

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

Data for Surrey shows 65.30% of people said they were satisfied with their care and support and 80.88% of people feel they have control over their daily life, and these figures are in line with the England and regional averages. Adult Social Care Survey (ASCS) 2023.

People could access the local authority's care and support services through multiple channels, including online and self-assessment options. People were also signposted to other wider services such as in the community when first coming to the local authority for support.

A variety of consistent feedback was given about arrangements for assessment, care planning and reviews. For example, one person was assessed by the local authority and felt listened to, ultimately achieving the outcome they wanted which was to return home. Other people had similar good experiences with staff focusing on what people wanted, along with their future wishes, being empathic and respectful in their interactions and displaying a 'can-do' attitude. Areas of frustration were around not always getting the same person to speak with at the local authority, delays in getting responses and not always feeling they were offered a choice.

The approach to assessment and care planning was person-centred and strengths based. Staff told us of being given the time required to build relationships to achieve meaningful outcomes for people. Staff feedback was they felt able to place the person at the heart of assessments. This reflected people's right to choice, to build on their strengths and assets, reflecting what they wanted to achieve and how they wished to live their lives. For example, staff gave people information in advance about the type of questions that would be discussed during their assessment, allowing them time to prepare and feel more readily able to engage in this. Staff completing pen pictures of people for brokerage teams to enable them to better understand people's needs when care was being arranged and to match these with the services available.

Most staff gave us positive feedback about management of care assessments, care planning and reviews. This included staff who assessed people who were in or due to leave prison, telling us they felt proud of the work they did. A staff member gave an example of referring someone to an enabler (similar to a befriender) and the person described this as a 'turning point' for them in terms of managing their mental health. Teams told us about using holistic approaches and using good community connections to complete comprehensive assessments.

Processes ensured that people's support was planned and co-ordinated across different agencies and services. Positive comments from staff included having clear system pathways, for example in relation to people with mental health needs, learning disabilities and autism, with access to some health systems to support joint working. Staff were supported with clear processes and guidance to ensure consideration was given to areas such as support for unpaid carers' needs. A team approach was taken in gathering information to assess levels of risk, the management of this and to ensure safety.

Timeliness of assessments, care planning and reviews

The local authority noted the timeliness of assessments and reviews was an ongoing area of development. Requests for assessments were rising nationally and there was an increased demand for support, along with workforce pressures. Challenges to carrying out timely reviews included having the right skill mix of staff to manage the complexity. There were staff vacancies which put additional pressure on teams and staff felt the local authority were playing 'catch up'. There remained a backlog for some assessments and reviews, however there had been a focus on these recently and the waiting lists were starting to reduce.

Where people were held on waiting lists awaiting allocation for assessment, a triage, prioritisation and review mechanism was in place to understand and manage any immediate risks and ensure no one was left without necessary support. Regular consultation with duty managers and other team members ensured appropriate referrals and support services were provided.

Occupational therapy waiting lists varied across the local authority whereby some locality teams having none, but others had low priority cases which could wait a year or more. However, staff made regular contact with people awaiting services in this time to ensure they remained updated about any changes. Teams with no waiting lists were using an innovative solution known as the '5 step approach' which included better signposting of people to services, use of an 'Equip notebook' to gather detailed information on the person's home environment and needs, plus using Measured Clinic where possible which reduced staff home visits. This approach had received some national attention, being evidenced as good practice in some professional publications. Plans were to eventually roll this out across the wider teams.

The local authority was acting to manage and reduce waiting times for assessment, care planning and reviews. Data provided by the local authority in July 2024 showed 543 care assessments were waiting to be started however the number of assessments awaiting allocation had decreased by 17% since the previous month. People waiting for an assessment or reassessment currently equated to 2.2% of the open caseload. The median and maximum days of people waiting had also decreased. In the last 12 months, an average of 1,263 assessments had been completed each month however in the same period an average of 2,838 new requests for care assessments were received which meant new requests were exceeding capacity for assessments so the focus was on how they could best meet this demand with ongoing challenges such as staff vacancies.

The number of overdue reviews for people with a costed service had decreased by 2.3% since last month, with an overall reduction of 3% since March 2024. The length of time people were waiting for a review has increased currently showing 25% of overdue reviews were more than 1 year over their planned date. In the last 12 months, an average of 911 reviews had been completed each month by staff.

The local authority noted they felt their performance was better than reported however as this data included all of the outstanding 6 weekly planned reviews. Teams had been asked to focus their attention on this cohort of reviews and check whether the recording of these was correct.

Partners were overall positive about the local authority providing information in terms of the care and support needs of people they were supporting stating they generally received initial assessments and a care plan for new people before the start of the care service. They said staff were very supportive and they responded well to requests. However, there were sometimes delays in carrying out assessments and reviews of people's needs in a timely way, but the local authority were very aware of this. Partners told us in emergency situations or if someone had increased care needs, this was generally dealt with well.

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

Data from the Survey of Adult Carers in England (SACE) 2024 shows Surrey was similar to the England and regional averages for carers accessing support groups or someone to talk to in confidence, carers with enough time to care for other people they are responsible for, and carers satisfied with social services. However, more positive for carers accessing training for carers at 5.40%, compared to the England average of 4.30% and regional average of 4.60%. Also, more positive for carers not in paid employment because of caring responsibilities at 21.37%, compared to the England average and regional averages of 26.70% and 22.24% respectively.

The needs of unpaid carers were recognised as distinct from the person with care needs, however overall feedback was that more could be done to support unpaid carers in Surrey. A programme of work had been undertaken already to address this with the recruitment of carer advisors in each team and this was beginning to make a positive difference for unpaid carers.

Feedback from unpaid carers was more negative with typical comments including assessments were not offered, people had not felt heard or not being sure what the outcome of an assessment was. Some other unpaid carers were much more positive however, using a direct payment to access a break from caring and another person describing their social worker positively.

Partners mirrored the comments of unpaid carers also adding that the language used in assessments was not always user friendly for young carers and there could be confusion at times about who was responsible for support to parent carers. They confirmed the local authority commissioned specific services to support carer breaks and incorporating emergency plans into support packages for unpaid carers. Carers of people with mental health needs were identified as needing a better provision of support and an approach called the 'Triangle of Care' was being implemented to support with this.

Staff felt it was crucial to fully understand what support unpaid carers needed. Carers advisors had been placed in each team to help promote frontline operational best practice and staff were able to tell us in some detail about the kind of support unpaid carers were able to access. This included support with training, for example moving and handling, respite breaks and access to a one off payment carers crisis fund.

Guidance was available to support staff in carrying out unpaid carers assessments to promote good practice. Other tools used helped staff identify who unpaid carers might be and agencies who could support them.

Local authority leaders told us they needed to get better at identifying, assessing and regularly reviewing unpaid carers' needs. They recognised there would be a mixed picture in terms of feedback having spoken with unpaid carers and representative groups with some people feeling the local authority do a really good job, but others that unpaid carers were not paid or valued enough. £800k had been invested into support for unpaid carers, they had worked on recommissioning services, completed work with young unpaid carers and assessments were now taking place. Some examples of support were in relation to more unpaid carers being able to take a break from their caring role and receiving specialist advice enabling them to obtain additional benefits.

A multi-agency, co-produced joint carers strategy detailed plans to support carers and significant work had taken place over last 2 years. Staff met with unpaid carers now and they had unpaid carers advisors in locality teams. Points of crisis had been identified for example, when people were coming out of hospital, and when unpaid carers did not always get the information needed. Often unpaid carers who were older people, did not come to the local authority until they were in crisis, so they felt the preventative work had not been as effective and recognised there was more to do.

Data provided by the local authority in July 2024 showed the number of assessments waiting to be started for carers had reduced by 15% since the previous month and was 30% fewer than in March 2024. In July 2024, 126 carers assessments were waiting to be started.

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 for help with non-eligible care and support needs in Surrey. For example, community groups ran support groups in certain areas and a mental health group was starting in July 2024. An online newsletter provided people with further information. One partner felt more work was needed around pathways for people as people could fall through the gaps at times, such as not meeting the threshold for services then being signposted only for advice and information, whereas they may require more hands-on support.

Surrey Adults Matter was an approach run by the local authority and partners to enable people to come together to identify and share experiences. This was for people who could be experiencing rough sleeping and homelessness, substance misuse, mental health, domestic violence and criminal justice. Since April 2020 over 180 people had been supported with outcomes including people accessing supported housing, engaging more with support services and receiving help with alcohol and drug use.

One example in supporting people was shared by staff in relation to a project in Woking, where families living in flats had been re-housed. From this, one person was identified who had not been outside for many years and was not receiving any benefits. When the person moved, staff used this opportunity to slowly build a relationship with them with weekly visits which led to helping them access benefits, and the person was now shopping and attending appointments independently.

Eligibility decisions for care and support

Data in Surrey shows 63.19% of people do not buy any additional care or support privately or pay more to 'top up' their care and support which is in line with the England and regional averages of 64.63% and 63.28% respectively. Adult Social Care Survey (ASCS) 2023.

People were supported by staff in relation to eligibility for care and support. If people had concerns about their eligibility initial conversations were had with the social worker, or their manager. If concerns were not resolved this way, then a complaints process was followed. One of the top themes for complaints to the local authority in March 2023 to February 2024 related to charges funding care. Actions were monitored in response to complaints and sessions held to share and reflect on learning.

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. Financial assessment processes were in place that detailed the customer journey from point of assessment, through to financial assessment, and relevant payment arrangements and how to appeal. A process document from the staff point of view provided an approach to support the financial assessment process.

People told us about their financial assessment, which was explained to them, and they had no concerns. However, another person told us they did not have such a good experience when a financial assessment was completed as they had not been made aware of other available benefits to support them.

Staff felt financial assessments could be a challenging area, however a booklet had been produced with information about paying for care which looked at areas like benefits and mental capacity assessments. There was a variety of ways the financial assessment could be completed; on line, by staff sending out a form or with support from teams in person. Staff said there was generally no delay to the delivery of people's care.

Staff were clear on the focus of working 'with' the person noting more recently challenges with people having more complex needs which could be harder for staff to fully understand and therefore plan for. However, this had been raised with senior managers to consider more support and training. Staff felt teams were committed to identify the needs of people, treating them fairly and looking at alternative ways to engage with them, for example they had supported people with different languages such as Polish.

Partners told us there could be a delay with financial assessments at times, for example for someone in 24 hour care, which meant occasionally they had to give people notice to leave care services, which was obviously worrying for the person waiting.

Data provided by the local authority in July 2024 shows the number of people waiting for a financial assessment was 65. This had decreased by 31 people since March 2024. In response to feedback from people, an online financial self-assessment and self-referral tool had been developed to better address the accessibility needs of people and unpaid carers. In 2023/24, 2,613 people used the online financial assessment tools. People were supported through this online tool by a 'Chat Bot' (a software application designed to mimic human conversation through text or voice interactions), an online chat with an agent and a telephone call back service.

Provision of independent advocacy

Independent advocacy support was available to help people participate fully in care assessments and care planning processes. Staff knew about the advocacy services which were available however there was some inconsistency in referrals being made across teams. Assumptions were often made that family members would support, and the advocacy options had not always been explored.

Feedback from one young person was that advocacy had not been offered and there had been an assumption made the family would continue to support the person into adulthood now and in the future. Staff agreed advocacy services were mainly used where there was no friends and family involvement.

Due to the inconsistencies in referrals, presentations and training sessions had been conducted in order to increase awareness and understanding of advocacy, to improve referral numbers and provide clarity. This was also to ensure staff understood the importance of advocacy. Teams recognised there had been an increase in referrals and understood the ongoing focus on advocacy was central to ensuring 'no one is left behind' which was the local authority approach to ensuring inclusivity.

Printed information was available to support people in relation to accessing independent advocacy support, to help them participate fully in care processes, including arrangements for hospital patients, prisoners, care home residents and unpaid carers. The local authority split their two advocacy providers between instructed advocacy (where a person is able to tell the advocate their needs, wishes and what support they need) and non-instructed advocacy to support people who have been assessed to lack the mental capacity to instruct an advocate.

Partners felt the local authority was responsive to any concerns they raised about advocacy however some teams were better than others at making referrals. They felt formal advocacy was provided mainly for complex cases and there could be a better understanding around advocacy within the social care teams.
