

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

The local authority worked with people and partners to provide various services, facilities, resources, and initiatives designed to promote independence while preventing, delaying, or reducing the need for care and support. They had commissioned an external partner as the primary contact point for adult social care services and contacting the local authority. This outsourced contact centre managed initial queries and referrals, which were then triaged by the Single Point of Access (SPA) team.

Feedback from people using the service was generally positive regarding the person-centred nature of assessments and the helpfulness of staff. However, some people, including unpaid carers, told us contacting the local authority over the phone to request assessments or support was sometimes difficult and there was no longer a walk in service available to talk to someone in person.

While some people shared positive feedback about assessments and care planning, others described impersonal assessment practices, particularly those carried out over the telephone. However, care records and other feedback highlighted examples of effective communication, multidisciplinary collaboration, and a holistic, co-productive approach that prioritised the person's needs. The local authority also offered online and self-assessment options as alternatives to telephone contact.

Senior leaders told us they recognised their areas for development and through multi-agency collaboration had implemented a more person-centred assessment approach. This change was positively received by both staff and partners. For instance, staff told us they were proud of their approach to assessment and care planning. They described an approach that reflected what the person valued and what was important to them. People and unpaid carers who had received assessments told us their rights, views, needs and wishes were respected and staff followed relevant legislation such as the Equality Act (2010), that their protected characteristics were understood and had been incorporated into care planning. For example, a person told us their views were considered, and they were informed of their current support needs and how these needs were being safely addressed to help them make an informed decision about transitioning into long-term care.

This was reflected in national data with 79.81% of people reporting they had control over their daily life, which was similar to the England average of 77.62%. Also, 50.70% of people reported they had as much social contact as they wanted with people they like. This was somewhat better than the England average 45.56% (Adult Social Care Survey – ASCS 2023-2024).

National data showed 65.70% of people in North Somerset were satisfied with their care and support. This was similar to the England average of 62.72% (ASCS, 2023- 2024). Frontline teams were proud of the outcomes they achieved with people to promote independence. Some staff told us they had the freedom to work with people in ways that worked for them and could evidence use of strengths-based practice. The staff survey further indicated that staff felt supported in their professional development and in applying these approaches.

The local authority coordinated pathways and processes to manage service delivery effectively. Teams were supported by their managers, who considered the complexity of cases and current workloads when allocating to staff. Specialist teams were in place to ensure people received appropriate support. For example, multi-disciplinary pathways facilitated the coordination of services for people with learning disabilities or mental health needs. Mental health teams collaborated with the NHS trust to provide secondary mental health needs support.

Timeliness of assessments, care planning and reviews

Assessment and care planning arrangements were not always carried out in a timely manner and reviews were not always up to date. Staff told us about concerns with the timeliness of assessments and reviews, particularly in rural areas.

Waiting lists led to delays in people and unpaid carers receiving appropriate support. These delays increased the risk of people requiring higher levels of care, including alternative placements in care homes. The extent of the delays for assessments and reviews was reflected in the local authority's data.

As of 14 October 2024, 248 people were waiting for a Care Act assessment, while 320 people had been waiting for a review, many for prolonged periods. The median wait time for assessments was over three months (94 days), with some people waiting up to 448 days, more than a year. For reviews, the median wait time was over a year (399 days), and some individuals experienced delays of over five years (1904 days).

Although the national data showed the local authority had reviewed approximately 68% of people receiving long-term support, which was better than England average of 59% (Short and Long-Term Collection - SALT 2023-2024).

The Local authority acknowledged that waiting times were an area for improvement and were actively working to reduce delays and mitigate risks that impacted peoples' wellbeing during long waiting periods. They had trialled new tools to reduce waiting times. These included Magic Notes, which aimed to improve productivity, and an AI Chatbot, which gave people access to advice and information 24/7.

The local authority's Technology (TEC) and Reablement Intervention service (TRI) supported people to live independently within their own homes. People at risk were able to access therapy-led reablement, which had been expanded in September 2024, with work underway to further develop the service. Awareness and understanding of the offer were promoted through team visits and regular attendance by a reablement therapist at every Eligibility Resource Forum (ERF).

The team consisted of local authority employed occupational therapists, physiotherapists and care and support professionals. The aim of the service was to assess people, work on goals and achieve their outcomes before agreeing any formal care services. The TEC and Reablement (TRI) team had no waiting lists and continued to provide a timely, risk-managed response to referrals. Referrals to the TRI were usually made after an initial screening Care Act Assessment had taken place, that identified eligible needs to deliver a 'TEC first' approach to reduce, prevent or delay care and support needs. When referrals were made to TRI, people were prioritised based on risk while awaiting allocation to a key worker. There were minimal unmet care needs, as the service was supported by the Tier 1 and 2 strategic provider contracts that were in place.

Senior leaders told us they had developed a risk-based prioritisation method to screen and monitor people's needs. Staff also told us that people on waiting lists for assessments and reviews were instructed to contact the local authority, if their circumstances changed. There was a dedicated review team who worked through the annual reviews. Prioritising identified changes in needs and risks where possible. The new approach to monitoring waiting times, which focused on risk-based prioritisation, improved some processes, however, we heard that waiting times remained a challenge.

The local authority had implemented several initiatives to improve waiting times for adult social care assessments and reviews. For example, 'Team Effort Days' focused resources on clearing backlogs, while case re-prioritisation ensured people with the most urgent needs were addressed promptly. Daily waiting list reviews and the prioritisation of urgent referrals were introduced to keep people safe, alongside mechanisms to keep people informed, such as signposting to the Wellness Service and Equipment Demonstration Centre. Senior leaders told us about different projects such as a 'person's journey project' and the implementation of new technologies such as innovative artificial intelligence tools aimed to further streamline processes and reduce waiting times, which further contributed to these improvements.

Therefore, although delays in assessments and support remained an ongoing issue, the local authority had taken proactive steps to address these challenges and support individuals while they waited for services. Initiatives such as the 'Waiting Well' project, which followed best practice guidelines, supported people to maintain their wellbeing and independence during long waits. This showed the local authority's commitment to improving outcomes for people accessing adult social care services and reducing risks associated with delayed assessments.

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

We heard mixed feedback from staff and carers. Some carers reported positive interactions with the local authority. Other carers said they had experienced challenges related to communication, care and service choice. For example, one carer told us they must 'jump through hoops' to get any support or assistance.

Concerns regarding the adequacy of support were raised by health and social care partners. For example, a partner told us there was a need for the local authority to make a greater effort to truly know people and understand what was really going on beyond the "I am fine" response. These concerns aligned with national data, which indicated that levels of carer satisfaction with social services in North Somerset were worse than England Average, with 27.05% satisfied compared to 36.83% nationally, (SACE 2023-2024). This suggests that carers in North Somerset had challenges in accessing the support they need, compared to carers across England.

The local authority's data showed, as of October 2024 there were 245 people waiting for a carers assessment, with a median waiting time of 89 days, and a maximum of 182 days. Partners told us there were long waiting times for carer assessments and carers were unsure how to access support to reduce risks while they waited. Senior leaders told us there had been recommendations made to streamline the process of assessments for unpaid carers along with the introduction of an interim pathway to reablement services at community level, to help support carers' needs better in their local communities.

Senior leaders told us they needed to get better at identifying, assessing, and timely reviewing of unpaid carers' needs. They had recognised there would be mixed feedback having spoken with unpaid carers and representative groups with some people feeling the local authority do a really good job, however others felt they were not always identified or valued or compensated enough. The data from North Somerset was not significantly different from data nationally, which showed 50.29% of carers experiencing financial difficulties because of caring (England average 46.55%) and 24.06% of carers were not in paid employment because of caring responsibilities (England average 26.70%).

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

The local authority provided advice and information for people in North Somerset to access services, facilities and other agencies for help with non-eligible care and support needs. People were given timely information, advice, or were signposted to a range of other services available to them in the community for example, food banks, household support funds, exercise, weight and money management groups and the range of services available.

Staff told us they incorporated support for non-eligible needs within people's personalised care and support plans. People received a copy of the information, advice and contact details they had provided.

Staff kept up to date with services in the area through daily peer support, guides and resources on shared drives and regular supervision. For example, one staff member told us they had shared that a supermarket chain had an offer for a hot meal for one pound in the café and other affordable Christmas dinner options. This was added to a shared digital space for other staff to access and print out or share the information in ways that suited people's needs. People were also directed to available resources online via the local authority webpage. Additionally, housing staff within the adult social care directorate told us they had information that was shared with people with non-eligible care and support needs that were homeless. We heard about a crisis information sheet informing people who were homeless where they could go for hot meals and support from voluntary and charity services. The service regularly identified people with needs for care and support that were not being met and referred them on to the right team for support to prevent, delay or reduce any further needs for care and support. The service had carried out its own internal survey, which staff told us showed 85% of people they supported struggled with making meals and the service was the only hot meal they received, and 90% of people would have needed a formal package of care if not for the service.

There were positive initiatives like 'Care Navigators' who could support people who had been identified as needing to self-fund their own care and support which demonstrated the local authority's effort in assessing and meeting diverse needs.

Eligibility decisions for care and support

The local authority had frameworks for assessing eligibility for adult social care, and for charging adults who receive care and support services after their individual needs and financial situations have been assessed. Eligibility criteria was available on the local authority's website. It outlined people's rights under the Care Act and informed people how to use the complaints procedure, if they were unhappy or disagreed with eligibility decisions. The local authority had recognised through staff feedback and 'learning together' audits, an over-reliance to offer commissioned support to people with new or short-term care and support needs.

As a response they had introduced a new Eligibility Resource Forum (ERF) to support staff to be more creative with how they might meet peoples' short-term needs with 'time to think', this was mandatory before a commissioned home care or care home package was agreed by managers. Staff and senior leaders told us the ERF considered a range of ways to meet eligible and non-eligible needs, 'not just the quick resolution', by suggesting preventative services as an alternative to commissioned care this would further promote a person's own strengths, resilience and independence.

We heard multi-disciplinary teams attended the forums twice weekly, when they had a case to present, as a quality assurance mechanism to ensure eligibility for assessments and consistent application in the process for adult social care eligibility and resource allocation. The ERF promoted shared decision-making and acted as an escalation route for complex situations or unmet needs where standard pathways had been exhausted. Outcome decisions were documented in the local authority's digital recording system, providing a transparent audit trail to support reconsideration or appeal for anyone dissatisfied with the ERF's decision.

However, there was mixed feedback from some staff about the ERF which was seen by staff as bringing its own challenges to reduce costs of care requests. A staff member described the need to 'fight their corner' [people with care and support needs], another staff member said people were left without support whilst awaiting preventative offers. Staff and senior leaders told us they were working to improve staff experiences of the ERF and increase the efficiency of any time staff spent with people drawing on their personal strengths and assets to come up with their own solutions to promote independence, and to prevent, delay or reduce the need for care and support.

Financial assessment and charging policy for care and support

The local authority's charging process was designed to ensure people did not pay more than they could afford and complied with statutory guidance.

We heard that the local authority was actively working to improve processes and enhance the information available to people. They had published a Financial Assessments Toolkit on their website. This provided transparent information on financial processes, pathways, and assessments, with the expectation that it would reduce the number of people declining care packages. This was a recent initiative, and the local authority was monitoring the impact. However, while this toolkit increased accessibility to information, people still needed to contact the local authority to complete financial assessments.

There were significant delays in completing financial assessments. Data submitted by the local authority showed that, at the time of submission, 228 people were awaiting a financial assessment, with the longest recorded wait being 203 days. Staff told us that delays were often linked to factors such as the sale of property and the availability of staff to carry out assessments.

The local authority acknowledged these issues and worked to address them. For instance, staff told us the locality teams initially worked with the finance team to set up commissioned placements. This was followed by auditing processes and detailed financial discussions with families. People were provided with a copy of the charging policy, and the default process ensured that third-party contributions were managed transparently. This approach was intended to protect people from unexpected financial increases and paying top up fees. The data from North Somerset indicated that 61.5% of people did not buy additional care or support privately or pay more to 'top up' their care and support. This was similar to the England average of 64.39% (ASCS, 2023–2024).

On reviewing complaints to the local authority between 1 April 2023 – 31 March 2024, we found that charging and delays with financial assessments were recurring themes in adult social care. The need to support individuals with their finances, especially those without capacity, was recognised as a key area of focus for improvement, acknowledging the importance of considering financial implications to enhance people's experience.

Provision of independent advocacy

There was timely independent advocacy support for people through a commissioned Advocacy agency. The local authority had policies for Independent Mental Capacity Advocacy (IMCA) and Independent Care Act Advocacy (ICAA) which clearly outlined when an Independent Care Act Advocate (ICAA) was required and when it was deemed beneficial. We heard staff had received the relevant training. However, there were concerns that some staff were not consistently confident and knowledgeable about the Care Act and Mental Capacity Act. Partners did attend staff meetings to explain the provision of independent advocacy.

The local authority actively facilitated this provision by offering relevant information and ensuring the advocate's involvement in care planning and review meetings. One partner told us most referrals were made in a timely way. The referring social worker was normally responsive to emails and requests for information to support the advocate, and advocates were appropriately involved in processes to represent the person. They also commented that social workers seem to value the role of advocates and to genuinely care about achieving positive outcomes for people.