

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

There were a variety of ways in which people could access information about the local authority's services, this included online via their website, telephone through the contact centre or via email. The website provided a range of information about assessment eligibility, including information for unpaid carers. In addition to written information about the assessment process it also provided videos, including one using British Sign Language, where the assessment process was explained. The website provided signposting to other organisations that may be helpful to people. We heard from some people that they found the website helpful, whilst others preferred to speak directly to someone which they had been able to do.

The local authority had commissioned Herts Help to provide information and advice to people in addition to other organisations such as Age UK and Citizens Advice.

The local authority had recognised improvements were needed to ensure people who contacted them received prompt and timely advice. Last year the Gateway service was introduced. This service aims to prevent, reduce and delay need by ensuring people have access to a wide range of information, advice and support with the aim of preventing the need for more formal longer term support. The Gateway team is a multi-disciplinary team who are able to carry out assessments, including carers assessments and occupational therapy assessments. Where a person had more complex needs or were already known to the local authority, they were referred to the relevant frontline staff team.

Connected Lives is the person-centred, values based approach to the provision of social care that is promoted by the local authority. It encouraged staff to have conversations with people to consider their strengths and abilities, to identify what they would like their outcomes to be and to plan to meet those in way that respects the persons preferences and choice. People's human rights were considered as part of their assessment. This was particularly true for those who had no recourse to public funds to ensure that creative ways of providing support were considered where these linked to a person's human rights.

Connected Lives has three steps – Connect and Prevent, Connect and Enable and Connect and Support. The concept and values underpinning Connected Lives was widely understood by the range of frontline staff teams we spoke with. They were all supportive of the person-centred approach and felt that the three steps enabled them to better understand people’s individual needs when carrying out assessments. They said that the recording systems were effective to ensure people’s care planning was clearly documented and any changes in their needs were reflected.

The frontline staff worked in multi-disciplinary teams which enabled them to liaise with colleagues swiftly to ensure the appropriate person carried out the assessment. Staff told us that they were able to carry out joint assessments with colleagues where this was in the person’s best interests. The frontline staff we spoke with had a very good understanding of the roles of others within their teams as well as knowledge about the roles of other teams across the organisation and within partner organisations such as the NHS. This meant that pathways for a person’s support were able to be much more effectively joined up with less opportunity for the support to be delayed or disjointed.

People who spoke with us had varying experiences of how easy it was to find information about assessments. Some had found the information publicly available easy to access whilst others had not known where to obtain information from. All spoke highly of the staff who had carried out the assessment once this had taken place.

People told us their care and support was specific to their needs and the local authority staff had taken time to understand them and what was important to them. This was confirmed by national data which shows that 81.45% of people receiving care and support felt that they had control over their daily lives. This is higher than the England average of 77.21% (Adult Social Care Survey ASCS).

Staff received appropriate training and support to enable them to carry out assessments appropriate to their job role, including specialist teams such as the sensory team. The local authority has had an ongoing challenge in recruiting suitable numbers of occupational therapists. As a way of reducing the waiting lists for assessments, other staff within the frontline teams had received training to do basic assessments so that the occupational therapists were available to support people with more complex needs.

Timeliness of assessments, care planning and reviews

The local authority had waiting lists for initial assessments and for reviews. However, there were clear plans in place to triage waiting lists and manage the risk for people. The data provided by the local authority showed there had been a 10% increase in requests for support compared to the previous year. The highest waiting list was for occupational therapy assessments, half of which were housing related, for example where a major adaptation was required. These assessments were taking on average 27 days but some people had waited for several months. On average, people waited for 10 days for an initial care assessment with some people having waited for much longer than that. The data shows that the waiting lists for assessments had reduced since last year which indicated that the steps taken to address waiting lists were being successful.

There was an effective triage system in place to ensure the risk for each person was assessed so that any immediate support needed to keep someone safe was put in place whilst they waited for a full assessment of their needs. The waiting lists were regularly reviewed by teams to monitor risk and prioritise anyone whose needs had increased.

The waiting lists and causes of these were well understood by senior leaders and included in the performance data provided to them by frontline teams. There were clear action plans in place to address the waiting lists, this included the recent recruitment of additional staff into the frontline teams as well as the provision of additional training. One of the lessons learnt from complaints about waiting lists for housing related occupational therapy assessments had been that people now received information about the predicted wait time so they were aware of this.

Staff teams looked for creative ways to address waiting lists. For example, the sensory team held 'drop in' sessions for people to attend where initial assessments could be carried out. This meant any immediate support which could be provided was done straight away whilst the person waited for a more detailed assessment.

We heard mixed views from people about the wait for assessment. Some had waited many months with two people telling us that they had received initial contact from the local authority but then nothing further for a long time and then six months ago they received an apology for the delay and a subsequent assessment. Others had not experienced any delay in their initial assessment. Views were equally mixed with regard to whether people had received an annual review of their care, although national data showed that 86.03% of people receiving long term support had received an annual review which was higher than the England average of 57.14% (Short and Long Term Support SLTS).

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

The needs of unpaid carers were seen as distinct from the person they were caring for and assessment and support planning was in place for them as individuals. The local authority website contained specific information for carers and how to request an assessment. There were also links to the website for Carers in Hertfordshire who are the organisation commissioned to provide support to carers.

The local authority frontline staff teams were responsible for carrying out assessments for adult carers with Carers in Hertfordshire commissioned by the local authority's Childrens service to carry out assessments for young carers.

The experiences of carers we spoke with about access to assessment and planning for support reflected that of people using services. Some people had found the process simple and easy to access with others waiting for long periods of time before receiving an assessment. We also found that carers did not always understand the partnership relationship between the local authority and Carers in Hertfordshire so were not clear about who they were receiving support from. The number of carers satisfied with social services was 37.55% which is very slightly higher than the England average of 36.27% (Survey of Adult Carers in England SACE)

National data reflects these varying experiences as told to us by carers. For example, 37.65% of carers were accessing a support group or had someone to talk to in confidence which is above the England average of 32.37%. The number of carers accessing training for carers was 6.61% compared to an England average of 4.11%. However, 30.42% of carers reported not being in employment due to caring responsibilities and 45.88% of carers stated they were experiencing financial difficulties due to caring responsibilities, both of which are slightly higher rates than the England average (SACE).

The local authority's Carers Strategy (2022-2025) identified a five-point pathway agreed with health partners with regard to identifying and meeting the needs of carers, including young carers. This includes work with GP practices and schools. The local authority engaged with carers, one of these ways was through the carers co-production board which was jointly chaired by a carer and a local authority senior leader.

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 to help with non-eligible care and support needs. This included for people with no recourse to public funds.

Frontline staff teams had a good understanding and knowledge of services available in their area and were able to signpost people directly. They also referred people to Herts Help to provide advice and support to people about a wide range of issues. Herts Help is commissioned by the local authority to provide this service.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear and consistently applied. This was made available to the public through the local authority website.

Data provided by the local authority showed that 11% of the total number of complaints made to the local authority in 2022/2023 were in relation to disputed charges and care costs. Learning from these complaints included additional training for staff to enable them to provide clearer financial information to people.

National data shows that 59% of people do not buy any additional care or support privately or pay more to 'top up' their care and support. This is slightly below the England average of 64.63% (ASCS)

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 and transparent. Staff teams received training about financial assessments and the need to ensure people using services, and unpaid carers were aware of the availability of direct payments.

The waiting lists for financial assessments was the highest that it has been since January 2023. On average people were waiting 13 days for a financial assessment but some people were waiting for longer. The local authority advised us that this was linked to the increase in requests for assessment over the previous year. The income and finance team had an action plan in place to improve this, including offering people telephone assessments. The data for this waiting list was contained within the performance data provided to senior leaders for monitoring.

Provision of independent advocacy

The local authority commissioned external providers of advocacy services. There was one provider who triaged requests for advocacy and worked with the other providers to ensure that advocates met people's specific needs. National data showed that 91.89% of people who lacked capacity were supported by an advocate, family or friend which was considerably higher than the England average of 79.36% (Safeguarding Adults Collection SAC).