Assessing needs

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment:

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

Feedback about access to the local authority's care and support services was mixed. We heard there was good access through the contact centre from which people were transferred to the locality team according to the postcode of their GP. There was also an option to complete an online enquiry form. However, people and partner organisations told us the local authority website was not always accessible, which could be a barrier for people trying to access support online. Despite this, we received positive feedback from people about the social workers and the assessment process saying their views and wishes were sought and the assessment paperwork reflected their wishes.

There was a person-centred, strength-based approach embedded within all social work practice. In the Adult Social Care Survey (ASCS) 62% of people said they were satisfied with care and support which is similar to the England average. 80% of people felt they had control over their daily life which is slightly higher than the England average of 77%. People told us they were involved in their assessments, and their wishes and feelings were considered. The contact centre would refer people directly to locality teams who used a '3-conversation' model to understand people's care needs. This is a strength-based approach to assessment and care planning. It focuses on people's strengths and community assets and supports professionals to have 3 distinct conversations. This meant the initial conversation was with the locality team which reduced the need for people to have to retell their story.

People's experience of care and support ensured their human rights were respected and protected. They were involved throughout in decisions about their care. Front line teams described how the strength-based approach supported them to meet people's needs. It helped their understanding and incorporated consideration of protected characteristics or other areas of inequality in care planning and staff told us it worked particularly well for younger adults and people living with mental ill health. Teams had access to interpreter and translation services to support them when working with people for whom English was not their first language. They could give examples of where they had translated care plans into other languages. The work of the Sensory team was aligned with the front-line teams which enabled people with sensory needs to have information provided in alternative formats for example large print, or easy read.

Teams worked well across the local authority which ensured people's support was planned and coordinated across different agencies and services. This enabled frontline teams to access specialist support that people needed, for example, Approved Mental Health Professionals (AMHP) from the mental health team. This is a professional who assesses whether there are grounds to detain people with mental health needs. This is where people need urgent treatment for their mental health and are at risk of harm to themselves or others. Similarly, specialist sensory support was easy for teams to source from the Sensory needs team. There were strong working relationships with partners in health supporting pathways between services in hospital discharge. However, there was less coordinated working in the wider system with health and partners beyond hospital discharge.

Frontline teams, led by the Principal Social Worker had the training, knowledge and experience they needed to carry out assessments. The locality teams were generic teams dealing with assessments of people of all ages and needs. While we had some feedback that staff did not always have the specialist knowledge they needed, there were systems in place, supported by management, to develop staff skills enabling them to share expertise and use each other's strengths when allocating and managing caseloads. This was helping to develop knowledge and skills across the team. Teams worked with specialist workers where necessary, for example in relation to sensory needs or when carrying out assessments in the Gypsy, Roma and Traveller community.

Timeliness of assessments, care planning and reviews

Assessment and care planning arrangements were not always timely and up to date. According to the local authority's data, 4% of people who had requested care had to wait for their assessment, and a third of those had been waiting over 6 months. While these were relatively small numbers it did mean some people were waiting a long time for assessment. The local authority had made provision to ensure social workers in the locality team were able to provide basic equipment, as well as information and signposting if appropriate, reducing waits for equipment. However, if people's needs were more complex, they sometimes had to wait for assessments by an Occupational Therapist. In these instances, people were prioritised, and interim measures were put in place while people waited for a full assessment.

There were also waiting lists for people that needed a review due to changing needs, but numbers were small, less than 3% of people in receipt of long-term care. Just under a third of those waiting for an unplanned review were in residential, nursing or supported living placements. 60% of those waiting for an unplanned review did not wait more than 3 months.

There was a much bigger wait for people waiting for a planned review. This is where no change in need has been identified, but it is good practice to schedule reviews of needs on an annual basis. Between 30% and 35% of people receiving long term support were waiting for a planned review, 40% of these were people requiring physical support and 31% were people with a learning disability. National data on Short and Long-Term Support (SALT) showed that 74% of long-term support people had been reviewed (includes both planned and unplanned) and this was much higher than the England average of 55%.

There were arrangements in place for managing and reducing waiting times for assessment, care planning and reviews. Managers reviewed waiting lists and ensured that interim support was put in place to manage risks while people were waiting for assessment. There was a staff vacancy rate of 18% within teams which was placing additional pressure on teams in relation to waiting times. Locums were used where possible to fill vacancies.

Assessment and care planning for unpaid carers, child's carers and child carers

The needs of unpaid carers were recognised as distinct from the person with care needs; assessments, support plans and reviews for unpaid carers were undertaken separately. Carers were identified early through initial assessments of people's needs. According to the local authority's own data, 89% of carers were assessed without having to wait. Of those that had to wait for assessment, a third waited less than 3 months, and a half less than 6 months. There was also an online self-assessment referral form that carers could access.

Some people found it difficult to access support as a carer including self-funders. This is reflected in the national data in the SACE that 19.66% of carers in West Berkshire were accessing support which is below the England average of 34%. This was confirmed by the carers we spoke with as part of our assessment, who told us they did not immediately identify themselves as a carer and did not always know what support was available. The local authority was aware carers had not always been identified in the past, so had put in place a system to identify whether carers were offered an assessment when the 'cared for' person was assessed. This included monitoring through the out of hours team and as well as for those people admitted to and discharged from hospital. The local authority held events and worked with partners to help raise awareness and identify carers. This work was continuing, and there was work around those groups that were less likely to be identified including children and young people and people from ethnic minority communities. To identify young carers, they had implemented an approach called, 'No wrong doors' with joint procedures between adult and children's services to support young carers and their families. This was based on the national template memorandum of understanding for best practice developed by the Carers Trust in partnership with Association of Directors of Adult Social Services (ADASS) and the Local Government Association. They were also working closely with isolated communities such as Ukrainian refugees to identify carers. The local authority was working with voluntary organisations to help with the identification and referral of carers to them. However voluntary organisations told us they did not always get feedback where they were making referrals and were unclear on the expected timescales. To support this work the local authority was in the early stages of working with partners in the BOB ICS through the Accelerator Reform Fund to improve identification of unpaid carers, develop a digital self-assessment and address waiting times for assessment.

Once an assessment was obtained, people told us the staff completing assessments were supportive and knowledgeable and they appreciated having someone to speak to about their caring role. The Survey of Adult Carers in England (SACE) data was positive about the support people received, the number of carers satisfied with social services was 46%, and 72% of carers felt involved or consulted as much as they wanted to be. Both are higher than the average for England which is 36% and 65% respectively.

Help for people to meet their non-eligible care and support needs

People were given help, advice, and information about how to access services, facilities and other agencies for help with non-eligible care and support needs. The duty teams within the locality picked this up as part of the initial conversation through the 3-conversation model considering prevention and community solutions as first options to support people to achieve their goals. They funded a range of projects in the community through their voluntary prospectus, which was an agreement providing grant funding to the voluntary sector, to support people to achieve outcomes that would prevent, reduce or delay needs for care.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear and consistently applied. The criteria were easy to follow and shared with the public on the local authority website with clear process and timescales for complaints. The local authority did not have any appeals in the last year, however we also noted that while detail on the complaints process was accessible on the website the information about how to appeal was not. The data suggested that for most people the support provided by the local authority met their overall needs. From the Adult Social Care Survey (ASCS), 64% of people did not buy any additional care or support privately or pay more to top up their care and support. This indicates that the assessment met people's needs and was in line with the average for England.

Financial assessment and charging policy for care and support

The local authority's framework for assessing and charging adults for care and support was clear, transparent and consistently applied. Decisions and outcomes were timely and transparent. There was no waiting time for financial assessments and frontline teams told us this did not impact on their assessment times.

Provision of independent advocacy

There was good knowledge within teams of the importance of advocacy to help people participate fully in care assessments and care planning. However, advocacy support was not always immediately available which meant people had to wait which resulted in delays to assessments. The advocacy provider had recently changed, and they were in the process of recruiting additional advocates which was anticipated would improve the availability of advocacy. An advocate can help a person express their needs and wishes and weigh up and make decisions about the options available to them. They can help them find services, make sure correct procedures are followed and challenge decisions made by local authorities or other organisations.
