

# 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

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People were able to access the local authority's care and support services in several ways: through the front door team called Social Care Direct, by phone, online or at several community drop-in sites. The local authority's website provided a range of information about eligibility for a care assessment, including information for unpaid carers. The information on the website could be translated into different languages, and contrast and font size support were available for people who required support with accessing information.

Social Care Direct responded to all enquiries as the first point of contact. There was a multi-disciplinary team in place consisting of assessment and enablement officers, social workers and managers with relevant experience. A Prevention and Wellbeing Team also worked with people at their first contact with the local authority; they provided information, advice, and support which could prevent people from needing formal social care support.

Social care assessments were carried out by staff using a strength-based approach and considering people's wishes and goals. We heard people had to wait for long periods for an assessment and longer for reviews. For example, one person had to wait 6 months for their assessment and a further 6 months for a review. However, there was good oversight and risk management arrangements in place.

Social Care Direct staff told us they had clear access and referral pathways for people who had previously been assessed and already had services in place. People were passed to the allocated worker or the assigned team for advice, information or assessment. The local authority senior leaders had acknowledged a gap in people accessing information, advice and guidance and showed commitment to improving services by using a 'mystery shopper' exercise to gain further insight to the problem. Subsequently people reported Social Care Direct service as being very thorough and who provided detailed information. As a result, the local authority focused on engaging closely with partners, particularly around improving accessibility and digital inclusion.

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We heard positive feedback from people who had each received support from several different local authority services; this demonstrated the local authority's approach to delivering coordinated pathways and processes. For example, we heard how a social worker had worked well with both children's services and housing teams, taking a whole family holistic approach which helped a family receive the support they needed in a coordinated way. We also heard a positive example where a person experiencing mental health challenges was supported to take their medication and maintain their well-being, through a coordinated approach from multiple professionals. This was corroborated by frontline staff who told us they carried out joint assessments with health colleagues which supported a collaborative approach and encouraged sharing of good practice, furthermore people did not have to repeat their stories through multiple assessments.

The local authority's approach to assessment and care planning was strength-based and outcomes focused. Staff received appropriate training for this, and quality assurance arrangements were in place. People told us their assessments were person-centred, and they were encouraged to do what they could to maintain their independence rather than rely on formal support. There was a holistic approach to assessments, and people told us that social work staff included their family and carers voices in their assessment. This was evident in written assessments, where people's strengths and preferences were recorded. We heard from an unpaid carer how the person they cared for had been supported by social work staff to move into a new service which had left them feeling happier, more confident and purposeful.

There was a potential gap identified, where some people told us they did not receive a copy of their social care assessment and support plan, leaving them unsure on whether their preferences around care and support and choices were included in the assessment. Similarly, an unpaid carer told us they felt not all aspects of their situation was considered as although they requested respite care it was not provided, furthermore they could not check as they did not receive a copy of their assessment.

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We heard examples of how the local authority practitioners demonstrated the principles of the Mental Capacity Act 2005 and respect for human rights. For example, a social worker had supported and challenged a person who was making a decision that could be unwise in relation to their lifestyle. The person's unpaid carer told us they were happy with the social worker's practice as they had discussed with the person the potential consequences of their decisions, while at the same time respecting the person's independence and choices.

The local authority had assessment teams who were able to carry out Care Act assessments, including assessments for people with specific needs. For example, psychologists who were part of the learning disabilities integrated team were working collaboratively to support people with learning disabilities, ensuring the assessment was reliable and well-coordinated to meet the person's eligible care and support needs. Similarly, frontline staff worked in collaboration with the specialist sensory impairment service to jointly assess and meet people's needs, which included on providing equipment to support people to maintain independence.

## Timeliness of assessments, care planning and reviews

Waiting times for care assessments and care reviews were recognised as a challenge by the local authority. Data provided by the local authority at the start of the assessment showed 137 people were awaiting their initial Care Act assessment, with a median wait time of 21 days and a maximum of 112 days. Lengthy waits were also apparent for care reviews, with 2,135 reviews pending, with a median wait of 364 days and a maximum of 1,427 days. This was reflected in national data which showed only 46.41% of people receiving long-term support in Barnet had their care reviewed (planned or unplanned), which is lower than the England average of 58.77% (Short and Long-term Support, 2024, SALT).

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The local authority senior leaders had acknowledged this concern and told us there was corporate investment to reduce waiting lists. This was through outsourcing work to external agencies and staff dedicated action days were organised, to progress people waiting for assessments and reviews. All referrals had undergone a triage process and appropriate risk assessments, and robust management oversight was in place to ensure the safety of those waiting for an assessment or review.

At the time of the assessment site visit, more recent data provided by the local authority showed a reduction in waiting times for assessments, with a median wait of 10 days. Furthermore, despite an increase in the number of people having a care assessment compared to the previous year, there was a 29% increase in completed assessments and a 42.5% increase in completed reviews over the 12-month period.

Frontline staff explained to us despite the lengthy waiting lists, their work was well managed. Care providers highlighted concerns about the waiting lists for care reviews, citing an example of several people waiting for 18 months. Care providers told us that this had resulted in financial loss for them as they had increased the level of support being provided to people to accommodate their changing needs and to keep them safe, whilst waiting for a formal care review and an approved increase in their care package. However, we heard the Care Quality Team had regular contact with all commissioned providers in Barnet during individual contacts and in provider forums, where providers were advised to contact Social Care Direct when people's needs had changed and a review was needed urgently. Where changes to funding arrangements were agreed, these were backdated.

Care providers had mixed experiences of being informed of people's care reviews, with some always being informed ahead of planned reviews, and others had experienced a lack of transparency and openness with the local authority.

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Care provider representatives told us they were involved in a pilot scheme undertaking 'provider-led' reviews of people living in their care homes. The intention of the pilot was to support the local authority to reduce the number of people and time waiting for a care review. As of October 2024, 25 provider reviews had been submitted. These reviews had been quality assured by the local authority to support a person-centred and evidenced-based approach. The local authority had plans to further increase reviews by providers.

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

Some unpaid carers told us they found it difficult to contact the local authority and some of those that had used the online self-referral had not been contacted, which left them feeling stressed. They said they did not have the time to contact the local authority, due to the long call waiting times.

Unpaid carers consistently told us improvements were required in how they were supported, particularly when accessing and waiting for assessments. They frequently expressed feelings of frustration, despair and isolation. For example, one carer cited they were throwing hands up in despair due to the overwhelming nature of the processes within the local authority. Another unpaid carer described the emotional toll of being a fulltime carer for a person who refused outside help, which had led them to have feelings of being trapped and unable to have a personal life. In contrast, national data showed 31.06% of carers reported they had as much social contact as desired, which is comparable to the England average of 30.02% (Survey of Adult Carers in England, 2024, SACE).

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Feedback from unpaid carers was mixed. We heard not all unpaid carers were aware of a carers assessment, and this had not been discussed during the care assessment of the person they were caring for. Where unpaid carers were aware of their entitlement to a separate carers assessment, several told us they had not been offered one, for example when a person was discharged from hospital. Furthermore, they told us there was no discussion around contingency planning in the event that they were unable to provide unpaid care. In contrast, some unpaid carers told us they found the carers assessments beneficial and they had received practical support, for example when they had received some funding towards necessary household items.

Where unpaid carers had been supported with respite services to help them to continue in their caring role, they told us there was a lack of respite provision available for them to use. We were told that one carer had a 2-hour respite provision twice a week, but this was limited to specific times of the day, making it difficult for them to manage other responsibilities. Another person had 12 nights of respite care per year, which was not being utilised due to the lack of available placements, leaving the unpaid carer without specific respite to meet their assessed needs.

Similarly, we heard respite for unpaid carers was difficult to access and there were inconsistencies in receiving support. We heard where people required specialist support due to changing needs, the process took over 3 months due to delays with seeking alternative provision and further delays with funding approval. One unpaid carer told us the process caused additional strain on them as the person had to be supported at home in the interim period. In contrast, national data showed 23.60% of carers reported they had as control over their daily life, which is comparable to the England average of 21.53% (SACE, 2024).

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The local authority had commissioned a carer's partner, who supported them with completing carers assessments and reviews. This investment reduced the number of unpaid carers waiting for support. Frontline staff told us they were in the process of jointly developing training for staff around the needs of unpaid carers, which was being coproduced with unpaid carers and people being cared for. The local authority supported unpaid carers with relevant training to undertake their caring role. National data showed that 6.41% of carers accessed training for carers in Barnet. Whilst this is higher than the England average of 4.30% (SACE, 2024) it is still low and further work is needed in this area.

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

Frontline staff told us they worked closely with the Prevention and Wellbeing team who had a wealth of resources to support people to prevent, delay and reduce the need for ongoing care. Frontline staff also told us they benefited from an integrated care approach in supporting people with care needs that are not eligible for local authority support. For example, frontline staff attended a weekly multidisciplinary meeting with relevant professionals where they discussed eligibility, provided peer advice, and signposted people who did not meet eligibility criteria to other appropriate services or teams. The local authority's website provided information for people to find other services which could meet their needs, for example information on community groups.

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One partner organisation told us the main issue for people in the borough was limited access to suitable housing and this impacted on people across different communities and groups. They told us that individuals and families in some communities had been more negatively impacted than others by the cost-of-living crisis which limited their access to healthy food. Partners told us the local authority had not always engaged them in dialogue about these challenges for local people with non-eligible care and support needs. In contrast we heard the local authority worked closely with partners through Partnerships Boards where cost-of-living crisis priorities were discussed and addressed. Examples provided included the Household Support Fund and launch of the Barnet Financial Calculator where 16,000 residents had completed a self-assessment, which identified nearly £10million of unclaimed benefits.

## Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear and consistently applied.

People who were no longer able to fund their own care were offered a Care Act assessment to determine their eligibility to receive care and support funded by the local authority under the Care Act 2014. As part of the assessment, practitioners explored alternative options with people and their families such as community support and wellbeing services. Where the person was eligible for support, options were discussed with the person around care planning, either the person continued to arrange their own care and the funding was supported through a direct payment, or alternatively the local authority took over the commissioning of their care.

Care providers experience of the local authority's Quality Assurance panel was mixed. Some told us the panel did not always agree to increases in care and they were not given an explanation for the refusal, which resulted in them feeling there was insufficient support from the local authority. Another care provider told us they had been able to seek approval by email from the local authority, when they had identified a person required additional support.

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There was a statutory social care complaints process in place for people to appeal against assessment outcomes, and information provided showed that these were considered and dealt with promptly. Frontline staff advised people of the right to access the Ombudsman if they were unhappy with the outcome of a complaint. Local authority shared their annual complaints report for 2023/24. This showed they received 11 complaints about the outcome of assessments of which 2 were upheld, 5 were not and 3 were partially upheld. The local authority had received 2 complaints about the outcome of financial assessments of which 1 was upheld.

National data showed that 61.57% of people do not buy any additional care or support privately or pay more to 'top up' their care and support in Barnet. This could indicate that people have sufficient care arranged by the local authority to meet their needs. This figure is comparable to the England average of 64.39% (Adult Social Care Survey, 2024, ASCS).

## Financial assessment and charging policy for care and support

The local authority had frameworks for assessing eligibility for adult social care, and for charging people who received care and support services after their individual needs and financial situations had been assessed. We found these were transparent, clear and consistently applied. Practitioners in frontline social care teams shared the importance of referring people for financial assessments promptly. People who required help with the financial assessment process were supported by the council's finance team.

The local authority's Prevention Fund initiative to address financial vulnerability had shown significant progress since August 2023 with an increased use of the council's online benefit calculator. The aim of the benefit calculator was to help people understand their entitlement to welfare benefits. There had been a noticeable rise in the use of the benefit calculator, with a total of 2,935 checks completed by the end of August 2023. Out of those who used the calculator, 93% were found eligible for some form of welfare benefit and as a direct result, 1,321 people proceeded to apply for those benefits.

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Information provided by the local authority showed there were 217 people waiting for a finance assessment, with a median of 64 and maximum of 216 days waiting time. Monitoring of waiting lists and completion activity was reviewed at monthly leadership meetings and with service leads at performance meetings, which enabled oversight of risk. Data showed there was a decrease in the number of financial assessments on the waiting list, which was approximately 40 people waiting at the time of our assessment. The local authority leaders had recognised more work was needed to reduce the time people waited for financial assessments.

## 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 advocacy service used by the local authority was commissioned and shared with two other London boroughs. Staff told us there was cross partnership working and where appropriate there was learning from each other.

We heard inconsistent feedback from frontline staff about the availability and responsiveness of the advocacy service. Some practitioners told us the advocacy service was effective for specific, short-term pieces of work and was responsive at short notice. However, others told us advocacy was not always accessible in short timescales. We also heard for ongoing advocacy there were challenges and wait times for people, where staff had to chase the referrals. For example, we heard it could sometimes take 2 weeks to get an Independent Mental Capacity Advocate (IMCA), which had impacted on some practitioner's ability to complete assessments in suitable time. Staff told us they made best interest decisions pending IMCA advocacy if there was an urgent or safeguarding need. Staff explained these concerns had been raised with the Care Quality team for attention.

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We received mixed feedback from partner organisations about their experience with advocacy support. For example, we heard there were additional barriers for non-English speaking people, in contrast we heard there were no concerns providing support to seldom heard groups and interpreters were easily provided with no delays.

Further work is needed by the local authority to understand people's experiences and outcomes of advocacy services and where improvements are needed.

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