

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 in North Tyneside could easily access the local authority's care and support services through several routes, including telephone, email, an online portal, and face-to-face through Community Hubs. The local authority's main community 'front-door' service, known as Gateway, supported triaging of referrals and access to urgent support services and sensory support requests. The equivalent hospital discharge service, based at the hospital, was known as Care Point, and allowed for smooth transitions into supported community and residential settings, or back into people's homes through close working with the reablement team.

Pathways and processes ensured people's support was planned and co-ordinated across different agencies and services. In addition to the main 'front-door' functions the local authority also provided Care and Connect drop-ins, a community-based service supporting face-to-face advice and information services, as well as an online 'My Care' self-referral system which was the most common point of contact for requesting advice, information and support, receiving 25.7% of all initial contacts between April and August 2024. Finally, North Tyneside offered an out-of-hours service, Care Call, a 24/7 call handling centre, and mobile falls response service. They were co-located with the out-of-hours social work team and worked closely with the Statutory Services Team to handle out-of-hours requests for Mental Health Act assessments.

Frontline teams were split into 2 localities (West and Coast) and included Community Wellbeing Teams who supported people with long-term needs and worked closely with Occupational Therapists and the Community Rehabilitation Team. The local authority also provided specialist frontline teams for people living with mental health needs, people with learning disabilities, and autistic people. Recent innovations included joint work with health partners to support adults with complex needs, such as Gateway Access Plus, supporting adults with drug and alcohol dependency, and Reablement Plus, supporting people who required short-term overnight care to return home following discharge from hospital.

People told us the approach to assessment and care planning was person-centred and strengths based. Whilst people said their care and support ensured their human rights were respected and protected, feedback was mixed in relation to Care Act assessment outcomes. National data provided by the Adult Social Care Survey (ASCS 2024) showed only 54.44% of people in North Tyneside were satisfied with their care and support. This was a negative variation to the England average of 62.72%.

The local authority had assessment teams who were competent to carry out assessments, including specialist assessments. North Tyneside's practice model, known as 'Ways to Wellbeing' supported frontline teams to complete strengths and assets-based, whole-family and outcome-focused Care Act assessments and reviews. The practice model enabled the delivery of person-centred care which reflected people's right to choice and reflected what they wanted to achieve and how they wish to live their lives.

Timeliness of assessments, care planning and reviews

Assessment and care planning arrangements were not always timely or up to date. Data provided by the local authority showed waiting times for Care Act assessment and reviews often exceeded the local authority's target timescales. As of February 2025, there were 117 people waiting for Care Act assessments, with a maximum waiting time of 106 days. Care Reviews showed similar delays, with 489 people waiting for an annual review of their care and support needs and a maximum waiting time of 12 months.

Senior leaders told us there were areas for development regarding waiting times for Care Act assessments and reviews. Long waits were influenced by increased reassessments, a rise in safeguarding alerts, and the prioritisation of high-risk cases over scheduled reviews for those deemed at lower risk. The local authority had identified the bulk of longer waits took place following handover between the front door teams and the Community Wellbeing teams, where an appearance of needs was identified, but the person was at minimal risk.

Partners told us Care Act reviews were sometimes completed without service providers or the families of the people receiving support being contacted to be part of process. They felt this meant people who lacked capacity to make their own decisions did not always have their opinions and best interests considered. People told us the local authority were sometimes slow at responding to changes in circumstances. This could lead to difficult situations where providers and unpaid carers were struggling to cope with people's needs, and this was impacting on their own health and wellbeing.

Staff and leaders told us the local authority was acting to manage and reduce waiting times for Care Act assessment, care planning and reviews. This included actions to reduce any risks to people's wellbeing whilst they were waiting for an assessment. Data provided by the local authority showed between September 2024 and February 2025 the average waiting time for Care Act Assessments had reduced by 36%, and the average waiting time for Care Act reviews had reduced by 47%. The longest waiting time for Care Act assessments completed by the Community Wellbeing service was 171 days in September 2024. In February 2025 this had been reduced to 106 days.

Staff and leaders told us there had been significant coordinated action to reduce waiting times, including the maximum waiting times for new Care Act assessments and overdue reviews. This had been achieved 'in-house' through the introduction of a new workload allocation framework designed by the Principal Social Worker (PSW) and co-developed with frontline teams. The framework allowed for analysis of safe workloads and allocation by role to ensure work was focused with the right people at the right time and was used in conjunction with the local authority's 'Waiting Well' prioritisation of need tool which provided consistent priority criteria to all teams, allowing proactive monitoring and oversight of waiting lists.

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

The needs of unpaid carers were recognised as distinct from the person with care needs. Assessments, support plans and reviews for unpaid carers were often undertaken separately, however there were occasions where people told us joint assessments had taken place where they felt this was more appropriate. Senior leaders told us improving support for unpaid carers had been a strategic priority over the last 2 years, responding to lower-than-average carer satisfaction with adult social care in North Tyneside.

National data from SACE (2024) was mixed, with 83.33% of unpaid carers in North Tyneside stating they had enough time to care for other people they were responsible for. This was tending towards a negative variation compared to the average for England of 87.23%. However, 71.43% of carers felt involved or consulted as much as they wanted to be in discussions, tending towards positive variation of the England average of 66.56%.

In 2024 the local authority had commissioned the voluntary and community sector to carry out a survey of unpaid carers in North Tyneside to understand their experiences and include them in a new carers support offer. Feedback from the survey identified areas of support unpaid carers felt could be improved which would have positive impacts on their outcomes and the outcomes of the people they supported. Areas of concern included access to respite services, contingency planning, and waiting times for carers assessments. Unpaid carers told us there were delays in assessments and reviews, with long waits for services to start and a need for improved access to respite opportunities.

The local authority responded by introducing a new Adult Carers Pathway outlining a tiered approach to promoting carers wellbeing. This approach offered a range of support options, including universal, preventative services and statutory assistance, as well as access to direct payments to help unpaid carers manage their needs effectively.

Partners told us there were several ways unpaid carers could access advice and support. The local authority commissioned a carers centre to provide information, advice and signposting to other services as well as having the ability to complete carers assessments for anyone not already known to the local authority. Feedback from the centre showed there was no waiting list for this route to accessing carers assessments, suggesting inconsistency in access to assessments as those completed by frontline teams often led to delays. These assessments supported unpaid carers who were already known to adult social care services and included carers assessments identified as part of the local authority's 'whole family' approach to strengths-based support planning.

Data provided by the local authority showed there were 2 people waiting for statutory carers assessments in February 2025. The average waiting time for a carers assessment was 58 days, with a maximum waiting time of 79 days. Senior leaders told us the reason for the increased median waiting times was linked to the reduction in overall waiting list size. On 27 September 2024 there were 11 carers awaiting statutory carers assessment, whilst by 14 February 2025 this number had reduced to 2 carers. Both carers were allocated to Carer Wellbeing Workers, although the assessments had not yet concluded.

Staff and leaders said the local authority was working hard to improve support for unpaid carers. There were regular audits and analysis of complaints and compliments which showed an improving relationship between the local authority and unpaid carers, around the Care Connect service based in the Community Hubs. Feedback was being used to design the 2025-2026 Carers Plan and to build on advice and information, professional approaches, and staff's understanding of unpaid carers needs through the local authorities 'Brilliant Basics' approach to staff development and training. There was a carers drop-in clinic twice a month and mental health frontline workers were based at the Carers Centre supporting work with unpaid carers who did not have a formal carers assessment.

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

People were given help, advice, and information about how to access services, facilities, and other agencies for help with non-eligible care and support needs. My Care North Tyneside, the local authority's online self-referral and self-assessment system was redesigned in 2024 to improve accessibility and navigation. The 'living the life you choose' section focused on promoting wellbeing and resilience. Other North Tyneside council websites provided information to promote positive health, wellbeing, and social inclusion. These included 'Active North Tyneside' supporting people to live long and healthy lives, 'Employment and Skills' enabling people to access education and training, and the public health section of the corporate website which offered advice to promote healthy lifestyles.

Partners told us the local authority commissioned the voluntary and community sector to run the 'Living Well' website, offering online information and advice. For those people unable to access information and advice online, the local authority's front door Gateway service offered a Local Welfare Provision service for non-eligible needs, including information about fuel poverty, foodbanks, and homelessness.

Staff said Care and Connect offered face-to-face access to adult social care advice and information across the borough, with the most regular presence close to the most deprived areas where digital exclusion was more common. Frontline teams also told us Gateway signposted people to community services as part of their initial assessment and triage process, and the Carers Centre offered outreach and drop-in sessions where unpaid carers could speak to financial services and citizen's advice services. Staff told us eligibility for adult social care and support was assessed as part of the local authorities 'Ways to Wellbeing' practice model which identified clear criteria and benchmarking for eligibility and the type of support available to people in North Tyneside.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear, and consistently applied. Decisions and outcomes were timely and transparent. People told us they received an information sheet prior to their Care Act assessments, detailing how the local authority made eligibility decisions, allowing them to prepare for their assessment. National data provided by ASCS (2024) showed 57.41% of people in North Tyneside did not buy any additional care or support privately or paid more to 'top up' their care and support. This was tending towards a negative variation compared to the England average of 64.39%.

The local authority had a policy in place outlining the appeals process for eligibility decisions, with guidance for people on how to complain regarding care or an eligibility outcome. Data provided by the local authority showed only 3 people filed complaints about eligibility or funding decisions in the year leading up to September 2024. Of these complaints, 1 was upheld, 1 was partially upheld, and 1 was not upheld.

Financial assessment and charging policy for care and support

The local authority's framework for assessing and charging adults for care and support was clear, transparent, and consistently applied. Decisions and outcomes were timely and transparent. Staff and leaders told us financial assessments could be conducted in several ways, including face-to-face, via phone, or through video calls. The local authority also helped connect people to additional income sources if needed. To improve efficiency, the local authority developed a provider portal allowing homecare providers to submit invoices electronically, and receive payment within 8 days, compared to 21 days previously.

Faster processing allowed the local authority to resolve any invoice queries sooner, so people were correctly charged or could be reimbursed without delay. The local authority recognised that currently people were waiting longer than in the past for a financial assessment due to a rising number of people receiving services. To tackle this, they were exploring online contributions calculators and financial assessment portals to enable people to plan the cost of their care in advance of agreeing to support.

Data provided by the local authority (February 2025) showed there were 298 people awaiting the completion of financial assessments. The average waiting time was 41 days, with a maximum waiting time of 119 days. Staff told us the local authority's target timescale for financial assessment was 42 days. Senior leaders told us waiting times and delays were being addressed through increased work hours and the recruitment and training of new staff. Data provided by the local authority showed maximum waiting time had significantly reduced since September 2024 when it was 305 days.

People told us financial assessments were a source of anxiety for them. Whilst services could be put in place before the completion of the financial assessment process, this left people with uncertainties about how much they may need to contribute towards the cost of their care. The financial assessment process included details of how to appeal and how to contact the Finance Team if there were any factual inaccuracies.

Staff and leaders told us if people still believed the local authority's decision was incorrect, the team leader overseeing the Visiting Officers would complete a reassessment in the first instance, in line with the local authority's Feedback, Reconsidering Decisions and Complaints procedure. The most common source of reconsideration requests was in relation to Disability-Related Expenditure (DRE) disregards.

Data shared by the local authority showed in the 3 months leading up to February 2025 there were 7 reconsideration requests, comprising 1.5% of the total financial assessments completed. In 2 instances, the assessed contribution remained unchanged. Neither proceeded to a formal complaint. In 5 instances, disregards were allowed and 3 of these reductions resolved the concerns. In the remaining 2 instances, a formal complaint was submitted. At the time of our assessment 1 investigation was ongoing, and the complaint was not upheld, leading to a subsequent Local Government Social Care Ombudsman (LGSCO) investigation which found no fault on the behalf of the local authority.

Provision of independent advocacy

People told us timely independent advocacy support was available to help people participate fully in care assessments and the care planning process. Data provided by the local authority showed in 2023-2024 there were 518 people who accessed independent advocacy. As of September 2024, there were 320 active cases, including Care Act assessments and reviews and mental health casework. Most referrals for advocacy were to support safeguarding enquiries.

National data provided by the Safeguarding Adults Collection (SAC 2024) showed only 50.59% of individuals who lacked capacity to make their own informed decisions were supported by an advocate, family member or friend. This was a significant negative variation to the England average of 83.38%.

Staff and leaders told us they had recently accessed refresher training on carrying out Mental Capacity Act assessments, including supporting advocacy referrals. Recruitment and training of BIAs and improved relationships with the commissioned advocacy provider led to positive feedback from partners and people receiving services. People told us advocacy in North Tyneside was good quality, timely, and effective.