

# 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 could access the local authority's care and support services through multiple channels, from professionals or partner organisations through to direct contact or online portal forms and self-assessment options called 'Ask Sara' and 'Better Care Support Medway.' Not all the website was fully accessible, and the local authority were aware of this and had identified this as an area of improvement.

There were clear roles and responsibilities regarding front door referral, signposting, triaging, and identifying care packages. Three locality social work teams each operated a hub-based model, which consisted of the 'Front /First Response hub' the 'Conversations/ Long term care' hub and the 'Safeguarding' hub. The occupational therapy teams also worked with the locality social work teams.

A person centred, strengths-based practice model was used for Care Act assessments with the 3 conversations as the tool. Strengths -based practice is a focus on the individual, taking a holistic and co-productive approach to keeping the person at the centre of all decisions, identifying what matters to them and how best outcomes can be achieved. It is about enabling people to find the best solutions for themselves, to support them in making independent decisions about how they live. Staff were able to clearly describe the 3 conversations process for Care Act assessments. One unpaid carer told us their cared for relative was "leading their best life," because of the local authority's support.

People gave mixed feedback about their experiences of assessment, care planning and reviews. Some people had received person-centered assessments and gave positive accounts of support given by social workers. However, we were told an example where staff had not been knowledgeable about the specific disabilities of the person and the family member felt staff had been reluctant to help. This feedback was supported by national data which showed 58.41% of people were satisfied with their care and support in Medway, which was below the England average of 62.72% (Adult Social Care Survey, 2023, ASCS).

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The local authority was committed to supporting people to realise their potential and for them to live independently in their homes. At the time of our assessment, a 3-month pilot had taken place, where social workers and occupational therapists in a locality team, undertook joint assessments to identify early care and occupational therapy needs. This collaboration had helped to reduce waiting lists for assessments and a full evaluation of the pilot was due to take place to assess the outcomes and impact on people.

The local authority had received mixed feedback from people, regarding the contact they had with staff. Some people had felt listened to by compassionate, kind, caring and knowledgeable staff. In contrast some people had not always felt valued and had waited over 4 weeks for a visit from staff since an initial phone call from the local authority.

Pathways and processes ensured people's support was planned and coordinated across different agencies and services. The approved mental health professional team operated across Medway and staff told us they focused on least restrictive practice as well as strength-based practice, assessing the persons strengths rather than focusing on weaknesses. At present, assessments for people with learning disabilities and autism were undertaken within the locality teams, however there were plans to move to an allocated worker model for consistency.

We received mixed feedback from providers about assessments, care planning and reviews. Some providers said they were mostly consulted with when people's needs were reviewed, whilst other providers told us they had relied on family members or other professionals for updates on reviews of people. Providers told us the local authority no longer operated under an allocated social worker process and said these presented challenges in respect to arranging reassessments or new placements, as there was no longer continuity. Other providers told us local authority staff did not always have appropriate knowledge of the people they were working with.

## Timeliness of assessments, care planning and reviews

The local authority were aware they had waiting lists in many areas, including Care Act assessments, assessments for people with learning disabilities, occupational therapy assessments, safeguarding enquiries, Deprivation of Liberty Safeguards (DoLS) assessments, and financial assessments. There were no waiting lists for support for unpaid carers and advocacy services. A priority of the local authority was to improve consistency and timeliness of assessments.

The local authority was committed to managing and reducing waiting times for assessment, care planning and reviews. This included actions to reduce any risks to people's wellbeing while they were waiting for an assessment. The local authority had recognised that an increase in demand for adult social care services and staff shortages had resulted in a backlog of assessments. In the short term the local authority had accessed funding to address the backlog and they were undertaking a rightsizing exercise which had resulted in a significant staffing investment into adult social care, to meet demand. Recruitment and team restructures were already underway, as well as measures to increase and improve the skills shortage and retention.

There was a clear triaging process in all services which looked at risk and prioritised needs accordingly. During the triaging process, if a welfare visit was required staff would arrange this immediately. The waiting lists were checked every week at allocations meetings where risk mitigation, change of situation, and escalation priorities were discussed.

We received mixed feedback from people in relation communication from social work teams around waiting times and outcomes for panel decisions. We were told that a panel decision came back quickly, however many people we spoke to said they had not received Care Act assessments or reviews. Some people were still not in receipt of care and support many months after an assessment had taken place. The local authority told us some people with complex or specific behavioural needs may have to wait for residential care and support, but there was no people waiting for domiciliary care.

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National data from the Adult Social Care Finance Report (ASCFR)/Short and Long-Term Support (SALT 2023) showed 55.45% of long-term support clients in Medway had planned or unplanned reviews. This was below the England average of 58.77%. Data provided by the local authority showed the average waiting time for a Care Act assessment in the last 12 months was 15 days. The average waiting time for an annual review in the last 12 months was 145 days. The local authority aimed to complete 80% of annual reviews within the month they were due. However, waiting lists had been difficult to address for factors that included recruitment issues, and an increased demand from people aged over 65. A 'Waiting Well' programme operated across all teams for people waiting for all assessments. This meant people waiting over 28 days for any assessment, received a letter with details of other support services they could access for self-help whilst waiting for local authority intervention.

## 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. Staff told us carrying out carers assessments was embedded in their processes. They were able to offer holistic assessments where an unpaid carers needs were identified whilst assessing a person's support needs.

Data provided by the local authority showed waiting times for carer assessments including young carers and parent-carers. A summary analysed their adult carer assessment waiting list which showed in April 2024, there were 21 people waiting for an assessment. The average waiting time for the last 12 months was 29 days, against a target timescale of 28 days. The local authority said 86% of carer assessments were completed within 28 days, however some carers had to wait up to 530 days as cases were not reallocated when a member of staff was absent due to sickness. A senior leader told us only 9 people had experienced a wait for a carers assessment.

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The experiences people had of carers assessments and local authority support was mixed. Some unpaid carers did not know carers assessments were available and there was a general lack of information available about assessment. However, the local authority informed us they had had run promotional campaigns to raise awareness, which had increased referrals from unpaid carers. A carer said they had been asking since January 2024 for a carer's assessment and had still not yet received one at the time of our assessment of the local authority. Some unpaid carers gave us positive feedback of being supported and listened to during the assessment. Other people gave positive feedback about the ease of direct contact with their allocated social worker. National data showed 31.39% of carers in Medway were satisfied with social services which was below the England average of 36.83% - Survey of Adult Carers 2022 (SACE).

Staff offered weekly telephone calls for carers awaiting assessments and said this process enabled them to safely mitigate risk whilst unpaid carers were waiting for their assessments.

Leaders in the local authority acknowledged the current carers offer as an area for improvement, they told us work was underway to review what was available and ensure it was meeting the needs of local unpaid carers. Carers First was a partner organisation commissioned by the local authority to support unpaid carers, including young carers, after they had a Care Act assessment. There was no waiting list for this service. The locality teams worked with a Carers First worker on a weekly basis to identify, assess new carer referrals and review cases. Subsequently, unpaid carers could get a carers assessment over the phone, then on the same day receive a joint home visit, and an exploration of immediate services to prevent breakdown.

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Partners shared similar views regarding improvements needed in terms of the carers offer and the wait time for carers assessment. One partner organisation told us the local authority had attended an event held during carers week, where unpaid carers had been given the opportunity to feedback to the local authority. They felt more could be done for the local authority to be more accessible. Other partners told us the local authority needed to publicise their events and services more to unpaid carers. Positive feedback from partners told us carers forums had recently been reintroduced and a partner group had received funding from the local authority which they were able to use for respite and leisure activities for unpaid carers.

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

Staff had access to resources which detailed services available in Medway for people to access who had non-eligible care and support needs. People were signposted to a range of other services available to them in the community for example, exercise, weight and money management groups. and the range of services available was regularly and shared by staff amongst frontline teams. A partner organisation told us they had funding from the local authority which they were able to use to support people with no recourse to public funds, or unpaid carers who were not eligible for support by the local authority.

## Eligibility decisions for care and support

The local authority told us they had adopted a strength-based model of assessment, using the 3 Conversations tool as a framework for completing and recording assessments. Care Act eligibility was determined through completion of the conversation 3, the eligibility assessment. There was a discussion with the individual to determine how their eligible needs would be met in the support planning phase. The local authority also used a 'Best Practice Panel' to ensure any proposed support was being met in the most cost-effective way, signposting to the best use of resources to meet the person needs, to ensure best practice and the least restrictive options were used.

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The local authority's framework for eligibility for adult social care, and support for people and unpaid carers was transparent and clear. The eligibility criteria was available on the local authority's website. It outlined people's rights under the Care Act and informed people how to use the complaints procedure if they were unhappy and disagreed with eligibility decisions. Depending on the nature of the disagreement the local authority would ask a professional in another team to review the decision or carry out a further assessment.

The local authority did not capture data for people who were unhappy with eligibility decisions. Senior leaders told us they had clear systems for oversight decision making, which included audits of eligibility decisions.

Some staff told us the standardised Care Act assessment forms had guidance to support them when making eligibility decisions, however, within each locality staff worked slightly differently. Staff said the local authority were making changes to the assessment forms to improve how information was collected and streamline the process. Staff said this demonstrated their concerns about the assessment forms had been listened to.

## Financial assessment and charging policy for care and support

The local authority's framework for assessing and charging adults for care and support was clear and transparent. The charging and financial assessment policy and administration charges breakdown was available on the website.

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Financial assessments were managed by the Financial Assessment team. They aimed to get assessments completed within 56 days of receipt of referral, however their analysis showed they were struggling to meet this target. Data provided by the local authority showed the median wait time for a financial assessment in the last 12 months was 181 days. The maximum wait time for financial assessment in the last 12 months was 368 days. The reasons given by the local authority for outstanding financial assessment delays included shortage of staff since October 2023, delays in information being provided by people, and delays in response to information requests from social workers. To address this, new staff were being trained to undertake financial assessments.

We did not receive any feedback from people regarding delays for financial assessments, however staff told us some of the local authority's own processes added to the delays. For example, any increases in the cost of care packages regardless of the amount, needed approval by senior management. This meant staff waited long periods of time for fee increase requests to be approved and subsequently caused a delay for people to get the right support in place. This was in contrast with information from a senior leader who told us all approvals were agreed within a 24-hour period.

The local authority kept data on the ethnicity of people who made a complaint or had a representative make a complaint on their behalf. The Customer Relations team explored ways to make the complaints process more accessible to adults with disabilities, people who needed support to make a complaint, and where English was not a first language. There were several complaints over the last 12 months about delays in completing financial assessments, in particular about inaccuracies in financial assessments. The local authority adopted learning from complaints, for example ensuring people were informed about the financial assessment process and received the leaflets explaining the financial assessment process.

## Provision of independent advocacy

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A partner organisation was commissioned to provide independent statutory advocacy services. Staff spoke positively about their relationship with the advocacy service and told us people had timely access to advocacy. A team told us an advocacy referral had been recently made for a young person, to allow them to have a voice within their family dynamics. Advocacy ensured the young person was heard directly which was positive for their independence.

At the time of our assessment there were no waiting lists for any statutory advocacy services. The advocacy service recently completed an independent review of their service with the aim to make improvements, support the local authority to ensure advocacy was easily accessible and people were appropriately referred to the service. An action from the review was to provide training to local authority staff around referrals and for staff to gain better understanding of the advocacy service. The advocacy provider told us the local authority were willing to learn and improve their knowledge and understanding of advocacy.