

Assessing needs

Indicative score:

2 - Evidence shows some shortfalls

What people expect:

"I have care and support that is co-ordinated, 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

The 3 conversations, strengths-based approach to assessing need was well embedded in the community-based teams. This is a model where the assessor has 3 separate conversations with a person: firstly to explore their needs and identify their sources of support; secondly to assess risk and any crisis interventions that may be needed and establish provision; and then thirdly to discuss long-term outcomes and planning based on a client's vision of a good life.

Staff had a good understanding of it and recognised the value in starting conversations with people about their strengths and desired outcomes, describing the process as well liked and successful.

We heard mixed responses from people who used services and their unpaid carers regarding the assessment process. When people found assessments to be a positive experience, this most often related to the approach of the individual social worker and the fact they felt heard.

The local authority has delegated the delivery of carers assessments to the Carers Hub, of which Forward Carers is the lead provider. Carers, and sometimes people who used services, did not always feel their needs were recognised or that assessments were holistic and future focused. Carers noted that even since the pandemic restrictions were lifted, face-to-face assessments were not easily available when they would have preferred them.

While acknowledging that we heard some positive feedback, further work is required to ensure that this is a more consistent experience – both for people who use services, and their unpaid carers.

Staff and partners spoke of positive multi-disciplinary approaches to assessment when people were ready to be discharged from hospital. The local authority has embedded the strengths-based approach in its discharge to assess model – which is reflected in a consistent performance of over 95% of people being discharged to their own home, and over 80% of those over 65 still at home 91 days after discharge from hospital.

Some constituency teams had a backlog of assessments, but others did not. This meant there might be variation on how quickly a person had their assessment, depending on where they lived. In such cases, the team concerned stayed connected with the individuals regularly to check whether their situation had become more urgent. There was a backlog of referrals for people in transition from Children's to Adults' statutory services, which stood at 217 people. This meant there was a risk that young people may not receive a timely assessment of their needs as they moved into adulthood and may not have a plan in place for how these needs would be met. There was a plan to reduce this backlog using temporary staff by December 2023. The non-statutory Preparation for Adulthood assessment service was used to provide support while the young person awaited their assessment, and in some cases, this removed the need for the formal assessment.

The Approved Mental Health Professional (AMHP) resource was consistently under significant pressure, particularly at night and at the weekend. This had a direct impact on those staff on duty. At certain times of the night, there was only one AMHP on duty, covering the whole of the city. There are considerable travel times to some parts of the city from the office base, which affected the availability of statutory mental health assessments for people at these times.

People told us that it was sometimes difficult to request a review either at all or in a timely way, both for people who used services and carers. National data showed a higher proportion of people who need services used direct payments in Birmingham at 38.19%.

People told us about inconsistencies in getting information and advice and in recruiting personal assistants (PAs). Personal assistants are directly employed by the individual using their services. The local authority has taken steps to provide information and support in relation to the challenges of employing personal assistants. While acknowledging the positive steps that the local authority has taken, there is still more work to be done to address the difficulties we heard about.

National data indicated that the number of carers receiving direct payments directly to meet their carer support needs was above the national and regional averages of 80% and 68% respectively.

There was a range of mechanisms to respond to different assessment situations, which included making referrals for family group conferencing and to a self-neglect risk escalation conference. Staff were reminded to take mental capacity considerations into account in relation to identified needs and risks, and to consider capacity for wider impact of needs and vulnerability on wellbeing. Multi-disciplinary team meetings took place to share understanding of risk and to assist those working with people who were difficult to engage with. Where assessments were delayed, oversight and reviews took place to ensure that urgent situations were not missed.

Teams reported good management support and that their caseloads were manageable. This meant that they had enough time to do the assessments to a high standard, and if they had difficulties, they could ask for assistance.

Record keeping around assessment processes was subject to internal audits. In August 2023, these audit findings were very positive overall. We heard from senior leaders that there was now a robust programme of management oversight and support, and training to address any shortfalls in performance.