

Adult Social Care – Adult Contact Team Referral Process

Health Select Commission June 2025

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Background

- The Adult Contact Team (ACT), previously known as First Contact, was created as part of the Adult Social Care Target Operating Model in 2019.
- ACT's purpose is to receive, triage and prioritise referrals for assessment, prevention, safeguarding and occupational therapy input for Adult Social Care.
- More recently, the service has been subject to a redesign which concluded in April 2025 and is currently in the implementation stages. This report highlights the improvements being implemented to support the increasing levels of demand and to ensure the service remains fit for purpose.
- The ACT is responsible, as the single point of contact for Adult Social Care, for screening and triaging all service contacts

Adult Contact Team (ACT)

- Individuals or professionals can refer into ACT 24/7 using the online form or in hours using via the telephone or in person at Riverside House.
- ACT aims to resolve requests for support at the earliest opportunity with the minimum of handoffs for the person, making contacts and link people to the appropriate professional where appropriate. Safeguarding is a priority for the ACT
- The ACT currently also supports with requests for people with No Recourse to Public Funds (NRPF) where they are vulnerable and appear to have health and social care needs. They currently also administer the Public Health (PH) funerals to ensure people with no family or friends to support them have a funeral.

Supporting Independence Team

The Supporting Independence Team (SIT) is part of ACT, and they work with people who look unlikely to meet the threshold for eligibility for formal care and support but need some support to access their community and maintain their independence. The team were formed mid 2024 and started working with individuals from late September 2024

The team comprises of Community Connectors, Sensory Workers and carers link workers who undertake the standalone carers assessments. SIT works to support maximising peoples' independence and reduce, delay or prevent the need for formal care and support.

The team can work with people for up to 20 weeks, but this is usually less.



ACT Activity

ACT responds to circa 3000 telephone contacts per month, circa 1800 online referrals and approx. 20 in person contacts at Riverside House:

ACT screens and triages referrals for:

- Localities
- Safeguarding
- Learning Disabilities
- Mental Health
- Community Occupational Therapy (COT)
- Prevention (Supporting Independence Team [SIT])
- Sensory Services
- Carers
- Preparing for Adulthood (PfA – Transitions)
- Complex Lives and Domestic Abuse including the vulnerable adults pathway.

Continued

Circa 285 referrals, as a monthly average, are for OT assessment and 1/3 of these require an urgent duty response by the OT staff in ACT.

In 2024/25, 25 people presented as needing support due to NRPF and we supported 25 PH funerals.

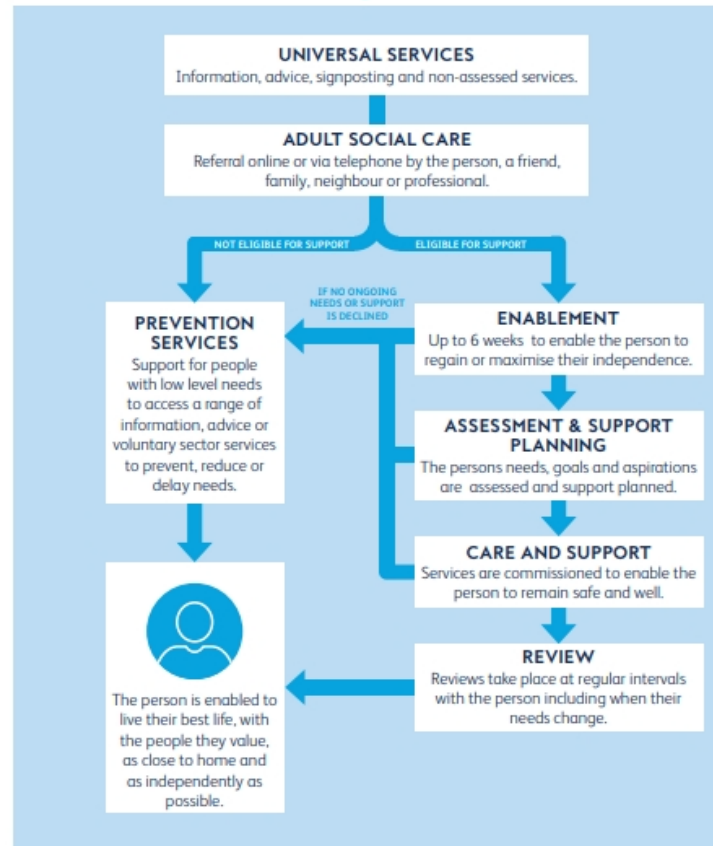
ACT also liaises with other RMBC departments to support with queries eg Housing colleagues on a daily basis.

ACT have close links with mental health access and together screen in the region of 800 vulnerable adult forms.

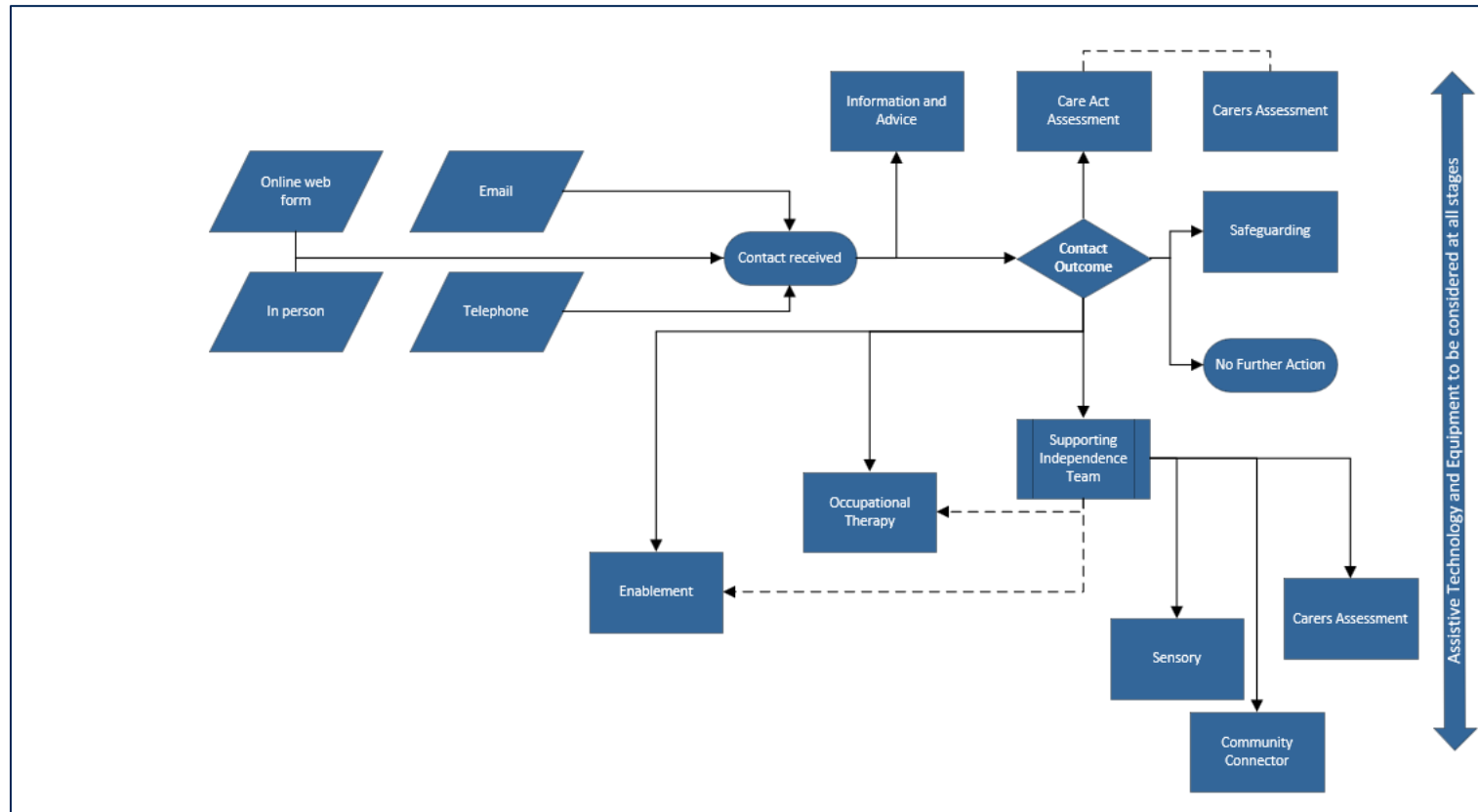


Adult Social Care Pathway

Adult Social Care Pathway



Adult Contact Team Pathway



Service Developments

To ensure that the ACT can respond to the growing demand at the front door, the team is in the process of making a range of service improvements to further enhance the experience for residents and professionals who contact the service, including:

- An updated electronic referral form which will integrate with the case management system with the intention of streamlining processes and realise additional capacity to triage and respond to calls.

A review of business processes to improve call response times and identify efficiencies to manage the presenting demand and complexity of referrals to ASC.

- Exploring opportunities to utilise Artificial Intelligence to increase staff capacity, and further improvement the residents experience.
- A refresh of the Safeguarding Pathway to strengthen the screening of referrals and associated timeliness.
- Allocate people presenting with No Recourse to Public Funds to the appropriate community team post screening of eligibility.



Service Developments

- A realignment of the Public Health Funeral function to the Court of Protection Team to increase capacity to respond to enquiries.
- Review the triage of OT referrals to manage the increasing demand on requests for OT assessment.
- Embedding strong links with the Mental Health Enablement service to ensure the most appropriate team supports people to maximise their independence.
- Expand the SIT offer to provide support to young people preparing for adulthood who do not meet the threshold for Adult Social Care support.

Team Impact

Housing - The homeless team requested ASC involvement for a gent presenting as homeless. AG arrived in receptionist with visible bruises, limited mobility and had not eaten in two days. The homeless worker agreed to provide emergency accommodation, however AG refused to sign a consent form leaving the team unable to access to accommodation.

ACT worker met AG and spoke in private. AG disclosed that they could not read or write and was the reason for declining to sign the consent form. Through the rapport created the worker read the homeless consent form with AG, and he could then understand the need for the consent. The worker advocated on his behalf with the homeless officer and focused on the risks of AG continuing to live on the streets, the outcome was that AG was provided with emergency accommodation.

AG provided the feedback, *'This is the first time I've ever got anywhere - I've never felt so listened too and understood'*



Team Impact

SIT - One of the Community Connectors (CC) worked with a 70 year old resident who was referred in from IAPT .

There were several issues, mainly to do with mental health but the main issue impacting on wellbeing was hoarding.

Through gentle persuasion and support from family members, the CC provided advice and guidance, encouragement and the resident accepted support.

The worker received some feedback via text:

'Previous hoarding client has followed through with the deep clean, individual is over the moon and has stated it has changed their life! They now have friends over visiting, has replaced the mattress on the bed as the old one went in skip during the clean so this has enabled them to get better sleep!'

This person did not need further intervention from other services following SIT involvement.

Team Impact

OT - ACT OT visited following a self-referral. Resident lives alone in a Council bungalow. They had variable mobility, perceptual difficulties and fatigue.

The person mobilised with a stick, they agreed try a perching stool to be able to rest while cooking in the kitchen, a kitchen trolley to safely transport food/items around the home. A perching stool was supplied for the bathroom to support with safety while washing.

Moving bedroom to make it easier to access the bathroom at night was discussed as was changing the side the bedroom door opened for easier toilet access. A grab rail was also recommended near to the toilet as the person was using the radiator for support.

There was a step to access the wheelie bin outside and a grab rail was recommended to support and a referral made for assistance to take the bin out to minimise the falls risk.

The OT also identified a flickering light in the property and an issue with parking permits in the area. The worker contacted colleagues in the Council to get further advice and support with these issues.

The resident was very grateful and expressed what a difference the intervention had made.



Adult Social Care Strategy

ACT developments are intended to improve the persons experience when contacting ASC and our ability to support delivery of the ASC strategy in order to *'Enable every resident with care and support needs to live their best lives, with the people they value, close to home and with access to the right support at the right time'* Rotherham Adult Social Care Strategy 2024 – 2027

Options considered and recommended proposal

This report is intended to provide an overview of the Adult Social Care Contact Referral process and to give insight into the current challenges and developments planned to improve access to Adult Social Care and resident satisfaction with Access.

The Health Select Commission is asked to receive the report and note the areas of development.



Questions?

Thank you
Any comments or
questions?

