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

Peoples experience of assessment care planning and review arrangements was mixed. We found examples where Northumberland staff had ensured detailed, strengths-based and up-to-date assessments and reviews. There were clear goals to be achieved to be independent and people were able to articulate what future they wanted. People shared examples of how they had worked with the local authority to make changes that reflected a change in needs and to support carers.

The Adult Social Care Survey 2023/24 (ASCS) reflected the positive experience of people in Northumberland with 81.82% people who feel they have control over their daily life, higher than the England average of 77.62%. The use of the strengths-based approach was a key feature for the assessment of care in Northumberland and was evidenced in the work of teams across the county. There were examples of person-centred and strength-based approaches both in relation to early intervention and when care and support was needed, for example a person's skills and interests were considered when offering services. There was a focus on developing people's social skills as well as independence in the community.

The ASCS 23/24 survey noted that 66.42% of people in Northumberland were satisfied with care and support which was more positive than the England average of 62.59%. Staff who worked directly with older people described how they used the strength-based approach to assess the needs of this cohort of people accessing services. For example, the local authority shared examples of a self-assessment process, which included signposting to further support in the community. They described the use of support planners as a resource to distribute useful information to people accessing services. Through this approach, the local authority could provide a person-centred and holistic approach to support, and reduce the time and resource spent on completing Care Act Needs Assessments, allowing them to re-direct their focus on more complexed cases.

However, we noted that the strengths-based approach to assessment and support was not always consistent. Despite the positive variation to England averages in relation to people who felt they had control over their daily lives, just under 20% of people did not, and approximately a third of the people in Northumberland were not as satisfied with care and support. For example, the review of care act assessments focused on what the person could not do rather than building on their strengths. People told us the reablement service, which supported people for a short period of time following discharge from hospital, had a strength-based approach. However, when homecare and long-term support was put in place involving other care agencies, the same approach was not always adopted.

The local authority noted one key challenge is the size of Northumberland as a county. The logistics of travel during periods of bad weather, accessing people who needed assessments in rural areas could be difficult. Consequently, people who lived in more rural areas were at risk of not having an equitable level of access compared to those who lived in more urban areas. The local authority is promoting the use of direct payments and working with providers to develop a sustainable workforce to ensure that more rural communities are served.

The local authority acknowledged that it needs to continue to build on the work that is done and how it works with the Volunteer Community Services (VCS).

Timeliness of assessments, care planning and reviews

Northumberland allocated all Care Act assessments to social workers within 5 working days but had a "small" waiting list for carers assessments, and a waiting list for overdue assessments.

As of 6 March 2024, 59 people were waiting for a Care Act assessment. The median waiting time was 14 calendar days, the maximum waiting time was 173 calendar days. The target timescale was 28 calendar days from allocation. Leaders noted there should be more oversight of all overdue assessments and the reasons for them should be explored.

However, initial analysis had identified 3 key factors contributing to increased waiting times. These were; young people transitioning from children to adult services; people who were admitted to mental health inpatient wards; and the rescheduling of appointments by the person and/or their carer. This demonstrated a person-centred approach which ensured assessments were undertaken at a point which a person could actively engage in the process. The point was further represented in the work undertaken with people living with drug or alcohol misuse issues. The threshold for the Drug and Alcohol Team was identified through the Safeguarding Multi- Agency Safeguarding Hub (MASH) who then worked on a longer-term basis with people who did not want or were unable to engage due to the nature of their needs. This meant assessments had sometimes gone beyond the 28-day target, as it had taken time to build relationships.

National data from the Short and Long-Term Support 2023/24 (SALT) showed 95.25% of people receiving long-term support had both planned and unplanned reviews compared to 58.77% of people living in England. Reviews in Northumberland were undertaken in person. Comparatively, this was very positive and could be seen reflected in the number of people who were waiting to receive a review.

As of 6 March 2024, the number of people waiting for a care act review was 190. The median time between a review becoming overdue and the review being completed was 37 calendar days. The maximum waiting time was 363 calendar days over target date. The target timescale for a review was a maximum of one year and the reasons for delays were understood and known to the local authority.

Systems and processes supported staff to ensure they were able to undertake reviews in a timely manner. For example, learning disability and autism teams demonstrated the way in which information management systems gave reminders, allowing staff time to prepare a person's review and to speak to all involved, including GP's and nurses. This practice was further supported through management supervision where social workers and care managers were expected to confirm regular communication and preparation.

To ensure people were kept safe, there was continuous contact from adult services during the period where the review was overdue. The local authority noted that this did not meet their internal standards for a full annual review of support and care package as they expected this to be in person. However, the approach ensured the person was kept informed and able to articulate any emerging needs or changes. The local authority could act quickly and re-prioritise should any changes appear during the period of wait, and further act if any safeguarding or provider concerns needed to be addressed. This approach was also undertaken by partners commissioned to provide services in Northumberland.

Staff informed us they did not have a list for people waiting for a mental health assessment due to its triage and duty inbox processes, there was always a member of staff there to consider and respond, resulting in swift allocation and people being supported at the right time. This was further reflected by people using services, who found the local authority completed their social care assessment and reviews in a timely manner. People felt they were kept up to date and involved with all aspects of their support and decisions. However, the local authority's sensory service provider highlighted there was a three-month waiting list for people to see them despite the contractual expectation that people will be seen with 28 days due to a lack of staff resource and the breadth of area they needed to cover resulting in the delay of support to people with sensory needs.

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

In, ‘Next Steps for Adult Social Care in Northumberland 2024-2027’ the local authority’s strategic plan for adult social care identified how carer's lives were being affected by their caring role. The variation in unpaid carers experience was noted, and the local authority continued to complete audits of discussions with carers. Senior leaders considered options for simplified conversations with carers and sought increased involvement of carers in training programmes for professionals.

There were 4 people waiting for a carers assessment at the time of our assessment of the local authority. The median waiting time was 14 calendar days. The maximum waiting time was 109 calendar days. The target timescale was 28 calendar days from allocation. The local authority had identified 3 themes from the waiting list data and found the main causes of delay to completing carers This reflected similar themes to those of delays caused to people waiting for a Care Act assessment.

Frontline teams reported they identified carers as unpaid carers, sibling carers and parent carers, and offered a separate assessment for each of them. If they refused, or if the assessment was not needed at the time, staff knew how to make a referral to Northumberland Carers organisation as part of a person's Care Act assessment. People told us of personal experiences of being offered a carers assessment but it not being needed. However, internal assurance reports undertaken by the local authority highlighted some teams did not always record the principal carer’s information and the number of carer assessments appeared to be low.

The process for carers assessments was closely aligned with the cared for person’s needs assessment and were jointly recorded in the care and support plan. However, staff acknowledged that carers should always be offered the opportunity of an assessment of their own, either because they wanted to discuss things they may not have wanted to say in front of the cared for person, or because they wanted a more structured discussion.

There was a risk of the needs of unpaid carers not being recognised as distinct from the person with care needs. Feedback from partners suggested the local authority were not always the first-place people went to for unpaid carers support as there was a misconception that if a person was not paid to care then they were not a carer. Other people did not want, or realise they were entitled to a carers assessment, or did not recognise themselves as formal carers with their own unique support needs. Partners also suggested that the local authority needed to change how carers assessments were completed. Feedback from carers highlighted negative experiences, with 1 person receiving 2 assessments and stating neither were good. Some carers felt burnt out. Other carers did not know if they have had an assessment as they were done jointly with the cared for person present. Such an approach meant people did not always feel able to talk freely, and the carers unique needs may have been missed or not recognised, as the focus of the assessment for the carer and adult social care was on the person receiving care and support.

The Survey of Adult Carers in England 2023/24 (SACE) showed 20.91 % of carers accessed support groups or someone to talk to in confidence, which was below the national average of 32.98 %. This also meant that 67.02% of Carers in Northumberland did not access a support group or have someone to talk to in confidence. The roles and responsibilities of staff was not always clear to people being supported. For example, a relative of a person being supported was unsure who to raise specific concerns with as roles had not been explained to them.

However, other unpaid carers told us they had positive experiences of assessments and felt heard and supported. There were examples of where the local authority had ensured a relative's carer's assessment was initiated when the person was in hospital, with a referral, discussion, and completion of the carers assessment when cared for person returned home. This demonstrated there was practice in parts of the local authority which could meet the needs of carers.

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

Northumberland had a clear information and advice strategy which set out its principles and objectives to ensure people could "plan for their future, reduce the need for care services, and where possible maintain their independence". Resources to help staff understand what was available in the localities they worked in were being developed on Northumberland's intranet. There was information available on its website, which included links and signposting to organisations and information.

In addition to this, Northumberland used traditional information channels to ensure that people knew what services were available within localities. For example, the use of church notice boards in rural communities was an effective way of informing people what was available particularly where there may have been inequality in accessing the digital offer due to rurality or poverty.

'One Call' was the local authority's single point of contact and worked closely with community connectors, social prescribers, the citizens advice bureau, and wider community networks to make sure people got help to meet their non-eligible care needs. Early intervention and prevention both were a key feature of the 'Communities First' model which offered community solutions and was being piloted in the south locality – Cramlington and Blyth.

We noted early help teams, One Call and occupational therapists had a strong knowledge of the different partner agencies in Northumberland to access for referrals, assessments and to signposting people to. For example, staff referred to Mental Health Safe Havens, The Bothy (based in Ashington) a mental health offer for anyone experiencing mental health crisis in Northumberland and their families.

Staff and managers were aware of, and able to share, information and insight about 'Drop- Ins' and other non-costed options for people in the communities, highlighting teams such as the Short-Term Support Service (STSS) supporting vulnerable people to rehabilitate and not to increase dependency on services.

Feedback from people who received support from the local authority and their relatives confirmed they were provided with advice and information, people felt able to understand from GP, Consultant, Carers Northumberland and social worker, for their needs and people who use services. The relatives felt well informed of services and knew who to go for further support and information.

We heard further from carers and people who used services that access to information could be mixed as at times online links were broken, and information was not always available. Information of what was available was not always apparent. This meant people were sometimes unable to independently access a community offer that would help prevent, reduce and delay the need for more costly and specialist services.

Eligibility decisions for care and support

The local authority demonstrated clearly in a table for staff, guidance on the 3 elements to eligibility criteria for care and support to adhere to and follow. Outcomes listed in the national eligibility criteria were also set out for staff to consider in the form of a checklist. The local authority clearly highlighted when deciding on the eligibility of either people with care and support needs or unpaid carers, they had considered whether not achieving an outcome would have a significant impact on the person's wellbeing.

The local authority had outlined what their eligibility criteria was, in principle, slightly more generous than the new national minimum eligibility criteria. Its needs assessment handbook summarised arrangements for eligibility criteria within Northumberland. Staff were expected to demonstrate an evidence-based approach for decisions, particularly where there was something which mattered to the person which was not considered an eligible care need. This highlighted the person-centred approach critical to ensuring people had the care and support, not only for what they needed, but also for what mattered to them. The local authority had articulated what it believed are non-eligible care and support needs.

Senior leaders told us that they recognised that where unpaid carers were supporting people with eligible care needs become unavailable, they understood the local authority's duty to meet those needs in their absence.

Information from the local authority showed there had been no appeals in relation to eligibility decisions in the last 12 months. The Adult Social Care Survey 2023/24 (ASCS) found there were 67 % of people who do not buy any additional care or support privately or pay more to 'top up' their care which was slightly higher than English average of a 64.39%.

Financial assessment and charging policy for care and support

The local authority had a charging policy document with detailed headings for staff to follow. This was included as guidance with definitions of key words such as 'chargeable costs of services', 'financial assessments', and 'maximum charge for non-residential services' so staff clearly understood the financial implications of assessments and decisions.

The local authority submitted its policy document on the charges for care and support services. The local authority was clear the policy did not cover charges for preventative services provided so that they could be used to prevent reduce and delay the need for more costly care.

An information sheet on paying for care and support was available for people explaining what they may need to contribute towards their care costs. However, a relative of a person being supported told us following a change to the person's care provision, the person had not been adequately supported to avoid going into debt. Despite the person's care being fully funded by health, the relative told us the person had extra costs because of their care placement and had not received support or appropriate advice from the local authority to access funding or benefits to support with these costs.

A detailed flow chart was available for staff to understand the non-residential and short break financial assessment process, but staff felt it was difficult to read and navigate digitally. The process maps which demonstrated the workflows and tasks required, and guidance to complete non-residential and short break process for a person were available to staff.

Data provided by the local authority at the time of our assessment indicated that 149 people living in residential care and 34 people living in non-residential care, were waiting for a financial assessment as of 4 March 2024. The median waiting time was 45 and 15 days respectively. The maximum waiting time was 295 and 157 days respectively. Longer waiting times for a financial assessment were due to legal challenges and irregularities. The target timescale was 14 days for residential, and 21 for non-residential. Therefore, both in relation to waiting lists, and in the timescale in which they were expected to be completed, residential financial assessments in March 2024 were not meeting the local authority target.

The local authority had analysed the data to understand what was causing delays in relation to financial assessment and found delays were caused by: people who were not willing to engage; people who would rather have a face-to-face assessment with some appointments cancelled or not attend; the status of legal authority; and delays to Department of Work and Pension applications.

Provision of independent advocacy

People could access advocacy support in Northumberland. There was a summary document in place for staff outlining when advocacy should be used and the different types of advocacy requests with contact details. This was provided by an advocacy organisation and supported by several pathways to access the provider. Waiting lists had increased and extra funding had been agreed for 6 months to ensure people were able to access the advocacy support they needed. We heard from a person who confirmed they had received advocacy support to enable them to make decisions about independent living, finances, training courses and employment.

Frontline teams, working with people with learning disabilities and autistic people, and mental health teams, had a strong understanding of the importance and need for advocacy, and how to access the commissioned advocacy provider 'Voiceability'**.** The local authority also approached families for advocacy support where it was deemed appropriate to do so.

Staff had identified the advocacy referral form was a quick process on-line and easy to complete. Staff reported Voiceability were responsive and emailed back confirmation of referrals. Staff felt there was consistency in advocates for the people and an understanding of the different types of advocacy roles needed.
