Transfer Criteria

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This document clarifies the types of case that may need to be transferred between teams for further assessment due to the complex nature of the need, and if so, whether or not a home visit is indicated. It applies to all staff in:

- the Customer Services – Social Care
- the Emergency Duty Team
- hospital social work teams
- Locality teams
- Learning Disabilities teams
- Mental Health teams
- Norfolk First Response Service

The department's policy is that where able, assessments should be undertaken over the telephone by Customer Services – Social Care.

The following factors are likely to be indicators that the person is unsuitable to be assessed over the telephone:

- Mental Health Act assessments
- social reports for Mental Health Act Tribunal or Hospital Managers' Meetings
- requests for Approved Mental Health Professional (AMHP) opinions on Supervised Community Treatment
- requests to attend Section 117 Meetings
- requests for assessments under the Deprivation of Liberty Safeguards (which should be passed immediately to the Deprivation of Liberty Safeguards Team)
- prevention assessments for Assistive Technology or Sensory Support – these should generally be referred to the specialist service directly by Customer Services – Social Care or EDT
- people who require permanent changes to their accommodation with care elements (eg. residential or nursing care), including people who are currently resident in such establishments
- assessments for NHS Continuing Healthcare
- concerns about significant self-neglect or environmental conditions
- situations where the disabled people are also parents – assessment is required under Enabling Parents with Disabilities or Long-Term Illnesses
- occupational therapy assessments which involve:
  - stairlifts where access to the upstairs is essential and additional stair rails have already been tried unsuccessfully, and stairlifts appear to be the option of choice (the exception to this is where there is in place a stairlift being maintained by the

County Council but the occupant is deceased and another property user has become dependent on it)
    - complex medical conditions where there is a likely need for extensive adaptations and equipment (Customer Services – Social Care can have a role where most facilities are in place but a small change or additional item of equipment is required as a prevention solution)
    - major adaptations such as major internal layout changes or extensions
    - access problems seemingly requiring complex or large ramps (Customer Services – Social Care can be involved for a smaller ramp where the issue can be resolved over the phone as a prevention solution)
    - children (aged 0-18)
    - moving and handling which cannot be fully resolved by small pieces of equipment
- people who are unable to leave their home, even with support from other people
- people currently admitted to a hospital
- people currently in prison
- people who are at end of life stage of their condition and have complex health and mobility needs
- people who are not currently in Norfolk

Customer Services – Social Care/EDT will expediently transfer the case to the relevant team using CareFirst according to the transfer protocol detailed below.

Referrals from prison or approved premises

Practitioners approved to work in prison settings have received specialist training to do so. This includes:

- 1 team manager (TM) from each locality, and mental health
- 2 occupational therapists from Norwich, northern and southern locality
- 1 community social worker from Norwich, northern and southern locality
- 1 LD social worker from Norwich, northern and southern locality
- 1 mental health social worker from Norwich, northern and southern locality
- 3 practice consultants (1 OTPC and 2 SWPC) from Customer Services – Social Care

Allocations will be made in accordance with location of prison/approved premises.

A Contact must be completed for all referrals. It should be clearly stated in the reassignment comments that it is a prison case with priority and complexity selected.

Also see Provision of care and support in custodial settings procedure.

Guidance notes for the Customer Services – Social Care/EDT

Where a new case is being transferred for a face to face Care Act assessment, the Customer Services – Social Care/EDT practitioner should have:

- spoken to the person or their representative to gather further information, unless there are exceptional circumstances, which should be discussed with a manager (only at the request of the person being assessed, or in their best interests, is it appropriate to speak just to the person's representative)

- explored all prevention solutions and clearly recorded this in an Information Gathering Case Note, including providing information about other services available to the person (eg. Swifts, Falls Prevention Service, Carers Helpline)
- discussed the case with a Service Manager (SM) or Practice Consultant (PC) for an in-principle authorisation to transfer
- added the person's GP Practice to their Professional Involvements on LAS (to determine which locality is responsible for the case) and updated the Network with other personal and professional relationships
- confirmed biographical details are recorded correctly (eg. correct telephone number and address, ethnic origin, role, language spoken, marital status and immigration status)
- completed the Contact and added a comment to the Case Task with priority and complexity selected to record the discussion with the manager and record the necessary points from the transfer checklist (see Appendix 1) (or MASH Contact and Referral form, in the case of a child)

Only then will the Customer Services – Social Care/EDT worker will reassign the Case Task to a PC/SM for final checks prior to transfer.

Someone may have dementia but still be able to give an opinion or consent to a service. They may have a representative acting in their best interests and require only a very straightforward intervention. 'Dementia' and 'confusion' do not automatically mean the person is unable to participate in their assessment or that a home visit is necessary. The practitioner can gauge the level of complexity by asking questions to establish, for example, whether the person has seen their GP, whether they have a diagnosis, how long they have had the condition, how the condition affects them, whether they have a representative acting in their interests, what their identified needs are, and so on.

Transfers taking place during or after assessment

If the transfer is taking place during or after assessment in a hospital or other locality setting, the practitioner should have:

- discussed the case with a TM, SM or PC
- added a comment to the Case Task with priority and complexity selected
- reassigned the Case task to their TM, SM or PC

The manager should have:

- read the comment in the Case Task
- reassigned the Request Transfer (Adult Care) or Request Transfer (Planning Bed) activity to the appropriate team (according to reassigned the Case Task Practice, or if the person has no GP, by their usual place of residence)

Practitioners must always discuss any proposed case transfers with a TM, SM or PC.

Recording the Case Task comment to support the transfer

So the receiving team is very clear why the practitioner feels the case is appropriate to be transferred, the Case Task comment should give bullet-point reasons, for example:

Rationale for transferring the case to locality for home visit:

- The couple appear to be safe for the immediate future, but require assessment
- Mr A was diagnosed with Parkinsons 4 years ago.
- Mr A has multiple needs relating to his physical and mental health and his social situation (see Contact for further information).
- Mr A is supported by his wife but neither of them are able to drive, and Mr A's mobility is of a severity which makes it dangerous for him to leave his home, even with support. It therefore appears that Mr A requires a formal Care Act assessment.
- Mr A has problems with his short-term memory and gets muddled and confused at times.
- We have spoken to Mr A over the telephone but he lacks insight into his care and support needs
- Mrs A has been given the telephone number for Swifts
- To the best of my ability I am unable to establish if Mr A has the capacity to consent to a social care service.

Transfers for (re)assessment can only be agreed by SMs or PCs. Practitioners cannot agree transfers.

The following cases require conversations between the teams:

- same day response
- safeguarding issues
- sensitivity of information, eg: staff member's relative* or data protection issues
- outside the normal transfer agreement timescales, owing to eg: team saturation or black alert
- ambiguity regarding primary team or where the situation may result in 'case bouncing' between teams

* Where necessary, the LAS record should be **restricted** and the requesting manager should confirm with the team manager of the receiving team the names of members of staff who should have access. The details of those requiring access to the record from the outset should be included in the email to Liquidlogic - Secure requesting the **Restriction**.

Transfers from Localities / to Customer Services – Social Care

Where further information about a case that has been transferred indicates that a telephone assessment would be appropriate; there should be a conversation between the TM or PC in the locality and a SM or PC in Customer Services, which should be recorded by the Locality TM or PC in the Case Task comments and reassigned to Customer Services – Social Care. It is not appropriate for this discussion to be held between Assistant Practitioners, Occupational Therapist or Social Worker.

Cases where transfers cannot be agreed (which will be minimal) are to be referred to relevant Assistant Director, Head of Operations or Head of Service or the Assistant Director (Adult Social Services) for a final decision.

Appendix 1 – Transfer checklist

Prior to transfer, the PC or SM in Customer Services – Social Care will check the following information has been recorded in LAS:

- GP Surgery (if not registered with a GP, a dummy GP Practice will be added to nominally assign the client to a particular locality
- Ethnicity
- Next of kin and other relevant interested parties in Relationships
- Details of referrer, including their contact details in the Contact and, if appropriate, added to Relationships or Professional Involvements
- A succinct summary of the concerns raised or the reasons for referral
- Details of any cognitive issues or other mental disorder, and a view about whether or not this is having an impact on the persons mental capacity
- Highlight if it appears the person will have substantial difficulties participating in the assessment and whether or not there appears to be anyone suitable to advocate for them
- Whether the person has been spoken to and whether they have consented to an assessment, and if not, why not
- Summary of any current care/support in place
- If referral is urgent or the person is at risk, what steps have been taken by the sending team to make mitigate immediate risks
- If the person has been given the contact number for and explanation Swifts and/or Carers Helpline
- Name and role of the worker in the receiving team with whom a transfer discussion held (if relevant)
- Confirmation the person has been given the contact telephone number of the team to whom the referral is being sent
- Rationale for home visit, including details of the person's willingness to attend (and details of the appointment given, if booked)
- Indication of what level of response appears to be required by the receiving team