



Adult Social Care

Assessment and Triage team (ACATT) Practice Guidance

Version 2

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This document has been drawn up to provide a shared understanding of the Adult Social Care Assessment and Triage (ACATT) service. It sets out good practice for workers operating within the ACATT service and details expectations for how work will be handed over to Area/other teams.

If you would like to make any comments, amendments, additions etc please email ASCH.AdultCare.Policy@derbyshire.gov.uk

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1. About the Adult Social Care Assessment and Triage Team

Who are ACATT?

The Adult Social Care Assessment and Triage (ACATT) team is made up of social workers, social care practitioners and occupational therapists, supported by senior practitioner/s and service manager.

ACATT are centrally based and remotely provide professional assessment and triage at the 'front door' of Derbyshire Adult Social Care.

Aims of ACATT Intervention

ACATT provide remote professional assessment and triage in order to:

- prevent, reduce, and delay need (Care Act, section 2), enabling the person to be as independent as possible without further statutory intervention through Derbyshire Adult Social Care
- where further Adult Social Care intervention is required, enable the relevant team to support the appropriate allocation and prioritisation of the person's case, and pick up the necessary next steps

Timescales for ACATT intervention

ACATT should make initial triage contact within 3 working days. More urgent contact will be prioritised where urgency is indicated in the referral. ACATT should aim to conclude their intervention within 10 working days. Where this includes the ordering of equipment or arranging adaptations, the assessment outcome should be reached within 10 working days, but a further occupational therapy review may be required outside of this timeframe.

Where urgent needs or risks are identified that indicate an immediate response, ACATT will make contact on the same working day.

Decision Making

ACATT practitioners ordinarily make the following decisions as part of their triage assessment:

- whether the person has need for care and support and what those needs are (Care Act, s9)
- whether the person has any unmet eligible needs (Care Act, s13)
- how the person's needs can be met - this includes in ways other than the provision of funded care and support, such as the provision of equipment (Care Act, s9.6)
- whether there is reasonable cause to believe that the safeguarding criteria and threshold is met (Care Act, s42.1)
- whether further assessment or enquiry is required to determine any of the above

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Core Approaches

ACATT intervention should be strength-based, and person centred. It should:

- understand what is important to the person and the outcomes that they want to achieve
- support a preventative approach and empower the person to find their own solutions to meet their needs
- draw on the person's own strengths and networks, community and universal resources as well as making referrals on to other services (this includes aids, adaptations, and assistive technology)

Contacting ACATT

ACATT work from Monday to Friday, 9am to 5pm (the service does not operate on Bank Holidays).

Where there is an ACATT worker dealing with a case, they will be allocated to an incoming/uncomplete workflow step. ACATT worker names are not added to the person's front screen, as intervention is very time limited.

Where a worker is currently involved, they can be contacted directly via phone/a Microsoft Team's call. If email contact is required, emails should be sent to ASCH.ATT@derbyshire.gov.uk rather than individual workers.

For all other enquiries, contact via the team inbox - ASCH.ATT@derbyshire.gov.uk, or telephone 01629 533106

2. Pathways for Referral

Types of New Referral Dealt with Via ACATT

ACATT deal with the following new referrals.

- referrals from other professionals made via the online professionals' referral form.
- PPNs (public protection notice)
- EMAS/NWAS (ambulance services)
- professional referrals from other departments in Derbyshire County Council (excluding referrals for transition and preparing for adulthood)
- disabled parking bay requests, where the call guide has not indicated need for face-to-face assessment.
- community alarms and telecare referrals
- Call Derbyshire referrals where:
 - the person is self-funding and requesting assessment or professional support
 - safeguarding and self-neglect concerns (including environmental neglect) – unless immediate action is indicated
 - domestic abuse is indicated

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- counter terrorism is identified as a concern
- suicide and self-harm are the sole reason for referral
- money/bills management is the only identified need
- equipment is required under the simple service offer but this cannot be provided by Call Derbyshire
- level access shower, rise/recliner chair, or stair lift are requested
- ramped access is requested but the person is not a permanent wheelchair user
- lift/hoist repair is required but cannot be resolved at Call Derbyshire
- disabled parking bay is requested, and the call guide identifies referral to ACATT.
- hard standing or dropped kerb is requested
- Call Derbyshire have been unable to successfully triage the contact

Same Household Referrals

Where the referral is for members of the same household/family as someone currently open to Adult Social Care, ACATT will triage these. ACATT may pass them through to the area worker where this worker has been involved with the person being referred.

Duplicate Referrals

If a second referral is received while open to ACATT, a second workflow is not required. The additional information should be uploaded into the person's documents and ACATT worker and central inbox alerted (see [Contacting ACATT](#) section).

Types of Referral/Contact Dealt with Directly by Area Teams:

- open cases
- cases that have been closed within the last 14 days (or have been actively worked on by an area team within the last 14 days)
- referrals from Call Derbyshire, excluding those listed above
- safeguarding referrals made on the Derbyshire Safeguarding Adults Board documentation
- means-reducing referrals, where the person is already in receipt of long-term care support and their means has/is expected to reduce between the financial threshold
- Continuing Healthcare Decision Support Tool (DST) Attendance Requests
- vulnerable adults request management (VARM) attendance requests
- preparing for adulthood/transition referrals from Childrens Services or Education
- continuity of care cases – transfers from other local authorities
- ongoing legal disputes (such as ordinary residence disputes)
- moving and handling input is required
- multiple care and support/aids and adaptation needs are identified

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- cases where an area worker has already had a referral discussion or triage discussion with the person or their representative (These should be opened by area, using the 'Initial Contact Personal Know Already 2014' Workflow Step. The person should not be advised to phone Call Derbyshire after they have already had this discussion with an area worker)
- referrals received by Business Services after 4.30pm where the area duty worker advises that urgent actions/services are required before the end of the day (otherwise these should be processed as normal)

Types of Referral/Contact Dealt with by Hospital Discharge Teams

- referrals from hospitals requesting assessment for discharge planning
- cases already open to a hospital discharge team

3. Referrals that do not require an Adult Care response

Referrals may be received where there are no social care needs identified and the person requires a response from an alternative service. The below protocols are in place to support streamlined onward referral.

Health Needs Only

EMAS/NWAS/PPN/professional referrals may be received where there are no social care needs identified and requires a health response **only** (e.g., if the person requires assessment or management of their mental health, pressure care assessment, catheter care, assessment for mobility aids).

In these instances, ACATT can transfer the referral directly to the relevant GP practice or to community access point without contacting the person or referrer.

The ACATT worker will use the 'BS To Action Letter' next action to trigger Business Services to support this information sharing. The decision must be recorded by the ACATT worker, and correspondence and acknowledgement from the receiving party must be uploaded by Business Services

Childrens Services Intervention Only

Where a referral indicates concerns relating to the wellbeing/welfare of children only, these can be passed directly to Childrens Services.

Before 5pm, ACATT should email Starting Point: information.startingpoint@derbyshire.gov.uk

After 5pm, a phone call should be made to the Call Derbyshire team leaders to pass through to Childrens Services.

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Domestic Abuse Support Only

EMAS/NWAS/PPN/professional referrals may be received where the sole need is for domestic abuse advice and support, and there are clearly no Adult Social Care and support needs indicated, and there is no immediate risk of harm to the person or others (including children).

In these instances, ACATT can transfer the referral directly to the Derbyshire Domestic Abuse Helpline.

The ACATT worker will use the 'BS to Action Letter' next action to trigger Business Services to support this information sharing. The decision must be recorded by the ACATT worker, and correspondence and acknowledgement from the receiving party must be uploaded by Business Services.

4. Handover to Area/Other Teams

The Importance of a Good Handover

Good handover means that an area team/other team can pick up where ACATT have left off, without the need to re-triage or repeat conversations with the person/others.

It is important that area/other colleagues read handovers provided, along with supporting documents.

When a case is received by an area team/other team, it is important that the area team/other team read the handover provided, along with support documents. This will support this team with allocating the case/case activity to a relevant worker, prioritisation of the case according to the situation and pick up next steps directly.

Handover Information Required

ACATT must record handover information within their record. This should include:

- the ACATT worker's professional rationale for handover (this must consider any specific guidance set out in the sections below)
- actions already taken at ACATT
- any outstanding actions/actions in progress that require follow up
- Indication of urgency - (urgency should be indicated by considering what systems of support are already in place, how long these arrangements can be safely sustained, and the risks if we don't intervene)
- any relevant information about contacting the person/their representative (e.g., the person's communication needs)
- that the person has been advised the relevant team will make contact in due course within 28 days (or appropriate information about occupational therapy waiting times), and they have been given the contact number for the local Business Services for any concerns in the meantime

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Any professional recommendations around next steps should be viewed as recommendations rather than instructions for area workers. If these have been discussed with the person, the ACATT worker must be clear that next steps will be subject to consideration by an area worker.

Giving Information about Occupational Therapy Waiting Lists in Area

Where ACATT identify that a case needs to go to area team occupational therapy for further assessment/equipment/adaptation, the ACATT worker must

- explain that the triage assessment indicates that the person would benefit from local assessment to identify the right equipment/adaptation to meet their needs
- there will be a wait for this
- explore with the person whether they are willing/able to do to anything to resolve their need themselves in the meantime

Information about area and adaptation waiting times will be maintained on local records at ACATT. This should be referred to in order to set appropriate expectations for the person.

Waiting times should be explained in the following way: *" People who are currently being seen in your area have waited around XX for this initial home visit". "At the moment it is taking on average around XXX months for an adaptation to be completed following the Adult Social Care assessment"*

Where Urgent Action is Required

Handover to Area

Where the referral clearly identifies that a home visit or provision of services will be required within the same day, this should be passed directly through to area and the duty worker alerted (directly or via the relevant Business Services team).

Handover to the Out of Hours team

The Out of Hours team should be considered where it has not been possible to conclude the case or hand-over to area before 5pm, and it appears that the person may be at risk if intervention has not taken place before the next working day.

Handover to Out of Hours team must be made in agreement with ACATT service manager/senior practitioner.

To handover to the Out of Hours team:

- complete a case summary in case notes
- liaise with the out of hours service manager on duty to let them know - this may be done via message/email - if the situation is complex, best practice is to have a discussion
- pass to the Out of Hours team via the "alert to out of hours – adults 2014" workflow step in Mosaic
- this must be done in agreement with senior practitioner/service manager

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Adults Requiring Formal Care and Support

The ACATT assessment record should identify the needs, eligibility and the potential service required, where this information has been possible to obtain.

Where the person requires funded support from Adult Social Care, or assistance to plan their care and support, the case should be transferred to area team for further assessment (if required), and support planning.

Where ACATT assessment identifies that the Short-Term Service is the likely outcome, relevant environmental checklist information will be obtained and recorded if it is possible to do so remotely.

If full assessment information has been obtained as part of the ACATT triage, this is a trusted assessment. The receiving area team can use this information to progress to short term support planning activity, and do not need to repeat assessment conversations with the person.

Adults Who are Self Funders (Have over the Capital Threshold)

People who are required to self-fund their care and support due to their level of capital or income have the same rights as others to receive assistance with assessment and support planning via the local authority.

The person is entitled to request an assessment from Adult Social Care where it appears that they may have need for care and support. This assessment can be undertaken remotely. Remote assessment, information, and advice at ACATT may be sufficient to assist the person to make arrangements to meet their needs.

ACATT must ascertain whether the person or their representative is able to plan and arrange the necessary support themselves, or with the support from others, community/voluntary agencies, or other organisations. If additional professional support is required with this, this can be handed over to area teams.

Further Professional Support is Required

Before sending a referral to area for professional support, the ACATT worker must consider the following:

- could additional short term remote intervention via ACATT resolve the issue?
- what does the person already have access to via their strengths and networks that could help? (Including whether the person has family/friends/neighbours that could assist)
- is there anyone else that could appropriately provide this support? (e.g., online info and support, GP, welfare rights, housing, Health and Wellbeing team, Leonard Cheshire, voluntary and community groups)
- what are the outcomes that will be achieved through professional support?

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The ACATT worker must clearly document their rationale for sending through for professional support.

Safeguarding Concerns are Identified

Referrals on Derbyshire Safeguarding Adults Board Documentation

Where safeguarding concerns are received on the Derbyshire Safeguarding Adults Board documentation, these go directly to the relevant area team.

Potential Safeguarding Concerns Identified at ACATT

Where potential safeguarding concerns have been identified at ACATT, ACATT will make initial enquiries with the aim of:

- ascertaining whether the person:
 - has need for care and support, and
 - is experiencing, or is at risk of, abuse or neglect, and
 - as a result of those needs is unable to protect themselves against the abuse or neglect, or the risk of it
- ascertaining whether the concerns meet the threshold for safeguarding (using the adult safeguarding decision making guidance (derbyshiresab.org.uk))
- supporting the person, or their representative, to identify and take actions that will protect themselves against the abuse or neglect, or the risk of it.

The ACATT worker will record information within the safeguarding area of the 'Adult Social Care Triage Assessment' document.

Handing Over Safeguarding Concerns to Area / Other Teams

A 'safeguarding concerns' referral will be handed over to an area team where:

- concerns continue meet the safeguarding criteria and threshold
- there continue to be safeguarding concerns, but further enquiry is required to ascertain whether the safeguarding criteria and threshold are met, or the person's views and wishes (and this enquiry exceeds ACATT intervention timeframes or what can be achieved remotely)

When handing over a safeguarding to an area team, the ACATT worker will contact the relevant team (outside of Mosaic) to alert them.

ACATT may send a 'decision required' workflow step through where the concerns do not meet safeguarding criteria but identify unmet need for care and support.

Concerns About a Care Provider

Where ACATT identify cause for concern relating to a care provider in Derbyshire, this should be alerted to the Contracts team via the care quality alert form process and the relevant area service manager should also be alerted

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Concerns About a Hospital Discharge

Where ACATT identify cause for concern relating to a hospital discharge that has taken place, concerns should be raised with the relevant parties and a hospital discharge concerns monitoring workflow step should be created in Mosaic (see [Hospital Discharge Concerns Monitoring Practice Guidance](#)).

Links to Policies and Procedures

See DSAB [website](#) for safeguarding policies and procedures

When to Use a VARM Process

A vulnerable adult risk management process may be appropriate for the person where:

- the person has capacity to make decisions and choices regarding the issues
- there is a risk of serious harm or death
- there is a potential risk to the health and safety of others in the community
- there is a high level of concern from partner agencies

(See [Vulnerable Adult Risk Management \(VARM\) - Derbyshire Safeguarding Adults Board](#) for further information)

VARM: Referrals from Professionals

If the person does not require a direct response from Adult Social Care, but contribution to a VARM meeting would be beneficial, referrers should be signposted to call a VARM themselves and invite Adult Social Care. If they are unsure about how to do this, they can be signposted to the link above and can seek support via the [Safeguarding team](#). Where this is the case, the referral can then be closed to Adult Social Care.

VARM: Referrals from Member of the Public

If there are no other agencies willing/able to call the VARM, ACATT can send a VARM next step to the relevant area team following a triage assessment.

VARM: Adult Social Care Response Indicated

If there are wider concerns or other responses required from area team, the referral should be sent through as a 'decision required'.

Multi-disciplinary Input Outside the VARM process

If the situation falls outside of the VARM criteria but it appears that additional multi-disciplinary working is required to respond to the presenting concerns, this may still be sent through to an area / other team as a 'decision required'.

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Continuing Healthcare / Fast Track / End of Life Cases

Adult Social Care would not ordinarily lead on care and support for a person who is eligible for support via NHS Continuing Healthcare (CHC).

If a person is already in receipt of funded CHC support, they should be directed to NHS CHC for any case coordination/support planning issues.

Where a person appears to be approaching end of life, ACATT should establish whether any health funding is already in place. If not, the person should be signposted to their GP or involved health professional to request a fast track to continuing healthcare, or this should be discussed directly with the relevant health professional. ACATT should seek confirmation that this process has taken place before closing the case.

Where appropriate health services can provide assessment and support planning in a timely manner, the case should not be passed to area. Where there is dispute about funding this should not delay timely access to care services for the person; Adult Social Care may need to respond to urgent presenting need whilst funding arrangements are confirmed.

Sharing Concerns to Support Hospital Discharge Planning

Where ACATT identify safeguarding or environmental concerns for a person who has been admitted to hospital, ACATT will do the following:

- take any immediate actions to reduce or remove the risks identified, as appropriate
- establish where the individual is currently and advise the ward that there is a current concern and provide details (where this is a safeguarding concern, this must be stated explicitly to the ward)
- case note which ward they spoke to, and the name of the staff member, when passing on concerns raised - case note alert any involved worker
- alert the relevant hospital discharge team to concerns in case notes via an email to their shared inbox - any named workers involved, should also be copied into the email
- where there are safeguarding concerns, ensure that a safeguarding concern workflow step is open to the relevant team - where the concern occurred in the community, this should be sent to the relevant area team - where the concern occurred in a hospital, this should be sent to the relevant hospital discharge team

Where ACATT are aware of information about the person's needs or circumstances in the community that is pertinent for hospital discharge planning, ACATT will contact the relevant hospital to share this information.

Information can be shared with hospitals via email **only** where we need to share information with a ward about a person's circumstances or potential care and support needs prior to closing a case. This must not be used to replace a conversation where ACATT need to obtain information from a ward, discuss complex information/situations or share safeguarding concerns.

See ACATT team '*Protocol for Hospital Handoff*' for more details.

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Dealing with Disputes

Where an area team are concerned about the quality of assessment or triage undertaken at ACATT this can be raised informally at any time with the senior practitioner/s or service managers. This will enable us to agree any case specific actions together.

It is not ordinarily possible to 'return work' to ACATT. Area teams must not return work to ACATT unless instructed to do so by a member of ACATT.

ACATT will continue to identify any opportunities for learning and improvement. These will be shared in discussion with the relevant service managers/senior practitioners, and/or through appropriate improvement cycle forums.

5. Provision of Aids or Adaptations

Providing Aids and Adaptations at ACATT

Where it appears that aids or adaptations are required to meet the person's eligible need or prevent, reduce or delay need, ACATT should explore whether this can appropriately be assessed for, provided and reviewed remotely.

The provision of this equipment may be alongside wider intervention and may be offered alongside passing the referral through to an area team where it appears that the timely provision of aids or minor adaptations would reduce the risks experienced by the person whilst they await area assessment.

Where aids or adaptations are provided at ACATT, ACATT will be responsible for reviewing these once installed to ensure they are safe, suitable, and meeting the person's needs.

Where aids or adaptations have been provided alongside a referral to an area team, the ACATT worker should liaise with any allocated case coordinator from the area team if one has been allocated, to agree the best approach to review these.

The Simple Service

All ACATT practitioners can provide basic aids and adaptations under the Simple Service (see [Simple Service Practice Guidance](#)). This allows for certain equipment to be ordered without the need to obtain measurements or detailed environmental information.

General Equipment Orders

Where it is possible to obtain the necessary measurements and environmental information remotely, ACATT occupational therapists can order equipment, minor adaptations or make referrals to housing associations for major adaptations.

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ACATT Will Not Prescribe Equipment Where:

- moving and handling assessment is required
- in-person assessment of the person's ability to safely use the piece of equipment is required (this may include concerns around their cognition or variable mobility/ability)
- in-person assessment of impact for other household members if required
- specialist equipment is necessary
- quotations are required via the Medequip portal
- the person has active involvement from a health care professional who could assess for/provide this equipment
- the equipment should be provided as part of a health service response (including NHS Continuing Healthcare and as part of private hospital services).

Major Adaptions

Where ACATT have assessed that a major adaptation is the most appropriate option to meet the person's needs:

This should be progressed at ACATT where –

- this can be assessed for remotely
- this can be provided without a Disabled Facilities Grant (DFG) application process
- no direct work would need undertaking in addition to this or once the panel has approved the adaptation

Where ACATT are progressing the major adaptation, they may close the case once the work has been agreed through the relevant panel, where this is the only outstanding occupational therapy activity required.

Where ACATT are **not** progressing the major adaptation, this should be passed through to the relevant area team.

Guidance for Social Workers and Social Care Practitioners providing Aids or Adaptations

If a social worker or social care practitioner intends to pass a case through to area for the purpose of aids or adaptations only, this should be discussed with an ACATT occupational therapist before sending through.

Providing Recommendations about Aids or Minor Adaptations

When ACATT are providing professional information or advice around aids or minor adaptations that may be of benefit to the person, this should include information about catalogues that can be used to help the person source the item that is right for them.

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The below is an example statement that should be used where appropriate:

As part of my triage assessment, I suggested that a [insert name of equipment here] could be suitable to meet the needs that you described. You can find an example of this type of equipment on the [Living Made Easy](#) website. Different styles and models are available for you to choose from, so I would recommend that you browse to find the right one for you. The website includes guidance notes for choosing a product, and information about where you can buy these items (you will find that a lot of high street stores will also stock these products).

You can find other general advice in our [Equipped for Life leaflet](#).

6. Difficulty Establishing Remote Contact

Not Possible to Contact the Person or their Representative

Where ACATT have repeatedly attempted contact and have not been able to contact the person or representative, a 'no contact' letter can be sent. Contact should be attempted 3 or more times across 3 working days, but this may differ based on specific client circumstances.

The decision to send a 'no contact' letter should be discussed with service manager or senior practitioner and can then be sent with approval. The decision to send a 'no contact' letter must consider whether all appropriate steps have been taken to contact the person, whether it is appropriate or safe to contact the person by letter, and any outstanding risks for the person/others.

The case will be held open to ACATT for 2 weeks. If there is no contact from the person or others within this time, the case can be closed where there are no significant concerns.

Where there are outstanding significant concerns or risks identified, the case should be handed to area P&P team to attempt face-to-face contact and assessment (see lack of consent below)

Difficulty Assessing the Person Remotely

It may be necessary to hand cases to area for face-to-face assessment where ACATT cannot obtain sufficient information for a remote decision (examples of this may include difficulties due to sensory impairment, cognitive impairment, language needs or risk of compromising the person's safety).

Before sending this referral to area, the ACATT worker must consider the following:

- have we gained consent from the person for this referral? If not, is overriding this consent proportionate for the risks identified? - (see consent below)
- if the provided contact details don't work, are we able to obtain any other contact details for the person? - note that information may be shared by other agencies where there is a safeguarding concern or risk of harm
- if a 'safe and well' visit is being considered, are there any other agencies or personal contacts involved that could check whether the person is safe and well?
- could communication through a different medium enable participation? (e.g., video)

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appointment or email/text conversation)

- as there someone who can advocate, talk on their behalf, or assist the person to participate?
- have we already tried remote Interpreter services?

If it appears that the person can make their own decisions but may struggle with a telephone assessment, triage contact should still be made with the person to discuss the referral and seek their consent. If the worker undertaking this contact finds that the person can engage over the phone, triage assessment information should be obtained from them (N.B. where there is doubt about the accuracy of information provided by the person, this should be triangulated with other information gained from other sources).

7. Consent

Seeking Consent

The person's consent should ordinarily be obtained to proceed with a referral (either by the referrer or ACATT). The person should be supported to provide informed consent – see below 'explaining an assessment' and 'explaining safeguarding'

When to Over-ride Consent

There are exceptions where it **can** be appropriate to override the person's lack of consent to assessment or information sharing. This decision should be made using your professional judgement and weighing up the risks of the case. If you are overriding consent, you must record the rationale for this in your case records.

- the person lacks capacity and it is deemed to be in their best interests
- if the person is under duress, coercion or undue influence
- for the prevention and/or investigation of crime
- to prevent serious harm/distress or threat to life
- if there is a risk to others/children
- if [persons in a position of trust](#) are implicated
- the risk is unreasonably high and meets the criteria for a MARAC
- if there is a court order/other legal authority in place instructing you to do so

(Reference from [Social Care Institute of Excellence](#))

Explaining an Assessment

It is important that the person is making an informed decision about consenting to/declining an assessment. Here is an example of how practitioners could explain this:

- what? - we get an understanding of what your day-to-day life is like and what's important to you
- how? - this will be personalised to your needs and preferences, usually a conversation with you (might be face to face or over the phone/video call) - this

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could also involve other people who support you

- you can choose to have someone with you during the assessment process (e.g., friend/family member/advocate)
- outcome? - we'll give you information and advice that is tailored to you to improve your wellbeing and help you to stay as independent as possible

Explaining Safeguarding

It is important that the person is making an informed decision about consenting to/declining safeguarding enquiries. Here is an example of how practitioners could explain these:

- what? - a multi-agency process where services work with you to protect you from harm or neglect
- how? - this will be personalised to your needs and preferences (might involve having a conversation with a professional, or meeting with more than one professional)

We will ask you about what is important to you and what a good outcome would look like for you.

Agencies can share relevant information with you and each other to help.

You can have someone with you to support you (e.g., friend, family member or advocate).

8. Quality Assurance Approaches

Reviewing the Person's Record

It is the responsibility of the worker undertaking the triage assessment to review the person's record in sufficient detail to understand the person's needs, risks they face and their context.

Feedback to Referrers

The referring party should ordinarily be contacted to let them know the outcome of their referral. Any information shared with them must be with the consent of the person themselves, or in the best interests of that person where they lack the capacity to consent to this.

This requirement does not ordinarily apply to referrals received from the Police or Ambulance service.

Repeat Referrals

Where a person has been referred into Adult Social Care three times or more within twelve months, the ACATT worker must not close the case to Adult Social Care without discussion and agreement with a senior practitioner or service manager.

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9. Recording Protocol

The Adult Social Care Triage Assessment Workflow Step

ACATT intervention should be recorded in MOSAIC within the Adult Social Care Triage Assessment Workflow step using either the 'Adult Social Care Triage Assessment' form or the 'Occupational Therapy Assessment' form. This form should contain the information obtained as part of the triage assessment, a record of actions taken and set out any decisions that have been made at ACATT. It must also include a closure or handover summary.

Where actions are identified and being undertaken and reviewed by an ACATT occupational therapist, the ACATT occupational therapist should send themselves an 'Occupational Therapy Review' workflow step and schedule this based on the anticipated timescales for actions.

The level of intervention at ACATT will vary according to the individual case requirements. Assessment information gathered and recorded should be proportionate, and sections of the documentation may be left blank where they are not applicable for the person.

Case Notes

Case notes should be used to capture case work activity. They should not ordinarily repeat information recorded elsewhere in Mosaic; they should summarise and signpost to other documentation –

e.g., “referral received from GP. The referral raises concerns about XYZ. Please see ‘name-of-document’ for full details”

A closure/handover case note must be completed at the end of ACATT intervention. This should contain closure/handover information as recorded in the Adult Social Care Triage Assessment workflow step.

Please also refer to departmental guidance [Recording Policy and Procedures](#).

Next Actions When Sending Workflow Steps to Area/Specialist Teams

Next Action	When to use
Decision required	<ul style="list-style-type: none"> • general input is required • occupational therapy input AND care and support input is required
Occupational therapy assessment	<ul style="list-style-type: none"> • occupational therapy input is required by area/specialist team
Occupational therapy review	<ul style="list-style-type: none"> • this should only be sent where ACATT review of aids/adaptation is required (send to self)
Safeguarding concern	<ul style="list-style-type: none"> • where safeguarding initial enquiry or S42 enquiry is required by area/specialist team

For further guidance on using this documentation, please see [Mosaic Form/Step Guidance](#).

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Author History

Approval and Authorisation History

Name	Job Title	Date
Authored by: Josie Hill	Service Manager	September 2022
Approved by: DMT		September 2022

Change History

Version	Date	Name	Reason
Version 1	September 2022	Josie Hill	Document created
Version 2	August 2023	Josie Hill	Updates for OT