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Recommendations

No.	Recommendation	Issue identified	Possible resolutions	Timescales	Agreed Outcomes
1	Consider how the role of the Adult Front Door can be better communicated to the public, particularly to those groups who are most likely to need access to care and support services.	Residents do not widely understand that the Adult Front Door is a route to Adult Social Care.	Communication: Use paper based as well as digital communication methods, for example information adverts in local press/radio, posters in community-based locations; GP surgeries; care homes; SEND locations; hospitals; libraries; community organisations etc. This should be additional to widespread promotional use of social media and digital channels.	Phase 1: Drafting communication messages and material (by end of September '25) Phase 2: Initial comms launched (October '25 -January '26) Phase 3: Rolling comms (January '26 - January '27) Phase 4: Comms review (January '27) Phase 5: Drafting revised comms (by March '27)	All communication materials will provide a clear understanding of the Adult Front Door purpose. Communication methods will be regularly reviewed to ensure all groups can access.
2	Use paper based as well as digital communication methods, for example: information adverts in local press; posters in community-based locations; GP surgeries; SEND locations; hospitals; libraries; community organisations etc. This should be additional to widespread promotional use social media and digital channels.	Paper based promotions are needed and widespread promotion should not just be digital.	Communication Team to support to push promotional material and to ensure a range of media used.	As above in No. 1.	This will form part of the communication plan and promotional materials produced as part of the plan in No. 1.
3	Provide details about all the ways to contact the Adult Front Door in promotional material, including via telephone.	Residents find it hard to find the telephone number.	Promote the Adult Front Door telephone booking number more widely.	As above in No. 1.	Promotional materials produced as part of the plan in No. 1 will include telephone number where appropriate.
4	Add an additional phrase to the term Adult Front Door that makes it clear this is how you contact Adult Social Care – for example "Adult Social Care services can now be contacted through the Adult Front Door, either online or via the telephone". The link between the Adult Front Door and Adult Social Care should be made clear in all future promotions.	Residents do not understand the name Adult Front Door.	To be addressed through promotional communication methods.	As above in No. 1.	Wording to be updated as part of Communication plan in No 1: "The Adult Front Door is the main point of contact for residents who require information advice, access to services or a gateway to Adult Social Care services and can be contacted either online or via the telephone" .
5	Ensure that the telephone number for the Adult Front Door is integrated into the WCC website and available to people at relevant points, including as they complete the online self-referral form.	Residents find it hard to find the telephone number.	Promote the Adult Front Door telephone booking number more widely.	As above in No. 1.	As part of all online communication, we will ensure the Adult Front Door telephone number is visible for further support.
6	Clarify the Adult Front Door telephone menus. The current option to speak with someone is "for help booking an appointment press X" . We suggest for clarity changing this to "to speak to someone to book an appointment press X".	Automated menus of the telephone are confusing.	Change 'for help booking an appointment' to 'to speak to someone to book an appointment'.	By November '25.	We will review wording as part of wider telephone line review.
7	Improve access to the Adult Front Door for people with Sensory Impairments. This includes ensuring that the online web form is fully compatible with screen reading devices and ensuring that the communication needs of people who are deaf are addressed.	No route for British Sign Language users is provided.	Make available a text talk option or access for British Sign Language users and advertise this on the site or use of sign video.	Options to be reviewed by March '26.	Business Case being written to identify resource and technology requirements. This will then be presented for funding.
8	Set a target date to address accessibility issues, we would propose this is within 12 months of the response to these recommendations.	Service not accessible.	Work with web and digital as well as portal.	By August '26.	This will form part of business case in No. 7. Options will then be reviewed and budget to be identified.
9	Make it clear that until accessibility issues are resolved the online form is not compatible with a screen reader and provide the telephone number instead.	Portal form not compatible.	Work on compatibility and for the interim advertise the Adult Front Door telephone number.	By March '26.	Telephone number to be added to portal form whilst text option is being developed.
10	Task telephone call bookers with verifying name, date of birth, whether there is an existing online (LAS) record and consent to prevent confusion.	Confusion over whether there is an existing referral.	Call booker to verify Name, date of birth and whether there is an existing LAS record.	By end of September '25.	Internal guidance for Adult Front Door staff has been updated.
11	Consider whether sufficient resources are allocated to responding to web-based referrals from the public, particularly as this is the Adult Front Door preferred method of contact.	Portal referrals taking longer than telephone referrals.	Work on equity between access routes. Operational Manager to juggle resource.	Ongoing - Continue to review and monitor and juggle resource accordingly.	Adult Front Door staffing reviewed to ensure fair response to all incoming referrals. Triaging carried out on telephone calls as well web-based referrals. Ongoing review.
12	Provide assurance that web based self-referrals are allocated the correct priority for callback.	Booked appointments are dealt with faster than web referrals so it is not equitable.	Improve equity between contact methods.	Ongoing - Continue to review and monitor and juggle resource accordingly.	Adult Front Door staffing reviewed to ensure fair response to all incoming referrals. Ongoing review.

13	Consider whether text messages to web-based referrers with proposed call dates and times would be useful to avoid repeated unsuccessful contacts and unnecessary delays.			Ongoing review.	Our current system does not allow this functionality. Will continue to review.
14	Provide a return telephone number when calling people in response to a web-based referral either the Advisors direct line number or the number for the Adult Front Door.	People cannot call back when they miss a call following the web-based referral.	Give the number for them to book in with Adult Front Door if needed.	Ongoing review.	Our current system does not allow this functionality. Will continue to review. Adult Front Door Team members leave voice mail messages advising a time they will call back. Follow up emails are also sent when possible.
15	Introduce a two-hour window to receive a call from an Adult Front Door Advisor, rather than move to an am/pm model. This would deal with the issue of call length, whilst also giving recipients a specific time to expect a call.	Telephone slots need to be longer.	Consider one and a half hour slots as we don't have the staff resource to facilitate two-hour windows.	By September '25.	We have built in flexibility into the booking system to allows calls to run over if needed. The online call booking system allows people to add a note if they need to be called back at a specific time. Members of the public have the option to provide feedback at the end of the call. This information then informs future decisions around service delivery. The system will be reviewed periodically whilst it is embedded.
16	Offer carers information about Worcestershire Association of Carers as routine practice, unless to do so would be inappropriate.	Not everyone is being asked about their caring responsibilities.	Make it mandatory to ask this question on every contact. Update practice standards and staff training. Continue to review through monthly case audits. Consider the following check boxes in Adult Front Door workflow: * Has caring responsibilities (yes no tick) * Has been referred to WAC (yes no tick) Invite Worcestershire Association of Carers regularly to team meetings to promote services.	By September '25.	Internal staff guidance updated. Worcestershire Association of Carers regularly attend Adult Front Door team meetings to enhance team knowledge.
17	Consider the extent of information that needs to be gathered at the Adult Front Door, and how this is used as part of needs assessments under the Care Act.		Review whether any questions can be condensed or reduced.	April '26.	This is under regular review and changes will be made in line with the needs of Adult Social Care teams.
18	Offer callers a summary of agreed actions and outcomes from the call in the format which they prefer.	Not all contacts are receiving follow up email/letter.	Mandate a post appointment follow up letter/email where appropriate. Audit this through ongoing case audits.	By September '25.	Personalised follow up emails are sent with summary of information provided.
19	Consider how to enable advisors to provide an expected time scale for when the next steps that have been agreed will take place, starting with those services provided by WCC.	Be clearer about anticipated timescales for onward referrals.	Consider mapping out wait times for top 10 common onward referrals and receive bi weekly updates of wait times for those services for advisors to inform those referring. (resource required to do this may not outweigh the benefit so further consideration needed)	By October '25.	Cases are screened and prioritised the same day/week by duty staff if urgent. ASC aims to make contact with the person being referred dependent on priority, longest being 15 working days and for the assessment to be completed within 28 days (20 working days)
20	Consider how access to Adult Social Care social work teams can be improved in areas of the County with longer waiting times.			Ongoing review.	Investment in further resource within adult social care where we have established demand has increased in order to enable shorter waiting times