

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

People could easily contact the local authority's care and support services, but people's feedback about what they experienced was mixed. People spoke positively about their initial contact with the local authority when seeking assessment. There was a clear route for accessing an assessment through a frontline access team and people could access assessment by telephone or online. The frontline access team gathered information about people's needs, provided information and advice and ensured cases went to the right team.

However, we heard that sometimes people who had received an assessment were not aware they had been assessed and people told us they did not always feel they had been given choices when developing their care plans. National data from the Adult Social Care Survey (ASCS) for 2022/23 showed 61.45% of people were satisfied with the care and support they received, which was not statistically different from the England average (62.72%). The local authority was undertaking work to improve how they understood people's experiences of assessment through timely feedback, their current systems had not heard feedback consistent with what people told us during this assessment.

Staff followed a strengths-based model of assessment known as the 'Make the Difference' model, which encouraged a focus on people's strengths and independence from the point of initial contact through to assessment and review. An enablement team worked with people at an early stage to promote their independence and identify preventative services within the community, before people went on to receive a full Care Act assessment. Where older people and people with physical disabilities or long-term conditions required a full Care Act assessment, this was allocated to one of 6 locality teams aligned to the 6 districts across the county. A specialist team completed Care Act assessments for people with a learning disability and autistic people. There was an integrated mental health team for people accessing Care Act assessment to meet their mental health needs.

The 'Make the Difference' model encouraged staff to look at people's strengths and assets when conducting assessments and care planning, based on a '3 conversations' strengths-based approach to assessment. The '3 conversations' approach is a staged approach to assessment which has three distinct conversations which are used to understand what really matters to people and families. This is a relationship-based approach where practitioners listen to people and connect them to resources to maintain their safety, promote independence and provide proportionate and least-restrictive services. Staff focused on people's strengths with a view to promoting their independence in the examples of assessments we saw. Assessments also reflected a personalised approach and included information about things that were important to people, such as detail around their family lives and personal interests and how care interventions could help people to sustain these.

The assessments considered people's human rights and identity. However, whilst we saw examples of how staff were responsive to people's protected characteristics under the Equality Act 2010, we heard other examples where adjustments had not been made, for example where people required their care plan or information about their care in accessible formats like large print or easy read.

National data from the ASCS for 2023/24 showed 79.26% of people said they felt that they had control over their daily life, which was not statistically different from the England average (77.62%). Care planning was carried out in a way that involved the person, but we heard feedback there was sometimes limited choice available to people. Staff described how they worked with people to plan their care and support, but we also heard feedback from people and partners that care plans were sometimes implemented without people understanding their support. There was a brokerage function to support with planning and sourcing commissioned care. Staff said this usually worked well but we heard feedback from staff that there were sometimes delays in finding care for people in certain districts.

People and partners also said that people sometimes had difficulty getting their care reviewed, or that if they did, they felt it was used as an opportunity to reduce the cost of care packages. We heard examples from people and partners of care packages being reduced and people being unclear on the rationale for the reduction in their care. Local authority data showed that of 5692 changes to care packages following a review between April and November 2024, 977 (17%) resulted in a reduction in care. Leaders told us that their approach to care reviews was focused on ensuring that care packages were appropriately tailored to meet people's needs, using a strengths-based approach to assessments. The local authority was working to improve how they explained the rationale for any changes to care packages, ensuring that people fully understood the reasons behind adjustments.

This showed the feedback about reviews was not consistent with the majority of people's experiences following review but highlighted there were opportunities to improve communication around review outcomes. The local authority was working to improve this area.

A specialist team assessed people with needs related to mental health conditions. There was an integrated Community Mental Health Team (CMHT), which was commissioned and delivered under a section 75 agreement between the local authority and Gloucestershire Health & Care NHS Foundation Trust (GHC). A section 75 agreement is an agreement between local authorities and NHS bodies which can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partners. Social work staff in the CMHT were employed by GHC and worked alongside health colleagues in an integrated team. The team carried out assessments of people in the community and those coming out of hospital. These staff also undertook the role of care coordinator within the CMHT and worked closely with specialist health teams across GHC as part of this integrated approach.

Staff in the CMHT described how they planned and commissioned care in an integrated way, with health and social care staff working alongside each other to meet people's needs holistically. Examples seen showed how people benefitted from an integrated approach in which social work staff were able to easily involve health practitioners to meet their needs. Staff told us they felt well supported and had good access to training, that they were busy, but their caseloads were manageable.

The CMHT included staff who were approved mental health professionals (AMHP). An AMHP is a professional who assesses whether there are grounds to detain people under the Mental Health Act. This is where people need urgent treatment for their mental health and are at risk of harm to themselves or others. There were AMHPs across the CMHTs in localities and they were supported by an out of hours duty system. The local authority had AMHPs in place across other teams and localities in on-call roles to support the substantive AMHPs. Staff told us that although this function could also be busy, there were enough AMHPs available to respond to need during both working hours and out of hours. Local authority data showed there were no significant waiting times for AMHP assessments.

There was also a team for hospital discharge, staff in this team were employed by the local authority and were co-located with health colleagues. Social work staff worked alongside OT and health partners to discharge people from hospital. Staff described positive examples of working with people to get them home with the right care and told us they had a good relationship with the locality teams.

People with a learning disability and autistic people were assessed by a team of staff who were experienced and trained to meet their needs. This specialist team was separate to the locality teams and consisted of social workers who were trained and experienced in working with autistic people and people with a learning disability. The team worked closely with health partners at GHC such as OTs, speech and language therapists and learning disability nurses.

People spoke positively about the work of the learning disability team and the outcomes they had achieved with the right support. Examples of assessment showed staff worked in a strengths-based way and found ways to support people to develop their social support networks, follow their interests as well as seeking and gaining employment where they wished to do so. We saw examples of people's care being reviewed to check it continued to meet their needs.

Timeliness of assessments, care planning and reviews

There were waiting times for assessment, care planning and reviews, which meant people with eligible needs under the Care Act 2014 could wait a significant amount of time before their needs were fully met. Improvement work had started to shorten waiting times shortly before our assessment. The Department of Health and Social Care (DHSC) published statutory guidance, last updated in August 2024, which outlines how local authorities should meet their duties under the Care Act 2014. The statutory guidance says, 'An assessment should be carried out over an appropriate and reasonable timescale taking into account the urgency of needs and a consideration of any fluctuation in those needs. Local authorities should inform the individual of an indicative timescale over which their assessment will be conducted and keep the person informed throughout the assessment process.'

Staff and leaders described how they regularly contacted people who were waiting for assessment to identify if there was any change in need that meant they needed to prioritise the assessment. We also heard how people often had input from the enablement teams before their assessment, to reduce their level of need through promoting their independence. However, people could face a wait between contacting the local authority and having eligible care needs met because of waiting times for assessments and waiting times for brokerage at the care planning stage. Staff told us that any person who waited for an assessment for over 12 weeks was automatically prioritised.

Local authority data showed there were differences in people's experiences of waiting times across the county. The local authority had introduced a performance dashboard to provide better visibility of waiting lists and risk levels for leaders. This was used to plan resource across localities to respond to changes in demand, for example showing longer waiting times for the locality teams in the two urban districts of Cheltenham and Gloucester, where there was greater demand.

Local authority data for June 2024 showed the average waiting time for an assessment across the county was 47 days, but there was significant variation across the locality teams. Local authority data for June 2024 showed 12.5% of cases in the two city localities of Cheltenham and Gloucester had waited 100 days or more.

There had been recent improvements: local authority data showed a significant reduction in waiting lists and waiting times between September 2023 and September 2024. Waiting times had fallen over the course of the year, despite waiting lists having increased. Following a peak in requests for assessment in early 2024, by September waiting lists had been reduced to similar levels seen the previous year. By September 2024, local authority data showed the average waiting time had reduced to 35 days, which was a significantly lower average wait time compared to the same time last year. Data also showed that by September 2024 no person waited longer than 3 months, including within the two localities which had faced longer wait times previously.

Local authority data showed improvement work was having a positive impact on waiting times, showing a trajectory of reduction in waiting times over the course of a year across the county, but with significant variation between districts. The extent of improvement varied between districts meaning that the impacts were not felt across the whole county, particularly in the districts where there had been increased waiting times as recently as June. This showed more time would be required to demonstrate the improvements had been sustained across all the districts.

Local authority data showed waiting times for assessment in the Community Mental Health Teams (CMHTs) had started to decrease very recently. We heard how there had been challenges around receiving and sharing data between externally commissioned partners which impacted on the local authority's ability to monitor the performance of this delegated function. The local authority had interim systems in place to track referrals and performance in the CMHTs whilst improvement work addressed the issues with data sharing. People waiting for mental health assessment often had support and treatment from health staff within these integrated teams while they awaited a Care Act assessment from social work staff within these integrated teams.

Local authority data showed a gradual increase in the average days people waited for an assessment in the CMHTs between January and March 2024. Data showed waiting times for people in the East locality peaked at an average of 131 days, and in the West an average of 146 days. September 2024 data showed an improvement over the 6 months from March, with sustained reductions in waiting lists and waiting times. By September 2024, people waited an average of 50 days across both localities.

Staff described being able to implement care plans promptly when required, such as at hospital discharge or out of hours. There was an out of hours brokerage function, which staff spoke positively of and said this meant they could implement care plans rapidly where people required care due to urgent need. However, local authority data showed there were delays to non-urgent brokerage which could impact on the timeliness of care planning. In these cases, people's allocated workers would retain oversight of risk and escalate any changes in risk to the brokerage team to identify urgent options.

Local authority data for the 12 months to June 2024 said that 65% of brokerage requests waited less than 2 weeks, 24% waited up to 4 weeks, 8% waited up to 6 weeks and 2% waited up to 8 weeks. Further data provided by the local authority showed there had been increases in demand and that waiting times had remained stable despite these increases. However, alongside waiting times for assessment, delays to brokerage meant people sometimes faced a significant delay from the point of contacting the local authority to having their needs fully met.

There were projects underway to address known issues with capacity, such as using a localised commissioning model to overcome the challenges of commissioning homecare in some locations and increasing homecare and care home provision to address a known need. At the time of assessment much of this work had yet to demonstrate its impact on brokerage waiting time data and we heard feedback from staff that this was often a challenge to them meeting people's needs in a timely way.

People did not always receive a timely review of their needs. National data on Short and Long-Term Support (SALT) for 2023/24 showed 21.11% of people receiving long-term support had been reviewed (includes both planned and unplanned reviews) and this was a significant negative statistical variation from the England average (58.77%). Staff described prioritising reviews and working in a risk-based way, such as reviewing people's needs in response to concerns or contact about changes in need. However, staff and leaders acknowledged this was an area the local authority needed to improve upon.

The local authority was undertaking work to improve the timeliness of reviews, which had achieved some impact. Local authority data showed there was an increase from 50% in 2022/23 to 67% in 2023/24 of people having a recent review over the year. This meant 33% of people did not have their care needs reviewed within a 12-month period. There were 1,482 overdue reviews as of June 2024. The local authority had visibility of reviews and told us there were plans to improve the visibility, quality and accessibility of data across the whole of the directorate from operational teams to strategic leadership.

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

People's feedback and local authority data reflected a disconnect between the assessment of unpaid carers and the assessment of the person they cared for which sometimes caused confusion. The local authority commissioned a carers hub to undertake assessments of unpaid carers on their behalf and to offer support groups, activities and information and advice. However, staff told us this sometimes created a disjointed approach to assessments because they did not always know when a carers assessment had been completed. This impacted on their ability to ensure care plans were joined up, including making sure replacement care was co-ordinated with any support the unpaid carer received. Unpaid carers also told us about a lack of choice of support and we heard from voluntary organisations that unpaid carers were sometimes reluctant to seek an assessment because they assumed they would not be entitled to help.

Unpaid carers shared positive feedback about the approach of staff and some of the support available in the community through the carers' hub. This was consistent with national data from the Survey of Adult Carers in England (SACE) for 2023/24 which said 24.79% of unpaid carers said they were accessing a support group or had someone to talk to in confidence, which was tending towards a negative statistical variation from the England average (32.98%). The majority of unpaid carers we spoke with told us they felt unable to carry out their ordinary lives or continue with hobbies or interests because of their caring role. Whilst we heard some were able to take breaks and felt supported, other unpaid carers said they were unsure if their needs had ever been assessed or if the assessment was for the person they cared for.

Local authority data for 12 months to June 2024 showed a difference in average wait time for a carers assessment and an assessment of a person with care and support needs. People with care and support needs waited an average of 49 days for an assessment, whilst unpaid carers had an average wait time of 14 days. This meant carers assessments would be undertaken without an opportunity to consider any replacement care the person may or may not be eligible for, which meant this would not always be a meaningful assessment of the unpaid carer's needs or anticipated change in future needs.

The DHSC Care Act 2014 statutory guidance says, 'Carers' assessments must seek to establish not only the carer's needs for support, but also the sustainability of the caring role itself, which includes both the practical and emotional support the carer provides to the adult. Therefore, where the local authority is carrying out a carer's assessment, it must include in its assessment a consideration of the carer's potential future needs for support.'

The local authority told us that there was a system for staff to receive information about a carers assessment to join them up as part of their agreed process with the commissioned carers hub. However, staff told us this did not always work in practice. There was a disconnect between the two assessments which meant carers assessments did not fully consider future needs for support and any care the cared for person may or may not be eligible for.

National data from the ASCS for 2023/24 showed 42.35% of unpaid carers were satisfied with social services, which was tending towards a positive statistical variation from the England average (36.83%). However, the national average for this outcome area is low and showed over 57% of unpaid carers did not record feeling satisfied. ASCS data also showed 17.09%% of carers felt they have control over their daily life, which was tending towards a negative statistical variation from the England average (21.53%) and meant 82% did not feel they felt they had control over their daily lives.

The local authority had identified a need to improve data from their carers hub and they told us they were looking at ways to improve their understanding of the experiences of unpaid carers. There were carers champions within the teams and leaders carried out regular practice audits of carers assessments but they had not identified the same issues we did as part of this assessment. The local authority had also identified a need to improve their offer for unpaid carers who were aged over 65. There was consultation and co-production work underway to address this and the local authority told us about plans to use the Accelerating Reform Fund to improve the experiences of unpaid carers who were aged over 65.

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

People's feedback about provision to meet non-eligible needs was mixed, we heard about good links with community partners and voluntary groups that meant people were able to access support where their needs were not eligible under the Care Act 2014. Staff told us they worked closely with enablement teams, who mapped out and signposted people to support and helped them become more independent, including by meeting non-eligible care needs.

However, we also heard from people and partners that there was sometimes a lack of services for people with specific non-eligible needs, such as special interest and community groups. We heard positive feedback about the carers hub, but also heard unpaid carers with non-eligible needs struggled in some districts with accessing transport. National data from the ASCS for 2023/24 showed 79.26% of people felt they had control over their daily life, which was not statistically different from the England average (77.62%).

The local authority website had detailed information on the services people who did not have eligible care needs could access. This included services to help people remain independent within their homes and social or hobby groups to enable people to build their social support networks. The local authority told us how improving their prevention offer was a strategic priority and this would enhance their offer for people with non-eligible care needs. We heard about initiatives to address differences in availability of services between districts, such as a bus service to mitigate the impact of a lack of transport in some districts in the county.

Eligibility decisions for care and support

Assessments were structured so staff could assess people's needs against the outcome areas within the Care Act 2014 and establish if people had eligible care needs. The outcomes of assessments were shared with people. The local authority conducted audits of assessments to ensure eligibility decisions were consistently captured and assessed.

The local authority told us people could appeal eligibility decisions through their complaints process. Some people told us they had used the council complaints process to successfully appeal decisions around eligibility for care and support. A local authority report into complaints for 2022 to 2023 showed there had been 16 complaints made about Care Act eligibility decisions and where required, the local authority had revisited decisions to remedy errors. There had also been learning from these complaints, such as around accurate recording of eligibility and outcomes which were also monitored through audits of practice.

Financial assessment and charging policy for care and support

People faced delays to their financial assessments and calculations about care contributions were sometimes incorrect, which had a detrimental impact on people who could face unexpected charges for their care. Extended waiting times for financial assessment also increased the amount of debt the local authority held. The local authority was working to improve this at the time of assessment.

Feedback from people and partners about financial assessment was consistently negative. People said financial contributions sometimes left them with little money to live on. We heard more than one example where contribution calculations did not consider additional costs related to a person's disability, such as for additional laundry or mobility aids, for which people could reasonably expect to retain funds.

The numbers of complaints about financial assessments had increased. A local authority report into complaints for 2022 to 2023 showed there had been 6 complaints made about financial assessments and in that period only one referred to the Local Government and Social Care Ombudsman (LGSCO) which was upheld.

In the 12 months from September 2023 to September 2024, there had been 5 complaints about financial assessment and charging referred to the LGSCO and all 5 were upheld. These complaints related to both delays to financial assessment and miscalculations in people's contributions to care costs. In each case the local authority took action to remedy the situation with the people affected.

The local authority told us about work they had undertaken to improve their processes, information and advice about financial assessments. The local authority introduced additional guidance and a panel to look at how charges were calculated, including disability related costs. The local authority also told us about systems they had in place to prioritise assessments based on risk and to monitor cases where care was in place with no financial assessment, to avoid people facing unexpected charges. Alongside this, the local authority was undertaking work to review their policies and engage with people and partners to update their policies and processes. This had led to changes to how charges were calculated which would leave people with higher needs with more of their income.

Local authority data showed that over a 12-month period to March 2024, financial assessments took an average of 231 days to complete. Local authority data from September 2024 showed overall an average waiting time of 11 weeks, or 77 days, with 40% waiting less than 4 weeks. Whilst this showed an improvement, there were still significant delays to overcome through the improvement work.

Provision of independent advocacy

The local authority commissioned an external provider to deliver advocacy to people who required it. The contract included provision for Independent Mental Capacity Advocates (IMCAs), Independent Mental Health Advocates (IMHAs) and Care Act advocates. 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 make sure correct procedures are followed and challenge decisions made by local authorities or other organisations.

Safeguarding Adults Collection data (SAC) showed 100% of individuals lacking capacity were supported by advocate, family or friend which was a significant positive statistical variation from the England average (83.38%). Staff told us that for IMCAs and IMHAs, there was good access to advocacy for people when they needed it.

Staff and partners said there could sometimes be delays to referrals for advocacy and the local authority told us they had identified issues in booking advocates for visits for Care Act assessments. Local authority data captured the volumes of referrals and the time it took to close a case but there was not detail about the time it took to respond to referrals. The local authority had a strategic priority to improve the way they received and used data to monitor the performance of externally commissioned services, including advocacy. There was also work underway with the commissioned advocacy provider to increase capacity and improve access.