Provider Failure Policy and Procedures

Background

This document sets out the policies of the London Borough of Croydon ("the Council") in relation to adult social care provider interruptions, failures and other closures. Included in appendix 1 and 2 to this document are the procedures setting out how these policies are put into practice.

The purpose of the policy and its procedures is to:

- Recognise that whilst providers may fail or sometimes choose to close, service continuity never should. The Council's duty to safeguard and ensure continuity of care comes first;
- Give confidence and reassurance to service users, carers and family members in the event of uncertainty about the continuity of care and support;
- Establish a clear set of responsibilities and accountabilities for mobilising staff and other resources in response to potential provider closure or failure
- Ensure the safety and wellbeing of service users, regardless of funding arrangements, by enabling continuity of care in the event of or the likelihood of provider or business failure or service interruption;
- Develop a proactive approach which, so far as is practicable, ensures the Council works with the market to ensure continuity of care and support services, and;
- Ensure that the use of duties under the Care Act 2014 are used only in exceptional circumstances and remain only temporary.

Scope of Policy

With regards to business failure this policy applies to all registered adult social care providers and nursing home providers located in Croydon, regardless of there being a formal contract in place with the provider and regardless of whether Croydon residents are using the service.

The policy will be applied to non-CQC registered services but on the understanding that the Council's duties and powers for intervention under the Care Act 2014 will only apply in part. It will be important to establish whether a provider is registered or not prior to any intervention.

The policy applies to Out of Borough providers where the Council has placed service users and where the Council will work jointly with the appropriate Local Authority to ensure that Croydon funded service users are safe and in receipt of the care commissioned for them.

The Council has a separate policy for the oversight and intervention into safeguarding failures as part of the Pan London Safeguarding Adults Procedures – see Croydon Addendum to Pan London Adults Procedure. However, it should be noted that business failure and safeguarding failure are inextricably linked with one often being a symptom of the other.

The mobilisation procedures and check list in Appendix 1 and 2 are common to both this policy and the policies for safeguarding failures.

Legal Context: Financial Failure

The Care Act 2014 places a duty on local authorities to temporarily intervene to ensure there is continuity of care in the event of service interruption as a result of business or provider failure. It also gives power to local authorities to intervene in circumstances where there are service interruptions for any reason in relation to a provider's ability to deliver high quality care.

Legal Definitions

"Business failure" is defined in the Care Act 2014 and Care and Support (Business Failure) Regulations 2015. Where a provider is not an individual, business failure means that, in respect of that provider:

a) an administrator is appointed;

b) a receiver or an administrative receiver is appointed;

c) a resolution for a voluntary winding up without a declaration of solvency is passed;

d) a liquidator is appointed;

e) a winding up order is made by a court;

f) a members' voluntary winding up becomes a creditors' voluntary winding up;

g) an order by virtue of Article 11 of the Insolvent Partnerships Order 1994 (joint bankruptcy petition by individual members of insolvent partnership) is made;

h) administration moves to winding up pursuant to an order of a court;

i) the charity trustees of the provider become unable to pay their debts as they fall due.

j) CQC has concerns over the provision.

k) death of the owner

Where the business failure relates to an individual person, business failure means that the individual has been declared bankrupt.

Service interruption because of "business failure" relates to the whole of the regulated activity and not to parts of it.

"Temporary duty" or "duty" means the duty on local authorities to meet needs in the case of business failure. "Temporary" means the duty continues for as long as the local authority considers it necessary. The temporary duty applies regardless of whether a person is ordinarily resident in the authority's area. The duty applies from the moment the authority becomes aware of the business failure. The actions to be taken by authorities will depend on the circumstances, and may include the provision of information.

Identification of Providers at Risk of Failure or Interruption of Provision

The continuity of care to service users throughout a provider failure will be of prime importance for all organisations involved – consequently, the Commissioning & Procurement Service will ensure that the following actions are applied for all organisations providing regulated activities in the borough:

Regulated care providers registered in the borough are responsible for informing the Council in the event of a planned or unplanned closure. In the event of a planned closure then the provider must give the Council a minimum of six months' notice prior to the planned closure date;

- All regulated care providers are required to maintain business continuity and disaster recovery plans;

- Care providers are required to maintain (and supply the Council as required) with a 'register' of service users either placed or receiving support from the provider in the event of a planned or non-planned closure – the register will detail all named individuals placed with or using the service; details of next of kin or representative, details of placement or service category; name and contact details of the funding authority; or confirmation if the service user is a self-funder;
- Regulated care providers will also supply the Council with an up-to-date employee or establishment list, in the event on an unplanned or imminent business failure;
- The Council's policies and actions to commission services and place service users will seek avoid contributing to market uncertainty and contributing to the pre-conditions of provider financial failure, and;
- Financial health checks are undertaken by the Contracts Management Team on those regulated care providers who are not subject to the CQC market oversight duties.

The Council also identifies providers that could be seen as High Risk if the service was to be withdrawn. These are:

- Providers in the borough which support a very large number of service users.
- Providers outside of the borough which support a large number of Croydon funded service users
- Providers who only have business from the Council.
- Providers who are the only provision of specific services in the sub-region.

High risk services identified through the Croydon Addendum to Pan London Adults Procedure include:

- Organisations under CQC safeguarding concerns and or suspension of business
- Sole traders where safe provision for a service is dependent on a single person

This information would be reviewed by the Intelligence Caring Committee.

Supporting Struggling Providers

Whilst the Council has no responsibility to support providers at risk of failure, it is recognised that in a well-functioning market there may be good providers in difficulty and that the Council may choose to work with these providers to delay or avoid failure where possible. Support may be provided to providers who are struggling where the support offered is:

- Essential to maintain service user health and wellbeing
- Consistent with provider business continuity plans
- Necessary to sustain an adequate supply of high quality local services
- Fair in that the offer is tailored to the circumstances of each provider

Service interruptions because of financial business failure

Business failure of a major provider does not automatically equate to closure of a service. It may have no impact on service users or residents. However, if a provider is unable to continue because of business failure, the Council's duties are as follows:

a) The Council is under a temporary duty to meet service users needs when a provider is unable to continue to carry on the relevant activity in question because of business failure. 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.

b) The duty applies where a failed provider was meeting needs in the borough. It does not matter whether or not the Council has contracts with that provider, nor does it matter if all the service users affected are self-funders. The duty is in respect of people receiving care by that provider in the borough– it does not matter which local authority (if any) made the arrangements to provide services.

c) The needs that must be met are those that were being met by the provider immediately before the provider became unable to carry on the activity. It is not necessary to meet those needs through exactly the same combination of services that were previously supplied. When deciding how needs will be met, the Council must involve the service user concerned, any carer that the service user has, or anyone whom the service user asks to be involved.

d) The Council has the power, where it considers it is necessary to discharge the temporary duty, to request that the provider, or anyone involved in the provider's business as it thinks appropriate, to supply it with information that it needs. This may involve, for example, up to date records of the people who are receiving services from that provider, to help to identify those service users who may require support.

e) The lack of a needs assessment, carer's assessment or a financial assessment for a person must not be a barrier to action. Neither is it necessary to complete those assessments before or whilst taking action. The Council must meet needs irrespective of how an individual is funded or whether those needs would meet the eligibility criteria. The Council 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 the borough. The charge must cover only the actual cost incurred by the Council in meeting the needs.

f) Where the failed provider's service users include service users in receipt of NHS Continuing Healthcare (CHC) funding, the responsibility to act falls on Croydon CCG commissioners. The Council will work closely with the CCG and follow NHS Policies and Procedures surrounding these individuals to ensure all individuals have appropriate care that meets their needs.

Business failure involving a provider in the CQC oversight regime

Where a provider, because of their size, geographic concentration or other factors, is considered too complex for one or more local authorities to replace, and therefore where national oversight is required the CQC takes on the duty the intervene with the provider.

Where CQC is satisfied that a provider in the regime is likely to become unable to continue with their activity because of business failure, it is required to advise the Council so that it can prepare for the local impact of the business failure. CQC's trigger to contact the Council is that it believes the whole of the regulated activity in respect of which the provider is registered is likely to fail, not parts of it. It is not required to make contact with the Council if a single home owned by the provider is in failure.

Business failure involving a provider not in the CQC oversight regime

The providers outside the CQC oversight regime will in the main be those with small and medium size businesses. The temporary duty on the Council to meet needs in the case of business failure applies regardless of whether or not the provider is in the market oversight regime. Despite the CQC having a market oversight responsibility, the Council has responsibility to ensure continuity of care in respect of business failure of all registered providers.

Administration and other insolvency procedures

Financial Business failure will usually involve an official being appointed for example an Administrator to oversee the insolvency proceedings. An Administrator represents the interests of the creditors of the provider that has failed and will try to rescue the company as a going concern. In these circumstances, the service will usually continue to be provided, and the exercise of the Council's temporary duties may not be called for. The Council will not become involved in the commercial aspects of the insolvency, but will cooperate with the Administrator if requested. The Council will support efforts to maintain service provision where this is in the best interests of service users.

Service interruptions other than business failure

The Care Act 2014 permits the Council to meet needs which appear to be urgent. In this context, "urgent" takes its everyday meaning, and may be related to, for example, time, severity etc. This is likely to be the case in many situations where services are interrupted but business failure is not the cause.

This power can be exercised in order to meet urgent needs without having first conducted a needs assessment, financial assessment or eligibility criteria determination. The Council can meet urgent needs regardless of whether or not the adult is an ordinary resident in Croydon so that they can act quickly.

The power may also be used in the context of safeguarding failings of providers if that is causing people to have urgent needs.

The Council has the power to act to meet urgent needs, but this does not mean that it has to do so. The Executive Director for Health Wellbeing and Adults will determine whether or not to act depending on the individual circumstances.

Examples of service closure or interruption that will require a decision to act include:

- where the continued provision of care and support to those receiving services is in imminent jeopardy and there is no likelihood of returning to a "business as usual" situation in the immediate future, leading to urgent needs;
- where a provision closes and service users have agreed to the provider's plans to move the to a nearby alternative provision that the provider also owns;
- where the provider cannot or will not meet its responsibilities;
- where the authority judges that the needs of individuals are urgent;
- where the service closure is temporary, for example unforeseen absence of qualified staff;

- where the service closure is permanent, for example a residential home being sold on for alternative use;

- where a provision is transferred and or sold to another provider where there may be concerns over the new provider

- where the service closure is an emergency, for example due to a flooding or fire;

- where the service closure is planned, for example where a service is de-registered;

- where a temporary planned closure may be required, for example the building needs to be renovated;

- Where the proprietor of a service and or organisation is under criminal investigation

Where the Council becomes involved in ensuring needs continue to be met, that involvement will be short-lived, for example the giving of advice, or enduring over some months, for example, overseeing the movement of residents following the closure of several homes owned by the same provider.

Acts of God, for example flooding, or complications with suppliers, for example an agency refuses to continue to provide qualified staff, should not in themselves automatically be considered to trigger the use of the power. In all cases, the test is whether there is an urgent need to be met.

The need for contingency planning

The Council will work with all relevant stakeholders and neighbouring local authorities to oversee providers that are used. This includes working together to conduct financial appraisals of small providers and working together to accommodate service users in the event of a large scale provider failure. This will be included in the Department's Business Continuity plans.

Interdependencies

This policy will take into account and run alongside the following policies and procedures:

- Corporate Emergency Response Plan
- Health, Wellbeing and Adult Services Business Continuity Plan
- Croydon Addendum to Pan London safeguarding Adults Procedure
- Council policies and procedures for individual S.42 investigations, Police investigations and CQC investigations for safeguarding

Intervention

As an option for ensuring the continuation of appropriate care and support, The Care Act 2014 allows Local Authorities to intervene on a temporary basis. This will be a last resort for the Council, where all other options for maintaining care have been exhausted. This will be a temporary arrangement to be in place only until alternative, stable care arrangements have been secured. It is intended that the Council is not financially disadvantaged through the temporary intervention.

Where the proposed option for continuing to meet needs, involves the intervention of the Council either by;

- taking direct responsibility for the provision of services, or
- the employment of staff , or

- bringing in another provider to deliver the service

Then the decision to intervene must be taken by the Director for Social Services, with reference to the Executive Member for Families, Health & Social Care.

Exit Plan

Any direct intervention by the Council must will be supported by a clear exit plan which where relevant is fully informed by appropriate Legal, Financial and Human Resources advice.

Continuous Improvement

Following on from business failure, lessons learned should be recorded and reported from each experience and process used. This will help alter / change existing processes and procedures to help predict any further potential business failure and to identify any alternative action that the Council could have taken

The Intelligence Sharing Committee

The Council has an established Intelligence Chairing Committee that gives oversight to and coordinates activities regarding safeguarding concerns for social care providers. In recognition of the Council's duties and powers with regards to service continuity and with reference to the fragility of national and local social care markets, the role and remit of this committee is to be expanded for the purposes of developing a proactive approach to identifying provider concerns and coordinating actions in response to business concerns, failings and closures.

The Forum is made up of representatives from the Commissioning & Procurement Service, Safeguarding Service and operational Adults Social Care Services and includes representation from CQC, CCG, NHS Providers and voluntary sector providers. Its terms of reference include:

- Collecting intelligence on potential and current provider safeguarding concerns, closure and or failure – where possible identifying issues prior to any need for an urgent reponse
- Maintaining a list of providers for whom there are concerns over
- Mobilising and coordinating the Council's resources to investigate and respond to concerns, closures and failures
- Develop best practice in working with providers at risk of failure

The Committee, with support from the Commissioning & Procurement Service, will maintain this policy and its associated procedures and report on the need for any significant variations to the Executive Director for Health, Wellbeing and Adult Services.

SERVICE CONTINUITY MOBILISATION PROCEDURES

1.   Introduction

Working with providers, and in particular struggling providers, in terms of helping them in their regulatory and contractual compliance is a regular feature across many Council services and individual officer roles. Where this is in the best interests of service users the Council should act to sustain provision or at least delay the closure of a service.

These mobilisation procedures set out the roles and responsibilities of Council staff in the event of the imminent closure and or failure of a social care contracted service.

2.   Deciding on Triggering these Service Continuity Procedures

The decision to activate these procedures will largely be predicated on whether there is a likelihood that a provision will, or needs to, imminently cease whether temporarily or permanently. Or, in the event of provider safeguarding concerns the decision will be taken with reference to the London multi-agency safeguarding policy thresholds.

A list of providers at risk of closure or failure is maintained by the Intelligence Sharing Committee.

When these procedures will need to be applied will be decided by the Head of Safeguarding and or the Heads of Commissioning and Procurement in consultation with the relevant Head of Service for operations, but will most likely be as a result of one or more of the following:

- Notification by CQC of the imminent failure of a regulated provider registered as operating in the borough
- Notification from CQC of their suspension, closure and deregistration of a regulated care provider in the borough, e.g. for reasons of health and safety or assessed risk to service users
- Notification by a provider that their business and or provision is at risk of failure
- Notification by a provider that they are choosing to reduce and or close their provision
- The Council is made aware that an Insolvency Practitioner has been appointed to a local provider
- The Council's contract and safeguarding intelligence and QA systems identify a provider at risk of failure and or where service users are at risk
- The Council is made aware of a major and unplanned business interruption where a provider's own business continuity arrangements are unable to, or failing to address the service impact, e.g. fire or flood
- Another local authority notifies the Council of a provider failure in their local area where Croydon service users are placed

3.   Resources and Flexibility

Every service failure is different and it is up to the responsible managers to decide the best approach for the situation presenting at the time, interpreting these procedures flexibly to suit each case while still being guided by the policy.

The resources given over to any mobilisation need to be proportionate to the risk and scale of the incident. Consideration will be given to the seniority of the officers assigned to lead and undertake tasks in accordance of the risk and scale of the incident.

The variability of incidents means that a standard management approach is not appropriate. However a management checklist at Appendix 2 provides a framework.

4. Activating the Procedures

The decision to activate these procedures will be made by the relevant Head of Service for operations in consultation with the relevant Head of Commissioning and Procurement. The Executive Director for Health, Wellbeing and Adult Services will be advised each time the procedures have been activated.

4.1 Business Failure Involving a Provider in the CQC Oversight Regime

In the event of the Council being advised of local provider failure under CQC oversight the Head of Safeguarding or Heads of Commissioning & Procurement will appoint a commissioning manager or other suitable officer to liaise with CQC. An incident team will be put in place in proportion the scale and risk of the incident.

4.2 Business Failure in another Local Authority

In the event of the Council being advised of provider failure affecting Croydon service users under the oversight of another local authority the Head of Safeguarding or Head of Commissioning & Procurement will appoint a commissioning manager or other suitable officer to liaise with that authority. An incident team will be put in place in proportion the scale and risk of the incident.

5. Roles and Responsibilities

5.1 Plan Activation and Responsible Officers

The following posts have the responsibility for activating this procedure and the responsibility for managing any one incident:

Incident type	Responsible Officer
Services to adults – 18 to 65	Head of Commissioning & Procurement Adult Services
Services to Older People	Head of Service ,Older People Commissioning
Significant safeguarding failing	Head of Safeguarding

Managers will cover for one another where appropriate.

The responsible manager may appoint an Incident Manager for the purposes of day to day project management.

5.2 Incident Management

The responsible officer has the following duties:

- Convene an Incident Management Team with the best blend of skills and responsibilities to manage the incident
- Devise an action plan to manage the Council's response to the business failure allocating the tasks and duties of the action plan to other Incident Team Members

- Give clear direction and timescales for the delivery of the action plan, developing the response as appropriate
- Secure the resources necessary to achieve the action plan
- Liaise with the Executive Director for Health Wellbeing and Adults, Heads of Service and other senior partner stakeholders – escalating issues where necessary
- Put in place arrangements to record meetings, decisions and issues for the purposes of audit
- In the event of transferring service users from one provider to another ensure that a single list of affected service users is developed and maintained for the duration of the incident

5.3 Incident Team Membership and Roles

The incident team needs to be made up of those staff who can best respond to the incident with a view to sustaining the services and or moving service users to a new provision.

Role	Responsibilities
• Incident Manager	• Day to day project management of the incident – either the Responsible Officer or their nominee • Stakeholder management • Ensure that a status log of affected service users is compiled and maintained throughout the incident
• Safeguarding Lead	• Advising on and managing safeguarding actions
• Social Work Team Manager or Head of Service	• Care and support mobilisation and decision-making • Identification of all care needs • Social work with services users • Carer and family communications
• CCG Case Manager (where relevant)	• Leadership and all actions relating to NHS funded service users • Implementation of NHS Serious Incident Procedures
• Commissioner • Brokerage Manager • Contracts Manager • CCG Commissioner	• Secure placements for the continuity of care • Oversight and action over contractual matters • Service monitoring arrangements
• Administrative lead	• Organising incident meetings • Making and collating an accurate log of meetings and records • Support to the Incident Manager
• Finance Partner (where relevant)	• Make temporary funding available • Track expenditure • Make recharge arrangements
• HR Business Partner (where relevant)	• HR advice and guidance regarding provider staff
• CCG Safeguarding Lead (where relevant)	• Advising on and managing safeguarding actions and clinical governance • Liaising with CCG and NHS agencies

• CQC Inspector or other representative (where relevant)	• Taking actions within CQC remit • Liaising with CQC Regional and National offices
• Metropolitan Police (where relevant)	• Advising on and managing policing actions • Liaison with community safety agencies
• London Fire Brigade (where relevant)	• Advising on and managing fire, rescue and civil defence matters
• Healthwatch Representative (where relevant)	• Taking actions within Healthwatch remit

Potential Options for Alternative Service Provision

Each occasion of potential provider failure is likely to be unique with its own set of circumstances. There are a range of options to ensure continuity of care and support – which may be applied on their own or in conjunction with other measures to meet the needs of each occasion.

Potential options for alternative service provision may include:

- spot purchase from other care providers;
- reserving services in other suitable locations;
- working with other local authorities to identify alternative provision
- temporary staffing;
- temporary management, for example via using a consultancy company;
- alternative contracted management/nursing team provision ;
- short-term additional funding;
- fee variation over and above normal 'expected to pay' rates to secure suitable service provision;
- other actions as deemed necessary based on individual circumstances.

The responsible manager will allocate responsibility for researching and pursuing these options depending upon the specific circumstances of the case.

It should not be assumed, especially in the case of a Provider operating a number of services, and/or where an Insolvency Practitioner is acting, that any payments made that are intended for supporting the continuation of service provision at a specific service will necessarily be applied for that purpose, in that location, by the Provider or Insolvency Practitioner. An explicit written agreement must first be sought and obtained. Payments may need to be withheld by commissioners and only paid when situation is resolved.

Wherever possible all transfers of service users between care providers should occur within normal working hours.

Provider Failure/Interruption/Closure Checklist

Date initiated:

Name of service(s):

Chair of Incident Team:

Accountable officer if different from above:

Incident Group Members:

	ACTION	Responsible Officer	Action owner
1	**Incident Steering Group**		
1.1	Agree that the triggers to mobilise the Incident Team have been met in liaison with relevant head of operations	Heads of Commissioning & Procurement and or Head of Service for Safeguarding	
1.2	Assemble group and plan the work	Accountable Officer	
1.3	Ascertain whether or not the provider is registered with CQC and where not determine the legal scope of powers and duties	Accountable Officer	
1.4	Prepare stakeholders plan for involvement, consultation and information	Incident Team	
1.5	Establish reporting arrangements to Executive Director, Director(s) and Lead Member	Accountable Officer	
1.6	Devise incident plan	Incident Team	
1.7	Allocate all relevant actions to group members	Accountable Officer	
1.8	Notify Communications Service for handling any briefings to and or responses from media	Accountable Officer	
1.9	Conduct formal closure of incident at appropriate time	Accountable Officer	
2	**Clarifying scale and issues**		
2.1	Establish timescale(s) for closure or failure(s) – Can the provider recover its position? For how much longer, if at all, can the provider continue to provide service? Can things be delayed to better support moving service users?	Accountable Officer	

2.2	Liaise with CQC coordinating actions where necessary. Note: where CQC gives notice of their concerns in advance of an inspection a decision over whether to assess the needs of service users will be made.	Accountable Officer	
2.3	Obtain copy of the contract(s) between the provider and the Council where one exists	Contracts Manager	
2.4	Establish the number and names of service users affected and who funds them	Social Work Manager	
2.5	Develop list of other providers with potential capacity to take on service users liaising with CQC as necessary	Commissioning Manager and Placements Manager	
	Identify relevant Council staff or other agency staff who can support the Incident Team	Accountable Officer	
2.6	Develop contact list of staffing agencies it would be acceptable to use	Accountable Officer	
2.7	Determine which other agencies need to be involved and in what capacity	Accountable Officer	
2.8	Contact and consult all other Local Authority and NHS stakeholders	Accountable Officer	
2.9	Arrange a meeting with the owners/other relevant provider parties	Accountable Officer	
2.10	Clarify whether the provider has a viable Business Continuity Plan as part of any contractual arrangements	Accountable Officer	
2.11	Determine the chances of the provider being able to deliver services now and or after an interruption	Accountable Officer	
2.12	Check that the owner is allowing free and open access to professionals involved in the provider intervention	Commissioning Manager	
2.13	Determine if, when and how service users and carers will be advised of the possibility/need to change provider	Social Work Manager	
2.14	Agree what 'need to know' information can be shared with other parties. Note: the principle of commercial confidentiality will still apply even if the provider is at serious risk of business failure	Accountable Officer	
2.15	Develop communications and press plan with Communications Team	Accountable Officer	
2.16	At time of a potential failure look at arrangements to facilitate carers/service users visits to alternative providers	Social Work Manager	
2.17	Identify meeting site(s) for Incident Team meeting and care staff to conduct business	Accountable Officer	
2.18	NHS to follow Serious Incident Procedures	CCG Lead	

2.19	Consider the impact of any failure of the provision on overall local market supply of this type of service	Accountable Officer	
2.20	Determine project governance and record keeping arrangements for the duration of managing the incident	Accountable Officer	
3	**Service Users**		
3.1	Assemble an accurate list of all service users and their needs – confirming details with the provider	Social Work Manager	
3.2	Confirm where responsibility rests for assessing any Self-Funding or other Local Authority service users	Social Work Manager	
3.3	Check current registration category	Commissioning Manager	
3.4	Determine priority order for assessing service users	Social Work Manager	
3.5	Assess service users to identify any changes in need and or category of care – check if any very frail or those nearing end of life need special arrangements	Social Work Manager	
3.6	Make assessment of service users' capacity to make decisions about move to another provision where mental capacity is identified as an issue. IMCA appointments for those without family/friend support	Social Work Manager	
3.7	Identify any need for advocacy support to support the process and any transfers	Social Work Manager	
3.8	Identify any service users with DOL authorisations and involve DOLS officer accordingly	Social Work Manager	
3.9	Identify service users with Health and Welfare Deputies and those with Lasting Powers of Attorney for health and welfare decisions, making contact with relevant parties	Social Work Manager	
4	**Financial Matters**		
4.1	Determine financial resources available for the actions and get financial authorisation	Accountable Officer	
4.2	Contact other authority commissioners to agree their role in relocating service users, e.g. will they want the Council to act on their behalf?	Commissioning Manager	
4.3	Identify Council funded service users and in particular S117 MHA funded service users	Social Work Manager	
4.5	Identify NHS funded service users	CCG Lead	

4.6	Identify self-funded service users and who will take responsibility for their care – check capacity and any representation	Social Work Manager	
4.7	Identify any service users funded by DWP or have Preserved Rights	Social Work Manager	
4.8	Investigate costs of any potential new provision	Commissioning Manager	
4.9	Take legal view on any contract termination and payment issues	Commissioning Manager	
	Identify service users with Deputyship and other representation arrangements for their financial affairs - powers of attorney, etc.	Social Work Manager	
4.8	Keep a running record of allowable costs that may be charged to other commissioning local authorities, NHS and or self-funding service users and invoice accordingly	Finance Officer	
4.9	Stop payments to provider for each service users at the point of moving. Set up payments for new provider	Finance Officer	
5	**Carers, Relatives and Significant Others**		
5.1	Collate names, addresses and contact details for carers, identifying any carers with special factors, e.g. poor health, out of borough, etc	Social Work Manager	
5.2	Establish arrangements to involve carers and other significant others in the arrangements	Social Work Manager	
5.3	Where necessary undertake carers assessments	Social Work Manager	
5.4	Consider whether it is necessary to arrange advocacy for carers	Accountable Officer	
6	**Relocation – where a decision is made to close and or withdraw from the provider's resource(s)**		
6.1	Assess the needs of each service user to be relocated	Social Work Manager	
6.2	Maximise service user and or carer and or representative ability to make an informed choice over new service(s)	Social Work Manager	
6.3	Check whether any service user friendships need to be maintained as part of relocation	Social Work Manager	
6.4	Provide opportunity and support for service users and or carers to visit the new provision	Social Work Manager	
6.5	Deploy current care staff in the relocation – passing on information, escorting service users, etc	Social Work Manager	

6.6	Ensure formal handover of service users, their files and other records takes place including medication and treatment details	Commissioning Manager	
6.7	Arrange and or re-provide and or install equipment	Commissioning Manager	
6.8	Arrange transport and carers support for moving service users	Social Work Manager	
6.9	Maintain relocation decisions and movements log	Social Work Manager	
	Arrange for change in GP and record any new arrangements across relevant agencies	Social Work Manager	
6.10	Inform receiving LA/NHS of any out of borough placements	Commissioning Manager	
6.11	Notify DWP of change of home	Social Work Manager	
6.12	Issue contracts to new providers	Commissioning Manager	
6.13	Consider the implications of any arrangements leading to temporary and or second moves	Social Work Manager	
8	**Record keeping**		
8.1	Maintain a record of meetings and decisions made	Accountable Officer	
8.2	Designate an administrator lead to collate and maintain all records	Accountable Officer	
8.3	Maintain a risks register that is regularly reviewed throughout the project	Accountable Officer	
8.4	Give oversight to the appropriate sharing of service user, carer and other personal data	Accountable Officer	
9	**Quality Assurance and Continuous Improvement**		
9.1	Put in place arrangements to record and resolve any complaints and disputes across all stakeholders	Commissioning Manager	
9.2	Collate service user and carer feedback on the process	Social Work Manager	
9.3	At the end of the project convene a meeting of all key agency stakeholders to review the project identifying recommendations for future learning and best practice	Accountable Officer	
9.4	Produce any recommendations for consideration in future incidents to be reported to the Intelligence Sharing Committee and or Leadership Teams and or Adults Safeguarding Board	Accountable Officer	