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

There were several ways in which people could access information about the local authority's services, this included online via their website or telephone through the Information and Advice Team. The local authority had set up an events calendar with partner organisations, where people had the option to access information face to face, these were held in community settings such as cafes and libraries across the Borough.

The local authority had a website specifically for adult social care and health called 'People First' which provided a range of information about the assessment eligibility, including information for unpaid carers. The website also provided links to partner organisations. The information on the website could be translated into different languages, and contrast and font size support was available for people who required support with accessing information.

We received mostly positive feedback from people about the local authority's methods of assessing their needs. People we spoke with told us they had received effective and responsive communication and that staff had been helpful and provided regular contact to review their needs. However, some people also told us they had felt the process was confusing and that they had a lack of information on who to contact for specific services. National data showed that 55.98% of people were satisfied with the care and support in Westminster, which is lower than the England average of 61.21%. The local authority provided further information which demonstrated some improvement in the uptake. 70.44% of people felt they had control over their daily life, which is also lower than the England average of 77.21% (Adult Social Care Survey, 2023, ASCS). The local authority provided further information which demonstrated some improvement in the uptake.

Overall, the responses from partners about assessments, care planning and reviews was positive. They told us the assessments were completed in a timely manner, with comprehensive information about the care packages. There was also clear communication about timeframes and care needs, which included meeting equipment needs. Partners felt that local authority staff listened to their point of view during care planning, which showed transparency in communication.

Local authority leaders told us they had an exceptionally responsive and timely approach to assessment and review, where they had a strong focus on strength-based practice. They told us they collaborated closely with partners to ensure people were getting the right support at the right time. This was evident in the internal and external audits from 2023, which highlighted a good standard of practice where person-centred and strength-based approach had been implemented to reduce, delay, and prevent needs from developing.

A person-centred approach was evidenced in the assessments and reviews whereby people were consulted, and their wishes were considered. People told us that their support plan had been tailored carefully for their needs, which had empowered them to maintain independence. National data showed that 66.11% of people felt they were given choice over services. This was slightly lower than the England average of 69.81% (ASCS, 2023).

Frontline teams who managed the initial referrals were able to demonstrate good examples of strength based and person-centred approaches to assessments and reviews of care and support planning. Staff told us promoting people's independence and wellbeing was of paramount importance. Staff shared they were not weighed down by funding panels and that they were given autonomy to focus on people's needs and wishes when requesting care and support.

There were planned and coordinated pathways and processes to support people who moved across different agencies and services. For example, the mental health teams referrals primarily came through the Single Point of Access and were screened and actioned on the same day on duty or allocated the next working day. If people were known to the teams and returning for support, there were more direct lines into the respective teams. Clear pathways meant that people were not waiting to access frontline mental health teams.

Social care teams covered a range of distinct service areas. In addition to the complex care and reviewing teams, the local authority had specialist services which covered learning disabilities, mental health, and substance misuse needs. In addition, there were dedicated teams to support hospital discharge, safeguarding, Deprivation of Liberty Safeguards (DoLS) and direct payments. For example, the local authority had a dual diagnosis team with health partners to support people with co-occurring severe mental health and substance misuse needs. A Dual Diagnosis worker was based 1 day a week in the community mental health hubs and provided an in-reach support 2 days a week at the hospital to support people to achieve their outcomes.

The outreach adult social care worker worked closely with the housing team and people sleeping on the streets. The specialist roles had been valuable, as when a need was identified they were able to refer urgently to adult social care for an assessment. The outreach adult social care team had 2 days to respond to referrals. The outreach worker had access to a multi-agency database which had recorded information about people sleeping rough and the wider street population in London. This was a positive example of the local authority's approach towards providing the most appropriate support through use of coordinated pathways.

Timeliness of assessments, care planning and reviews

Frontline teams told us they had no waiting lists for people to be screened for an assessment. The local authority felt the process was well managed. Referrals received were processed within 48 hours and if immediate need was identified this was actioned straight away to arrange interim care and support. Prioritisation of cases was reviewed during the 28-day timeframe, showing good management oversight. People also told us the referral process was timely and responsive and one person shared that they were assessed and visited by a member of staff one week after hospital discharge. Another person also told us they had their assessment within 8 days of initial referral.

Staff told us that assessments of people with mental health needs experienced occasional waits. However, they felt this was well-managed through risk assessing. Frontline teams shared they were able to manage their caseloads in a timely manner. Local authority leaders told us they felt the service provided had been safe and responsive as adult social care had no waiting lists for people waiting for an assessment. Feedback from partners was that the local authority had been well resourced to respond to Care Act referrals immediately and did not have waiting lists.

The Deprivation of Liberty Safeguards (DoLS) team did not have a waiting list as people were allocated when applications were received, through using the Association of Directors of Adult Social Services (ADASS) tool.

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

The need to support unpaid carers was recognised by the local authority as distinct from the person with care needs. The local authority had commissioned a provider to support unpaid carers, with carers assessments and annual reviews. The provider shared that they supported unpaid carers and their families with information and advice and in addition provided one off direct payment's. When the need for ongoing paid services had been identified to support unpaid carers, the provider referred the unpaid carer to the local authority for an assessment. The provider explained this shared information services with the local authority supported them delivering an effective service to unpaid carers. The provider shared positive examples where the local authority responded effectively and supported unpaid carers with varied needs. For example, care was commissioned within 1 week to support an unpaid carer who required urgent care. Another unpaid carer who presented with a non-urgent need was assessed and supported within 2 weeks.

Providers told us they had a positive working relationship with the local authority and had co-produced the Carers Strategy 2023-2028, which also had input from unpaid carers. Providers told us the local authority were responsive and understanding to issues and concerns they had raised as part of delivering a safe service to unpaid carers. An example shared was when the local authority supported the provider with additional funds as difficulties with recruitment had an impact on unpaid carers, who had been waiting for an assessment or a review. However, one partner identified a gap in that they felt the local authority was not always aware of unpaid carers, particularly within ethnic minority communities.

The partner also mentioned seldom heard groups in the Borough did not always seek support due to cultural reasons and this was an area that required improvement. The local authority had acknowledged this challenge and had made positive steps to reach out to all seldom heard groups.

Overall, frontline teams we spoke with shared that they had a positive working relationship with all partners supporting carers and made necessary referrals when they identified an unpaid carer who required support. Staff recognised the role of unpaid carers and where appropriate they carried out separate or joint carers assessments. National data supports these findings showing that 43.90% of carers in Westminster were satisfied with social services which was higher than the England average of 36.83% (Survey of Adult Carers in England, 2022, SACE).

Most unpaid carers we spoke with described their experience of working with the local authority as positive where the assessments had been completed in a timely manner. People told us they felt listened to and commented on how staff had been supportive and focused on what worked best for them as an unpaid carer, as well as the person they were supporting. This example showed a holistic approach to strength-based practice. In addition, the local authority had co-produced a carers strategy with local unpaid carers which sets out clear ambitions for continuous learning and development of the local offer to unpaid carers. However, some unpaid carers we spoke with felt they were not always listened to and raised concerns around the lack of respite provision.

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

People were given help, advice and information about how to access services regarding other agencies for help with non-eligible care and support needs. Staff told us that they offered a service at A&E for people with or without eligible care needs who did not require admission into hospital. Staff told us they signposted people who did not meet the Care Act 2014 eligibility criteria to community services and gave examples of referring people to befriending services.

Eligibility decisions for care and support

The local authority's framework around eligibility for care and support was documented. This detailed how the local authority determined eligibility from assessments through to support planning, resource allocation, complaints and appeals. Themes of person-centred approaches to the financial assessment process was documented, including reference to support from a representative if the person wished for one. The local authority had a process of monitoring complaints. The complaints report indicated themes for improvement and the learning was shared with staff and partners to action and improve practice. 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), 72.63% of people who did not buy any additional care or support privately or pay more to 'top up' their care and support. This is higher than the England average of 64.63%.

Financial assessment and charging policy for care and support

The local authority had a charging policy which was available on their website. Financial assessments were carried out by the finance team, who had a target of 5 days completion. Data showed a median of 5 days and maximum of 57 days for the completion of financial assessments. Some of the reasons for the delays in assessing were due to waiting for further information from people and unplanned hospital admissions.

Provision of independent 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. The local authority used an independent advocacy service who told us they were able to respond to Care Act referrals immediately and did not have a waiting list, as the service had been well resourced to carry out statutory advocacy support. The advocacy partners told us that they had a collaborative working relationship with the frontline teams who felt they were willing to listen and learn. Partners felt comfortable challenging social care decisions and were able to communicate with local authority leaders outside of engagement meetings when required.

The local authority supported staff and partners, providing numerous opportunities to develop their skills and knowledge of safeguarding and mental capacity-related advocacy. Senior leaders recognised staff learn in different ways, and provided practice resources, practice forums and tools to continuously enhance knowledge in these areas.

We received mixed feedback from staff about the advocacy support. Staff in some frontline teams mentioned they had a positive relationship with partners as they found them responsive, particularly when they needed access to Independent Mental Capacity Advocates. In contrast, other teams, such as hospital discharge, shared advocacy support had not always been available and at times there had been a wait to access an advocate.