as a multi-agency project so that all organisations offering some level of care or support to adults, can work towards the common aim of effecting best outcomes and continuity of care. Key players (regulators, receivers/administrators, HBC and CCG commissioners, GPs, Social Workers, residents’ representatives, professional associations and other Local Authorities etc.) must therefore be engaged at the earliest possible stage. Work collaboratively with other organisations and partners to promote effective communication, timely processes and effective use of shared resources. 	<p><i>Care Act 2014</i></p> <p><i>Halton Borough Council Mental Capacity Act 2005 Policy, Procedure and Practice</i></p> <p><i>Halton Borough Council data Protection Act Policy, Procedure and Guidance 2011</i></p>

	<ul style="list-style-type: none"> • Ensure that any individual assessments or decision making, meet the requirements of the Mental Capacity Act 2005; particularly the need to assess mental capacity during the closure process and to make decisions on behalf of those lacking mental capacity in their best interests. • Consider equality and diversity issues throughout the closure process, respecting the cultural needs of adults who use the service and using advocates and interpreters wherever necessary. • Develop good practice by monitoring and reviewing the closure processes used. • Staff will work in accordance with the principles of the Data Protection Act 1998 and information sharing agreements. 	
4.0	Legal Responsibilities which underpin this protocol	
4.1	HBC's mandatory statutory duty to eligible people already receiving the service, is to meet their assessed eligible needs appropriately and safely (to do otherwise would be a breach of statutory duty, potentially enforceable by injunction).	<i>Care Act</i>
4.2	HBC has a responsibility towards all people receiving care. This is regardless of whether they pay for their care themselves, the local authority pays for it, or whether it is funded in any other way.	<i>Ordinary Residence: Guidance on the identification of the ordinary residence of people in need of community care services, England.</i>
4.3	Leaving a person in a service in which there would be significant risk of harm may be at risk of breach of contract compliance, CQC notification of serious concerns or closure could lead to a breach of their rights under the Human Rights Act.	<i>Department of Health 2012</i>
4.4	It is part of the duty of HBC to re-assess someone's needs, but this may be done retrospectively where emergency, unplanned closure tie scales do not allow assessment before transfer.	<i>Halton Borough Council Mental Capacity Act 2005 Policy, Procedure and Practice</i>
4.5	In reassessment, the law requires best interests of the adults and their families are considered, in compliance with the Choice Rights outlined in Choice Directions and that appropriate consents are observed in accordance with the Mental Capacity Act .	
5.0	Safeguarding	
5.1	HBC and Halton CCG are required to safeguard the needs and welfare of all adults who use services in their area during a transition to another service, regardless of whether they are self or publicly funded and regardless of which local authority has placed them there.	<i>Safeguarding Adults in Halton Inter-Agency Policy, Procedures</i>

5.2	Where safeguarding issues are identified, the Safeguarding Adults in Halton Interagency Policy and Procedure must be followed.	<i>and Guidance 2015</i>
6.0	Mental Health Act and Mental Capacity Act Implications	
6.1	The Mental Capacity Act requires everyone in the first instance to assume that the individual has the mental capacity to make decisions; a person must also be supported to make their own decisions, as far as it is practicable to do so. The Act requires 'all practicable steps' to be taken to help the person. It is a key principle of the Act that all steps and decisions taken for someone who lacks mental capacity must be taken in the person's best interests.	<i>Halton Borough Council Mental Capacity Act 2005 Policy, Procedure and Practice</i>
6.2	Consultation with others is subject to obtaining informed consent from adults who use services. Where an adult is unable to consent or make important decisions because of mental incapacity, the Mental Capacity Act 2005's code of practice and regulations will apply to financial, serious health treatment and accommodation decisions. Best interest decision making until then is subject to common law and case law.	<i>The Human Rights Act 1998 Article 5 for information relating to deprivation of liberty.</i>
6.3	Adults who lack mental capacity may require an independent mental capacity advocate (IMCA). It is compulsory for the local authority to consider whether an IMCA should be instructed, so it is therefore advisable to give the IMCA service early warning that their service may be required. In respect of adult protection concerns, instructing an IMCA must be considered.	<i>Mental Capacity Act 2005</i>
7.0	Duty On HBC to meet needs of individuals in the event of service closure	
	Where closure is as a result of business failure	<i>Department of Health Care Act Briefing Note</i>
7.1	HBC are under a temporary duty to meet people's needs when a provider is unable to continue to carry on their activity because of business failure .	<i>'Managing provider failure and other service interruptions'</i>
7.2	The temporary duty on HBC to meet needs continues for as long as HBC considers it necessary.	
7.3	The duty applies regardless of whether a person is ordinarily resident in Halton. However, HBC may charge the person for the costs of meeting their needs, and it may also charge another local authority which was previously meeting those needs, if it temporarily meets the needs of a person who is not ordinarily resident in Halton. The charge must cover only the cost incurred by HBC in meeting the needs. No charge can be made for the provision of information and advice to the person.	<i>There is significant flexibility in determining how needs can be met, as set out in section 8</i>

7.4	The needs that must be met are those being met by the provider immediately before the provider became unable to carry on the activity.	<i>of the Care Act.</i>
7.5	The duty applies from the moment HBC becomes aware of the business failure. The actions to be taken will depend on the circumstances, and may range from providing information on alternate providers, to arranging care and support.	
7.6	In deciding on how needs can be met, HBC must involve the person concerned, any carer that the person has, or anyone whom the person asks the authority to involve (this may include best interest assessor or advocates).	
7.7	If the provider’s business has failed but the service continues to be provided then the duty is not triggered. This may happen in insolvency situations where an Administrator is appointed and continues to run the service.	
	General duty to meet people’s needs, regardless of if closure is triggered by business failure	
7.8	Further to the duty outlined above, sections 18 and 20 of the Care Act set out when a local authority must meet a person’s eligible needs. If the circumstances described in the sections apply and the needs are eligible, HBC must meet the needs in question. <i>These duties apply whether or not business failure is at issue.</i>	<i>Care Act section 18 & 20</i>
7.9	How someone pays for the costs of meeting their needs must have no influence on whether HBC fulfils the duty.	
	Meeting urgent needs	
7.10	The local authority may meet urgent needs regardless of whether the adult is ordinary resident in Halton. This means the local authority can act quickly if circumstances warrant.	
7.11	The power in section 19(3) of the Care Act can be exercised in order to meet urgent needs, where service closure or interruption is likely not as a result of business failure, without having first conducted a needs assessment, financial assessment or eligibility criteria determination.	
7.12	All people receiving services in the Halton are to be treated the same. In particular, how someone pays for the costs of meeting their needs – for example, in full by the person themselves – must have no influence on whether HBC fulfils the duty.	

	PROCEDURE	
8.0	Responding to an unplanned service closure notification	
	<p>Closure Time Scale and Process</p> <p>8.1 On notification of an unplanned closure, the Strategic Director for Communities will be informed immediately by an Operational Director.</p> <p>8.2 The exact time scale for managing the closure process will be determined by the Commissioner in negotiation with the provider. Where ever it is possible to delay closure long enough to undertake as much of the ‘planned closure’ process as possible, this will be done.</p> <p>8.3 Factors that will influence the timescale for closure, and therefore the approach to managing each emergency closure situation include:</p> <ul style="list-style-type: none"> • Factors initiating the closure i.e. fire, flood, risk of disease, risk to safety • Immediacy of the risk to service users, staff and public • Significance of the risk to service users, staff and public • Service provider co-operation <p>8.4 In the event that closure is immediate, timescales and process outlined in the protocol and associated appendices may be subject to amendment, omission or done retrospectively. The MDT Closure Project Lead will seek advice from HBC Quality Assurance Team and HBC Legal experts in determining the exact process and timescales on a case by case basis.</p> <p>8.5 Please refer to Appendix 1 for Unplanned Service Closure Flow Chart which provides an overview of the process and associated appendices for each stage.</p>	
9.0	Multi-Disciplinary Team	
9.1	The closure will be coordinated by a Multi-Disciplinary Team. Appropriate members of the MDT will be identified based on the nature of the planned closure, with the team being established within 24 hours of closure notification. The CCG will have involvement early in process to ensure engagement of NHS commissioned service providers like 5Borough Partnership and NHS Bridgewater Community Trust.	
9.2	In situations where significant risks within the service have already been identified through the market oversight and closure prevention processes (see Policy 1: Market Oversight), there will be an established ‘Professionals	

	<p>Meeting' group. The membership of this group is reflective of the professional stakeholders who have any involvement with the service. The group will form the basis of the Project Closure Group, bringing with it information gathered as part of the process that precedes formal closure notification.</p> <p>Please refer to Appendix 2 for Initiating the MDT Closure Project Group .</p>	
10.0	MDT Closure Project Group Responsibilities	
10.1	<p>The MDT will:</p> <ul style="list-style-type: none"> • Oversee the safe transfer of adults who are using the closing service to suitable alternative provision. • Liaise with relevant stakeholders including adults who use the service and their carers / families. • Develop and coordinate implementation of a closure project plan. • Develop and coordinate implementation of a Communication plan • Have responsibility for updating and maintaining a key communications log. • Coordinate and report on assessments of need, including health and risk . • Coordinate resources to undertake reassessment and transfer arrangements. • Report regularly on progress and risks. • Ensure that reviews of care are undertaken following transition. • Undertake a de brief on completion of closure to identify any learning from the process. 	
11.0	Provider Responsibilities	
11.1	<p>Under existing contracts HBC commissioned providers are required to have a business continuity plan in place. Depending on the nature of the closure it may be that the council's or the organisation's business continuity plan/s are initiated, over and above this protocol. For example, if closure is due to a natural emergency (i.e. significant flooding), fire or chemical leak.</p>	
11.2	<p>In order for HBC to meet its statutory responsibilities in meeting the needs of individuals affected by the service closure, the Provider must ensure that MDT project lead/s receive a list of all the adults who use the service, including as much relevant information about the adult as possible. Failure of the service provider to provide all information requested by the MDT, within the time scales determined by the MDT, will constitute breach of contract. If the provider refuses to cooperate and provide information, then</p>	

<p>11.3</p> <p>11.4</p> <p>11.5</p> <p>11.6</p>	<p>CQC have the legal right to request this information from the provider. Please see appendix 3 for a list of information to be provided checklist (Dom/Resi/SL).</p> <p>The Provider must have in place appropriate measures/safeguards where confidential information is transferred, so not to inadvertently disclosure confidential service user information to any unauthorised party. Likewise, Halton Borough Council will ensure that the transfer of information to stakeholders involved in the closure process will only be transferred in line with the Data Protection Act. Health and social care providers are required to review records on commencement of the care arrangement with the prescribed times in the health and social care frameworks.</p> <p>The Provider must ensure that each adult has a list of their property in preparation for the move to another provider.</p> <p>The Provider must work collaboratively with the MDT Project Team to coordinate and arrange for re-assessments to be conducted for all adults who use the service, where time permits. As part of the assessment process the adults' next of kin, carers and families should be contacted and involved, if appropriate.</p> <p>Where the service closure is undertaken as an emergency and there is not enough time to undertake re assessment and/or instruct an IMCA to support decision making, these should be implemented retrospectively, at the earliest opportunity.</p>	
<p>12.0</p>	<p>Communication about the service closure</p>	
<p>12.1</p> <p>12.2</p> <p>12.3</p>	<p>Communication about the planned closure to residents and their families/carers, staff, stakeholders and wider public is critical to support the smooth transition to an alternative service.</p> <p>A communications plan is to be developed by the MDT Closure Project Lead/s within 48 hours of closure notification. The communication plan must include consideration of appropriate methods, frequency and content of communications.</p> <p>Please refer to Appendix 4 Communications checklist'</p> <p>Safe Communication in the event that a closure is as a result of significant safeguarding concerns</p> <p>Closing a service in the context of allegations of abuse brings additional requirements around communication. The whole scenario may be more complex because of police investigations. In this case, guidance should be</p>	

	<p>sought by the appropriate Police Authority before communications are circulated, to ensure that any information provided will not jeopardise any possible future criminal investigation.</p>	
12.4	<p>It is imperative that staff members are aware that all records (e.g. emails, notes, diaries and minutes) may be evidence (for the prosecution) or subject to disclosure (to the defense) where a criminal case is pursued. Therefore, detailed contemporaneous notes should be made of all discussions with the service managers and adults using the service.</p>	
12.5	<p>Ideally any discussions should be undertaken with a colleague present who can witness the conversation and countersign notes of the discussion as a true and accurate record.</p>	
12.6	<p>Where it is necessary to communicate via email under no circumstances should the name of individuals or the service be disclosed in the title or body of an email. If it is necessary to communicate this information it should be in a password protected attachment sent via HBC Encrypt email (password is produced by the person receiving the email).</p>	
12.7	<p>For password protected documents, the password should only be disclosed verbally to the recipient i.e. it should not be transmitted in a subsequent email or sent for general use at the inception of the project; in this circumstance it should only be released to project members. The project will be allocated a code name and all documents must have password protection.</p>	
12.8	<p>Face to face and telephone conversation may sometimes be more appropriate than emails.</p>	
12.9	<p>Staff should be cautious when information is requested over the telephone and should always thoroughly verify who they are speaking to.</p>	
12.10	<p>The Freedom of Information Act and access to records procedures must be considered when recording and releasing information.</p>	
12.11	<p>Information needs to be shared with the Care Quality Commission (CQC) throughout the process, particularly about the maintenance of standards of quality and safety during the closure.</p>	

13.0	The ‘managed period’	
13.1	The MDT Closure Project Lead/s will identify a ‘Responsible Manager’ to manage the service during the ‘managed period’, where this is required.	
13.2	The Project Lead/s must discuss with the proprietor whether the financial status of the business might, in anyway, effect the managed period. Where there are concerns in relation to any information shared by the Proprietor the HBC Project Lead/s must share those concerns with CQC.	
13.3	In addition to the Responsible Manager, the Project Lead/s must also identify a transfer co-ordinator to be responsible for the co-ordination and liaison in relation to all transfers of all adults from the service, including those funded by other Local Authorities, CCGs and Continuing Health Care and adults who are self-funding.	
13.4	The Responsible Manager must undertake an inventory with the proprietor of the service in relation to the service’s contents and the adults’ personal effects. This must be recorded.	
13.5	<p>The Responsible Manager must immediately assess and undertake risk assessments in relation to:</p> <ul style="list-style-type: none"> ▪ Maintaining the existing service Staffing/risk ▪ Adults’ needs/risk 	
13.6	As part of the local information sharing protocol , information relating to the closure of a service within Halton is shared with other Local Authorities and CCGs.	
Financial Resources during the ‘managed period’		
13.7	Following the cancellation of the CQC registration, or other relevant enforcement action, it is illegal for the proprietor to undertake any financial management in relation to the service e.g. receive fees, purchase food, pay for repairs to equipment, supplies, staff costs etc. All financial activity must be undertaken by HBC and recorded on the Finance Log.	
13.8	The nominated Responsible Manager of the running of the service within the managed period must begin a Service Activity Log (Appendix 5) and a Service Finance Log (Appendix 6).	
13.9	The Activity Log will relate to the day to day running of the service and cross reference to care notes where appropriate.	
13.10	The Finance Log will relate to daily expenses incurred and other general financial transactions undertaken. All financial transactions in relation to the service must be recorded on the financial log together with receipts where	

	appropriate.	
13.11	A specific Agresso cost centre must be set up to record all transactions.	
13.12	For care homes, the funding stream will be used to provide funding for food, utilities and services, staffing costs and to provide Petty Cash during the managed period.	
13.13	Fees to the proprietor during the managed period must not be made by HBC.	
	Recovery of Expenses	
13.14	HBC will endeavour to recoup from the proprietor, any monies spent.	
13.15	The MDT Project Lead/s must identify an appropriate person to establish whether HBC have paid fees to the service in advance of the date of the cancellation of registration, thereby covering fees for the managed period. If this is the case, arrangements must be made to seek reimbursement from the Proprietor.	
13.16	It is the responsibility of any other Local Authority involved to undertake their own process in relation to recovering any monies owed to them for care fees from the Proprietor.	
13.17	HBC must invoice the proprietor for any expenses incurred within the managed period, giving the details for each transaction and relating to an adult including adults from other Local Authorities and those whom are self funding where appropriate.	
14.0	Staffing	
14.1	Exact requirements of the number of hours required and the number of health / care staff required to continue to deliver safe and appropriate care must be identified by the Project Lead, in consultation with the appropriate health and social care Senior Manager/s and based on assessment of the needs of adults affected by the service closure.	
14.2	This information must be passed to the Project Lead/s, together with written confirmation from the Accountable Lead that funding will be released to staff the service within the managed period.	
14.3	HBC will source the required care workers from the approved agencies or strategic providers and as per the agreed rates annexed to the pre-placement contract.	
14.4	The information will be communicated back to the Responsible Manager by the Project Lead/s	

<p>14.5</p> <p>14.6</p> <p>14.7</p> <p>14.8</p> <p>14.9</p>	<p>The Responsible Manager shall arrange for a requisition to be raised on Agresso to cover the requirement. If more than one agency is used more than one requisition will be required.</p> <p>The Project Lead will approve the requisition(s) and a purchase order(s) will be issued.</p> <p>The Responsible Manager will review the ongoing staffing needs within the service during the managed period and commission, as required to cover shortfalls.</p> <p>HBC will endeavour to recoup from the proprietor, any monies spent.</p> <p>Transfer of Undertakings Protection of Employment (TUPE)</p> <p>TUPE applies when an undertaking or part of it is transferred from one employer to another where:</p> <ul style="list-style-type: none"> • all or part of a sole trader's business or partnership is sold or otherwise transferred • a company, or part of it, is bought or acquired by another (if the second company buys or acquires the assets and then runs the business rather than acquiring the shares only) • two companies cease to exist and combine to form a third • a contract to provide goods or services is transferred in circumstances which amount to the transfer of a business or undertaking to a new employer. <p>Please refer to the service's business continuity plan.</p>	
<p>15.0</p>	<p>Record Keeping</p>	
<p>15.1</p> <p>15.2</p>	<p>Record keeping responsibilities of the MDT</p> <p>Good record keeping is essential during the service closure process to promote effective communication between staff and organisations, to promote transparency of decision making and to enable the transfer of information to the new service. Even in an emergency response to an unplanned closure, records must be maintained.</p> <p>A MDT Closure Project Log must be maintained by members of the MDT detailing specific actions to be taken, who/when by, progress against those actions and status (active/closed). Key communications with the Service, adults who use the service, public and other stakeholders must be recorded in this log also. Please refer to Appendix 7 for the 'Project Closure Action Plan</p>	

15.3	<p>and Log'</p> <p>Record keeping responsibilities of Service Staff</p> <p>In addition to the Service Activity Log and Finance Log that the Responsible Manager must maintain, service Staff will need to:</p> <ul style="list-style-type: none"> • A designated Key Worker (within the service) to keep a record of all care plans, assessments, decision making and movements of adults who use the service. • Keep a log of medicines and ensure these are moved with the adult if this is necessary. • Keep a log of change of GP if this is necessary. • Keep a log of the adults finances and ensure these are moved with them if this is necessary. • Keep an inventory of the adult's belongings, to be signed by them if this is necessary. • Information should be available about each adult who uses the service on the following: registration category of adult who uses the service and identify any change of category, details of relatives, medical history, whether there is a requirement for advocacy to support the adult, details of the adults' needs including those that may require exceptional arrangements or health care provision. Also identify if there are any relatives of adults who may have factors to consider such as own health, whether they are out of borough, etc. • The adult who uses the services' life history book is particularly important for people with dementia, stroke etc. 	
16.0	Continuity of Care	
16.1	<p>Continuity of care is a priority, and where appropriate (depending on the nature of the closure), the MDT will work with the service provider to identify what support may be put in place to promote continuity of care for adults within that setting.</p>	
16.2	<p>The MDT will consider employing support from other services, which will be dependent on each service area's capacity at that time, including:</p> <ul style="list-style-type: none"> • CPNs • District Nurses • Complex Care Teams • HBC Care Homes Project • Other Local Authorities who are affected by the closure 	

17.0	Assessment & Care Planning	
17.1	<p>Given the likely complex nature of many of the adults, a multiagency assessment should be undertaken. Social Care and Complex Care teams should undertake joint assessments prior to transfer, regardless of whether the adults are in receipt of any health funding. Specialist assessments (i.e. mental health, swallowing) will be undertaken as advised by the initial assessment team. Where the service closure time scale does not allow for assessment to be done prior transferring, it must be done at the earliest opportunity post transfer.</p> <p>Staff resource to undertake assessments</p>	<p><i>Halton Borough Council Care Management Policy</i></p>
17.2	<p>Halton Borough Council Divisional Manager for Care Planning, along with the Operational Director for Prevention and Assessment, will make a decision on whether Social Work staff will be utilised from different teams to respond the assessment demands of a service closure. This decision will be made on the basis of the volume of assessments required within the timescales dictated by the closure process.</p>	
17.3	<p>In some circumstances, where time scales and financial resources allow, agency Social Workers may be sourced to undertake assessments and post transfer reviews.</p>	
17.4	<p>Wherever possible existing care staff should be utilised during the closure and relocation process to pass on knowledge of the adults who use the service to new services, handover care plans and summaries, etc. and verbally discuss the adults' care needs.</p> <p>Multi Agency Assessment</p>	
17.5	<p>Given the likely complex nature of many of the adults who use services, a multi-agency assessment should be undertaken. Social care and Complex Care teams should undertake joint assessments prior to transfer, regardless of whether the adults who use the service are in receipt of any health funding. Specialist assessments (i.e. mental health, swallowing) will be undertaken as advised by the initial assessment team.</p> <p>Best Interest Decisions</p>	
17.6	<p>In an emergency closure of a service, where time does not allow for the usual best interest decision process to be followed i.e. involvement of family/mental health advocate (where appropriate), decisions may be made, recorded and revisited in line with Halton Borough Council Deprivation of liberty policy.</p>	

	Deprivation of Liberty Safeguarding (DoLs)	<i>Halton Borough Council Deprivation of Liberty Safeguards Policy</i>
17.7	The residential/nursing home is the managing authority in the Deprivation of Liberty Safeguards. For homes the supervisory body is the local authority where the person is ordinarily resident. Usually this will be Halton Borough Council (where the care home is located), unless the person is funded by a different local authority.	
17.8	DoLs Authorisations are non-transferable so where a DoLs is in place for an adult who is using the service affected by closure the DoLs would have to be ended. A new DoLs could be applied for by the new setting, if the receiving service felt it was needed.	<i>Deprivation of Liberty Safeguards Code of Practice</i>
17.9	The receiving service must be made aware of the existence of the DoL, and for them to consider if a new application is required, based on the person's presentation, when they transfer.	
17.10	A person may need to be deprived of their liberty before HBC can respond to a request for a standard authorisation (for example, in an emergency/unplanned service closure). In these situations the receiving provider can use an urgent authorisation. Urgent authorisations are granted by the managing authority itself (the provider). There is a form that they have to complete and send to HBC Initial Assessment Team. This is then followed by a request for a Standard Authorisation. A Best Interest Assessor will complete the assessments within 7 days.	
17.11	If the closure was anticipated the prospective receiving service could apply for the Standard Authorisation prior to the move. A Best Interest Assessor will then complete the assessments within 21 days,	
	Community Treatment Orders	
17.12	Where residence at a named care/nursing home is a condition of the community treatment order, when managing a transfer from a service to another, all effort should be taken to avoid known factors or situations that heighten the risks associated with the patient's mental disorder. Where it becomes necessary to vary the conditions of a community treatment order (such as place of residence) the responsible clinician must authorise and the adult's care plan updated.	
	Guardianship	
17.13	Section 7 of the Mental Health Act has the power to require a person to live in a place specified by the Guardian (which is usually the local authority). If someone is required to live in a particular place under this piece of legislation, then the guardian has the authority to change the place of residence, such as in the event of a service closure. If legally challenged	<i>Mental Health Act 2007 section 17(2a)</i>

<p>17.14</p>	<p>Halton Borough Council would need to be able to show that it had acted in a way which promoted the person’s dignity and choice.</p> <p>Restriction Order</p> <p>This is an order under the Criminal Justice part of the Mental Health Act. It is an order made by the courts after someone has committed a serious offence. It can impose residence requirements and these could be that a person has to stay in a particular residential setting. Is an adult with a restriction order where to be affected by a service closure, then the individual’s social supervisor (which is usually a social worker) would have to be notified and they in turn would have to tell the Home Office (and thereafter this could go to the Home Secretary).</p> <p>Client Finance</p> <p>The personal financial arrangements of the adult using the service must be addressed at the earliest opportunity, whether time constraints do not allow for assessment to be completed prior to transfer.</p> <p>Please refer to Appendix 8‘Client Finance Checklist’</p>	<p><i>Mental Health Act 2007 Section 7</i></p> <p><i>Mental Health Act 2007 Section 37/41</i></p>
<p>18.0</p>	<p>Self Funders</p>	
<p>18.1</p>	<p>Halton Borough Council will ensure that self-funding adults are offered the support of a care manager. The self-funding adult is free to decline the support of a care manager, but the following must still be offered.</p> <ul style="list-style-type: none"> • transport to a new service of their choice • support in moving or transferring personal possessions • accessing the same level of information on the closure process • relevant support to carers and families • details of vacancies within the area • details of local advocacy services • support in contracting with an alternate provider. 	

19.0	Identifying alternative residential placements	
19.1	HBC Quality Assurance Team will provide a 'bed vacancy list' of in borough available placements at Care Homes.	
19.2	In the event of there not being sufficient number of beds in borough to meet the need of an emergency closure, HBC will work with other providers/Local authorities to negotiate what availability they may have outside of the borough.	
19.3	HBC will consult with other Local Authorities outside of borough and negotiate bed occupancy with the relative provider, where there is no in borough alternative.	
19.4	In consultation with the individual, next of kin, relatives/ friends and carers and any professionals involved, the preferred choice of alternative service should be identified.	
	The Choice Direction and Guidance	
19.4	<p>When someone is moved from one residential service to another the four provisions of the Choice Directions still apply - re-accommodating is therefore subject to:</p> <ol style="list-style-type: none"> 1. availability of suitable alternative accommodation. It is not a reasonable choice for an adult to choose to remain where they are when the administrator has made the legally enforceable decision to close down the property or has abandoned the local authority's contract for the adults place in it. 2. suitability of alternative accommodation to meet the person's assessed need 3. the usual rate paid for such accommodation is acceptable to the new residential care provider. If it is not, and there is no other alternative accommodation for the person, meeting their assessed needs, the commissioning authority has no choice but to pay whatever rate is necessary to get them satisfactorily placed. 4. choice has been offered where it is possible and feasible to offer options that enable the adult to make a positive choice based on their preferences and all other conditions in 1, 2 and 3 above can be met. 	
19.6	In an emergency service closure, a person's first choice may not immediately available, in which case interim placements can be offered.	
19.7	It must be ensured that 'assessed need' is a key determinant in selecting and/or funding a care placement. The care setting must be able to meet the assessed needs of the adult. In an emergency closure situation, Adults should not be placed in a setting, even if this is the service of choice, merely because there is a vacancy if the assessed needs can't be met.	

19.8	Where the number of people requesting a particular service exceeds the number of places, there will need to be a robust and defensible allocation process in place to manage competing priorities.	
19.9	The needs of groups with protected characteristics must be addressed - i.e. age, ethnicity, religion, disability, mental capacity, sexuality	
19.10	Where possible, adults affected by the closure should not be separated from long-term friends and/or staff.	
20.0	Identifying alternative domiciliary care placements	
20.1	HBC currently hold a contract with 17 external providers for domiciliary support services.	
20.2	If a current provider gives notice on the contract as a whole the packages they are commissioned to provide can be transferred to another contracted provider. Please refer to section: Transfer.	
21.0	Identifying alternative supported living placements	
21.1	If the unplanned closure relates to the care provider, HBC Quality Assurance Team will provide a 'bed vacancy list' of in-borough available tenancies/placements at Supported Living properties.	
21.2	If the unplanned closure relates to the landlord closing the property, the tenancy/placement is no longer available; HBC Quality Assurance Team will provide a 'bed vacancy list' of in-borough available tenancies/placements at Supported Living properties. Where possible the provider can transfer with the service user.	
21.3	In consultation with the individual, next of kin, relatives/ friends and carers and any professionals involved, the preferred choice of alternative service should be identified.	
21.4	The needs of groups with protected characteristics must be addressed - i.e. age, ethnicity, religion, disability, mental capacity, sexuality	
21.5	Where possible, adults affected by the closure should not be separated from long-term friends and/or staff.	

	Please refer to section: Transfer.	
22.0	Transfer	
	Arrangements for Transfer – Care Homes	
22.1	Where circumstances allow, the date and time that the transfer will be made will be agreed between the new service, the adult, family/ friends, carers, next of kin and the closing service. These arrangements should be confirmed in writing to the adult/ relatives/ friends/ carers/ next of kin and to staff.	
22.2	Once the arrangements for the move have been confirmed then the HBC ASC practitioners who conducted the assessments in liaison with the service, should make a list of the individual's needs, which would include: medical or clinical arrangements e.g. do they need to change their GP, transport arrangements for the adult, pharmacy and medication arrangements, equipment, aids, arrangements for dealing with the persons finances, arrangements for packing and moving personal possessions, arrangements for leaving the service (e.g. opportunity to say goodbye) and greeting at the new home (by someone familiar where possible).	
22.3	Equipment needs must be considered i.e. decommissioning of equipment in original home and re-commissioning of equipment in receiving service or transport of equipment to arrive/be in situ for the arrival of the person in the receiving service.	
22.4	Where it is possible to do so (dependent on planned/emergency closure and time scales) a visit, or preferably several visits, to a prospective service or supported living environment will be arranged. Having a meal or an overnight stay would be preferable. In the case of people with a learning disability a handover over several days will be arranged.	
22.5	On the day of the transfer communication should be maintained between the HBC Social Worker who undertook the assessment, the closing service and the receiving service, to co-ordinate and confirm departures/ arrivals and handover of property.	
22.6	Where ever possible, care staff should be encouraged to support adults at their new service for an initial settling-in period. This promotes familiarity and consistency of care.	
22.7	The Care Manager will take responsibility for ensuring that any documentation for individual adult is fully developed and accurate, for transfer with that adult to their new service. A transfer letter will be sent with the adult, identifying any critical issues relating to their nursing of care	










	needs.
22.8	A member of the originating service's management team will contact each of the receiving service providers in the 24 hours before the date of the planned transfer of any individual as a final check to ensure they are fully prepared to accept the adult/s the following day.
22.9	It will be made clear to the Responsible Manager of any receiving service that they are empowered to refuse the transfer of an adult if they are not happy that all suitable arrangements have been put in place and that the support plans etc. are absolutely clear.
22.10	Transport arrangements will be made by the person designated by the MDT, ensuring that the vehicle is suitably equipped to accommodate the needs of the adult/s who will be accompanied by a carer who knows them and can offer support during the journey.
22.11	The clothing, possessions and furniture owned by the adults/s should go with them to the new service so that their new environment is as familiar as possible.
22.12	Where time constrains allow, any adult who is considered not to be physically well enough to move will have their transfer date put back until well enough to transfer to the new service. Appropriate medical involvement will be sought and appropriate staff involved in the assessment and treatment of the person. The Responsible Manager at the originating service on the day of transfer will have the authority to cancel or postpone the move of the adult/s if they have any doubts as all that it is appropriate or safe on that day. They will know that they have the support of senior managers to take this decision
22.13	Negotiations will take place between the originating service and new providers to ensure that staff familiar with the adult/s can support the adult/s who are transferred for a suitable period of time (during the first week) to ensure smooth transfer.
	Transfer
22.14	The Responsible Manager must keep the lead inspector for CQC informed in relation to the work in progress to meet the date of closure.
22.15	On the day of the transfer communication should be maintained between the assessor, the closing service and the new service, to co-ordinate and confirm departures/ arrivals and handover of property.
22.16	The Responsible Manager must inform the lead inspector for CQC in relation to the expected time of closure on the given date.
22.17	On the day of closure of the service the MDT Project Lead/s and Responsible

	<p>Manager must hold an on-site meeting with the proprietor to complete a closing inventory of the service. This should then be cross checked with the inventory undertaken at the start of the managed period. Any discrepancies must be noted and where possible remedied.</p>
22.18	<p>The Responsible Manager must discuss and arrange with the relevant health or social care colleagues the removal of any records or equipment provided by either health or social care.</p>
22.19	<p>The Responsible Manager must arrange for all records kept during the managed period to be removed from the service and transferred to the relevant ASC Locality Team. Records management / data protection / legal obligations need to be considered throughout the process.</p>
22.20	<p>The Responsible Manager must arrange for any medication remaining within the service to be safely disposed of.</p>
22.21	<p>The Responsible Manager must handover the keys to the Proprietor and inform the Lead Inspector, CQC by telephone of the time of completion of the managed period.</p> <p>Please refer to Appendix 9 for ' Facilities Management checklist'</p> <p>Arrangements for Transfer – Domiciliary</p>
22.22	<p>Where circumstances allow, the date and time that the transfer will be made will be agreed between HBC, the new service provider/s and the outgoing/closing service provider.</p>
22.23	<p>The MDT Project Lead/s must liaise with HBC Performance Team for production of a report relating to the amount of packages currently commissioned with the provider (this should be cross checked with the latest Master Service Return (MSR) from HBC Income & Assessment Team). The outgoing /closing provider should also provide a list of all commissioned packages they provide under the contract.</p>
22.24	<p>A new provider/s should be identified by HBC and communicated to the outgoing /closing provider; providers will need to liaise with each other in relation to TUPE obligations once service user transfer lists have been provided. Staff should be informed by the outgoing /closing provider in relation to TUPE obligations.</p>
22.25	<p>These arrangements should be confirmed in writing to the adult/ relatives/ friends/ carers/ next of kin by HBC.</p>
22.26	<p>HBC Care Arrangers will complete new service agreements for the new provider/s and close service agreements for the outgoing /closing provider. This should be done via instruction of the MDT Project Lead/s, rather than Care Management; internal communication should be sent to this effect.</p>

22.27	<p>Service user Support Plans should be sent from HBC Care Management Team to the new provider/s, to ensure that staff familiar with the service user.</p>
<p>Arrangements for Transfer – Supported Living</p>	
22.28	<p>If the unplanned closure relates to the landlord, HBC Quality Assurance Team will provide a ‘bed vacancy list’ of in-borough available tenancies/placements at Supported Living properties.</p>
22.29	<p>Where vacancies are available in borough, MDT/Project Lead will make necessary arrangements with the current care provider at the closing property to continue to provide the care in a new tenancy.</p>
22.30	<p>These arrangements should be confirmed in writing to the adult/ relatives/ friends/ carers/ next of kin by HBC.</p>
22.31	<p>HBC Care Arrangers will complete new service agreements for the current provider/s and close service agreements for the outgoing /closing provider. This should be done via instruction of the MDT Project Lead/s, rather than Care Management; internal communication should be sent to this effect.</p>
22.32	<p>If the unplanned closure relates to the care provider, HBC Quality Assurance Team will provide the list of contracted ALD framework providers.</p>
22.33	<p>MDT/Project Lead will make necessary arrangements with a new contracted ALD framework provider and arrange for care to commence at their current property.</p>
22.34	<p>These arrangements should be confirmed in writing to the adult/ relatives/ friends/ carers/ next of kin by HBC.</p>
22.35	<p>HBC Care Arrangers will complete new service agreements for the current provider/s and close service agreements for the outgoing /closing provider. This should be done via instruction of the MDT Project Lead/s, rather than Care Management; internal communication should be sent to this effect.</p>
22.36	<p>Relevant board report to be completed in relation to placing via this method rather than tender due to timescale and circumstances due to the unplanned closure.</p>
<p>Transfer</p>	
22.37	<p>Transport arrangements will be made by the person designated by the MDT, ensuring that the vehicle is suitably equipped to accommodate the needs of the adult/s who will be accompanied by a carer who knows them and can offer support during the journey.</p>

22.38	<p>The clothing, possessions and furniture owned by the adults/s should go with them to the new service so that their new environment is as familiar as possible.</p> <p>Post Transfer</p>
22.39	<p>A social work review will be undertaken 6 weeks post transfer, to ensure that the individual's needs continue to be met within the new setting. Health reviews will be completed with one month</p>
23.0	<p>Terminating the MDT Closure Project</p>
23.1	<p>The MDT Closure Project Lead/s and Accountable Lead should assess each closure situation to determine how long post transfer the project team is required to undertake the post transfer responsibilities. The project plan should be extended accordingly, through negotiation with the new service/s.</p>
23.2	<p>On completion of the post transfer period, The MDT Closure Project Lead/s and appointed Accountable Lead Operational Director must facilitate a debriefing session/s based on feedback from the adults affected, their representatives and staff in order to complete a learning report and make any necessary amendments to this document.</p>
23.3	<p>The learning report is to be completed within 3 months of termination of the project and should include:</p> <ul style="list-style-type: none"> • Outcome of transfers • Lessons to be learned • Any further actions
23.4	<p>The report should be circulated to the HBC Director for Communities Senior Management Team, HBC Contracts Team and Quality Assurance Team and the CCG.</p>

Appendices

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Appendix 5	 Appendix 5 Service Activity Log Unplanne
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