

# Assessing needs

## Score: 2

2 - Evidence shows some shortfalls

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

The First Point of Contact (FPOC) service was the initial entry point to the local authority for people requiring care and support.

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People could contact the FPOC directly, and other organisations who provided health, wellbeing and preventative support could also refer people to the service. Contact was made by telephone, phone or email. There was not an option for people to complete a Care Act self-assessment online, however the local authority was exploring this as part of their digital transformation work. The FPOC provided initial information and advice or signposting people to other organisations. An appointment for a longer discussion or a Care Act assessment could be offered at a 'Let's Talk Local' session in a location near to them. The community teams staffed the 'Let's Talk Local' Hubs and also completed assessments in people's own homes. These teams worked with older people, people with a learning disability, people with a physical disability, autistic people and older people with mental health needs. There was also a specialist mental health team that completed assessments with people with mental health needs.

Assessment teams worked with people using a strength-based approach and to develop a person-centred package of care that supported people's independence. Feedback on assessments were mostly positive. This included evidence from a peer practice review which took place in May 2023 and had received 96% of good or outstanding feedback. National data showed 63.18% of people were satisfied with care and support provided by the local authority. This was similar to the England average of 62.72 % (Adult Social Care Survey 2023/2024 (ASCS)).

Some people told us their assessments and care plans were person centred and included their aspirations and dreams. One person told us their care plan did not fully take account of their needs, and another person told us that the process of arranging suitable care provision for them had taken a long time and had been disjointed. We were given an example by a voluntary sector partner of two relatives with two different social workers who were living in separate care homes. The social workers had said they were unaware of the existence of the other relative until this was flagged by the voluntary sector representative. This lack of joined up working may have reduced the opportunity for their care home placements to be considered together.

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We were told that people were given a choice of having an assessment over the phone or face to face. One person described the local authority support as 'exceptional' and said it could not have been better. Staff had listened and as result a bespoke package of care had been established.

Assessments included some information about people's individual hobbies, interests and social contract. However, we received feedback from one person that their assessment and support plan had not included support to reduce social isolation. The national data for Shropshire showed 43.38% people reported they had as much social contact as desired. This was similar to the England average of 45.56% (ASCS).

Care providers told us they undertook their own assessments further to the assessment provided by the by the local authority, to ensure they could meet people's needs. The local authority provided information about the pre-service agreement they had with providers which set out responsibilities and action, if individual needs were not being met by the level of support indicated in the support plan.

## Timeliness of assessments, care planning and reviews

Assessment, care planning and review arrangements for community teams were not always timely and up to date. The local authority's data (submitted in March 2024) showed the median average wait for a Care Act assessment was 34 days. At the time of the assessment site visit the longest wait had reduced to 161 days from 195 days. The local authority had an action plan to improve performance of waiting times which had reduced from over 450 people to approximately 200 people waiting.

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People's experiences of waiting times differed depending on which team they were allocated to. Local authority data (submitted in March 2024) told us there were 184 people on the waiting list for a sensory needs assessment. The median wait was 135 days, and the longest wait was 368 days. The local authority had an action plan in place to improve performance in this area and at the time of the assessment, the waiting list for a sensory needs assessment had reduced to 154. In order to manage the waiting list there was a RAG rating indicator to assess risk and prioritise with referrals being triaged and cross referenced by an administrator and duty officer on a weekly basis. A monthly team allocation meeting to review and scrutinise the waiting list was also in place.

Staff from the community teams told us there was good oversight of the waiting lists. When someone was first referred to the team they were triaged. Some people were offered appointments at a hub or were signposted from the duty system, for example for advocacy support. The waiting list was reviewed weekly, and allocations prioritised.

For people in hospital requiring an assessment, the assessment process commenced immediately when the local authority became aware of the referral, or the next day if a referral was received out of hours. The local authority told us there was routinely no waiting list for them to respond to the referral. There was no waiting list for Care Act assessments for people whose primary need was a mental health condition.

We received a mixed response from people and partners about the timeliness of reviews of people's needs, with some people having their care reviewed promptly in response to changes, and others waiting for a review. National data showed 45.37% of long-term support clients were reviewed (planned or unplanned), the England average was 58.77% (from the Adult Social Care Finance Report (ASCFR) / Short and Long-Term Support (SALT)).

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We heard positive feedback from some partners who said that prompt care reviews were done in response to changes in circumstances, and new care support plans put in place. However, at the time of our assessment, some people were still experiencing significant delays. The local authority's own data (submitted in March 2024) showed 810 reviews were overdue and of these, 79% were overdue by less than 6 months. The median average overdue review was 181 days overdue and the longest was 335 days overdue. Overdue reviews were RAG rated and there were clear processes of prioritisation. More recent data provided by the local authority showed that at the time of the assessment site visit the overdue reviews had reduced to 701 and 73% of reviews had been completed.

The local authority was taking action to manage and reduce waiting times in the community teams for assessment, care planning and reviews. The aim was to assess people within 28 days by June 2024. At the time of our assessment this was up to 45 days.

A dedicated review team was being created to ensure the local authority met their increased target of 85% completion of care assessment reviews by 2025, from their target of 75% for 2024.

A triage and risk management system was in place to identify and respond to people presenting the greatest risks to their well-being first. Additionally, people received a fortnightly or monthly telephone call to monitor changes in circumstances and to offer support whilst they were waiting for assessment or review.

Partners told us they were involved in a pilot with the local authority to identify a change in need and to support capacity into the care market. complete reviews to help reduce the backlog. In their self-assessment the local authority stated the pilot was to identify over- prescription of care, and if successful they would move to a trusted assessor model.

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Following an 'Innovation' week in October 2023, an action was to increase the focus on reducing waiting times for assessments. This resulted in a pilot in which social workers visited a community group and met people who were attending. On that day, social workers had contact with over 60 people, many of whom had been on the waiting list for assessment. This had a positive outcome for people and the local authority, enabling them to do face-to-face assessments of a high number of people in a short space of time. This intervention had a positive impact on people who had been waiting for an assessment.

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

National data showed that 38.00% of Shropshire carers were satisfied with social services. The England average was 36.83% Survey of Adult Carers in England (SACE).

At the time of our assessment, there were 1700 unpaid carers registered with the local authority, and this has subsequently increased to around 2100. However, the local authority was keen to identify and engage with more unpaid carers and action was underway to address this. There was an All-age Carers strategy to improve the offer to unpaid carers. The local authority's website contained specific information for unpaid carers, including how to request an assessment. Whilst an assessment could not be requested through an online portal, unpaid carers could enrol onto the Shropshire Carers Register website. The Carer Register was a mechanism for sharing important information quickly to support people in their role as an unpaid carer.

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The local authority offered an online carer support service to provide a range of free online services. This shared local information about practical support, promoted wellbeing and it offered a five-part email course to support unpaid carers. A senior leader told us that unpaid carers appreciated the digital carers offer if they struggled to get to either of the 2 neighbourhood hubs, or the 5 carer support groups that were available. The online service enabled unpaid carers to communicate with each other, have local conversations with people and link in with national events. National data showed 23.81% of carers reported that they had as much social contact as desired, which is similar to the England average of 28.00% (Survey of Adult Carers in England (SACE)).

There was a team specifically to support unpaid carers; staff had good awareness of the needs of unpaid carers and provided them with information, advice and support. For example, by signposting them to social activities and making them aware of any welfare benefits they were entitled to such as Carers Allowance. National data showed that 42.86% of carers were accessing support groups or had someone to talk to in confidence. This was somewhat better than England average of 32.98% (SACE).

The local authority's carers service supported young carers. Young carers were reached through schools and colleges, where basic life skills courses were offered to them. Young carers were reached through schools and colleges, where they were offered basic life skills courses.

We received mixed feedback from unpaid carers about their assessments. The local authority's data showed 381 unpaid carers had received a new assessment since April 2023, with 129 young carer assessments completed in the last 12 months. At the time of this data, the local authority told us they had no waiting list for carers assessment. Feedback from unpaid carers about their experiences of assessment was mixed. Three of the people we spoke with gave negative feedback, including being unhappy with the length of time taken to do the assessment, feeling as though they had to battle to get an assessment, and one person having the assessment after the person they cared for no longer lived with them.

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Some unpaid carers told us the support offered had not met their needs. Unpaid carers told us that the Carer's groups were not always suitable for them and some people told us they felt they had not received any support in their caring role.

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

People were given advice, and information about how to access services, facilities and other agencies for help with non-eligible care and support needs.

Staff working in First Point of Contact were confident about signposting people to other voluntary agencies (where appropriate) if they had non-eligible care needs. They gave an example of referring people to social prescribing as a preventative service. Social prescribing an approach that connects people to activities, groups, and services in their community to meet their practical, social and emotional needs that affect their health and wellbeing. They also offered people a call back service in 14 days, to see if they needed any further support.

The local authority had a dedicated worker who liaised with adult social care teams and advised them about referring people for support to meet their non-eligible care and support needs.

## Eligibility decisions for care and support

The local authority had a framework for eligibility for care and support. Staff gave clear rationales for their decision making against the eligibility criteria.

Information was available to people on how to complain and appeal against decisions with the Ombudsman, setting out a one stage process. In the last 12 months, there were no complaints directly relating to eligibility decisions.

## Financial assessment and charging policy for care and support

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The local authority's framework for assessing and charging adults for care and support was clear, transparent and consistently applied. At the time of our assessment there was no waiting list for financial assessments although decisions and outcomes were not always timely. Leaders told us delays in completing assessments could be due to them waiting for further information from people.

The target period the local authority aimed to complete a financial assessment was 28 days. Local authority data taken on 23 February 2024 of completion times for the last 12 months, showed for non-residential financial assessments, the median was 3 days, the mean 10 days and maximum was 143 days. For residential financial assessments, the median was 7 days, the mean 32 days and maximum 252 days. We were advised by the local authority that this was a single outlier which had been caused by events beyond the control of the local authority.

Staff told us the online financial assessment was launched in April 2024. The online portal allowed a person to input their financial information securely and gave them an estimate of what their financial contribution would be. Further to this there was a detailed financial assessment process. The local authority had reviewed their financial assessment processes and introduced improvements where needed, based on any appeals and complaints.

Staff used preventative measures to avoid people getting into debt with their care charges. They called people after they received their first invoice to see if they had a direct debit in place and to ensure debts did not grow.

## Provision of independent advocacy

The local authority contracted independent advocacy services to support people to have a voice and be involved in making decisions about their care provision.

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Unpaid carers told us social workers assessed their relative's mental capacity to make decisions when required and best interest meetings were held when necessary. Social workers ensured independent advocates were in place when family were unable to advocate for the person. Staff told us the advocacy service who supported people with learning disabilities and autistic people were very good and the advocates were skilled. They gave us an example of how the service supported a parent who had learning disabilities. Feedback from this service confirmed the local authority had a good understanding of their advocacy responsibilities. They also told us they had positive working relationships with social workers.

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