Assessing needs

Score: 2

2 - Evidence shows some shortfalls

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

‘Call Derbyshire’, the main contact centre of the local authority, was the most frequently used route for people requiring adult social care assessment and advice. We also heard about access via an online form, but the call-centre was most prominently used and how people most often accessed the service. The ‘person journey’ process stated that a person contacted Call Derbyshire for ‘advice information, simple equipment and signposting’ and feedback from people was mixed, with some reports of long hold times and difficulties around getting support.

Teams were reorganised in January 2024, to promote short-term interventions and enable more effective use of longer-term care and support. We heard the front-line staff in Adult Care Assessment and Triage Team (ACATT), resolved 61% of enquiries, with the remaining 39% being sent to locality social work teams, occupational therapy or mental health teams, for further assessment. The person journey diagrams showed this later stage also took an early-intervention and strength-based approach, with cases being closed where this was appropriate, following advice and signposting. People with eligible needs were identified at this point in the process. However, feedback was mixed about how people were finding the new process, there were fewer named workers and some concerns were raised about consistency.

Front-line staff coordinated people’s support and enabled low level intervention and wellbeing across different agencies and services. The Short-Term Assessment and Reablement Team (START) was deployed when a person requiring assessment was in hospital or at home, following referral. Their process document described how the choice and goals set by the person were incorporated, and the use of strength-based approaches. It also showed how people worked together with clear timescales with enablement, social workers and occupational therapists. There was a strength-based policy and staff consistently described using this approach in their assessment and reviews. There were mixed reports about how the new duty system worked, so far, in terms of being able to build on people’s strengths and meet their needs.

Some people reported communication from social workers was positive, with their goals and wishes included in care planning. Others said their abilities and wishes were out of date, or not adequately considered in their care plans. Despite this, the percentage of people in the Adult Social Care Survey (ASCS) satisfied with their care and support was higher in Derbyshire (69.29%) than the national average (61.21%). Similarly, 80.02% of people felt they had control over their daily life with 77.21% being the national average. 44.84% of people had as much social contact as they would like, which was similar to the national average 44.38%.

Social work staff in localities managed differences in geography well and they triaged and enabled independence according to people's needs. The Community Connector service was used to help people find different opportunities in the community. People were encouraged to try new things and they reached into local resources and built relationships with families. The Better Lives review team worked with people who had long-standing support arrangements and used strengths-based approaches to review care plans.

Timeliness of assessments, care planning and reviews

The social work assessment waiting times in acute hospitals over the last 12 months were short, at one day or less. The Adult Social Care Finance Report (ASCFR) Short and Long-Term Support (SALT) data, showed 78.6% of long-term support clients had been reviewed, which was significantly higher than the national average of 57.14%. Staff said, because of the recent changes to team roles and the duty system, people waiting for assessments had been seen more quickly and overall waiting times had reduced. Review timescales were clearly set out in the policy, however feedback from people and from partners was mixed on whether these timescales were consistently met. One person told us they were able to be discharged from hospital and return home following the support they were given, whereas others said reviews were not regular.

The occupational therapy (OT) service had recently been redesigned and improved and was central to the local authority's revised front-line offer. They had established a principal occupational therapist role and three service managers, to address timeliness of assessments. They had developed a new coordinator post to reduce administrative work and to follow up on system partner recommendations and improve team communication and efficiency. The local authority had introduced a tool which enabled staff to develop a consistent approach to prioritisation and allocation, but it was too early to evaluate the full effectiveness of this approach.

Social workers told us workloads were generally high, but risk was managed effectively using a Red Amber Green (RAG) system, which was reviewed and re-prioritised regularly. The recently adopted practice framework was also being used to standardise the quality of assessments and waiting times. Some partners reported reviews and assessments were not easy to plan or request and levels of involvement with partners was dependent on the social worker. Out-of-hours social workers used short-term assessment plans (STAP), to arrange care quickly and senior managers effectively reviewed staffing levels, based on demand and complexity. There were no waits for Approved Mental Health Professional (AMHP) assessments and enabling mental health support.

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

Derbyshire carers association undertook carers assessments and provided support for unpaid carers with information and advice, emergency planning, helplines, training, calls and visits. Carers described Derbyshire Carers to us in positive terms, reporting an invaluable service. We heard examples of practical and financial support being arranged for carers. We heard they informed carers they were entitled to a review before the usual twelve-month period, if their circumstances changed and they were introducing a text-message service to prompt carers when they were due a review. There was a prioritisation system following referral and a target of 3 days for initial contact and the average wait for a carers assessment was 2.5 weeks. Front-line staff reported excellent working relationships. It was clear people were identified as carers and supported following an assessment in a person-centred way, distinct from the needs of the person they cared for. A pathway for direct payments to be set up for carers was clear and effectively used.

There was a young carers service pathway which offered 1:1 sessions, assessment and support with a care plan. They worked with schools or health staff and workers linked the young person to community groups in their own area. Due consideration was given to young carers who were in a transitions service and the offer included respite needs.

Data from the Survey of Adult Carers in England (SACE), showed more carers (42.92%) than the national average (32.37%) accessed support groups or someone to talk to in confidence. However other metrics showed similar or worse performance to the national average. For example, only 13.64% of carers felt they had control over their daily life compared to a national average of 22.1% and 26.36% of carers felt they had encouragement and support, with the national average being 31.47%.

Data showed only 8.76% of carers in Derbyshire accessed support or services allowing them to take a break from caring at short notice or in an emergency, compared to the national average of 10.76% (SACE). 11.52% of carers accessed support or services allowing them to take a break from caring for greater than 24hrs, with the national average of 13.56%. And 16.97% of carers accessed support (or services) that allowed them to take a break from caring for 1-24hrs, with a national average of 20.08%. Only 10.45% of carers said they were able to spend time doing things they enjoyed or valued with the national average being 16.22%.

It was clear the authority had a carers strategy and the carers organisation, funded by the local authority, was very well regarded with consistently positive feedback. There was also consistent feedback from carers there were not sufficient options or resources for them to access respite or breaks. Some staff worked flexibly to use periods of low demand to offer a sitting service for carers. Unpaid carers told us their lives were made better by the equipment provided from the equipment service.

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

The local authority's policy stated implementing strength-based support ensured effective information, advice and support was available to people (and their carers) who did not meet the eligibility threshold. There was information on its website about prevention services, an online information finder, a first-contact scheme, advice on benefits and other support, and information about how people could buy or find support. Equipment and advocacy services were featured online, along with information about transitioning from Childrens to Adults services.

Staff described how they offered alternatives to people when not eligible for funding. The brokerage service worked well with people who did not meet the criteria for local authority commissioned support, sourcing homecare for example. We heard from people how social workers had supported them around their wider needs, which had been beneficial to their long-term wellbeing.

Eligibility decisions for care and support

The local authority provided information about how they undertook Care Act assessments and their pathways for complaints and appeals. The authority performed slightly better (68.92%) than the national average (64.63%, ASCS), in the number of people that did not buy further 'top-up' care. A tiered-approval panel arrangement was in place to consider extra funding if there were concerns that the package of care did not fully meet the needs of the person. A financial review panel was introduced in October 2023, following learning from an ombudsman complaint and since then twelve referrals had been made to the panel.

Financial assessment and charging policy for care and support

There was a backlog in financial assessments which impacted payments to services. The median wait for financial assessments was 21 days, but the maximum wait was 388 days. The savings threshold for charging for social care was in the process of being reduced to the statutory minimum, in line with most other local authorities. We heard from people using services, that there had been confusion following its communication. The telecare service, providing people with someone to call for help if they suffered a fall or became otherwise unwell, had also recently become chargeable for some people. Feedback included that those at risk of falls, who might not have felt able to pay for this service, may be adversely affected. We heard consistently financial issues were a real concern for people. People said financial assessments were not always accurate, which had compounded anxiety around changes in charging arrangements. We also heard some families and carers didn't understand the reason for increases in charges, for example when a family member was moving into a nursing home.

The local authority had an Adult Social Care Digital Strategy in place (2022-2025). There was an online customer portal for financial and eligibility assessments. However, we heard the online financial calculator, which was designed to give people information about their level of contribution, was difficult for people with accessibility needs to use. We also heard about digital blackspots where certain rural areas did not have broadband and there were issues about digital exclusion.

Provision of independent advocacy

There had been a very recent change in advocacy provider, with a new provider starting its contract two weeks before our visit, which generated mixed feedback from people, staff and partners. Some staff told us they found it simple to access an advocate (someone who 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) for a person, whereas others said it had been difficult in some cases. Advocacy and Healthwatch representatives were on the Integrated Care System and partnership boards and they provided effective representation in the system for the people they worked with.
