

Assessing needs

Indicative score:

3 - Evidence shows a good standard

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

People’s needs were assessed in a timely way. A strength-based approach was embedded into social work teams to achieve the best outcomes for people, focusing on their abilities, needs and wishes. Staff told us the approach meant assessments were more holistic. There was a good flow from the first point of contact through to assessment of needs. Social workers described how responsive the local authority was and everyone who called in would get a response. They worked well with other organisations, particularly the voluntary sector, and in the use of social prescribing. This is a provision where GPs can refer people to local community groups and services, to improve their ability to manage their own health in relation to needs that are not eligible for support from the local authority.

Assessments of needs and the plan for support, were co-produced with people. People told us they were involved in their assessments and social workers listened to what they told them. However, we did have isolated feedback from one person that communication was poor and there were delays in the financial assessment as a result. Teams gave examples of how they had used the Experts Together tool to co-produce what is important to vulnerable people to be safe, well, prosperous and connected. Frontline staff had a prompt card produced by the Experts Together Partnership promoting good practice around communication and meeting people’s needs.

Staff told us they worked closely with family carers, considering the whole family’s support to prevent a crisis. They told us support for the family carer was central and they ensured carers were in touch with wider carers networks as part of the assessment. The local authority had done a lot of work recently to raise awareness to engage and identify more carers. This had resulted in an increase in the number of carers in contact with them and having assessments. Carers told us they felt involved in the assessment for the person they were caring for and they felt listened to in the process.

There were no people waiting for assessments within the frontline teams. There were a number of people who were awaiting an annual review of their care and support needs. The national data showed that 68% of long-term support clients had been reviewed which is above the national average. At the time of our assessment the local authority told us the percentage of people who had reviews had increased to 80%, so that 20% (298) of people eligible for a review were still waiting. The local authority was piloting a trusted reviewer model, where responsibility for reviews could be delegated to approved providers, overseen by the local authority case worker. This was helping to clear the back log and both staff and providers were positive about the impact this was having on ensuring that people’s needs were reviewed in a timely manner.

The local authority had a high take-up of direct payments of 42% of people, which compared with the England average of 26%. The local authority told us it used direct payments as a way of increasing autonomy and choice. Social workers told us they had the freedom to be creative in the way they used services and described how this could be good for people from ethnic minority groups as it enabled care packages that were more culturally appropriate.