

Assessing needs

Score: 3

Score: 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

Many but not all people could access the care and support they needed easily. The local authority accepted referrals directly from individuals or from professionals on their behalf (with the documented consent of the individual). People could ring or email Hillingdon Social Care Direct (HSCD) to request support and there was an online system to complete a self-assessment. The local authority told us they were using “leading technology” for call triage and data collection. This included the ability to recognise existing service users to ensure those in need of support would be answered in a timely way. They said this helped them to manage demand effectively, identify early signs of vulnerability and provide timely support and intervention to individuals, thereby reducing the risk of escalating care needs. No data about the impact of this technology was available at the time of our assessment but has since been developed.

The local authority told us their phone system recognised if English was not a person’s first language and diverted the call if a person needed extra support. We also heard that there were translation options on the website for people who wished to use them. Notwithstanding these measures, some partner organisations identified digital or telephone access only to the local authority was a barrier to some of the people they worked with, particularly those for whom English was not their first language, those with communication difficulties, or those who did not have easy access to the internet.

Some partner organisations also told us it was hard to make a referral and noted even they found the online form was difficult to use and limited their ability to explain a person’s situations clearly. The local authority told us their phone system recognised if English was not a person’s first language and diverted the call if a person needed extra support. We also heard that there were translation options on the website for people who wished to use them.

A duty manager triaged referrals to prioritise and signpost to the right team. HSCD staff are supported with information and advice from social workers in the team to gather sufficient information to aid appropriate triage. The case is progressed through the localities social work teams who complete the reablement or Care Act assessment.

Both reablement assessments, and Care Act assessments were explicitly strengths-based and person-centred. The local authority used an assessment model called 'Functional Analysis of Care Environment' (FACE) which was developed collaboratively with local authorities. The most senior leaders in the local authority had a clear understanding of the assessment process, which supported staff. Assessments considered the needs and preferences of the person with care and support needs, and any carer supporting them, reflecting their rights to choice. They built on their strengths and assets and reflected what they wanted to achieve. Staff were provided clear guidance to support practice.

Staff told us they offered individuals a choice about where their assessment took place. This could be in their homes, library services; the Civic Centre; or any other suitable location they chose. They could also be assessed through remote methods such as video or telephone calls if they preferred. Other factors such as communication needs, the presence of others during the assessment, safeguarding concerns, and the potential for substantial difficulty in participating were taken into consideration. Data from the Adult Social Care Survey (ASCS, Oct 2023) found 58.2% people in Hillingdon were satisfied with care and support they received as compared to the England average of 64.4%.

Not everyone we spoke with had a good understanding of the assessment process they had received but had received the support or information and advice they needed to achieve the outcomes that were important to them.

Most people's experiences of care and support ensured their human rights were respected and protected. We saw evidence people were involved throughout in decisions. Leaders at the local authority were committed to supporting people from diverse communities in Hillingdon. Staff were provided with equality, diversity and inclusion training to support them to work with all people, including those with protected characteristics under the Equality Act 2010 in a person-centred way. One person we spoke to however said they hadn't been asked about any support they needed to participate in the assessment.

Staff told us they kept up to date with people in other teams and knew who to contact about people's care and could do joint visits with other people involved in their care as well. Where there was a higher risk situation, they could discuss with their managers and partner health team managers. Staff felt partnership working was very good in Hillingdon.

There was clear evidence of pathways and processes which ensured people's support was planned and coordinated across different agencies and services. We heard from staff and partners about the very effective joint working between NHS and local authority staff which successfully managed assessments at the point of hospital discharge to ensure people were safe and had timely discharges.

The local authority had assessment teams who were competent to carry out assessments, including specialist assessments. They had good access to training and support, their practice was supervised, and audits were undertaken to ensure assessments were completed appropriately, and effectively.

Timeliness of assessments, care planning and reviews

We heard some negative feedback about the timeliness of assessments and responsiveness of the local authority. A partner organisation reported they had made referrals, they found the local authority slow to respond to referrals they had made, and people could wait weeks and sometimes months to be allocated. They also said they struggled to get a response when chasing this up, and when the person was allocated to a social worker, their case seemed to be closed quite quickly. One person we spoke to waited 2-3 months between initial contact and assessment and did not remember any contact from the local authority whilst they waited. Another partner organisation working with people with mental health needs also reflected long wait times for Care Act assessments.

The local authority had however recognised that some people had prolonged waits for assessment and had taken action to address the issue. At the time of our assessment there were 11 people waiting longer than 28 days. At the time of our assessment, the local authority had 42 cases requiring assessment and allocation across North and South locality teams, but all were within the 28-day assessment timeline and had been triaged.

Reviews were planned for six weeks after any service was initiated, and thereafter planned annually. According to the Adult Social Care Finance Report (ASCFR) / Short and Long-Term Support (SALT Dec 2023) 69.33% of people in Hillingdon in receipt of long-term support had planned or unplanned reviews which was better than the England Average of 57.14%. The local authority had recently cleared a backlog of overdue planned reviews and told us unscheduled reviews requiring allocation were being addressed. The oldest unscheduled review awaiting allocation was from January 2024. The allocated Duty team Manager and front-line workers proactively reviewed cases, triaged them, and prioritised them according to risk for allocation. This ensured urgent cases were identified and actioned immediately, prioritising those with the highest need for intervention.

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

The local authority told us no carers assessments were pending. Hillingdon Social Care Direct might signpost to the local carers organisation for a specific carers assessment, but if a cared for person is part of the referral conversation, the referral is passed to the adult social care team to complete under a joint assessment. They told us that in all cases, people are met with or offered a separate assessment, and the social worker will typically follow up separately. The local authority completed 853 carers assessments under the Care Act in the last 12 months, of which less than a third were sole carer assessments as compared to joint assessments with the person they cared for. Joint assessments can make it more difficult to articulate the separate needs of carers as distinct from the person with care needs. This is because the focus of the assessment is how best to support the person with care and support needs, whilst taking account of the impact on the carer and their wellbeing; and because if both are present it may be more difficult for the carer to speak freely about the impact of their caring role.

Information about obtaining an assessment was provided on the council website, through a consortium of organisations and various voluntary sector providers. However, carers told us that in their opinion, information about how to obtain an assessment was not readily available and was discovered either by word of mouth or the person seeking it out. All the carers we spoke to had however received what they called a carers assessment or knew where to get one, and subsequently received all the support they wanted or needed. The assessments had been completed by a variety of sources, including carers organisations. Carers had variable experiences of accessing assessment and support in their caring role, and not all were aware of the difference between a Care Act assessment from the local authority, as compared to an initial assessment from the local carers organisation. Carers organisations who provided support to carers, were able to refer onwards where they or the carer themselves identified a statutory Care Act assessment would provide additional support. This included support such as bed-based respite care, rather than the sitting service the Carers Association provided, or additional care and support in the home to reduce the burden on the unpaid carer.

Staff in the local authority told us they frequently identified carers during their assessments of service users. They subsequently conducted carers assessments as part of the Care Act assessment and provided information about support available. Where they identified young carers, they signposted them to a specialist service delivered by a partner organisation, which offered support through training and outreach initiatives.

The Survey of Adult Carers in England (SACE, June 2024) data showed carers in Hillingdon had relatively similar levels of access to encouragement and support at 28.57%, training at 7.41% and satisfaction with social services at 36.73% to the average figures for England. By contrast, fewer carers in Hillingdon felt they had control over their daily life at 16.07% as compared to 21.53% in England. Similarly fewer carers in Hillingdon 22.22% reported accessing a support group or someone to talk to in confidence as compared to 32.98% average in England. More significant variations were seen in the number of carers in Hillingdon experiencing financial difficulties because of caring at 57.14% as compared to the England average of 46.55%, and the number of carers not in paid employment because of caring responsibilities at 40% as compared to the England average of 26.70%. The local authority told us that 45% of carers were retired.

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 primary sources of this information were through HSCD, and the local authority's website, which had links to information about a range of services. Staff in the local authority also shared information with people during and following assessments. Partner organisations told us they had co-produced information with the local authority, for example about how to manage during the winter months or with the cost-of-living crisis but noted it was distributed on the local authority website which they felt was not easy to navigate. The local authority told us that they gathered feedback from people who used their information and advice team (HSCD) by way of a survey. Results from these surveys included that 100% reported that the service had made a positive difference and 100% reported the information given was clear and that they were listened to.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear, and consistently applied. Decisions and outcomes were timely and transparent. They did not have a separate appeal process but reported only 1 complaint in the last 12 months related to an eligibility decision. In this case, the complaint was partially upheld and additional short-term services provided. According to the Adult Social Care Survey (ASCS Oct 2023) proportionately more people, 69.86%, in Hillingdon do not buy any additional care or support privately or pay more to 'top up' their care and support as compared to the England average of 64.63%.

Financial assessment and charging policy for care and support

The local authority had a framework for assessing and charging adults for care and support. There were occasions when it was not found to be clear, transparent, timely and consistently applied. They told us the Financial Assessment team had no waiting lists and assessments are typically completed within a time frame of 14 to 28 days. They noted however, more complex cases and the level of engagement with clients or their representatives may require additional time.

We were told that the local authority had received several complaints related to financial assessments and charging policies which were addressed through their standard complaints process, ensuring each case was thoroughly investigated and resolved. Two such complaints went to the Local Government and Social Care Ombudsman (LGSCO). Some complaints related to lack of clarity of information. In the example provided, where this was reviewed, the local authority had acknowledged that there were concerns about the clarity of information provided. Apologies were extended, and the complaint was addressed by ensuring better communication and support for the family. In a second example, the complaint related to fees incurred due to an unexpected delay in return home from short term care, following a review. The local authority took appropriate action to redress the situation.

Provision of independent advocacy

The local authority had a clear process to follow, guiding staff to when it would be appropriate to refer for independent advocacy support to help people participate fully in care assessments and care planning processes. They commission advocacy services through a single provider, to support people throughout the assessment and support planning stages.

The local authority said that use of the advocacy contract was overseen at a senior level, and that referrals were in line with the requirements of the Care Act. This contrasts with feedback from a partner organisation who told us they did not get as many referrals to support Care Act assessments as they thought they should, and sometimes referrals were instigated by care providers rather than social workers. They told us they felt the relationship with the local authority could be stronger. They also said they had challenges to deliver the level of support needed in a timely manner, and to have time once in place to complete assessments. Staff recognised that they had a good response from the service providing advocacy in the borough, but in some cases, there was a delay before an advocate was allocated. Staff also reported instances where delays in safeguarding investigations being completed were caused by delays of 4 weeks in providing a suitable advocate. They noted that this usually took 1-2 weeks. All these issues regarding advocacy provision impacted on some people's ability to speak up for themselves or engage fully in assessments. There were plans to retender the advocacy service in 2025.

Staff told us an individual's capacity was typically assessed during the assessment process. They may involve family members to assist the service user during this assessment if deemed appropriate. In cases where the service user lacked capacity and did not have family or friends to provide advocacy support, a referral was made to the advocacy service.

Where a person was placed by the local authority out of borough, they could not access Hillingdon's commissioned advocacy service. Staff reported difficulties and delays but would work in partnership with the host local authority to identify and access advocacy support for the individual, so the person was supported with appropriate advocacy before any decisions were made about their care. Staff told us monthly meetings were held with advocacy providers to discuss capacity and any case issues to address any capacity issues.