

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

People gave mixed feedback about their experiences of assessment, care planning and reviews. One person told us how their preferences to remain living at home was supported by staff and another person was happy with their assessment process and the subsequent care they received. However, another person told us that there could be improvements around communication and that they had not received a copy of their assessment review. Another family told us there was inconsistency in the information they had received about respite care, which left them feeling confused. This feedback was supported by national data which shows 55.07% of people are satisfied with their care and support in Brent, which is lower than the England average of 61.21% (Adult Social Care Survey, 2023, ASCS).

People could access the local authority's care and support services via telephone through the Contact Centre. Brent Hubs have been set up so people could get face to face information about social care, being based in places such as libraries. People could not self-refer to be assessed through the local authority website however they could complete an enquiry form. Information was available on the local authority website which could be translated into different languages, and text to speech reading support was available for people with a visual impairment to make this information accessible.

Partners feedback about assessments, care planning and reviews was that there could be some improvements. They told us people were not always aware of how to access assessments and if they did not have eligible needs for services, were not always signposted elsewhere. Other comments included inconsistent information given following assessments and people having to repeat information due to high staff turnover.

The staff approach to assessment and care planning was person-centred and strengths based. For example, the Learning Disability and Autism Frontline Team met people flexibly depending on their preferences, such as in cafes to help them feel more relaxed. One staff member told us they spent 6 months engaging with someone in order to reduce barriers and encourage participation in their assessment.

Pathways and processes ensured people's support was planned and coordinated across different agencies and services. For Approved Mental Health Professionals (AMHPs), the NHS Single Point of Access was the main referral point and they carried out a daily risk assessment of the waiting lists to prioritise people. The Learning Disability Team had co-located with health colleagues which enabled a more coordinated service for people with learning disabilities and mental health needs.

The local authority assessment teams were competent to carry out assessments, including specialist assessments. Staff told us they felt they had good working arrangements and collaboration between teams to discuss options and choices for people.

Some teams such as the Transitions Team had limited capacity which could impact on people's assessments. For example, some assessments were outsourced to social workers outside the team who did not always have the working knowledge of local systems and external agencies for support such as employment support networks. As a result, people's experience was not consistent.

Most staff felt supported by their managers and did not feel under pressure to close assessments and where there was a complex case, were given flexibility and more time to complete these. However, a small number of staff felt managers put pressure on them to close cases too quickly.

A new document had been developed to enable staff to carry out their roles more effectively and some staff mentioned this, although these changes were still being embedded. This new Standard Operating Procedure was a comprehensive document dated February 2024, detailing all procedures for adult social care staff covering all services within the legislative framework including assessments, reviews and risk management. The procedure referenced the local authority approach, covering the well-being principle and personalisation for people receiving care, with a focus on carers needs. It also contained comprehensive information and resources for people looking to access services.

Timeliness of assessments, care planning and reviews

Feedback from partners was that overall timeliness of assessment and care planning was good however the main area of delay was around reviews when people needs changed and in some cases the provision of care. National data supported this and showed 47.95% of long-term support clients reviewed (planned or unplanned) in Brent, which is lower than the England average of 57.14%, (Short and Long-term Support, 2023, SALT). People confirmed the delays in relation to care provision. For example, one person explained an increase in a care package had been agreed but had not been actioned until some months later. Another carer had received an assessment but there had been a delay in letting them know whether they were entitled to any support. Feedback from local authority leaders was that in 2023/24, 63.94% of long-term clients were reviewed in Brent which was mid-way in range compared to the local authorities in London.

Staff explained there was a waiting list in place for reviews following 12 months of service provision, this was monitored and managed on a risk basis. People could be reviewed sooner if their needs changed, and reviews were prioritised based on risk. Staff told us the maximum time for allocation of reviews was three months, although the unscheduled review waiting list was higher. Leaders told us there was no distinction made between the times for scheduled and unscheduled reviews. Staff told us about other challenges including requests for reviews of people with mental health needs in long-term placements when they were due for discharge. They did not feel this always allowed for timely assessments of people's needs. Any out of area reviews were well supported by all staff including agency staff and monitored. Some cases had different timings for reviews, for example 6 weeks for cases where people were hoarding, which demonstrated a flexible approach to the risk.

If people required an immediate care package, the duty team would put this in place prior to a full assessment. There were systems to prioritise work and ensure these assessments were carried out in a timely manner. Staff aimed to make contact with the person within 48 hours unless there were safeguarding concerns where they contacted people straight away.

In May 2024 the highest area of waiting was for care and support plan reviews with 81 being the median number of calendar days waiting. The local authority was acting to manage and reduce waiting times for assessment, care planning and reviews. They had a waiting list protocol and took action to risk stratify the waiting list. This included actions to reduce any risks to people's wellbeing, while waiting. A waiting tool dashboard helped managers to manage risk and with decision-making at this stage.

Leaders told us the variation in reviews and inability to consistently meet timescales was due to several factors, such as volumes of request, staff workload and staff turnover. They had plans in place to address this such as reallocating staff in a restructure, to better align capacity with demand and looking at a better staff skills mix. They used a trusted assessor approach to support people to have earlier discharges from hospital. A trusted assessor is a suitably qualified person who carries out assessments of health and/or social care needs to facilitate speedy and safe transfers from hospital. They were also considering telephone reviews and digital ways to streamline the process and ensure regular contact with individuals, while reserving face-to-face reviews for more comprehensive assessments. Leaders told us they were beginning to see positive outcomes as a result of these actions.

The majority of care providers we spoke with felt consulted around reviews when people's needs changed. Most care providers felt assessments and care planning was carried out in a timely manner. The main area of delay was around reviews when people's needs changed. However, one told us it was not always easy to get in touch with staff as they do not get back to people quickly. One provider said there had been a good piece of work around retention of AMHPs and Brent had a strong and proactive team. There were however delays in accessing beds in hospital and assessments being completed in a timely way. For example, out of hours in A & E there were delays in getting mental health assessments because of the number of cases and accessing appropriately qualified staff.

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

The needs of unpaid carers were recognised by the local authority as distinct from the person with care needs. However, unpaid carers consistently told us improvements were required in how they were supported, particularly in relation to the delays and lack of communication following a carers assessment. One person told us they felt they should be assessed more 'holistically' as a family as more than one person in the household had care and support needs. Some people told us about feeling isolated, others said they did not feel listened to, or that they had not been offered a carers assessment at all.

National data supports these findings showing that 30.19% of carers in Brent were satisfied with social services compared to the England average of 36.27% and that 56.75% feel involved or consulted as much as they wanted to be in discussions, compared to the England average of 64.95%, (Survey of Adult Carers in England, 2022, SACE).

Some carers gave us positive feedback. One carer said they felt blessed to have had the same social worker for a few years and told us the person had been 'awesome' in their approach. Other people gave positive feedback about the support from the Brent Carers Centre (who are commissioned by the local authority), which included support around finances.

Overall teams were positive about how they worked with carers now. Staff saw carers as distinct from the people they supported and understood carers need for emotional support and for more formal support such as respite care. Other teams told us they felt the local authority were 'behind' with their offer to carers, however a lot of work around training and awareness building was planned to improve this especially since there had been new management at the local authority. Staff had received training from the Brent Carers Centre in identifying young carers.

Partners shared some similar concerns about delays in support for carers however told us the local authority were developing an online version of the carers assessment which should improve this. A partner told us further work could be done to identify 'hidden carers' such as young people and have been involved in some work around this.

Local authority leaders had recognised that previous support for carers was not sufficient. They said it was almost non-existent when they came to Brent, but they had developed a carers strategy to raise awareness of carers and promote and build better connections with carers in the community. They had signed up to a 'Carers Promise' to make a commitment around their support for carers going forward. A new post had been created to better support carers, with respite and day opportunities improving. They were also looking at better social opportunities for carers including a 'Carers Card' to access benefits. They were trying to introduce the 'think family' approach in terms of the way staff carried out assessments now to consider families more holistically. Results of the latest Brent Adult Social Care Carers Survey for 2023/24 showed that 37% of carers felt they had adequate support which was 8% higher than the previous year.

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 when they had non-eligible care and support needs. Brent Hubs supported people who found it difficult to access the support they needed through mainstream services with a physical space where a range of local organisations worked together to support people.

The Supportive Multiagency Response Team (SMART) had been developed to address the needs of people who fell outside the Care Act duties and were subject to domestic abuse, neglect and homelessness. The team arose from a recognition of some people's vulnerability and experience of exclusion and included a housing officer and occupational therapist (OT) which meant they could work more holistically in relation to people's needs.

Young people who did not have eligible Care Act needs were supported to access alternative support by the transitions team. For example, the transitions team provided information about universal services and worked with special educational needs teams to identify employment opportunities for those people.

Brent Health Matters was a joint partnership managed by three organisations, the local authority, mental health trust and community health trust. They focused on supporting people in relation to health inequalities and provided an advice line for general support with health and social care queries, including signposting to other services.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was documented, outlining processes used to assess people who met the Care Act eligibility criteria. This included the initial assessment, personalised support plans, commissioning of support packages, and ongoing reviews to ensure continued alignment with individual's assessed needs.

The local authority did not currently have a process for appeals as the complaints process was used for people unsatisfied with eligibility decisions. However, complaints data was being reviewed to determine the value of changing this process.

Individuals could register complaints through the local authority's existing complaints procedure, addressing objections to any element of the care and support plan or related decisions. A review of the local authority complaints over the last 12 months showed limited complaints directly relating to eligibility.

Financial assessment and charging policy for care and support

The local authority had a charging policy, which was available on their website. The new updated standard operating procedure provided staff with information on this policy and stressed the importance of providing relevant information to people and their representatives about possible charges.

Financial assessments were carried out by the Client Affairs Team in a timely way and the waiting list for a financial assessment was 2.5 days with a median wait time of 3.5 days and a maximum wait time of 5 days.

A 2023 Healthwatch report highlighted concerns from a small number of people about the cost of care and rising costs. For example, people not eligible to receive financial support from the local authority but were also unable to pay for private care. This meant their care needs were not being met. Some people were confused about how payments were calculated and how adult social care funding worked. Feedback from local authority leaders was that people were assessed against the national eligibility criteria. Care was offered to meet those people's identified needs and if anyone was unable to contribute towards this financially, they were given the appropriate support.

In 2023 there was a public consultation to amend the charging policy in Brent, agreed in 2024. This increased charges to people. The local authority stated this was required to enable them to continue supporting as many people as possible and provided more financial support than was required under the national guidance on adult social care charges. Also, supporting people who self-funded their own care, with access to homecare support via the local authority, to ensure charges reflected the cost of care.

Provision of independent advocacy

People had not always been offered advocacy support as part of assessments. 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. One person told us they had been offered an advocate when they initially contacted the local authority, but not more recently. However, they felt their social worker was listening to their wishes when discussing their needs.

Information was provided to staff about advocacy services detailing the referral process and eligibility criteria. Advocacy services in Brent were provided through a separate agency. Staff showed a good understanding of advocacy and the referral process. One team had easy read information available to people in explaining the role of advocacy and supported them to access this. Another team told us they understood the importance of independent advocacy in hearing a person's voice. For example, this was especially important where there was disagreement with a young person's parents to ensure their voice was heard.

We received mixed feedback around availability of advocates. For example, there had been a case concerning 'cuckooing', with multiple professionals involved and risk from intruders. Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation. The person had been put on a waiting list for advocacy to help them with decision making, despite the levels of risk. In another example a young person in hospital needed an advocate to support a smooth discharge however staff had to negotiate for a hospital advocate due to delays with the local authority's commissioned advocacy service. By contrast, another staff member said they had a positive experience of advocacy, where an advocate supported a person swiftly when they were at risk of eviction.

Feedback from local authority leaders was that there had been past instances where advocacy services were not immediately available, so they had implemented measures to ensure consistent access through the recommissioning of advocacy services in August 2023. They had also strengthened partnerships with advocacy providers to ensure timely availability of services to ensure that everyone who needed advocacy support received it without delay. Feedback from partners was that previous low levels of referrals had been improved through awareness sessions which were requested by the local authority. The local authority had been open to communication and had sought to improve this further.