

# 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

People had access to the local authorities care and support services via a variety of channels, this included Derby Direct which offered people both telephone and a website support service. Derby Direct manages a high volume of calls with a high percentage of outcomes ending in signposting or linked to existing cases. The website provided a wide range of support including information on assessments, carers, financial assessments and advocacy. The website utilised a 'Reach Deck' tool which provided options of reading, translation and improved general accessibility. The website hosted a wide range of detailed information which included signposting to other organisations. We heard from some people that although the website was very helpful there was an over reliance on the internet to provide information which could affect people with no internet connection or accessibility issues.

Staff told us that they used strength-based practice, supporting adults to have as much independence as possible. We were told that there was a focus on challenging conversations about what people have in their own 'toolkit', rather than just giving services. Staff from more than one team explained that they would always assess people's care and support needs using a strength-based approach. Staff were unclear about the application of the strength-based approach, some struggled to provide the details of application and did not always have the knowledge of the key principles or knowledge of the tools used. A recent staff questionnaire to the teams highlighted that most people knew about strength-based approaches but couldn't always describe it. Providers felt that a person-centered approach was not always evident to promote a person's wellbeing. The staff explained that training in strength-based approaches had been arranged for a future date. The local authority had recognised this, as a large-scale training programme had been planned which would incorporate different models and how they work in different communities.

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People's experiences of care and support assessments were mixed, some told us that they felt that their views were listened to and taken into account. They highlighted that their support needs were reviewed, and they were kept informed of the whole process. Others told us they didn't always feel involved in the assessment process as the accommodation was selected because the other providers were unable to meet their support needs, this reflects the challenges the local authority were experiencing in relation to availability of accommodation. They told us their family members had not been involved in this process. Providers felt they were not always informed of or involved when people's reviews took place. Where providers had been consulted about people's care, providers felt people's needs were not being met.

National data showed 61.59% of people were satisfied with the care and support they were receiving, this is higher than the national average of 60.56%, 73.64% of people felt they have control over their daily life, this is slightly lower than the England average of 77.21% (Adult Social Care Survey 2021/2022 ASCS). The local authority provided more recent data that showed an improving trend in this area.

There were a number of pathways that were available to people, ensuring that there were multiple avenues to access support. Support plans illustrated that frontline and specialist teams in different localities operated with flexibility so they could refer cases to other teams.

There was consistent positive feedback from members of staff about the quality and opportunities available regarding training. Staff highlighted that they felt comfortable asking for specialist training when it was needed. Staff also felt they were encouraged to explore specialisms and areas of interest.

## Timeliness of assessments, care planning and reviews

The local authority had waiting lists for assessments and for reviews. Data shows that there were 1454 overdue reviews equating to 42.11% of total cases. Providers told us that reviews were not carried out in a timely manner and had stated that there were people whose care and support needs had increased, and this was not reflected in their current support plans, in their experience reviews were out of date. Some who were accessing their services had not had a review in many years. The average waiting time for community support assessments was 30.9 days at the end of March 2024. This was a reduction from 36.1 days in September 2023. Mental health assessments took an average of 14.5 days. The data provided by the local authority showed there had been a 4% increase in requests for support compared to the previous year and it was a priority in their improvement plan to reduce wait times further. The local authority had focussed on improvement in this area and these figures represented an improvement of 10% since March 2022.

There was a waiting list of 6-8 months to be assigned for ongoing visual impairment rehabilitation after initial screening. This was due to lack of capacity. A process to recruit a community care worker to support this backlog had begun. There had been consideration of the risks to ensure there was available support for people, the decision had been taken to use local authority co-ordinators to support in these situations.

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There were challenges in relation to occupational therapy resource. The local authority told us there were vacant posts that had not been recruited to and had subsequently been removed. Issues with the Occupational Therapists (OT) resource was a common theme highlighted in feedback from frontline teams as impacting on assessment times. Staff felt that the reduction to the OT team had led to an increase in waiting list times in all areas including assessments, grant approvals, and funding allocations. At the end of December 2023, 53.2% of planned reviews had been completed, however there were long backlogs for occupational therapy assessments. The OT service was refocused to work on core service delivery. The local authority planned enhanced community care reviews to be conducted by (OT) to reduce the backlog. An external provider had been commissioned to undertake OT lead reviews. Staff felt the cuts to the occupational therapy team had a sustained effect across the organisation and left the team unable to perform their duties. Examples were cited of the direct impact on people that should have received the service in a timely manner. Staff told us that there was a big impact of not having a principal OT, it was felt that there was no focused drive on improvement and innovation in practice. Leaders recognised the challenges that were in recruitment, alongside the need to ensure people's needs were met in a timely way to aid choice, control and independence. It was felt that the plan going forward would include the use of technology and Artificial Intelligence (AI) to compliment the work of occupational therapy. Leaders explained that the first phase of the AI programme would involve a specialist occupational therapy provider who had worked with other local authorities to bring additional capacity, conducting 1,100 Occupational Therapist led, enhanced community care reviews. Although they are not specifically focused on reducing the OT waiting list, they will significantly reduce the pressures faced by our internal team. There had been an additional focus on training a trusted assessor to put equipment in people's home. This was to enhance safety for people and a way to assist with the waiting lists for people awaiting OT assessments. Staff told us this intervention had reported successes. The local authority was aware that the backlog in OT assessments had the potential to have a direct impact on those with protected equality characteristics.

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Providers told us that reviews were not carried out in a timely manner and had stated that there were people whose care and support needs had increased, and this was not reflected in their current support plans, in their experience reviews were out of date. The local authority had a risk management process for managing people on the waiting list which included a prioritisation tool. This tool was currently in a draft stage and so not yet finalised although staff had started using it. Managers reported to leaders on the size of waiting lists and the timeliness of reviews as part of ongoing monitoring.

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

The local authorities frontline staff teams were responsible for carrying out assessments for unpaid adult carers. A provider was contracted to provide universal services for the carers support service in Derby, they supported adult unpaid carers.

The carers organisation was not commissioned to carry out carers assessments but had over 2000 registered unpaid carers which they said continued to increase. There was a helpline which was accessible for unpaid carers to reach out to discuss what was happening with them and their situation at home. Carers had the option of being registered within the service and the advisors were able to signpost or give information to them that was relevant for their individual circumstances.

Feedback from partners raised concerns around a lack of commissioned services for carers which they felt led to some carers being 'forgotten' or 'falling through the gaps'. Concerns were also raised around the heavy reliance on the local authority to triage carers assessments which were not always taking place within reasonable timeframes.

There was a total of 472 carers, of which 47.98% were overdue a carers review. Carers told us they were only being assessed following a mental breakdown or serious situations. The impact of the high proportion of carers waiting for review was evident in the experiences of carers we spoke with who, expressed a lack of support identified for carers and a lack of preventative measures in place.

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National data shows that 32.47% of carers were accessing support groups or someone to talk to in confidence which was similar to the national average of 32.37%. Carers accessing training for their caring role was 2.63% which was below the national average of 4.11%. A further 49.35% of carers were experiencing financial difficulties because of caring, compared to the national average of 42.81% (2021/22 SACE). The local authority recognised that they faced additional challenges in relation to the financial impacts on carers because of levels of deprivation in the city and the cost of living crisis and were working to ensure carers were identified and able to access support. The local authority was prioritising the needs of carers and, alongside Derbyshire had secured funding from the Department for Health and Social Care to focus on this area in particular, supporting people to recognise themselves as carers, involving carers in the hospital discharge process and ways to conduct effective carers assessments.

## 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 support to help with non-eligible care and support needs. There was available advice and support for people available through the website and Derby Direct. Derby Direct signpost people to information and advice including the local authority's website. However, providers told us that there was an over reliance on the website to provide information and there was a lack of accessible information for British Sign Language users.

## Eligibility decisions for care and support

The local authority had a framework in place for assessing eligible care and support needs under the Care Act. This was made available to the public through the local authority website.

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National data showed that 63.04% of people did 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 63.99% (Adult Social Care Survey). The local authority recorded and monitored complaints they received in relation to Care Act assessments. This included noting action as a result of the complaint such as service improvement or training and development of staff. The local authority noted that in the future they wanted to improve monitoring by collating themes to report to their improvement board which would embed learning.

## Financial assessment and charging policy for care and support

There were processes in place to undertake community financial assessments with clear stages for the social worker, community charging teams and visiting officers. This included the process to be followed if as a result of an assessment the person fell below the threshold for local authority financial assistance. Community care financial assessments also had waiting times with an average of 65.38 days. There were processes in place to monitor the waiting list and manage the risk. There was a prioritisation tool that was in draft format and staff were using it while the process was finalised. Community support staff explained that each team monitored and managed their own waiting lists. This meant the lists were reviewed regularly to try and deal with emerging risk as soon as possible. Staff felt they were managing the waiting lists well and recently had additional staff in place to clear a backlog. There were processes in place to monitor the waiting list and manage the risk. There was a prioritisation tool that was in draft format and staff were using while the process was finalised. Staff told us if people's needs had changed or the person contacted duty, their case would be prioritised and allocated. The maximum wait for financial assessments was 337 days. In 2023/24 and 2022/23 there were no complaints made directly to the local authority that related to financial assessments and/or support, there had been two complaints to the Ombudsman that were associated financial elements, one of which was upheld, and one was closed after initial enquiries.

## Provision of independent advocacy

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The local authority commissioned external providers to deliver advocacy services, with one provider triaging requests for advocacy across different areas.

Frontline teams expressed having a good relationship with advocacy services, recommending the need for advocacy for people in relation to discharge and human rights. Examples were given by the Learning Disabilities and Autism team who mentioned they had good and responsive access to advocacy services. Advocacy support could not always be provided in a timely manner which meant that people encountered long delays before receiving support.

There was a backlog for advocacy services, with a significant increase in referrals for independent mental capacity advocate (IMCA) and a high demand for statutory advocacy support. High demand has led to a reduced capacity to provide non statutory advocacy support. Advocacy had been operating a rolling waiting list for referrals that could not be allocated to an advocate within the agreed five working day timescale. The local authority has taken steps to address this and are currently ensuring quarterly meeting with providers as well as future plans to re-commission the service.

The Mental Health Team shared concerns around the waiting times for advocacy providing an example of a case which took three months to assign an Independent Mental Capacity Advocate, which had an impact on the 28 day's timescale to complete the required assessment. Staff reported that the delays had an impact on peoples and carers wellbeing, which had resulted on an increased dependency on services. Staff mentioned they struggled to drive a person-centered practice due to the limited resources.

Staff raised concerns on the absence of a bespoke deaf advocacy availability in Derby this meant deaf people that required advocacy support were having to travel to another city to gain access to services suitable for their needs. Although the proximity of Derby to other urban areas meant that there were other cities with provision nearby.

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Partners, including some providers expressed concerns around the risks of the local authority not meeting their responsibilities under the Care Act, this was specifically in relation to a lack of advocacy knowledge by Social Workers and the view that front line teams did not always have a strong understanding of legislation, including the Mental Capacity Act (MCA) and duties under the Care Act. For example, in one instance a social care worker had requested an IMCA as they had assessed a person to be lacking in capacity for choosing their accommodation, however, they had judged the person to have capacity to sign their tenancy.

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