Initiating the MDT Closure Project Group

The process of initiating an MD, and the associated timescales and responsibilities may change, or be delegated, depending on timescales dictated by the closure (ie Emergency, planned, unplanned but not with immediate effect). This will be the decision of the Accountable Lead

HBC Strategic Director for Communities nominates an Accountable Lead for the closure process (typically an OD), within 24 hours of notification.

HBC Director for Communities and/or Accountable Lead nominates an MDT Project Lead /s (Typically a DM and Senior Manager from closing organisation, where appropriate)

It may be appropriate to appoint an MDT Closure Project Lead from just HBC, or a joint lead between a Senior Manager of the closing service and HBC. The decision will be made by the Strategic Director for Communities in negotiation with the manager of the affected service.

MDT Project Lead/s form a MDT Project Group

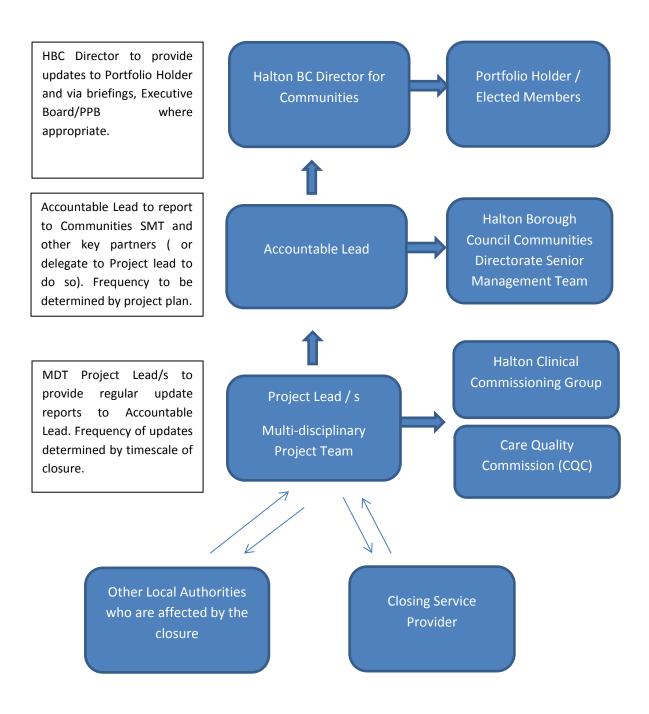
The MDT Closure Project Lead/s should ensure representation from (as a minimum consideration, this list is not exhaustive, and other stakeholders may be included depending on the nature of the closure):

- Service Provider
- HBC Care Management Divisional Manager
- HBC Commissioning Manager/s
- Halton NHS Clinical Commissioning Group
- HBC Quality Assurance
- HBC Safeguarding Unit and Safeguarding Lead for the respective CCG's
- HBC Finance and representatives from the appropriate funding authorities (where appropriate)
- HBC Procurement
- HBC Legal Services
- Human resources from all relevant agencies.
- Detective Inspector/Senior Police Officer (where safeguarding or other criminal activity has been indicated)
- Lead Inspector for CQC
- GP Practice Manager/s
- Continuing Health Care
- A note taker

Other representation may include:

- Fire and Rescue
- Public Health
- HBC Emergency Management
- Other Senior Managers (as appropriate)
- Advocacy Services
- Independent Mental Health Advocates
- Health Colleagues
- Halton Borough Council Communications Staff
- Halton Borough Council Contact Centre Staff

Reporting Flowchart



Key roles

Project Lead/s will have lead responsibility for co-ordinating the relocation of Service Users to an alternative service/s. The Lead/s will manage the Project Team, which will be made up stakeholders.

The Head of the Integrated Adult Safeguarding Unit will have a role in the co-ordination of any potential safeguarding issues. The role will involve advising, directing and consulting with managers and front line staff across a particular area to ensure efficient and effective work within any resulting adult protection investigations.

Care Management Divisional Manager will be responsible for identifying and coordinating resources to undertake assessments.

Care Managers will review those residents who have been allocated to them by the Care Management Divisional Manager, and will work with service users/carers and relatives to find alternative services.

Quality Assurance Team Manager will identify those service users funded through HBC Adult Services, those services funded by other LA's and wherever possible detail on any self-funders within the service. Identify alternative service provision.

Commissioning Manager where a service is decommissioned they would be responsible for identification of suitable alternative service provision.

CQC As the regulatory body they are responsible for regulating the service and standards of service provided. They may also be responsible for giving/receiving information depending on the nature of the closure.

Halton NHS Clinical Commissioning Group responsible for ensuring health needs are identified, considered and met.

Out of hours/on call ASC Senior Management cover must be identified.

MDT responsibilities

| Overarching responsibilities of the MDT | Done |
|--|------|
| Undertake the closure of the service, under the direction of the Project Lead/s and Accountable Lead | |
| Receive progress reports from MDT Members | |
| Monitor progress against agreed milestones | |
| Ensure rights of residents and staff are protected | |
| Coordinate work of key partners | |
| Provide progress reports in line with reporting flow chart | |
| Act as an 'information hub' and coordinate all messages to be communicated to | |
| service users, staff and the wider community | |
| Ensure compliance with legislation | |
| Ensure people can exercise rights | |
| Involve advocates as necessary and in liaison with social workers | |

MDT Actions

| MDT Actions | Status |
|--|--------|
| Set out the closure timetable | |
| Agree the communications plan | |
| Develop the project plan | |
| Undertake local risk assessments | |
| Undertake an organisational risk assessment (in the case of the local authority also in respect of the wider market for social care) | |
| Undertake local risk assessments, looking at the impact of closure of the local community | |
| Coordinate individual risk assessments, undertaken by social workers and key workers | |

| Review individual support plans | |
|--|--|
| Co-ordinate activity for work streams | |
| Ensure project meets milestones | |
| Prepare progress reports | |
| Review the implementation of the communication plan | |
| Arrange for an Approved Mental Health Practitioner (AMHP) to undertake mental capacity assessment as necessary | |
| Arrange with the AMHP 'best interest' meetings as necessary | |
| Ensure involvement of key partners | |
| Review needs of workforce | |
| Support re-settlement/relocation of workforce | |
| Recognise and respond to the emotional needs of workforce | |
| Meet with the relevant social work manager to ensure all residents are allocated a social worker | |
| Ensure decisions are taken about who will act as the lead professional | |
| Make sure an updated assessment is completed so that the new provider has up to date information | |
| Take steps to inform the local GPs and health workers of the decision and the timetable for closure | |
| [| |
| The key worker designated as lead professional for each individual will need to: Where the resident is publically funded there will be a care co-ordinator/social worker/reviewing officer involved in reviewing and restructuring the care and support plans for each individual. | |
| Contribute to the risk assessment for each individual with whom they work | |
| Liaise with the social work manager or care coordinator of the funding agency where appropriate | |
| Contribute to revising the care/support plan | |
| Maintain contact with family/friends | |
| Arrange medical /nursing assessments where necessary | |

| Review equipment for moving | |
|---|--|
| Ensure dietary needs are fully recorded | |
| Support people to work through the loss of their home | |
| Support people to visit potential new homes | |

| Self-funders | |
|--|--|
| Self funders should be offered a key worker to undertake an assessment | |
| and care planning | |

[Source: Managing Care Home Closure, Social Care Association, 2011]