

# 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 was undergoing a transformation of their pathways for people accessing assessments, care and support. There had been a recent transition to a locality-based model, which meant some frontline teams were specific to areas of the borough. This transformation was ongoing and new teams were being embedded.

Access to assessments and reviews was limited due to challenges contacting the local authority. People and partners told us contacting the local authority over the phone to request assessments or support was time consuming as it was difficult to get through to speak with staff. Conversely, people who already had an allocated worker told us their workers were contactable and responsive to them.

As part of their new localities model, the local authority's front-door for social care was also being transformed. Locality front door teams received and screened referrals for assessment and services. This replaced the previous borough-wide 'first response' team. There were plans for the new front door system to include walk-in services at hubs across the borough as well as access to services through telephone and email. Leaders and staff felt this would improve the local authority's responsiveness to those requiring support from adult social care services.

Most people and relatives we spoke with who had received assessments told us their views, needs and wishes were respected and they were happy with their commissioned support. However, some relatives felt their loved one's needs had not been holistically assessed, and long-term goals and support for independence had not been considered. A person-centred approach was not always consistent, and this was reflected by data. The local authority's own Haringey 'Survey of Adult Clients (2023-2024)' found only 54% of clients felt they had enough choice over the support they received. This was 8.3% less than the previous year. Data from national sources showed 55.06% of people were satisfied with care and support which was a negative variation as compared to the England average of 62.72% (Adult Social Care Survey – ASCS 2023-2024).

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The local authority had adopted their own model of strengths-based practice to support person-centred assessments and deliver outcome focused support for people. For example, staff undertaking assessments asked people to score themselves out of 5 in key areas (independence, connection to community, social interaction, safety and contentedness) and this was used as a wellbeing benchmark and was re-scored when completing subsequent reviews to measure improvement.

Staff teams told us they used a person-centred and strength-based approach. For example, frontline teams told us people were supported to access their choice of moving to a different area to be closer with their family where possible. Frontline teams also adopted an approach to promoting independence, supporting people to stay at home where this was their preference. While staff teams understood people's right to choice, national data showed 66.96% of people felt they had control over their daily life. This was a negative variation as compared to the England average of 77.62% (ASCS 2023-2024).

Referral pathway arrangements supported co-ordinated approaches across different agencies and services. For example, the learning disability service had multi-disciplinary pathways to support co-ordination, including a complex physical health needs pathway and a dementia pathway.

Assessment teams were competent in carrying out assessments. Teams were supported by their managers, who considered complexity and current workload when allocating cases to staff. Staff were also supported to access training to support them in specialist assessments. An example being the learning disability team who accessed training to support people with communication needs.

## Timeliness of assessments, care planning and reviews

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Assessments and care planning arrangements were not always completed in a timely manner and there was a risk this would impact on people negatively. For example, a person told us they did not access day service support for 12 months due to delays in assessment processes. Partners also fed back people were waiting for prolonged periods, with a partner telling us people were waiting too long to be assessed.

The significant waits for assessments and reviews were reflected in the data provided by the local authority. As of 15 October 2024, 248 people were waiting for an assessment and 1600 had been waiting for a review. The median wait time for assessments was 55 days and the maximum waiting time was 523 days. The median waiting time for a review was 190 days and the maximum waiting time was 882 days. National data showed the local authority had reviewed (planned or unplanned) 37.22% of long-term support clients which was tending towards a negative variation as compared to the England average of 57.14% (Short and Long-Term Collection - SALT 2023-2024).

The local authority recognised waiting lists as an area for improvement and there had been a reduction in people waiting since June 2024. The local authority had outsourced 600 assessments and reviews to reduce their backlog to coincide with their move to a locality model. A senior leader told us there was a wider approach to increasing team capacity following the move into localities which would support the completion of more assessments. A frontline team told us their waiting lists had reduced following a move to a locality model. Initial indication was the locality model was having a positive impact on timeliness of assessments, but it was not yet clear if this was a sustainable long-term model.

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The local authority had systems to mitigate risk across their waiting lists. Referrals were being screened and prioritised to ensure people with the most urgent needs were contacted more quickly. Managers also had ongoing oversight of the review waiting list, with prioritisation given where there was a change in need. The local authority had also carried out checks on people receiving support to mitigate risk. In the last 12 months out of 3800 people who had received care and support, 3600 had been contacted for a '360 review', which acted as a non-statutory review of needs. Where it was identified increased or reduced care was required, this was referred to assessment teams for appropriate action. This reduced risks to people but there remained a risk to people not able to access services.

Once assessments were allocated, front line teams told us they met set timeframes, except for more complex cases. A frontline team told us they had an assessment completion target of 28 days from allocation, but there was flexibility where more time was required to complete the assessment.

Care providers gave mixed feedback about their involvement in reviews. Some providers told us they were consulted when reviews were taking place, but others felt they were not involved with the process. This inconsistency risked relevant information from care providers about people's care and support not being included within people's reviews and impacting on their outcomes.

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

The local authority told us they recognised the needs of unpaid carers as distinct from the needs of the people they supported. Despite this, carers consistently gave negative feedback about how they were assessed and supported. This was also reflected in national data, with Survey of Adult Carers in England (SACE) metrics (2023-2024) showing 23.29% of carers satisfied with social services, which was worse than the England average of 36.83%.

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Some carers told us support for their wellbeing could be improved. These carers reflected support had not had a positive impact on their lives and their health and wellbeing was declining. A carer told us the inaction of the local authority had a profound impact on them, with others telling us their caring role was detrimental to their physical and mental health. Carers' wellbeing not being supported effectively increased the risk of carer breakdown.

Accessibility of information, assessments, reviews and services were a barrier for some carers. Partners told us it was time consuming for carers to contact the local authority, and prolonged waits for assessments contributed to carer stress. Another partner told us as carers often found it difficult to make continuous plans, such as respite, when there was not an allocated worker involved. Some carers told us they were waiting prolonged periods to access assessments, reviews and decisions on commissioned support.

Despite concerns in delays in assessment and support, the local authority had reduced its carers assessment waiting list. As of 15 October 2024, there were 17 carers waiting for an assessment, with a median waiting time of 32 days and a maximum waiting time of 309 days in the last 12 months. However, the local authority had a target of completing assessments within 28 days and average wait times still fell outside of this timescale. Senior leaders told us there was an identified data issue in relation to the transfer of carers information across their systems that resulted in some delays. This issue was said to be now addressed.

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When assessments were accessed, carers felt their needs were not adequately identified and met. Unpaid carers told us assessing staff were nice and listened, but there was a lack of understanding and recognition of their needs. Carers told us of being given support, which was not appropriate for them, without other options being considered. Carers told us their needs were not identified when the cared for person was being assessed. This was in line with feedback from partners who told us the local authority could improve consistency in offering joint assessments for both the unpaid carer and cared for person. National data showed 48.15% of unpaid carers felt involved or consulted as much as they wanted to be in discussions, which was statistically significantly worse than the England average of 66.56% (SACE 2023-2024).

The local authority completed carers assessments in-house but also had a commissioned partner to provide information, advice, emotional support and guidance for carers. They delivered this in several ways depending on need. This included online, face to face, over the telephone or via a home visit. Some carers told us access to this commissioned partner had allowed them to access support groups and connect with other unpaid carers.

Staff teams gave examples of systems to support carers. A frontline team told us they worked with a partner organisation to identify carers, and any support needed in their caring role. For example, carers were supported to access technology which allowed them to leave home for short periods and this supported them to manage risks to the cared for person.

Senior leaders told us they had acted to make improvements to their unpaid carers offer, which included an improvement plan. This included improved systems to support staff with completing carers' assessments; drop-in services for carers to access assessments and support; a further commissioned partner who supported with information and advice, and the creation of a carers coproduction group. While these were positive developments, the impact of these actions was not yet clear. A partner, however, shared there had been some recent improvements to the carers offer since a move to localities.

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There was a commissioned partner who supported young carers. The partner provided information, advice and youth groups support. The frontline transitions team told us they made referrals to the partner where they identified young carers. A senior leader told us they recognised young carer outreach could be improved. The newly commissioned carers service also supported with identifying young carers.

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

The local authority had services to support people with non-eligible needs. Staff told us how the locality front door teams supported signposting to teams and services following the start of the transformation. The transitions team also told us they supported young people to access information on housing and employment.

A team consistently referred to by other staff teams was the Connected Communities team. This team provided bespoke support for people until they had access to the services they needed, with no limits on the time spent supporting people. The team supported people to access a range of services, such as housing and community groups.

Other services within the borough which supported people with non-eligible needs included the autism hub, which supported over 500 autistic people. A relative of a person accessing this service told us they loved going there and accessing the available activities. A further example was the Haynes dementia hub, which was a local authority run service providing dementia support and awareness to the wider community.

## Eligibility decisions for care and support

The local authority used national eligibility criteria to decide whether people and unpaid carers were eligible for care and support. The framework for these eligibility decisions was clear. The local authority had systems to provide outcomes of assessments, including written decisions on eligibility.

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The local authority used their wider complaints process for appeals of eligibility decisions and did not currently have a separate process for appeals. In the 12 months preceding June 2024, there had been no appeals against the outcome of assessments.

## Financial assessment and charging policy for care and support

The local authority had a significant backlog of financial assessments. As of 11 October 2024, 553 financial assessments had been awaiting assessment/completion for over 28 days. The median waiting time for financial assessments to be completed was 174 days and the maximum waiting time was 464 days. Senior leaders told us this was due to an increase in demand which had now been outsourced and all outstanding financial assessments were planned to be completed by February 2025.

Delayed financial assessment and billing were raised as a concern within a recently published Safeguarding Adult Review (SAR) in 2024. In their response the local authority referred to bringing financial assessment processes under a single leadership team with other social care functions to improve internal working.

The local authority had contributions for community care services and fairer contributions policies available on their website. There was also further information available on the website about charging, including for people who accessed residential services.

There had been a process outlined for appealing the outcomes of financial assessments. This included an initial review, followed by an appeal reviewed by a panel if required. The local authority told us there were no recorded appeals in the 12 months prior to June 2024.

## Provision of independent advocacy

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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 local authority had a commissioned advocacy provider in place who supported people to access statutory advocacy.

People did not always have timely access to advocacy. Some frontline teams told us delays in accessing advocacy could lead to delays in processes such as assessments and reviews. Teams told us waiting times varied, with the longest wait being over 6 weeks. However, the wait was usually 1-3 weeks depending on priority. Delays in advocacy put people at risk of not accessing timely support. Senior leaders told us the local authority worked closely with the commissioned advocacy provider to improve recruitment and retention of their staff, prioritise risk and to reduce waiting times for advocacy.

Frontline staff gave examples of when advocacy was used to support people. There was an advocacy decision support tool which supported staff with referrals for advocacy services. A partner told us staff understanding of advocacy had improved over time. Staff also accessed support from the commissioned advocacy provider to develop understanding and support referral decision making.