Appendix 3 Halton Borough Council Service Closure Policy

Information Exchange Checklist

Once provider closure is confirmed the following information must be sought from the Provider	Responsible MDT Member	Format of information be provided (ie electronic, paper, fax)	Date to be provided	Date provided
Notice Requirements				
Any consultation that has been undertaken (Planned closure) (Residents/Relatives/Advocate)				
Potential staffing implications				
Actions taken to maintain care standards and continuity of care				
Residents Profile (*Names, previous addresses, dob, date of admission, sharing arrangements/friendship groupings, next of kin and relative contact details, appointeeship details, GP details, medication records, copy of care plan, special/complex needs etc).*				
Details of any Staff briefings that have been undertaken				
Name, contact, location, employer of the identified Responsible Service Manager				
Transfer of client information *Residential Service* - Service user social care assessment, health assessment, risk assessments - Inventory of residents' belongings - Transfer of care plans (Including Medication)				

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Domiciliary • Staff details (TUPE) • Service user details inc social care assessments, health assessments, risk assessments				
Financial issues • Transfer of appointee function • Identify service users who are publicly funded / Preserved rights / Privately funded / Other local authority residents • Assessed contribution of client details				
Equipment protocol • Service users assessed equipment needs • Who provides equipment • Last equipment service date				
Safeguarding • Any ongoing safeguarding investigations				