

Adult Services and Wellbeing
Calderdale Metropolitan Borough Council

**Standard Operating Procedure (SOP):
Gateway**

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Procedure Version Control

Procedure Name	Standard Operating Procedure: Gateway		
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1.0	August 2024	New Document
2.0	December 2024	Updated with the new safeguarding process.

Standard Operating Procedure

Gateway Team

Gateway Overview

We provide a person-centred approach to support people to manage their health and wellbeing to maximise their independence, choice, and control to live healthier lives and where possible, to reduce future needs for care and support.

Gateway Main Aims

Prevent: primary prevention, promoting wellbeing: Focus on people who have no current care and support needs such as providing access to good quality information, promoting healthy and active lifestyles, reducing loneliness, and encouraging early discussions in families or groups about potential changes in the future including potential care arrangements.

Reduce: secondary prevention and early intervention: Focus is more targeted interventions aimed at people who have needs, which the provision of services, resources or facilities may help slow down or reduce any further deterioration or prevent other needs from developing.

Delay: tertiary prevention: These are aimed at minimising the effect of disability or deterioration for people with established or complex health conditions, supporting people to regain skills and manage or reduce need where possible. Tertiary prevention could include, for example rehabilitation for people who are visually impaired.

Support Carers: Recognise and support the vital role of unpaid carers in providing care. To work in partnership with carers in promoting an person's independence.

Gateway Objectives

Integration of Services: Promote integration and coordination drawing on a mixture of qualified Health, Social Care and support staff working collaboratively to deliver prevention and seamless support to people at the time they need this.

Carers and Prevention: Aimed at preventing carers from developing needs for care and support themselves. There may be specific interventions for carers that prevent, reduce, or delay the need for carers' support.

Assessment and Eligibility: To provide information and advice to those people who do not meet eligibility criteria for statutory services and assist those that need adult social care intervention by referring to the appropriate services.

Access to Services: Ensure that people have timely access to a range of services to promote independence 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.

Community Involvement: Encourage community engagement and the development of support networks to enhance social inclusion.

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

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

Outcomes

- To provide good quality advice, guidance and support to promote self-determination, independence and choice.
- Create resilience and independence and promote the person's and community strengths to enable more people to live healthy, happy, and more fulfilling lives in their own home or setting of their choice.
- Equal access for all.
- Improve carers' awareness and understanding of their rights to be assessed for their own care and support needs noting an increase in carer assessments and the provision of services to carers.

Values and Principles of the Gateway Service

Those people working in the service area will adhere to and promote:

- People in Calderdale have **choice, control and support** to live independent lives.
- Ensuring that in Calderdale people can access **information, advice and guidance** tailored to their personal needs.
- People find adults social care **fair and accessible** from the very first contact in Calderdale.
- **Ensure the safety and Well-being** of adults with care and support needs and ensure they can live a life free from abuse and neglect.
- Will be **open, transparent, and accountable**.
- Will work in **partnership with others** including professionals, family, friends, and communities to ensure people in need get the right response at the right time.

Eligibility Criteria

The service is for people who need information or advice about adults' health and social care in Calderdale.

Residents over 18

People must be residents of Calderdale or have a relative who is a resident of Calderdale.

The person has consented to the referral if the person has the capacity to provide informed consent. If the person lacks capacity to give informed consent it must be determined who has made the best interest decision to raise the concern and why.

People who can benefit from professional guidance to remain as independent as possible or to help in caring for someone else.

Service Delivery and Contacting Gateway

We are open:

- Monday to Thursday from 8.45 am to 5pm
- Fridays from 8.45am to 4.30pm

We are closed on Saturdays, Sundays and public Bank Holidays however, people with a social care need causing risk or concern outside the hours can contact the Emergency Duty Team.

EDT Contact

- Phone 01422 288000
- [email: Edt.admin@calderdale.gov.uk](mailto:Edt.admin@calderdale.gov.uk)
- Public number 01422 393000

To contact us:

- Phone: 01422 393000.
- Email: gatewaytocare@calderdale.gov.uk.
- Website: [Online contact form](#)

Better Lives Hubs are also bringing social care support into local communities where people can attend with or without an appointment drop in with any questions about care and support from a range of professionals including social care advisors, care coordinators, social workers, nurses, and occupational therapists.

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.

Social workers: To screen, process and provide advice regarding enquiries coming to GTC through the internet and email systems. To provide an urgent duty response to those in crisis needing support to stabilise any immediate care needs. To carry out visits, appropriate assessment, liaise with other agencies and refer as required.

Social Care Advisors: To listen hard to people, focussing deeply on what they have reached out to us for, and come to understand the person's wishes and feelings with regards to what really matters in terms of what a good life looks like to them. This is mainly receiving the telephone calls and supporting at the Better Lives Hubs. Advisors also provide advice, information, signpost and refer on as needed.

Nurses, Clinical Advisors: To provide support, advice conduct assessments where needed to support the work of the gateway to care team.

Occupational Therapist: To provide support and advice, assessments, equipment, and access to minor and major adaptations

Sensory Team: To provide help and support for people with sensory needs.

Gateway Process and Procedures: Initial Contact

Internet and Email:

All referrals to be screened in the first instance the Duty Social Workers supported by the Team Leaders. Based upon professional judgement they will evaluate if further information or actions are required.

If the person may be able to have a phone conversation and resolve their enquiry, then this should be carried out in 72 hours of receipt and will be processed as a general referral for the appropriate team.

Alternatively, if the person is new to adult service and needs a home visit but this is not urgent then this should be referred for allocation to a LINC worker who will make an appointment or telephone call.

If the person needs are deemed as urgent and a home visit or telephone call to stabilise an urgent care need then this is passed to duty social worker immediately.

If the referral is a clear request for a specific service such as Occupational Therapy assessment this will be referred to them from this initial contact.

If the concern is one of safeguarding this will be passed to the safeguarding team immediately upon receipt. If it is deemed not to be safeguarding, advice will be provided and signposted accordingly.

A decision may be made that the referral did not need to progress further and was for information purposes only and this will be recorded as such.

Telephone and Better Lives Hubs.

The Social Care Advisor will determine eligibility and begin the initial discussions for people who are new to Adult Services or establish any current allocated services and refer on.

They will focus on the reason they've contacted us and understand what matters to them.

Exhaust all resources including equipment and reablement before thinking about Care Act eligibility.

Utilise community assets and consider and barriers that are getting in the way of living the life they want.

Respond to peoples queries with the intention of resolving the issue first time round reducing demand through prevention by giving them advice, information and assistance they need to make their own decisions by helping them to help themselves.

Duty Process

If the person needs a home visit or telephone call to stabilise an urgent care need then this is passed to duty social worker immediately. Upon the receipt of a referral the duty Social Worker will prioritise the referral against urgency, risk, and the existing team workload. The aim is to visit within 24 hours of receipt.

Urgent financial agreement can be given in a crisis and will be referred for review for any ongoing longer term need following stabilisation. Emergency respite will be considered depending on risk and reviewed as part of an ongoing assessment.

Will conduct Mental Capacity Assessment if needed to promote the person's choice and/or make a best interest decision whilst in crisis.

Case Note Recording

The process for ensuring the service users' desired outcomes for any potential action or intervention are captured at the initial point of contact.

All visits and telephone calls made are documented on Calderdale's data system on the initial discussion form. If subsequent visits are appropriate, then are also documented on the system.

This ensures measures are undertaken to ensure that everyone involved works towards the wishes and desires of the adult and that provided information does not have to be duplicated and is acted upon appropriately.

Once interventions completed a member of the Gateway to Care Team will be ensuring feedback is provided to the referrer.

Information Sharing

This is based on whether the person has consented to the information being shared by us and with us and/or if the person has the capacity to provide informed consent. All staff have completed training on GDPR and sharing information. Consent can be overridden if it is deemed to be in the person's best interest.

Risk Assessment and Safety Planning

We refer to the lone working policy when needed and we recognise that any risk assessment is dynamic based on the information provided and any concerns to staff discussed with team leaders in the first instance.

Should a risk assessment be required for the adults we are working with Duty Social Workers will assess and make every effort to reduce risk as soon as possible.

Safeguarding Concerns

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.

Mental Capacity and Best Interest Decisions

See [Decision Making, Consent and Mental Capacity](#) (opens as PDF)