

Adult Services and Wellbeing
Calderdale Metropolitan Borough Council

**Standard Operating Procedure (SOP):
Link into Calderdale (LINC) Team.**

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Procedure Version Control

Procedure Name	Standard Operating Procedure: Link into Calderdale		
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1.0	August 2024	New Document
2.0	December 2024	Updated with the waiting well process and the new safeguarding process.

Standard Operating Procedure Link into Calderdale (LINC)

LINC Overview

The LINC service works intensively with people who do not have existing social care services in place on a short-term basis to understand why they have reached out to us, what matters most to them and help them to achieve the outcomes they are seeking.

The team provides guidance and assistance to people who may not meet the Care Act eligibility but who, nonetheless, require some support and to prevent, reduce or delay the need for statutory services. The team works in a strengths and asset-based way using our 8P approach.

LINC Main Aims

- To work in a timely and responsive way, at a pace that's suitable to the person and their network, ensuring we listen carefully to what matters most to them, identifies their strengths and those of the people and communities around them, making sure they have time to think in order to make the right options and choices for them.
- To understand people's goals, aspirations and the outcomes they want to achieve.
- To facilitate preventative and early help by focusing on people's strengths, social networks and community assets, and to draw on these to meet their needs.
- To increase independence, community connectedness and physical, emotional and economic resilience.
- To provide a holistic and proportionate approach, utilising a range of interventions, drawing on the specialist skills of other professionals where needed.
- To embed the 8Ps Strengths Based Approach.
- To ensure we have a legally literate, knowledgeable team with the right skills to work in partnership with the people who reach out to us.

LINC Objectives

Prevention and Early Intervention: Focus on preventative measures and early intervention to prevent, reduce or delay the need for more intensive and long-term care and support.

Integration of Services: Promote integration and coordination of health and social care services to provide seamless support to people especially therapy services.

Assessment and Eligibility: to provide guidance and support to people who do not meet eligibility criteria for statutory services and make use of asset-based services, equipment, and assistive technology. Conduct thorough strength-based assessments to determine needs and eligibility for statutory services where applicable.

Care Planning: Develop personalised care plans that outline the support and services required to improve wellbeing, independence, resilience and inclusion.

Access to Services: Ensure people have timely access to a range of services to promote independence, resilience and inclusion.

Empowerment and Choice: Empower people to make informed choices about their care and support options.

Workforce Development: Invest in the recruitment, training, and retention of a skilled and compassionate social care workforce who can hold confident, clear, and positive conversations with people in need of support.

Community Involvement: Encourage community engagement and the development of support networks to enhance social inclusion with a particular focus on marginalised groups.

Quality Assurance: Monitor and evaluate the quality of care and support to ensure they meet high standards and are continuously improved.

Cost-Effectiveness: Ensure resources are used efficiently to provide high-quality care and support while managing public funds responsibly.

Safeguarding: Ensure all staff are aware of their role in reporting safeguarding concerns and the role they play in preventing abuse from occurring.

LINC Outcomes

- More people living healthy, happy, and more fulfilling lives in their own homes.
- A reduction in the number of people admitted to residential care and more people using personal budgets to meet their needs in the community.
- A reduction of the number of people who are socially isolated and/or lonely.
- An increase in the number of people successfully completing recovery and recuperation programmes, having access to telecare and good housing options to meet their longer-term needs.
- An increase in the number of people being supported within their communities.
- Deliver our commitment to promote equality of opportunity and embed equality, diversity, and human rights principles in all of our work.

Values and Principles of LINC

- LINC aims to provide high quality services, which are effective and efficient.
- To ensure equity of access and equality of opportunity.
- To provide protection under the safeguarding procedure to those who need this.
- To work effectively in partnership with other services, agencies, and communities.
- To be open, transparent, and accountable.
- To be a learning organisation/service that seeks continuously to improve through innovation and flexibility.

Eligibility Criteria

- Referrals come into the service via initial contact from Gateway to Care either by self-referral or professional.
- Not currently in receipt of formal care and support.

LINC Delivery and Contacting the Service

Service is operational between the hours of Monday to Thursday 9am to 5pm, Friday 9am to 4.45pm

The team can be contacted directly via email at Lincmanagement@calderdale.gov.uk or by telephone on 01422 393790.

Outside of these hours, support can be accessed via the Emergency Duty Team,
Phone 01422 288000

Public number: 01422 393000

Email: gatewaytocare@calderdale.gov.uk.

LinC Processes and Procedures

Initial Contact

Referrals made on client recording system or via email.

Contact Lincmanagement@calderdale.gov.uk

Referrals are checked daily by team leaders/team manager and initial screening takes place to ensure LINC criteria is met.

Duty/Office Cover Process

Referrals are shared with Duty/ office cover for workers to make contact and either screen and close or make initial appointment at either a Better Lives wellbeing hub or at the person's home.

Assessment and Eligibility Process

Each person referred will have an in-depth, strengths-based conversation which will focus on self-determined outcomes. Only if formal care and support is identified after all other options have been exhausted including the reablement offer, will a Care Act assessment be carried out. Eligibility will be determined at each stage and recorded on the client recording system.

Financial Assessment

At the point of a determination of ongoing care being needed, initiate a discussion about the potential cost of care services and the likelihood of the person having to pay a charge. This conversation helps manage expectations and ensures that people are aware of any financial impact. The assessor is responsible for providing the financial information pack to the person. The pack contains crucial information about potential care costs and can be accessed online via the calculator: : [Care Charge Calculator](#). During the assessment, obtain signed confirmation from the

person acknowledging receipt of the financial information pack. Use the form designed for this purpose.

Care and Support Plan

Will be completed following person being identified as eligible for services. The person in receipt of care and support will sign to agree support plan accurately reflects the assessed needs and meets their identified outcomes/goals.

Care and Support Services

Direct payments will be promoted to provide choice, flexibility, and control for people over their care and support.

Review of Care and Support Plan

Initial review of formal care and support will be carried out. Subsequent input and reviews will be carried out by longer term teams.

Case Note Recording

Will be legally literate, timely and clear.

Waiting Safe and Well Process

Due to demand, it is not always possible to respond immediately and sometimes people are waiting for assessment or review. It is particularly important that people waiting for assessment for adult social care are appropriately prioritised and that they receive regular updates, and resources that support their well-being while they wait, in order to reduce risks associated with unmet needs.

On receipt of the referral, the **Screening Tool for Referral Waiting Lists** should be used to prioritise referrals – this applies to assessments, re-assessments and reviews. The prioritisation tool will be used to establish the level of need and risk, and to ensure that people are allocated in an equitable manner. People will be recorded as high, medium, or low priority for allocation based on their individual circumstances.

In line with section 6.26 of the Care Act Statutory Guidance, if an immediate response through service provision is required to meet a person's urgent needs to ensure their safety prior to an assessment being undertaken - this should be put in place on an interim basis.

The outcome of the prioritisation should be documented on the Team Referral Spreadsheet which is held by the Team Manager and used in conjunction with the

electronic recording system referral lists. The spreadsheet is date ascending for referral submission and color coded for priority rating:

Red	High Priority
Yellow	Medium Priority
Green	Low Priority

As part of the 'waiting safe and well' process, all people awaiting a new assessment will be contacted to determine if their situation has changed and, if needed, relevant safety actions implemented; this may include fast-tracking the persons assessment. This process should be undertaken in line with the ***Waiting Well Framework***.

All people who are waiting for more than two weeks will be sent a standard waiting well letter to confirm that they are still on our waiting list. The letter will provide service contact details, information on how to inform us if their situation changes and will provide signposting to other information and support options (such as CalderConnect, Care Charge calculator). It will also provide details of our Better Lives Drop in Hubs.

Whilst people continue to wait for allocation, we will contact them on a regular basis to review their circumstances and any changes in needs, which may affect the level of risk and their prioritisation. The frequency of contact is tailored and proportionate to their level of priority.

The contact may be through a follow up Waiting Well letter, by telephone or by text.

Where a change in circumstances, need or risk becomes apparent, then the level of priority will be re-assessed using the prioritisation tool.

If a significant risk is identified, this will be escalated to the team manager and appropriate action taken. This could result, for example, in a telephone assessment and interim support arrangements or urgent allocation.

Should it become apparent that the person has resolved their own needs, then the referral will be closed.

Contact will be recorded in the persons case notes on CIS and the Team Manager / Team Leader will update the spreadsheet accordingly during the weekly referral review.

Information Sharing

Staff are aware of what information can be shared with the person's consent only.

Risk Assessment and Safety Planning

Staff are trained on situations which may require a risk assessment e.g. self-neglect, hoarding or other risky behaviours which have a negative impact on the person's health and wellbeing.

Safeguarding Concerns, Enquiries, Safety Planning, Quality Assurance and Closure

Overview: Stage 1 involves the identification and reporting of safeguarding concerns before the Safeguarding Adults Practitioners engage with the person at risk or experiencing abuse or neglect.

Practitioners will be mindful of S42 of the Care Act 2014, identifying where there may be a cause for concern that someone with possible care and support needs, in their area may be at risk of or experiencing harm or neglect and unable to protect themselves. This includes but is not limited to; physical abuse, emotional and psychological abuse, financial abuse, sexual abuse, coercive controlling behavior, and self-neglect.

Practitioners will have a responsibility for accurately identifying concerns, the source, type of harm, impact of harm/potential harm and urgency of the concern. Practitioners should consider and follow the Calderdale Threshold Guidance for Safeguarding Adults at Risk prior to raising a concern.

If practitioners are actively involved with a person whereby concern or information is shared, whether factually supported or not, they will make enquiries to ascertain that the person is safe and well and ascertain what action needs to be taken and what legal framework this may be under. This includes considering if this requires raising as a statutory safeguarding concern. This should be led by the person with Making Safeguarding Personal (MSP) underpinning the approach. Capacity to consent to safeguarding concerns should be considered at the point a potential safeguarding concern is identified, ensuring that the person is supported to engage with and understand what this means. In the event a person is deemed to lack capacity to consent, consideration should be given for involving a relevant representative and/or referring for an advocate. Only in circumstances where there is an immediate risk to the person and/or to the safety of another person should consent not be sought prior to raising a safeguarding concern.

Practitioners will formally report a safeguarding concern by completing the standard Calderdale Safeguarding Raising a Concern form and submitting this electronically to Gateway to Care via email. If any social care practitioner (with access to CIS) identifies the concern they will be responsible for completing respective safeguarding stage one screens on CIS.

Practitioners retain a responsibility to promoting the welfare and safeguarding children and young people (s11, Children's Act 2004) also. If information comes to the attention of a worker that a child or young person may be experiencing or at risk of harm or neglect, they will share this information with Children's services within a timely manner. This may be by contacting Multi Agency Screening Team (MAST) or sharing information with an allocated children's worker or team.

How to Raise a Safeguarding Concern

During Office Hours

- **General Public and Professionals:** Concerns can be reported by anyone in accordance with the guidance and consideration to The Threshold Guidance for Adults at Risk in Calderdale. Reports can be made via:
 - **Safeguarding Concern Form:** Complete and submit the form to gatewaytocare@calderdale.gov.uk.
 - **Telephone:** Call Gateway to Care at 01422 393000.
- **Safeguarding Adult Team Contact Details:**
 - **Telephone (Duty):** 01422 393375
 - **Email:** safeguarding.adults@calderdale.gov.uk
- **Specific Agencies:**
 - **Police, Yorkshire Ambulance Service:** These agencies may use their own forms to notify **safeguarding concerns**. These forms are accepted as valid notifications or referrals.
 - **Calderdale & Huddersfield Foundation Trust:** Will submit concerns where the abuse or neglect occurred within a hospital setting to the Hospital Discharge Team. It is likely that the Hospital Discharge Team will give cause to the Hospital to make the safeguarding enquiries, with the Hospital Discharge Team acting as co-ordinators.

Out of Office Hours:

- **Emergency Duty Team (EDT):** For concerns raised outside standard office hours (5:00 PM to 8:45 AM Monday to Thursday and 4:30 PM to 8:45 AM Friday to Monday), contact the EDT at 01422 288000. The EDT will assess the concern, take necessary immediate actions to address immediate and imminent risks (that cannot safely wait until the next working day), and notify Gateway to Care on the next working day.

Notification, initial screening and processing

Gateway to Care Responsibilities:

- **Electronic Concerns. Inputting into CIS:** Upon receipt, Gateway to Care will promptly check whether or not the person has a CIS record. Gateway to Care will create a record if there isn't one. Gateway to Care will then forward the electronic form on email to the Safeguarding Adults Team mailbox or (for people with a primary support reason around mental health) go direct to the Mental Health Team mailbox (on outlook) and case note the action they have taken.
- **Telephone Concerns:** People who telephone asking to raise a safeguarding concern or if the social care advisor identifies that there is a possible safeguarding concern, they should first discuss this with the Duty Social Worker, Team Leader or Team Manager, before progressing with creating the concern on CIS. Once advice has been sought the Social Care Advisor can progress with creating the concern on CIS, completing the necessary fields and gathering as much information as possible from the person raising the concern. They then assign this on CIS to the Safeguarding Adult Team or the Mental Health Team (if primary support reason is for mental health) and follow this up with an email to the respective mailbox to alert them of the concern on CIS.
- **No Initial Decision Making:** At this stage, no decisions are made regarding the concern other than recording it on the appropriate person's record and assigning to the relevant team. Information gathering is minimal and only to address any critical missing details necessary for record creation.

Hospital Team Responsibilities:

- The Hospital Discharge Team is responsible for receiving any concerns where the abuse or neglect occurred within a Calderdale and Huddersfield Hospital setting. The Hospital Discharge Team is responsible for inputting the concerns on to Safeguarding Adult Stage 1 screens on CIS. The Hospital Discharge Team can give cause to the Hospital Safeguarding Team to undertake the enquiries, however the Hospital Discharge Team retains responsibility for co-ordinating the enquiry and updating CIS as per the processes described below.

Safeguarding Adult Team, Mental Health Team and Hospital Discharge Team Responsibilities:

- **Receipt of the concern:** The Team Manager, Team Leader or Practice Lead will receive the incoming concern on outlook (or CIS if initial concern is taken via the phone).
- **Initial Screening:** Decide whether the concern falls within the scope of safeguarding: The Team Manager, Team Leader or Practice Lead will review the information contained within the concern and decide whether or not it falls within the scope of safeguarding. The main question to ask at this stage is whether or not abuse or neglect is occurring that may require safeguarding enquiries. The three-stage test is not applied at this point.

If the concern is around a 'request for support' (for people who do not have any ongoing care and support in place) or a 'review of support' (for people who do have ongoing care and support in place), then this can be forwarded to the relevant team i.e. Gateway for people who do not have care and support in place or community teams for those who do. If the person subject to the concern has an allocated worker, then they need to be notified. Similarly, complaints (quality or practice issues relating to care providers) can be forwarded to community teams to consider and liaise and resolve and if required copy in ICCQT.

- If the Manager, Team Leader or Practice Lead decides that the initial concern **does** fall within safeguarding then the Safeguarding Adult Team or Mental Health Team need to input the concern on to CIS as a stage one and associate any documents. They then allocate it to a Safeguarding Practitioner within their respective team.
- If the Manager, Team Leader or Practice Lead decides that the initial concern **is not** safeguarding they need to associate records to file and document actions taken on a case note.

Basic Roles and Responsibilities:

Team Manager:

Responsible for the performance and quality of the service. To manage and oversee all HR processes. To provide supervision for the Team Leaders. To liaise with internal and external partners to improve flow and service delivery.

Team Leader:

To manage all HR processes with the below staff group. To provide supervision and workload management to ensure flow is maintained. To provide support and guidance to staff. To be responsible for quality and performance.

Social workers:

To carry out visits, appropriate assessments, and support planning.

Service Coordinators:

To carry out visits, appropriate assessments, low level equipment and assistive technology.

Occupational Therapist:

To provide support and advice on assessments where needed and equipment.

Mental Capacity Act Assessments

[Decision Making Consent and Mental Capacity](#) (opens as a PDF).

LINC Process Map

All referrals to be screened in the first instance. If the person can have a phone conversation and resolve their enquiry this should be carried out within 48 hours. If the person is able to go to a talking point/ Better Lives hub, an appointment at their convenience will be offered. If the person needs a home visit, an appointment should be made with them, a worker allocated and a calendar entry booked. The person must be informed that the appointment is for the maximum of 1 ½ hours and what documentation will be needed for the visit if any. This will be carried out by the duty person (rota for all staff).



All visits made should be documented on the data system. If subsequent visits are appropriate, these also need to be documented. The living well assessment will only be used with those people who meet the eligibility criteria for statutory services, however all other options should be exhausted first including the offer of reablement services. Once needs outside statutory services are identified then a support plan with time scales for completion to be agreed with the person. Once interventions completed a review will be agreed.



It is the role of LinC to provide a stabilising factor. If / when it is clear that long-term support is needed such as applications to court of protection or ongoing assessment for Continuing Health Care these will be carried out by long term teams. If formal care and support is identified and subsequently commissioned, initial review and ongoing reviews will take place in those teams.

