

Assessing needs

Score: 3

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

Assessment, care planning and review arrangements

Arrangements were in place to receive and process referrals and requests for support. 'Contact Camden' was the telephone contact centre for the local authority which gave general advice to the public and was the main way for individuals, families or carers to request care and support. People and partners were positive in their feedback about using the contact centre and accessing the service. Upon receiving requests for support, the contact centre sent referrals through to a triage system which then forwarded cases to the appropriate neighbourhood team or to another specialist team for assessment. There was also a simple referral mechanism available to health and care partners which partners said was accessible. The local authority operated a neighbourhood team structure, where social workers and occupational therapists were co-located in five neighbourhoods, with a 'duty' system and had other specialist teams operating across the local authority.

At the time of our assessment the local authority was undertaking a 'test and learn' pilot and the findings were under review. The pilot was trialling an increased throughput of the volume of contacts from the contact centre directly to the relevant team, removing the triage 'front-door' arrangement. Leaders described the rationale had been supporting a 'no wrong door' approach. Although we heard some mixed feedback from staff, the proposed arrangement was not established practice and the local authority was evaluating it and leaders said they were taking feedback into account. We found the assessment system was well resourced and provided a responsive service. There were clear pathways in place from referral to obtaining the right level of support including via safeguarding referrals.

Staff shared many examples of a strength-based approach to social work assessments and support. Reports of the 'three conversation approach' and the local authorities 'What-Matters' approach was referenced and described consistently in the practice of all specialisms, frontline teams and leaders we spoke with. There were also many examples of care assessments which demonstrated this approach in action, and it was reflected consistently from people who had care assessments. Partners also reflected consistent positive feedback about assessments and care planning.

The mental health social worker teams were situated within health teams as part of a Section 75 arrangement. This is an agreement between local authorities and NHS bodies which can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partners. A review of this arrangement was underway at the time of our assessment, to look at improving support for people with mental health needs. Leaders and staff described this review positively and as a way to better assess and then prevent, reduce and delay people's needs and embed staff more closely within local authority teams. One partner raised an issue about people with dual diagnosis being less catered for within the system and possibly being referred for inappropriate therapies.

Despite very positive accounts and a lack of any delays to assessments, performance data from the Adult Social Care Survey (ASCS 2023-24) showed the local authority was in a 'tending towards negative' band on relevant metrics during this period, compared to the national average. For example, 58.7% people were satisfied with care and support (England average 65.4%); 70.0% people felt they had control over their daily life (England Average 77.6%) and 34.6% people reported they had as much social contact as desired (England average 45.6%).

Timeliness of assessments, care planning and reviews

There were waiting times for occupational therapy assessments. We found staff, leaders and governance panels (such as the scrutiny committee) had oversight and actions had been taken to mitigate risks including by outsourcing some assessments. We heard about a new data dashboard that was helping leaders and staff to manage waiting lists and 'waiting well' initiatives such as a quick contact from the social worker on duty to a person who's waiting. People's feedback about assessments and reviews said they were timely and respectful, ensuring relatives and the person were involved.

There were high numbers of reviews overdue, however a significant reduction had been achieved since Oct 2023. Partners also gave positive feedback about timeliness of review assessments. We heard about some people being classed as overdue for review where careful planning was underway to meet the person's needs effectively. Partners and staff said care assessment reviews were completed in hospital if someone was admitted who had a review overdue. Data from the Adult Social Care Finance Report (ASCFR)/Short and Long-Term Support (SALT) (2023-2024) showed fewer, (38.57%) long-term support clients had had their care assessment or plan reviewed, than the England average (58.77%) which was also in the 'tending towards negative' band.

Partners consistently gave positive feedback and said local authority staff were compassionate when assessing needs and took a non-defensive approach to managing challenges. The local authority had taken significant action to reduce waiting times and the recent neighbourhood restructure had brought in additional capacity, investing in 12 additional social worker and occupational therapy posts across the teams. They had also initiated a mental health action plan to adjust assessments through the Section 75 governance arrangements.

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

People told us mixed accounts of the carers assessment and review process. Feedback on the usefulness of assessments and views on how well they were supported during the assessment, was also mixed. However, people said they welcomed recent work on co-production with carers. The commissioned carers organisation completed carers assessments on behalf of the local authority and staff consistently recognised carers were entitled to an assessment separate from the person. We also heard about carers direct payments or carers budgets being used to support carers breaks, of between £200 and £1000. The local authority had identified support for carers as an area for improvement ahead of our assessment. Carers generally said it was difficult to carry on with their lives and more flexible support would help them. Data provided by the local authority showed a significant waiting list size for carers assessments and reviews of 642 people with a median waiting time of 206 days and a maximum waiting time of 1018 days.

There were more carers in the local authority accessing support or someone to talk to in confidence (46.73%) than the England average (32.98%). Broadly the same proportion of carers accessed support to keep them in employment (2.88%) as the national average (2.79%) and accessed training for carers (4.72%) as the England average (4.30%). However significantly more carers experienced financial difficulties because of caring (61.11%) than average (46.55%) and significantly more (46.84%) were not in paid employment because of caring, compared to the national average (26.70%). These metrics could reflect deep inequalities in the local authority's central London location, however other metrics were also slightly worse for carers than the national average. Fewer (27.70%) carers reported satisfaction with social services than the England average (36.83%). Fewer (59.90%) carers felt they were involved or consulted as much as they wanted to be in discussions, than the England average (66.56%). And fewer (23.15%) carers had as much social contact as desired, than the England average (30.02%) (All from SACE 2023-2024).

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

The local authority used a 'three conversations' approach of strength based social work when supporting people. The early help and 'front door' arrangements were therefore not centred around an eligibility assessment. Support was available for people's non-eligible needs and the local authority showed a commitment to supporting wellbeing and preventing needs escalating. Housing and other partners said this worked well and ineligibility for a care act assessment was not a barrier to support. Contact centre staff had been trained to support people who contacted the local authority. Family Group Conferencing (FGC) was a tool effectively used across the local authority to support people to make plans and decisions, who may not have eligible needs, and look at their strengths and promote engagement with local community groups. The local authority also used data-led initiatives to examine non-eligible prevention needs which are detailed in other sections of this report. Part of the rationale for reviewing the Section 75 arrangement, was to better support people's non-eligible care and support needs. We heard examples of housing solutions being found to meet people's ineligible needs and support prevention of future need especially around homelessness and mental health needs. Staff said there was a large amount of accommodation available to people with non-eligible needs. Some carers did not feel their needs were supported if they were ineligible for support due to financial limits.

Eligibility decisions for care and support

Eligibility was not an initial part of the assessment system. We heard the three conversations approach was consistently used and eligibility was discussed after conversation 1 and 2 was explored. We found staff were therefore adopting a prevention-based conversation approach regardless of eligibility. This was also demonstrated by national data where more (71.48%) people in the local authority area did not buy additional care or support or pay to top up their care and support, than the England average of (64.39%) (ASCS 2023/24). Staff said they were able to make urgent authorisations in an emergency for a service in collaboration with a manager which was then taken to a panel to authorise. If the support service was under £500 a team manager could approve it, if it was more than £500 a panel made the decision. Staff described the eligibility decision process as timely and there was clear governance around the process to ensure consistency.

Financial assessment and charging policy for care and support

Financial assessment waiting times were low, with a median waiting time of 14.5 days. Staff used a tool in relation to high-cost placement calculations across all client groups and sectors under placements with specialist staff supporting the process.

Provision of independent advocacy

We heard extremely positive accounts from people using advocacy services. Advocacy was described as consistent and effective. In 2023/24, 514 adults were supported by some form of advocacy. The process of accessing advocacy was straightforward and timely. Autistic adults were involved in the re-commissioning of the advocacy service which led to a partnership with the autism hub and the advocacy service to develop smoother referral pathways. We saw examples where advocacy had supported people to stay at home and have a better outcome. People who didn't meet the criteria for a Care Act advocate could equally get advocacy support. Advocacy was timely, referral pathways were well understood by staff and there were no waits for the service. Advocacy rates for people in a safeguarding enquiry was very high in the local authority.
