

# 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

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People could access care and support services in several ways in County Durham through Social Care Direct, either on an online assessment form, over the phone, or via text message. The Durham Locate website provided information for people to find other services that could meet their needs. The County Durham local authority website provided information about eligibility, including for unpaid carers. Some organisations told us that some information from the local authority was difficult to navigate.

Social Care Direct included social workers and occupational therapists, alongside assistants, apprentices, and qualified managers. The team received all referrals and enquiries and were able to effectively triage and allocate each one. They used the 'Three Conversations' approach when responding to initial requests for support. This approach used open and inquisitive questions to support a collaborative understanding of people's need. Social Care Direct supported some people to access community services before they needed a care assessment. Social Care Direct told us that they had no waiting lists for triage at the time of our assessment.

People gave us positive feedback about the way the local authority completed assessments and care planning. Staff throughout frontline teams described and demonstrated a person-centered approach in assessing need and developing care and support plans. Assessments involved people in the process and their human rights were considered. Health, care, wellbeing, and communication needs were assessed and reviewed. Individual's wishes and aspirations were included in their assessments, re-assessments, care plans, and reviews. National data showed 63.17% of people were satisfied with the care and support they received, which was in line with 61.21% as the England average (Adult Social Care Survey, published October 2023). Several people identified how social workers, the person, and their carers had worked together to develop care plans. This involved social workers focussing on the individual's wishes and aspirations, alongside supporting them to maintain their independence, choice, and control. National data highlighted people's experience of control in their daily life was in line with the England average: 79.31% of people felt they had control over their daily life, in comparison to the England average of 77.21% (Adult Social Care Survey, published October 2023).

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The local authority told us about open forums, practice toolkits, and resources that focused on topics around people's protected characteristics. Staff were encouraged to disseminate their learning with colleagues who were unable to attend. However, we did not see much reflection of how an individuals' care assessments, plans or reviews understood their protected characteristics. Where appropriate, whole family assessments took place to ensure carers needs were identified and referrals for carers assessments were made.

Assessments for adult social care in the community and any subsequent care and support plans included people's medicines support needs. Funding was provided by the local authority to support the implementation of Electronic Medication Administration Records (EMAR) for homecare providers and older people's care homes. The local authority's quality band assessment tool routinely assessed that staff were well trained in administering medication, had the relevant competency assessments, and appropriate policies and procedures were in place.

Sometimes, carers found their experience depended on the social worker allocated and those who had continuity of social workers often described a better experience. Some described a battle to get help, however, most found staff to be helpful, ensuring they and the people they cared for got the care and support they needed. Some carers provided care themselves because they did not feel the care and support required could be provided by the local authority.

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A trusted assessor approach was in place in Durham to support the effective and timely assessment of people's needs within care settings. This is where staff received additional training to enable them to carry out assessments. Frontline teams told us this had a positive impact on hospital discharge. Nurses, however, who were also trusted assessors, were reluctant to identify nursing needs on patients' records at discharge as they felt this information meant it would take longer for brokerage services to find suitable services to meet those needs. People then had their continuing healthcare assessment when in reablement provision and therefore were having another assessment in a relatively short period of time. The local authority told us that there was a 1% readmission rate from care homes to hospital following hospital discharge which they felt was positive and assured them that the placements were appropriate.

The local authority aimed to support people to live within the local area wherever possible, but out of area reviews were robustly managed where needed. Social workers and the review team members would travel to complete reviews in person.

## Timeliness of assessments, care planning and reviews

The local authority had a clear focus on delivering timely assessments and reviews. The local authority defined their waiting lists as where people were awaiting the allocation of a named social worker. Waiting lists for an allocated social worker to complete care assessments, occupational therapy, and equipment assessments were in single figures at the time of our assessment. The local authority told us that the median time to complete care act assessments between June 2023 and May 2024 was 14 days, which was within their 28-day target. This meant that most people who used services were quickly given a named contact following a request for support. Their relevant assessment was completed within a short period of time.

Performance was monitored throughout the organisation and managers and leaders felt able to challenge timeliness of assessments where they had concerns. Frontline staff and leaders told us that rising complexity of needs was affecting the timeliness of completion of care assessments.

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Staff were confident working in a strengths-based approach to complete reviews. People described reviews as exploring current and future needs. Social Care Direct as the front door to accessing services completed timely triage and assessment, often within the same day. The team effectively applied a risk rating to triage and contacted people to manage expectations around the completion of assessments, referrals, or the provision of equipment.

Staff also identified increasing numbers of referrals to services and complexity of people's needs as challenges that affected the timeliness of assessments, reviews, and care planning. Some staff felt they did not have enough time to fully understand and plan for the complexity of people's needs, especially when they were in crisis. Staff communicated well with people, for example in relation to any delays. Staff said that they had access to advice from specialists and were able to escalate concerns as required to managers. Senior leaders had an open door and met regularly to hear about concerns from staff. They were aware of the rising complexity of needs of people and challenges faced by frontline staff and were exploring how this impacted timeliness of assessments.

Staff told us there were often delays for health assessments, including psychology, mental health, and autism. Staff were able to access partner information systems, which supported the completion of thorough assessments. Using different information systems in different partner services sometimes created delays. Staff escalated concerns to managers when relevant to manage risks. Senior leaders were confident they understood risks and effective systems in place to manage these. Partner organisations told us that it was not always clear to people what services they could access while they waited, for example when awaiting autism assessments from health services. While awaiting a medical diagnosis, a person may still have eligible care and support needs, which the local authority should meet in these circumstances.

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People received a mixed experience of reviews. Some people told us they received timely reviews, whereas others had to request them. Data provided by the local authority in June 2024 indicated that nearly 2000 people had not received a care review in the preceding 12 months. The median wait time, over this 12-month timescale, was improving, however. This was reflected in national data that 40.13% of people receiving long term support received a review (planned and or unplanned) in comparison to 57.14% as the England average (Short and Long-Term Support, published December 2023). The local authority had dedicated review teams who were clear on targets to improve waiting lists and processes had been changed to support the completion of reviews. The local authority had taken further action, due to start after our assessment, to complete overdue reviews from internal resource and an external agency, aiming to clear outstanding reviews by March 2025. Some good practice was reported from the mental health teams that a 'keeping in touch' approach was in place to support people on waiting lists.

The local authority's guidance indicated all care plans should be completed within 28 days and should be reviewed within 6 weeks of the start date of provision. The local authority did not assess the timeliness of care planning at the time of our assessment. Home care packages were monitored for any delays in start date, with only one person so far in 2024 waiting for at least one day. We were advised that there were no waiting lists for other types of care provision, however data relating to this was not available at the time of our assessment.

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

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Staff were clear when to refer carers to Durham County Carers Support, commissioned by the local authority, to provide informal assessments and support carers' needs. If a carer required a statutory assessment, this was referred into the local authority for completion. At the time of our assessment there was only one carer on the local authority's waiting list for a statutory carers' assessment. Durham County Carers Support and the local authority felt this arrangement reduced perceived stigma of assessment for carers and supported the prevention of escalation of needs through appropriate and proportionate assessment. Most carers we spoke with were unaware whether they had received a formal carers assessment but generally people could find the information they needed to get support. Further work had identified and reached 48,000 carers in need of low-level support and alternative ways and times to contact support services around their needs.

Durham County Carers Support provided a range of services including one to one support and advice, counselling, parent carer support, and training. Significantly fewer carers in County Durham, according to national data, experienced financial difficulties because of caring at 25%, compared to the England average of 42.81% (Survey of Adult Carers in England, published June 2022). The same survey also indicated significantly more carers felt they had control over their daily life (34.38%) compared to the rest of England (22.1%).

Feedback from older carers was that they were more reluctant to ask for help as they did not necessarily see themselves as carers. The local authority told us that most of the referrals to their carers' service were for older people and most attendees at their carer support groups were older people. Because of this, the local authority did not prioritise additional work with this group of carers. However, the local authority told us their 'keeping in touch' project aimed to proactively reach out to individual carers who had not had any contact with the local authority.

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Several carers who were aware of support groups and forums but didn't access them because they didn't meet their circumstances. Some carers were unaware of support groups and forums. This was reflected in national data where 16.77% of carers were accessing a support group or someone to talk to in confidence in County Durham, which was much lower than the England average of 32.37% (Survey of Adult Carers, published June 2022).

Carers generally had a good experience of working with the local authority and Durham County Carers and they felt listened to. This was reflected in national data, which indicated 40.93% of carers were satisfied with social services, which was higher than the 36.27% England average (Survey of Adult Carers in England, published June 2022). 71.64% of carers felt involved or consulted as much as they wanted to be in discussions, which was better than the 64.95% England average (Survey of Adult Carers in England, published June 2022). Some carers had plans in place that meant they were able to take care of their own wellbeing. However, some of the carers we spoke with told us that short breaks, for example, were not always offered. Most of the carers we spoke with said their future needs had not been considered and that services were not always proactive in these discussions.

Young carers support and assessment was commissioned to Family Action by the local authority. This included young carers assessments, whole family support, and peer support. The Navigations Team completed carer reviews when a young person reached 18. Family Action took a whole family approach to assessments and worked with families for up to 6 months. Awareness campaigns to hear the voice of unpaid carers who were seldom heard, such as the Traveller communities, were highlighted. The organisation told us that there were 12-13 week waiting lists for young carers assessments, which were risk managed and high risks were supported quickly. Young carers were on the agenda of partners across the system in County Durham.

Carers worked with the local authority to develop the carers 'plan on a page' to reflect their priorities including to further support ethnically minoritised carers, carers with sensory support needs, and to improve the availability of respite care and advocacy.

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

Services in County Durham supported people to understand services where they may not have had eligible care and support needs. The area's Social Care Direct team acted as the first point of call for contacts to the service had a good knowledge of services in the community. They were able to support individuals to find local services and organisations to provide support to people with non-eligible needs. Frontline teams had a good knowledge of community resources. Staff advised people with non-eligible care and support needs about their options and people were given information about providers outside of the local authority's framework to support their decision making. People with no recourse to public funds were supported by community organisations, and the local authority had directed resources to support individuals in this group.

## Eligibility decisions for care and support

The local authority's framework for eligibility decisions was made available on their website. This clearly explained how eligibility criteria should be applied. National data showed that 66.51% of people in County Durham did not buy any additional care or support privately or paid more to 'top up' their care and support, which is roughly in line with the England average of 64.63% (Adult Social Care Survey, published October 2023).

The local authority did not have a formal process in place for appeals about Care Act eligibility decisions. They used local resolution to resolve disagreements related to the outcomes of assessments, managed within the operational management structure. Where resolution was not achieved, people who used services and carers were advised to make a formal complaint through the local authority's complaints procedure. Information from the local authority indicated that there was only one complaint made to them in the 12 months preceding our assessment about an eligibility decision, which was not upheld. Information about how to complain was easy to find on the council website. Clear timescales for response and how to raise complaints through the Local Government and Social Care Ombudsman were available.

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## Financial assessment and charging policy for care and support

The local authority's guidance to staff outlined clear processes around financial assessment. Information was made available to people during their assessment about charging, including information about specific types of care and support. People could provide their information via a secure online portal or via telephone assessment. The formal charging policy was available on the council's website. Some staff told us they were not always able to give clear information to people who paid for their own care and support about what their financial contributions would be. Staff told us that financial assessments took a long time and affected the timeliness of assessments. While this did not prevent services from being provided, it did cause anxiety and risked incurring debts for people in waiting to understand their financial contributions. The local authority told us that they commissioned brokerage services that had assisted people who paid for their own care and support to understand costs.

Weekly joint decision meetings were in place with partners across social care, commissioning, finance, and NHS services to discuss funding arrangements. Development work was ongoing at the time of our assessment to streamline the local authority's funding panel process. Staff had access to training about the new process.

Data provided by the local authority at the time of our assessment indicated that 82 individuals were on their financial assessment waiting list. The financial charging policy was the primary reason for complaints for the local authority over recent years. There were 23 complaints over the previous 12 months related to the outcomes of financial assessments. Themes from complaints around financial assessments were back-dated charging dates and the amount of disability related expenditure included in calculations. Eight appeals were upheld and 4 were ongoing at the time of our assessment. The local authority made improvements to their financial charging fact sheets and processes, and these were made available to individuals to support them to understand the charging policy. Internal audit services were used to assure financial activity.

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There had been a gap when reporting financial assessment waiting lists and completion timelines linked to the deployment of the new case management system. An action plan was in place to resolve the issue.

## Provision of independent advocacy

The local authority commissioned a partner to provide independent advocacy services. This covered all of aspects of advocacy services. An advocate can help a person express their needs and wishes and weigh up and make decisions about the options available to them. They can help them find services, make sure correct procedures are followed and challenge decisions made by local authorities or other organisations. Information about advocacy services was available on County Durham's Locate directory and provided in leaflets. Feedback from people who used advocacy services, including staff, indicated that advocates were seen as core members of the team around the individual. Advocates were active throughout capacity and care act assessments to support individuals to participate fully in the assessment and care planning processes.

At the time of our assessment, the provider was unable to take on any non-statutory advocacy work as they were at full capacity with statutory work. There were no waiting lists for care act advocacy or mental capacity advocacy at the time of our assessment. However, there were 5 to 6 month waiting lists for Relevant Person's Representatives to support Deprivation of Liberty Safeguards (DoLS) applications. Requests for advocacy were triaged, with urgent cases allocated on the same day, and light touch contact made regularly with people on their waiting lists.

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Processes for accessing advocacy in the local authority had been reviewed over the last 12 months and that practice and recording had improved. The local authority recognised that there had been challenges with the initial contract and the advocacy organisation was affected by inherited waiting lists and recruitment challenges. Practice and commissioning teams worked together to review the contract following the recognition that there had not been enough capacity for advocacy services in the county. Though staff recruitment had taken place at the advocacy agency, supported by the local authority, waiting lists were still seen as a problem.

The Principal Social Worker supported frontline staff to understand the role of advocates and to more effectively identify when someone had been offered an advocate, when family and friends could be appropriate advocates, and when they had been used. These improvements were being implemented at the time of our assessment. This work focussed on how frontline staff understood, enabled, and recorded advocacy involvement. It was not clear whether there was sufficient capacity within the advocacy contract to meet the needs of the population or how this was being improved.

The referral process was described by staff as easy to use, either over the phone or online. Some staff told us that they needed to make multiple referrals for a person who required different advocacy services, even though the person would have the same advocate working with them. This made the process complicated and time-consuming. Advocates started work quickly once referrals were accepted.