

# 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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The local authority had a multidisciplinary advice and contact team which supported people to access care and support services, this included connecting them to voluntary and health services in their own communities. When a person needed an assessment, they were directed to preventative services while they waited. Calls to the local authority were monitored and internal audits ensured the quality and timeliness of calls to ensure people could contact the local authority easily and be directed to the right team or service. People also had access to online and self-assessment options as an alternative.

There was mixed feedback and findings from people and unpaid carers about the quality of assessments and care planning that took place. We heard some assessments took place over the phone, and some people felt it was a 'tick box' exercise. In contrast, we heard about excellent communication skills and multidisciplinary working by some staff. Care records indicated a holistic and co-productive approach to keeping the persons voice at the centre of assessments.

There was found to be a lack of genuine choice in how to meet the range of needs and reasonable preferences of people who needed care and support services. People, staff and partners told us there was no or little choice for people to take direct payments or to choose their own care provider. The local authority controlled how peoples care needs were met by referring them to a care provider that was available to meet their needs. This meant people could not freely decide between a range of options which would give them more control and help them to make more effective and personalised choices over their care in a way that works for them. This was a known challenge for the local authority and there was ongoing transformational project work, particularly to address the offer of direct payments.

## Timeliness of assessments, care planning and reviews

At the point of first contact with the local authority, people were given timely information, advice, signposting or were referred for assessment. People and partners told us about delays in carrying out a Care Act assessment and some related difficulties in contacting frontline teams post initial contact when people did not have allocated workers. Staff told us different teams or specialisms had differing wait times for assessments.

There had been a project approach to reducing waiting lists for care assessments and this had made significant progress. In April 2024 the local authority told us 256 people were waiting for a care assessment with a median waiting time of 26 days and maximum waiting time 90 days. The highest maximum wait time in the previous 12 months had been 723 days (June 2023). However, compared to April 2023, Dec 2023 had a 51% decrease of people waiting for a care assessment. A reduction in numbers had been directly improved by the local authority's Prevention and Wellbeing Team completing a 'week of action' to visit people and assess individual risk on the waiting list. Waiting times had reduced and continuing action was taking place to further reduce wait times within a reasonable range.

Senior leaders told us about a 'waiting well' approach to managing waiting times for assessment and reviews. This included actions to reduce any risks to people's wellbeing, while they were waiting for an assessment. For example, giving people an indication of how long they must wait, having a flexible resource of staff to meet changing demands and empowering a person to use their own strengths and resources to resolve issues. Staff and leaders told us if there were any concerns such as a change in risk, there were escalation processes to reprioritise the work.

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Processes were in place to identify, record and review the risks of people waiting for a care assessment through allocation referral forms and embedded risk assessments. If new information was received, an allocation form and risk score was updated. Staff reviewed referrals a minimum of weekly and used a measuring tool that assigned a numeric Red, Amber, Green (RAG) risk value to each referral for prioritisation purposes. There were duty managers available if a discussion or advice was needed about referrals or prioritisation. Urgent visits could be carried out by a worker on duty and if there was an imminent risk they could refer to teams such as rapid response, urgent care, and the emergency duty service. There was a feature on the digital recording system used which provided a breakdown of the waiting list featuring highest risk, longest wait time, summary of the person, and action needed. However, we found there was more to be done to understand the impact that waiting for assessment had on some groups of people, particularly people living with dementia and autistic people. Staff told us they had confidence with this system and referred to it as 'a good safety net'. This enabled staff to understand both the risks around a person waiting for assessment and actions that could be taken, to reduce any risks to people with care and support needs. Senior leaders had oversight, there were projected impacts of the work, and the risk measuring tool ensured a standardised approach to prioritisation.

Overall staff and senior leaders told us the transformation projects underway were based on performance indicators which provided visibility on the improvement trajectory. They felt the improvements made were sustainable and that further improvements were achievable. The local authority was looking for more opportunities for improvement and were piloting a 'demand forecast tool' to support resource planning, improve people's experiences and ensure staff wellbeing in respect of their workload.

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There was also improvement work underway to improve the timeliness of care reviews. Annual review targets were in place, as well as 6-week targets after care and support had started. In April 2024 the local authority told us 990 people had overdue reviews (median waiting time 116 days and maximum waiting time 699 days). The highest maximum wait time in the previous 12 months had been 1483 days (October 2023). There was a new review team to reduce review wait times, some staff told us they were concerned the target to reduce overdue reviews could compromise a person-centred approach, and there remained some reliance on care providers or people themselves to phone the local authority and ask for a review. Quality audits were taking place, and there remained performance group oversight to minimise these risks.

In contrast, the mental health team had no wait list, reviews took place with the staff the person worked with, and joint working took place to assist a person-centred approach. There was sharing of good practice and flexibility agreements across teams to support demand and risks, for example the mental health team supported locality teams where needed.

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

There was no delay in wait times for young unpaid carers assessments. Staff had confidence in identifying young unpaid carers and described how they shared information with children's services and created contingency plans for unplanned/emergency situations. The young unpaid carers offer was well established with robust oversight from senior leaders.

Unpaid carers needs were noted as a priority for staff when carrying out people's Care Act assessments and they actively made referrals for unpaid carers to be individually assessed to maintain their safety and personal well-being.

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The local authority was aware of wait times for unpaid adult carers assessment, care planning and reviews and progress had been made in reducing these. Assessments were carried out by external commissioned providers for the local authority. In April 2024, 146 adult carers were waiting for an assessment (median waiting time 35.5 days and the max waiting time 91 days). The highest maximum wait time in the previous 12 months had been 742 days in November 2023.

This aligned with national survey data relating to the experiences of unpaid carers in Wiltshire. National data showed 19.83% of carers who reported that they had as much social contact as they desired was a negative statistical difference compared to the England average of 30.02%. Additionally, 13.79% of carers in Wiltshire who felt they had control over their daily life showed a negative statistical difference compared to the England average of 21.53% (Survey of Adult Carers in England, SACE 2023-2024).

However, most unpaid carers we spoke with during our assessment, gave positive feedback about their support. We were told about an example of a staff member going above and beyond to ensure a whole-family approach to support was provided. We were also told about the benefits of unpaid carers accessing personalised support for them to join a gardening club, return to swimming and visit the hairdressers. The local authority had events where senior leaders actively listened to people about their caring role. We were told about support groups, specialist therapy, emergency identification cards, unpaid carer grants and short breaks. This reflected the work the local authority had recently carried out to prioritise and improve experiences for adult carers in Wiltshire.

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There was a coproduced carers strategy, and a newly procured consortium of voluntary organisations sourced with carers input and feedback. The consortium had begun carrying out assessments for the local authority from April 2024. The local authority had provided short-term resource to support the transition and bring down the adult unpaid carers assessments wait list. The local authority had started to see a trend of reducing numbers of people waiting, and there were internal quality assurance processes in place to monitor this. However, at the time of our assessment it was too early to demonstrate sustained improvements or to see the overall effectiveness in relation to outcomes for people.

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

People were signposted or referred to appropriate voluntary services to meet non-eligible care and support needs. This mostly took place at initial contact to the local authority through self-assessment, online, telephone or a professional's referral.

There was an adult social care Prevention and Wellbeing team that worked with the Advice and Contact team to link people to their local communities specific to the persons preferences. They worked with local charities, food banks, housing associations, and police. There was no criteria and no time limit to the length of time people could be supported.

There was more to be done to improve help for people with mental health or drug and alcohol needs where they did not meet the threshold for support under the Care Act. Staff told us about a multidisciplinary approach in the south of Wiltshire, where the Mental Health Triage team worked with the Prevention and Wellbeing team to look at who can offer the right support at the right time. However, partners told us there were delays in accessing preventative help and for some people this resulted in crisis situations.

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There were processes to collect people's feedback, the outcomes for them and analyse the effectiveness of preventative approaches. There was an ethos of always looking for ways to improve and strengthen the early support and prevention offer for people.

## Eligibility decisions for care and support

People received copies of their assessments and care plans which outlined personal eligibility decisions for care and support including examples of joint working to support eligibility outcomes. However, we heard one person with specific communication needs told us their assessment was not presented in a way that worked for them and this meant for them decisions and outcomes were not clear.

The local authority had an assessment template with guidance to support staff to complete each section of an assessment and areas to explore in deciding eligibility of needs across Care Act specified outcomes. There were also appeals and complaints processes for eligibility for care and support, this information was available on the internet for public access. However, there was not direct access to alternative formats and easy read documents and there was a risk some people could not understand and seek clarity around decisions about their eligibility for care and support.

Appeals were monitored and responded to informally and formally depending on the stage and criteria. At the time of our assessment, the local authority had ongoing appeals around personal budgets (for example conflicts over direct payment amounts). These were being resolved through alternative provision or re-assessment.

## Financial assessment and charging policy for care and support

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There was a multidisciplinary approach to ensure people had the correct financial information at the point of contact. The Finance and Benefits team worked directly in the advice and contact service. This supported staff skills and enabled people using services to have choice and control in knowing their personal budget. Referrals for assessing and charging adults were allocated and contact made in 2 days, as a result the local authority told us there were no wait times for financial assessments and they ensured initial decisions and outcomes were timely and transparent. The local authority also provided a Wellbeing Line, this responded to an increased need for people wanting financial advice and guidance due to cost of living challenges. Performance in this area including peoples' feedback was monitored and was found to be making a positive impact on people's lives and wellbeing.

Feedback was less positive for people who were already receiving care and needed re-assessment due to depleting funds. Unpaid carers and partners told us delays in these re-assessments meant uncertainty around accommodation and financial situations of individuals and providers.

The local authority offered multiple ways to assess finances including through an online portal, face to face visit at home, face to face visit in a hub, through email, and phone. However, we found this was not yet consistently applied. We heard frustration around digital processes which for one person was said to be an added source of stress at a time of crisis. Another person suggested there needed to be further support to explain what needed to be done in a way that worked for them. The local authority was aware of these challenges and was taking action to improve accessibility and worked collaboratively with 'pioneers' (local co-production groups) to improve the quality of the service.

For young people moving on to adult services, there was an easy read pre-assessment form that outlined what to expect from an assessment and referred to care contributions. There was joint working between finance and social work staff to offer early support and advice including in young people's and families own homes, to ensure people felt informed and supported in preparation of potential charging for care and support.

## Provision of independent advocacy

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Social workers and occupational therapists were trained and confident to carry out mental capacity assessments that supported people to make their own decisions in line with the law. Where someone could not fully take part in conversation about their needs for care and support and they had no one to help them, the local authority had access to advocacy to support the person's involvement in their assessment and plans. We found the duty to provide advocacy was considered from the point of first contact with, or referral to the authority.

Partners and staff told us about specialist advocacy provision for young people up to the age of 25, and the positive involvement of the young people's council that regularly met with senior leaders.

At the time of our assessment, the local authority was in a period of change for its adult advocacy provision, and this impacted how widely available advocacy was. Staff told us they undertook joint visits with advocacy service to ensure a person's wishes and rights were obtained. However, not everyone had access when it was needed, there was a waiting list which had built during the change to a new provider. The local authority was aware of the challenges and as a result had actions to support priority of people's needs. Some staff used their own knowledge and experience to work around the delays, and there was an option to commission self-employed advocates. This reduced the impact of the delays on people's outcomes. However, it was too early to determine how effective or sustainable this was.

The local authority worked with people and their carers to drive service improvements, for example guidance was developed around the use of advocacy and what to expect, this also came as an easy read and pictorial guide. There was also promotional work in community settings to engage, share information and assist in understanding the need for independent advocacy.