

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

There were multiple channels including online and self-assessment options for people to access the local authority's care and support services. However, most people we spoke with told us they did not receive a timely or accurate response.

Data from the Adult Social Care Survey dated October 2024, showed 63.6% of people were satisfied with care and support; 82.8% of people felt they had control over their daily life and 48.1% of people reported they had as much social contact as desired.

Multiple people told us of contacting the council by telephone several times and waiting an excessive amount of time. This had impacted on their health and wellbeing as well as causing their family distress. One person referred to getting to the point of crisis and attending a community hub in person after waiting 4 months for a carer's assessment.

Providers said there were inconsistencies with contacting frontline social worker staff when people's needs changed. Some providers, mainly in domiciliary care services, said they were funding increases to people's care at home packages for weeks before a review was carried out and approved. They told us they had not received back-dated funding.

The approach to assessment and care planning was person-centred and strength based. The approach reflected people's right to choice, built on their strengths and assets and reflected what they wanted to achieve and how they wished to live their lives. The assessment documentation provided staff with clear and concise guidance for managing the process in line with their Care Act 2014 responsibilities. It emphasised the need for a strength-based approach and reminded staff to engage with external partners.

At the time of our assessment, the council had very recently introduced the '3 conversations' approach to assessment and care planning, but this had been paused due to the test site team not being able to keep up with the demand and risk had escalated. Leaders listened to staff feedback and acted quickly to resolve this. There were plans to restart this approach following a period of further preparation with a different test site team.

The 3 conversations approach 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 safety and promote independence and where identified, provide proportionate and least restrictive services.

People's experiences of care and support had not always ensured their human rights were respected and protected, that they were involved throughout in decisions and their protected characteristics under the Equality Act 2010 were understood and incorporated into care planning. For example, some people told us they felt the assessments conducted were financially driven and did not focus on people or their needs.

Pathways and processes ensured that people's support was planned and co-ordinated across different agencies and services. Staff told us that leaders listened to them when processes were not working smoothly, and more resources had been allocated. For example, when the Continuing Healthcare fast-tracking process was causing delays, leaders arranged for a dedicated nurse to be a point of contact and drop-in sessions were organised to discuss referrals quickly.

The local authority had assessment teams who were competent to conduct assessments, including specialist assessments. Staff were qualified in their area of specialism such as Approved Mental Health Practitioners, Sensory Impairment and Occupational Therapy. Staff told us they were provided with lots of opportunities for specialist training, practice development and career development opportunities.

Timeliness of assessments, care planning and reviews

Assessment and care planning arrangements were not always timely and up to date. There were inconsistencies across the local authority in relation to waiting lists. For example, some teams told us their waiting lists were minimal or non-existent whereas other teams had significant waiting times. Data provided by the local authority in November 2024 showed the amount of people waiting for an assessment was 163. The breakdown per team was the learning disabilities team had a waiting list of 85 people, the locality team 15, the hospital team 21 and the access team had 42.

One team told us there was no system in place for completing the statutory annual reviews for people in receipt of services. The local authority relied on people making contact if their circumstances changed. This showed there was a gap in supporting people who were in receipt of long-term care as they were not being routinely contacted, and the response to supporting them was reactive rather than proactive.

The local authority was acting to manage and reduce waiting times for assessment, care planning and reviews. This included actions to reduce any risks to people's wellbeing, while they waited for an assessment. The local authority told us they had identified that difficulties in recruiting social workers had increased the need for waiting lists and these were being closely managed by team leaders.

Staff told us they were managing waiting lists with a triage process and an escalation policy. They were prioritising people, and risk-assessing cases. We heard leaders had listened to staff and had invested in additional resources such as agency staff and moving staff between teams to support the teams with longer waiting times.

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

The needs of unpaid carers were recognised as different from the person with care needs; assessments, support plans and reviews for unpaid carers were undertaken separately. Staff told us they offered and conducted statutory unpaid carers assessments and signposted people to the local authority's partnering services for initial assessments to reduce or prevent the need for support.

Overall, the experiences of the unpaid carers we spoke with was negative. For example, some unpaid carers told us they had been given no choice in the options of support they were given. Some unpaid carers said their responsibilities now and, in the future, had not been considered. Some unpaid carers said after an assessment, plans were not followed up and they did not know who to contact for a review.

Unpaid carers told us staff appeared overwhelmed by their workloads with little support which has impacted on their communication and response to people's requests for advice and support. One unpaid carer had requested a review due to a change in their needs but was specifically told they could only have one review each year which had already taken place. Another carer was told they were not allowed a copy of their assessment.

Data provided by the local authority in June 2024 showed 426 carers assessments has been completed in the preceding 12 months, which equated to 377 unpaid carers. 52% of these people had received a direct payment which exceeded the national average. Leaders told us the method used to calculate this percentage did not include active carers who had not had an assessment in the last 12 months, some of those people will have also been receiving a direct payment.

Data from the Survey of Adult Carers in England dated June 2024, showed Middlesbrough was similar to the England averages for carers accessing support groups or someone to talk to in confidence, carers accessing support or services allowing them to take a break from caring at short notice or in an emergency, carers accessing support or services allowing them to take a break from caring for greater than 24hours, and carers accessing support to keep them in employment. However, more negative for carers was their accessing training at 2.59%, compared to the England average of 4.30%. Also, more negative for carers who were not in paid employment because of caring responsibilities at 32.56%, compared to the England average of 26.70%. A positive variation in data was evident for carers who found information or advice helpful at 92.31%, compared to the England average of 85.22%.

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. Staff told us they signposted people to other council services, partners and external agencies for help and support for needs that were not eligible under the Care Act responsibilities. The local authority had an online directory which provided a place for people to access advice and information about support services. There were also links to external organisations such as the Citizens Advice Bureau.

A partner organisation told us they had been commissioned to provide a service called 'We care, you care' to share information and use social media to reach out to people. Staff and leaders told us the introduction of community hubs which brought health and social care services together had enabled staff to signpost people to services which would help with any non-eligible care and support needs.

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. Appeals were managed through the complaints process. There had been no appeals against decisions in the past 12 months.

The local authority shared with us its 'Adult Services Practice Guidance' for staff (dated April 2024). The document provided clear guidance to staff, outlining the local authority's responsibilities under the Care Act. It described people's rights under the Act and how to proceed if eligible.

Data from the Adult Social Care Survey dated October 2024, showed 69.5% of people did not buy any additional care or support privately or paid more to 'top up' their care and support.

Financial assessment and charging policy for care and support

The local authority had policies and procedures in place for assessing and charging adults for care and support. Over the last 3 years improvements to the service had been made. This included the introduction of automated processes replacing manual ones, a code of conduct for staff being implemented and the council website being reviewed to provide full information relating to financial assessments as well as the ability to apply online.

The financial assessment team had a target of 28 days to carry out their assessment. As of November 2024, the wait time was 12.5 days for a residential financial assessment, and 9 days for a non-residential assessment, both of which were within the agreed target.

From April 2024 to date, there had been 9 appeals to financial assessment decisions. Two of which were upheld and 7 were not upheld. Themes of the appeals included, disputed property valuation, disputed decisions related to deprivation of assets, and disputed disability related expenditure. Lessons learned by the local authority included ensuring annual reviews were held to prevent delays and the use of an independent valuer in disputes.

People told us staff within the finance team were supportive and informative. They said staff provided assurances when completing financial assessments. One person told us, following a financial assessment a member of staff contacted them to explain the outcomes of the assessment before sending paperwork out, to ensure they fully understood decisions.

Provision of independent advocacy

The local authority had commissioned an independent advocacy provider to deliver all statutory advocacy services in the area. The local advocacy provider told us they felt the arrangements of advocacy provision between the local authority and them enabled them to be flexible, ensuring they could meet the needs of people needing advocacy services within Middlesbrough.

The local provider told us a piece of work had been completed in the area to identify the number of people eligible for advocacy services and the actual number of people being referred to them. This showed some gaps within the community where people had not been referred, and we were told it was felt advocacy needed to be more embedded into the infrastructure.

Local authority staff told us there was good access to independent advocacy but there could be times of slight delay with accessing advocacy support once a referral was made.