

Assessing needs

Indicative score:

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

Delays were reported by people, staff and partners in relation to people waiting to speak with the Customer First contact centre when they first needed support, and some delays later with assessments. For example, one person told us this felt like a 'clearing house' where they were funnelled in a certain direction which may or may not be the right one. They told us they had to chase up to get an assessment for their relative and then chase up again afterwards for follow up action.

Contact could be made by telephone, email, or live web chat. Staff told us calls were triaged for urgency during the day but not out of office hours, when it was on a 'first come, first served' basis. People waiting were triaged in relation to risk. For higher risk this was 2 to 3 minutes, however for lower risk, this could be 40 minutes plus.

Staff told us they felt supported by senior staff in this area. Senior staff were aware of the issues with delays and a plan of action was in place to try to reduce the waiting times. This included better use of digital routes, for people to complete some assessment information themselves, better signposting for people with advice, and improved use of the independence and well-being service. A pilot was planned to trial more senior staff working in Customer First to support and manage the demand for services.

Waiting lists in other areas included the review of people's care, financial assessments, and occupational therapy assessments. These assessments were all triaged in terms of urgency. At the time of our fieldwork visit, for occupational therapy assessments there were just over 500 people waiting, including for small pieces of equipment. In addition, 400 people were waiting for a financial assessment - some for 3 to 4 months. The impact of this could mean when someone was eventually assessed they had a large bill to pay. A dashboard helped staff to understand more about where the pressure areas were, so these could be better addressed by the local authority.

Some improvements had taken place in relation to waiting lists, for example by using a peripatetic team to carry out reviews. This had reduced waiting lists from 1,297 in December 2021 for reviews overdue more than a year, to 287 in December 2022. Using agency staff was an additional support and a workflow steering group had been set up to continue to oversee a recovery and sustainability plan in this area.

Front-line staff working out of hours were trained to support both children's and adult's services. Staff told us these duty social workers were very experienced with the ethos that people came first, and work was person-centred. The out of hours staff were able to put support in place for people quickly, which prevented them being admitted into other services.

People we spoke with were happy overall with their care and told us about the positive relationships they had with front-line staff. One person said they were happy with their care and felt listened to by their social worker who was in regular contact with them and the care home they lived in. Another person said it was easy to approach social workers, and you could phone with any concerns or queries, and these would be addressed. One person told us how they positively and flexibly used a direct payment to support both them and their family member with their needs. For example, paying for a sitting service enabled the carer to have a break. Another person advised they were happy with the process moving from the hospital to a care home and were happy there were staff able to communicate with them in their own language.

The care records we viewed were detailed and centred around the health and social care needs of the person. They included assessment of the person's capacity to make decisions and their wishes. People gave us some positive examples of the support they had received from the local authority, including helping someone move into more suitable accommodation, and the positive experience of another person when coming out of hospital.

Occupational therapists (OTs) are integrated into the 3 locality teams and this was working well. Senior staff were discussing how to better use OTs in the future, for example in areas such as mental health. Creation of a Principal OT role was also being considered with the aim of giving OTs a stronger voice and influence.

Mental health services moving back into the local authority in 2022 from the NHS mental health trust, was seen to be very positive by staff. Staff told us they could now better consider people's holistic needs, not just their health needs. However, one of the biggest challenges related to provision of mental health 24-hour care resources in Suffolk. This lack of resource could affect decisions of professionals who were more cautious about detaining or requesting beds for people as they knew provision was not available within the area. Partners told us there was a lack of provision of care to meet the needs of people with long term mental health conditions and their carer's.

Senior staff told us mental health staff were now more embedded into the local authority. They explained in the first 12 months of staff moving across they had focused on safety and risk, but now it was more about quality of the work in supporting people better. Staff were aligned across to locality teams currently. However a future aspiration was to move to one team where practitioners worked more closely together.

Changes were being made to the way the learning disability team supported people. It was planned that staff would no longer hold individual cases so people wanting or needing a review of their care would come through the contact centre. Staff told us they had some concerns this could reduce the personalised service they provided currently through knowing their clients well and this had been fed back.

People with sight or hearing loss and their carers were supported by the Sensing Change team which is one of the frontline staff teams. They carried out assessments of people's needs, and staff told us there were no waiting lists for this service.

Carers assessments were carried out by staff members working with the person being cared for. Carers who did not already have a member of staff providing this support to their family member, were assessed by a partner agency on behalf of the local authority. Information for carers was available through the partner agency's web page and this included information about support, finances, young people, assessments, and respite. A telephone information line was also available. The partner agency supporting carers was commissioned to carry out 1500 carer assessments a year. Additionally, they worked with the local authority to better identify more carers and worked with some other voluntary sector agencies to support carers further.

Data relating to support for carers in Suffolk was positive with 63.54% of carers finding it easy to access information and advice against 57.83% nationally and 90.53% of carers finding information and advice helpful against 84.47% nationally.