

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 maximize 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 told us they could easily access the local authority's care and support services through multiple channels, including online and self-assessment options. The main point of contact was through the Family Connect team who received and triaged referrals, checking details and consent to share information before ensuring people were directed to the most appropriate team.

Most Care Act 2014 assessments were strengths-based, focused on people's right to choice, their abilities, and the support already available to them, and ensured the least restrictive support options to promote independence. However, people gave us examples of inconsistent communication and lack of engagement meaning the social work practice framework was not always embedded in front line staff practice. The Principal Social Worker (PSW) was seen to be visible, approachable and supportive by front line staff interviewed. Whilst the PSW role has been in place at the local authority for many years, the current PSW was relatively new in post and needed time to fully integrate to ensure the post was at its most effective.

The local authority's strategic approaches to identifying needs included 'making every contact count' initiatives to embed a culture of preventing, reducing, and delaying the need for more complex support. For example, use of community-led support and Early Intervention support, as well as links to Public Health teams, to signpost people to advice and information about healthier lifestyles. The Home First strategy meant people could live at home for longer and received support to ensure they remained an active part of their local community. For example, 80% of people supported by Occupational Therapy did not have any other involvement from Adult Social Care during the initial intervention.

Assessments also reflected what people wanted to achieve in receiving support, and how they wished to live their lives. ASCS national data (2023) showed 78.07% of people felt they had control of their daily lives (statistically comparable to the average for England at 77.21%), and 41.18% of people reported they had as much social contact as they desired (again comparable to the average for England of 44.38%). As part of the assessment process the local authority shared data which suggested further improvements in both these areas in the last 12 months.

People's experiences of care and support was positive, with most people telling us care planning ensured their human rights were respected and protected, they were involved throughout the assessment process in making informed decisions, and their protected characteristics under the Equality Act 2010 were understood and incorporated into care planning and review arrangements. However, some people experienced less favourable arrangements, with examples of poor communication, lack of control over decision making, and inconsistency of approach from individual frontline staff. Where these concerns were raised with the local authority, people felt listened to by the local authority and happy with the outcome of their complaints. Senior leaders told us there had been some team re-alignment to address areas of inconsistency, leading to a positive improvement in communication and strengths-based approaches, evidenced by a reduction in complaints and an increase in compliments received in this area.

Staff and leaders were competent to complete assessments, with clear workforce development processes in place. However, feedback from staff, partners and people receiving support indicated further training around Mental Capacity Act 2005 (MCA) assessments, DoLs assessments, and direct payments (including interpreting the current policy and process) would benefit all parties and improve outcomes for people receiving support. The Mental Capacity Act 2005 provides a legal framework for making decisions on behalf of people who may lack the mental ability to do so for themselves.

For more complex, specialist assessments, a joint approach with partners was taken to ensure people's support was planned and co-ordinated across different agencies and services. Recent changes to staffing structures and roles had improved this process and allowed more transparent approaches to joint assessments. For example, the main role of the new Hybrid team, made up of unqualified social workers and occupational therapists, was to assess less-complex cases and provide equipment in a timely manner, which had allowed other frontline teams to focus on complex cases, reducing waiting times for both.

Timeliness of assessments, care planning and reviews

Assessment and care planning arrangements were not always timely or up to date, with significant waiting lists for assessments. Figures provided by the local authority showed only 25% of Care Act 2014 assessments were completed within the authority's target timescale of 28 days, with the longest wait at the time data was submitted to CQC (March 2024) being 294 days (from the date of submission) and 178 people awaiting an assessment. As of July 2024, this had significantly reduced to a maximum 60 day wait, and 80 people awaiting an assessment. Reasons for the length of waiting times included assessment of more complex support needs, unplanned priority work, and capacity within frontline teams. Further data provided by the local authority following the development of hybrid workers (Adult Practitioner/Occupational Therapy Assistant roles) showed this had recently improved, with the average waiting time reduced to 80 days at the time of writing. These changes, combined with staff recruitment plans were expected to continue improving waiting times for assessments.

Annual reviews of care and support had also benefited from the local authority's recent changes in structure and process, with the number of overdue 12-month reviews reduced from over 500 people in March 2024 to 35 people in July 2024. Again, the introduction of Adult Practitioner/Occupational Therapy Assistants had improved waiting times, with workforce plans in place to ensure caseloads were sustainable in the future.

The local authority had clear processes to reduce any risks to people's wellbeing, while they were waiting for an assessment. Risk assessments, weekly case review meetings, interim support arrangements and partnership working meant urgent needs were met in a timely manner and cases could be escalated if people's needs changed.

In addition to the Hybrid team, frontline community social work and occupational therapy teams were structured to target more complex assessments and reviews. For example, specialist teams focusing on people with learning disabilities, autistic people, and mental health needs. Whilst there was no specific Early Intervention team in the local authority, this function was covered by a number of social work teams, including the Rapid Response team and the Discharge and Reablement team, both of which were jointly funded with health partners.

People's experience of timely assessments and reviews was mixed, with examples of difficulties in communication of progress and outcomes, and partner organisations telling us of long waits for annual reviews of care. The local authority had recently implemented clear processes to address thematic concerns. For example, the further embedding of the 'keeping in touch' process, introduced following feedback from people using services, ensured people were contacted regularly with updates on the progress of their assessments and reviews.

Out-of-borough placements were reviewed and monitored by individual social workers and Care Provider Quality Monitoring Officers, who liaised with provider services, families, and commissioners from other local authorities. Families could request unscheduled reviews if there were concerns or changes in need impacting on placements, and annual reviews took place in a timely manner. At the time of the assessment activity there was no waiting list for out-of-borough reviews.

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

The needs of unpaid carers were recognised as distinct from the person with care needs; assessments, support plans and reviews for unpaid carers were undertaken separately and unpaid carers could access their own support services.

The local authority frontline teams completed carers assessments and had seen a 26.7% increase in unpaid carers supported in the last 12 months. However, changes to teams and processes had led to a 98% satisfaction rate in a recent local authority carers survey carried out by the Making it Real Board. For example, a Family Carer Occupational Therapist role within the Occupational Therapy Team undertook assessments and provided support on moving and handling techniques. There was also a new dedicated carers post preparing young people for adulthood. Carer's assessments were undertaken at the point young people were referred into Adult Services. These posts had strong links with the Hybrid Team and helped to inform a new All-Age Carers strategy developed and delivered by the Carers Centre.

Data provided by the local authority showed these changes to processes, as well as fortnightly peer reviews of carers assessments, had also led to improvements in waiting lists, with the longest wait for a carers assessment as of March 2024 standing at 290 days, reducing to 56 days by July 2024. Again, staff and leaders monitored waiting lists, and would put interim support in place, such as up to 25 hours respite care to mitigate risk and alleviate the impact the caring role was having on the unpaid carer.

Unpaid carers told us about difficulties accessing respite and navigating digital information systems, as well as confusion around direct payments. However, overall carers experience in Telford and Wrekin was positive, with national data from the 2024 Survey of Adult Carers in England (SACE) broadly in line with the average England figures. For example, 39.47% of carers were satisfied with social services, compared to an average 36.83% for England.

When a young carer was identified within the family unit, they were referred into the Carers Centre. Assessments involved multi-agency interactions with schools and health partners to provide wrap around support for the family and young carer. Support for young adult carers aged 18-24 with education, employment and next steps including age-appropriate training sessions and one to one support was also in place.

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

The local authority ensured people were given help, advice, and information about how to access services, facilities, and other agencies for help with non-eligible care and support needs through clear strategic approaches to partnership working.

The Health and Wellbeing (HWB) strategy (2023-2027) focused partner collaboration on ensuring people enjoyed “healthier, happier, and more fulfilling lives”, adopting a life course approach across 3 areas: Start Well; Live Well; Age Well. The Telford and Wrekin Integrated Place Partnership (TWIPP) strategic plan (2022-2025) mirrored the HWB strategy framework, aiming to improve outcomes for all residents and reduce inequalities, regardless of the individual’s care and support needs.

As part of the assessment process, people whose needs did not meet the eligibility criteria for formal support were signposted to information and advice to support their needs and prevent, reduce, or delay the risk of requiring further specialised support. In Telford and Wrekin this information and advice was available online as well as through the local Independent Living Centre. This was a joint venture between the local authority and community partners, including Telford & Wrekin Council for Voluntary Service, which was joint led, providing unbiased advice and guidance on how people could stay safe and independent in their own homes, including through the use of equipment and assistive technologies.

In addition to the Independent Living Centre, the local authority promoted community engagement through links with the citizens advice bureau, community hubs, awareness events and workshops, and through the Making it Real Board. We also saw multiple examples of joint health and social care funded clubs and activity groups for people of different ages, needs, cultures, and faiths. For example, the local veterans support group ‘Armed Forces Network’ ran extensive outreach services, with weekly veteran’s cafes, monthly drop-in sessions at community centres, cooking classes, football, and other community interest groups to support mental health needs and tackle social isolation.

Eligibility decisions for care and support

The Care Act 2014 sets a minimum national eligibility criteria threshold for adult care and support needs and carer support needs. All local authorities comply with this national threshold. The local authority's framework for eligibility for care and support was transparent, clear, and consistently applied. Decisions and outcomes were timely and transparent.

Telford and Wrekin did not operate a separate appeals process; however, people with care and support needs, their family and carers were able to appeal using the Adult Social Care complaints process. As part of this process referrals to the Ombudsman was also signposted. This process met the local authority's duties under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and the Care Act 2014.

National data from ASCS (2022) showed 60.96% of people did not buy any additional care or support privately or pay more to 'top up' their care and support. This was below the average for England at 64.63% and meant a higher-than-average number of people were paying to meet their care and support needs. Data provided by the local authority showed there were 5 appeals the first quarter of 2024-2025 relating to eligibility decisions for care and support. Of these, 1 was upheld. The Local Government and Social Care Ombudsman (LGSCO) website did not show any eligibility appeals referred to the LGSCO in the previous 12 months.

Occupational Therapy assessments did not apply the eligibility outcomes of the Care Act 2014 for equipment provision. Senior leaders told us if the equipment enabled someone to complete their daily living activities, then it had 'prevented, reduced, or delayed' the need for care, and this mitigated any extra bureaucratic complexities.

Financial assessment and charging policy for care and support

Telford and Wrekin's Adult Social Care Charging policy included a framework to notify people what financial thresholds would mean fully funded care provision, as well as the thresholds requiring self-funded support.

Data provided by the local authority showed there were 2 appeals in the first quarter of 2024-2025 relating to financial assessment decisions for care and support; neither of these were upheld.

The local authority supplied data which showed, on average, financial assessments were completed within their policy target of 35 days. At the time of the data submission there were 263 financial assessments pending decisions. Some of the lengthiest delays not caused by the local authority and were due to waits for information linked to Court of Protection cases (CoP) cases (which were linked to the Community DoLs legal process).

Provision of independent advocacy

The local authority commissioned 2 separate external providers to deliver advocacy services. People and partners had previously expressed concerns about a lack of advocacy knowledge by frontline teams when completing carers assessments, including their responsibility to undertake MCA assessments, and duties under the Care Act 2014. However, the local authority had arranged awareness sessions for staff and carers with the Safeguarding Adults Board (SAB).

At the time of the assessment staff and leaders told us they were confident in the advocacy referral process and timely support was made available to anyone who needed independent support.

Data provided by the local authority showed advocacy service uptake had recently increased from an average 23 referrals per quarter (3 months) in 2022-2023, to 40 people receiving Care Act 2014 advocacy and a further 32 people receiving Independent Mental Capacity Advocacy (IMCA) support at the time of writing.
