

Continuity of Care Practice Guidance


Adult Social Care

A great place to live and work.

Continuity of Care Practice Guidance

Directorate:	Social Care, Health, and Housing (SCHH)		
Division & Service:	Adult Social Care Community Assessment Service		
Author:	Caroline Tate, ASC Policy Advisor		
Owner:	Helen Duncan-Turnbull, Head of Community Assessment Service		
Approved By:	Helen Duncan-Turnbull	Approved Date:	03/07/2024
Validation by:	Practice Governance Board	Validation Date:	24/07/2024
Effective From:	01/07/2024	Version No.	4.0
Next Review:	01/07/2026		

Policy Owner Signatories

Name	Title/Role	Signature	Organisation	Date
Helen Duncan-Turnbull	Head of Community Assessment		Central Bedfordshire Council	03/7/2024

CQC Assurance Key Areas and Statements:

This policy document supports CQC Assurance Key Areas (detailed in section 9):

Safe	Effective	Caring	Responsive	Well-led
●	●	●	●	●

This document is not controlled when printed.

It is the responsibility of every individual to ensure that they are working to the most current version of this document.

Contents

1.	What is the Continuity of Care?	5
2.	Ordinary Residence - Continuity of Care	5
3.	Moving out of Central Bedfordshire	5
4.	Moving into Central Bedfordshire	6
5.	Deprivation of Liberty Safeguards	8
6.	Transitional Funding Arrangements	8
7.	When the adult does not move, or the move is delayed	9
8.	Disputes.....	9
9.	Evaluation, Review & Monitoring	9
10.	Related Policies	10
11.	Appendices.....	10

1. What is Continuity of Care?

- 1.1 'Continuity of care' means ensuring that, when a person who is receiving care and support in one area moves home, they will continue to receive care on the day of their arrival in the new area. This means that there should be no gap in care and support when people choose to move.
- 1.2 This Practice Guidance sets out the process for ensuring those with care and support needs can move to another area; that care and support is in place during the move and the person's wellbeing is maintained throughout.
- 1.3 The process will ensure that the person with care and support needs will be able to move with confidence that arrangements to meet their needs will be in place on the day of the move.

2. Ordinary Residence - Continuity of Care

- 2.1 When a person in receipt of care services moves from one authority to another their ordinary residence status may change.
- 2.2 Continuity of care is the process local authorities must follow to ensure a person's care and support continues, without disruption, during and after the move.
- 2.3 The operational practice for this is set out in the [Ordinary Residence Practice Guidance](#).

3. Moving out of Central Bedfordshire

- 3.1 The continuity of care process begins when someone receiving care and support services (or someone on their behalf), notifies the Council that they intend to move to another local authority area.
- 3.2 We (Central Bedfordshire Council, Adult Social Care) recognise there will be situations where a person may lack capacity to make a decision about a move, but the individual's family may wish to move the person closer to where they live, which is likely to involve changes to accommodation, and care and support. In such situations, we will support the person to be involved in the decision-making process. This will involve a mental capacity assessment, and where necessary, 'best interest' decisions made.
- 3.3 An independent advocate may be appointed to help the person participate in the decision-making process. We will make the referral to the advocacy service if required, however the person can request that the independent advocate is provided by either the current (Central Bedfordshire) or new authority.
- 3.4 Once notification is received that a person is intending to move out of Central Bedfordshire, we will identify a lead staff member and point of contact to jointly facilitate the transfers of care arrangements with the new authority.
- 3.5 Once the new authority is satisfied that the intent to move is genuine, and/or in the persons best interest where the person lacks mental capacity, it should contact the Lead staff member from Central Bedfordshire Council Adult Social Care, to begin transferring responsibility for managing the persons care and support needs.

- 3.6 The Lead staff member from Central Bedfordshire Council Adult Social Care will provide the new local authority area with:
- A copy of the person's most recent needs assessment and care and support plan,
 - A copy of the most recent carers support plan if the person's carer is moving with them or continues to maintain caring responsibilities,
 - Where relevant, a copy of the persons transitional assessment and associated transition plan,
 - Any other information relating to the person or the carer (whether or not the carer has needs for support), that the second authority may request where appropriate.
- 3.7 Where we have funded specialist equipment, this equipment may be taken to the new location by the person should it still be required, if this is the person's preference, and we and the new local authority agree this is the most cost-effective solution. Otherwise, arrangements will be made for recycling or disposal on the day of the move. Each case will be reviewed, and any transfer of equipment and associated costs will be negotiated between the two areas.
- 3.8 If the person has a piece of equipment on long-term loan from the NHS, the new local authority will notify the relevant NHS organisation and discuss the best and most practical option for ensuring the person's needs continue to be met.
- 3.9 Where the person moving receives a direct payment, they should be advised to consider how to manage any contractual arrangements in place, for example any contracts a person may have with personal assistants who may not be moving with them.
- 3.10 We will aim to provide all information needed to transfer the care and support arrangements to the new local authority within 6 weeks to ensure it falls within the six-week funding window (see section 6. Transitional Funding Arrangements).

4. Moving into Central Bedfordshire

- 4.1 We will make information about care and support services available to people who are considering moving into the area.
- 4.2 On receiving notification from another local authority, from the person directly or someone acting on their behalf that someone with care and support needs intends to move to Central Bedfordshire, we will take steps to verify that the intention is genuine. This might include:
- Establishing and maintaining contact with the person and their carer to keep abreast of their intention to move,
 - Liaising with the other local authority to get their views on the persons intention,
 - Liaise with family members, carers and other relevant parties to confirm the intention.
- 4.3 Once intention to move has been verified, we will provide the person with information about the care and support options available in Central Bedfordshire. This may include:
- The types of care and support available to people with similar needs,

- Support for carers,
- Information about the local care market and organisations that could meet their needs,
- The Council's charging policy, highlighting any charges that might be relevant to the individual

- 4.4 We will also contact the other local authority to begin to facilitate the transfer and continuity of care arrangements.
- 4.5 We will work with the other local authority and the person in question to begin a new needs assessment. Where a person lacks capacity to be fully involved in the assessment or care planning process, and there is no suitable person that can assist, we will provide an independent advocate to assist.
- 4.6 We may request further information from the original local authority such as the most recent needs assessment, financial assessment, any safeguarding plan. Where a Deprivation of Liberty has been authorised, a new Deprivation of Liberty must be made (see section 5 Deprivation of Liberty Safeguards).
- 4.7 We will also consider whether the person might be moving to be close to a new carer. If so, the carer will be offered an assessment.
- 4.8 We will keep the other local authority, the person and their carer informed of steps being taken to arrange the necessary care and support from the day of the move.
- 4.9 Our Care Act needs assessment will consider where information and advice and preventative services can help prevent, reduce or delay the individuals' needs from escalating.
- 4.10 On completing the needs assessment and determining whether the person or carer has eligible needs, we will involve the person or carer in the development of the care and support plan, taking all reasonable steps to agree the plan. The development of the plan should include consideration of whether the person would like to receive a direct payment and any contingency arrangements.
- 4.11 We recognise that local market conditions and ways of meeting need can mean personal budgets vary between local authorities. An explanation for any variation will be provided and documented during the support planning process.
- 4.12 Any health needs must form part of the transfer of care arrangements to ensure continuity of health services, we will notify the relevant health services to ensure that services continue. We may carry out a joint assessment with or (if agreed with the Integrated Care Board (ICB)) on behalf of the local ICB if required. We will aim to complete the new assessment within 6 weeks.
- 4.13 The care and support plan will include arrangements starting on the day of the move and will need to be agreed between the person and/or carer. We will liaise with the other local authority to ensure continuity of care.
- 4.14 Where the other Council has funded specialist equipment, this equipment may be taken to the new location by the person should it still be required, if this is the person's preference, and we agree with the other local authority that this is the most cost-effective solution. Otherwise, arrangements will be made for recycling or disposal on the day of the move by

the other local authority. Each case will be reviewed, and any transfer of equipment and associated costs will be negotiated between the two areas.

- 4.15 Equally, if the person has a piece of equipment on long-term loan from the NHS, we will notify the relevant NHS organisation and discuss the best and most practical option for ensuring the persons needs continue to be met.
- 4.16 In the event that we have not be able to carry out a needs assessment prior to the move into Central Bedfordshire, we will continue to meet the needs and outcomes identified in the persons previous care and support plan, carried out by the other local authority. We will involve the person and/or the carer and any relevant independent advocate, as well as anyone else that person requests, in deciding how to meet the person's eligible care and support needs in the interim period.
- 4.17 When meeting a person's needs ahead of carrying out an assessment, we will have regard to the following matters:
- The care and support plan provided by the other local authority,
 - The outcomes the person wants to achieve,
 - The person's preferences and views
- 4.18 In the event of the individual's circumstances being significantly different as a result of the move, we will consider the impact on their wellbeing of the following:
- Any carer support,
 - The suitability of the new accommodation,
 - Any existing requirements for equipment and adaptations,
 - Access to services and facilities,
 - Access to other types of support,
 - Where the person makes use of universal services

5. Deprivation of Liberty Safeguards

- 5.1 Where a Deprivation of Liberty has previously been authorised for a person who is moving into the Central Bedfordshire area, the new care home should make an application to the relevant 'placing' local authority. This is since the person's Ordinary Residency status remains with the local authority which arranged the accommodation, therefore, retains responsibility for meeting the person's needs and any associated assessments and authorisations under DoLS (see Ordinary Residence Practice Guidance)
- 5.2 Where we become aware that a person may be deprived of their liberty, we will ensure that the appropriate applications are made to the relevant local authority

6. Transitional Funding Arrangements

- 6.1 In some instances, there may be a need to establish a transitional finding arrangement with the other local authority. This means the originating authority retains responsibility for the

adult's care for up to 6 weeks after the move even where Ordinary Residence has changed (to enable an effective transfer of responsibility to the new local authority and to allow the new authority time to review the care needs and put in place the appropriate services).

6.2 A transitional funding arrangement must be agreed by both local authorities as part of the transfer of care discussions.

6.3 At the end of the transitional funding period, the new local authority would become responsible for providing and funding the persons' care and support arrangements.

7. When the adult does not move, or the move is delayed

7.1 Where there has been a delay because of unforeseen circumstances, we will maintain contact with the person to ensure that arrangements are in place for the new date of the move. This applies to people moving in and out of Central Bedfordshire.

7.2 If the person's move is delayed and they remain a resident in Central Bedfordshire, we will remain responsible for meeting the person's and the carer's eligible needs, until such time as they move.

7.3 If the person does not move out of Central Bedfordshire, we will remain responsible for meeting the person's eligible care and support needs.

7.4 If the person does not move into Central Bedfordshire, they remain the responsibility of the other local authority.

8. Disputes

8.1 If there is a dispute over application of the continuity of care provisions, the involved local authorities must not allow this to prevent, delay or adversely affect the meeting of the person's needs. Where the authorities cannot resolve their differences, steps must be taken to ensure that the person is unaffected by the dispute and will continue to receive care for the needs that were identified by the first local authority. (See Ordinary Residence and Continuity of Care policies)

9. Evaluation, Review & Monitoring

9.1 This document will be reviewed in line with the relating policy document(s) or after 2 years.

CQC Assurance Key Areas and Statements:

9.2 This policy document supports CQC Assurance Key Areas and Statements:

Key question:	Quality statements used to assess quality
Safe	Safe Systems, pathways and transitions We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services. Safe and effective staffing

	We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people's individual needs.
Effective	How staff, teams and services work together We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.
Caring	Independence, choice and control We promote people's independence, so they know their rights and have choice and control over their own care, treatment and wellbeing.
Responsive	Care provision, integration, and continuity We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.
Well-led	Governance, management, and sustainability We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate. Partnerships and communities We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

10. Related Policies

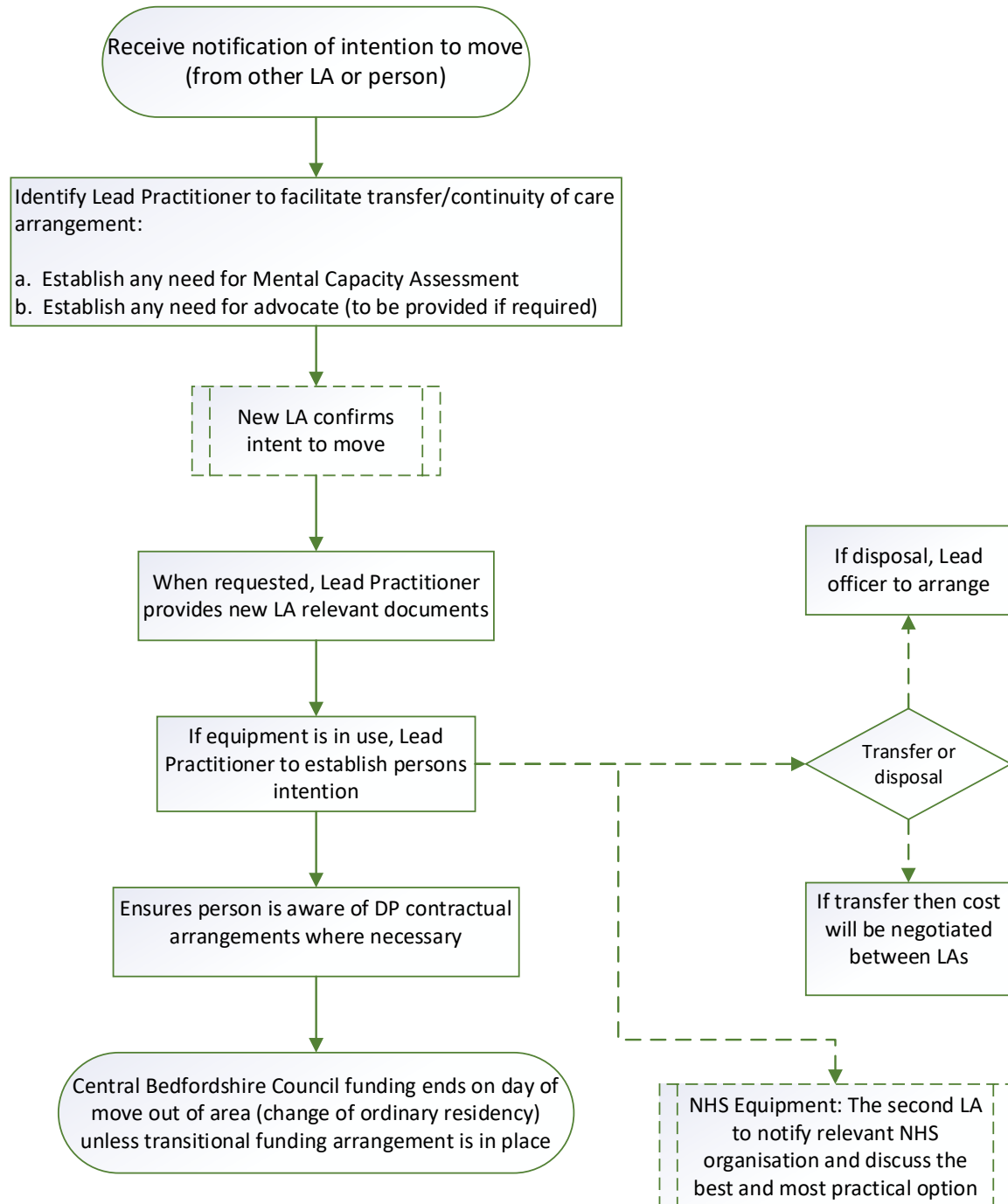
- Ordinary Residence Policy
- Continuity of Care Policy
- Ordinary Residence Practice Guidance

11. Appendices

- Appendix 1: Moving out of Central Bedfordshire (flowchart)
- Appendix 2: Moving into Central Bedfordshire (flowchart)

Appendix 1: Moving out of Central Bedfordshire - flowchart

Moving out of Central Bedfordshire



Appendix 2: Moving into of Central Bedfordshire – flowchart

Moving into Central Bedfordshire

If any enquiry is made for a potential move into Central Bedfordshire, the Council will make relevant care & support information available – whether the move happens or not

