

# 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 the local authority's care and support services by telephone or online. People could access assessments through 'Adult Social Care Direct', which was the first point of contact into adult social care. There were also pathways to assessment through the hospital discharge process and young people transitioning from children's services to adult's services.

People received an assessment from different teams based on their needs. The locality team provided support to people related to old age, physical disability or a long term condition. There was a specialist team for people with needs related to their mental health and a specialist team for people with a learning disability and autistic people. Staff within these teams were trained to carry out assessments of people under the Care Act 2014 to establish if they were eligible for care and support and to meet their needs. There was also an Adult Services Support and Engagement Team (ASSET) who worked with people who did not have eligible social care needs under the Care Act 2014, they provided ongoing social work support and signposted people to community, voluntary and health services.

People usually received an assessment from specialist teams where they had complex needs and staff described clear criteria for when referrals came to these teams. Where people had complex or multiple needs, staff and leaders told us they worked together and cases were allocated to the most appropriate team, often with input from specialist colleagues in other teams.

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There was a specialist team who assessed and supported people with a learning disability. Autistic people were supported by this team where they also had a learning disability. For autistic people who did not have a learning disability, teams worked together to identify which team could best support the person. A person gave us positive feedback about this team and the support they had put in place for them. Staff in this team had experience of working with autistic people and people with a learning disability and demonstrated specialist understanding of needs or risks familiar to people with a learning disability and how to support them in a person-centred way. We saw examples of strengths-based assessments by this team that had led to person-centred care plans. For example, a person was supported to access education and pursue their interests. Staff described multiple examples of good outcomes they had achieved for people with a learning disability and autistic people.

We heard about people accessing employment through Gateshead Access to Employment Service (GATES). GATES was a local authority service that worked alongside people, social workers and employers to support people to overcome barriers to employment. Staff described using GATES to help people to get jobs even where they had more complex needs. For example, one person had developed a career in retail with a large national employer following long term work and care planning to achieve this goal for them.

GATES provided support to people and employers, whilst care planning alongside this focused on the person's strengths and ability to enter employment. In another example, GATES worked with a person intensively to improve their confidence of using transport. The person gained a work experience placement at a transport provider which was made permanent.

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A mental health team assessed and supported people with needs related to their mental health. The team was not integrated with the health Trust under a formal arrangement, but staff worked closely with health partners in areas such as discharge from hospital or providing support to people in the community. People gave us positive feedback about the approaches staff took to assessment, one person described a considerate and supportive approach from staff who assessed them at a time of crisis.

The mental health team supported people in the community and people being discharged from hospital, including people who had been detained under the Mental Health Act 1983. Staff described good working relationships with health partners when they worked together to align treatment with social care interventions to meet the needs of the person. Staff described joint work to commission complex care for people who were coming out of hospital, where they frequently carried out long term work with people to understand what was important to them through assessment and met their needs in a personalised way.

The mental health team included staff who were approved mental health professionals (AMHPS). An AMHP is a professional who assesses whether there are grounds to detain people under the Mental Health Act. This is where people need urgent treatment for their mental health and are at risk of harm to themselves or others. The AMHPs felt their workloads were busy but manageable and they were supported by staff elsewhere in the organisation who could provide cover, such as qualified AMHPs in the locality teams, learning disability team, safeguarding team and emergency cover in the out of hours duty team. There were also leaders in the organisation who were qualified AMHPs and supported this work.

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There was an Achieving Change Together Team (ACT Team) who worked with people who had particularly complex needs or faced challenges. These included people with high-cost intensive packages of care or where people had difficulty engaging with providers. Teams could refer to the ACT Team internally and they would work with people and providers closely to review and adapt care plans to ensure they met people's needs in the least restrictive way. The ACT Team often provided support to build people's skills and achieve reductions in care packages. We saw examples of where they had reduced people's reliance on providers because people had developed skills for themselves. The local authority told us this team had reduced or removed more restrictive or intrusive care interventions for people.

Staff described how the introduction of a new IT system in early 2024 had improved their ability to maintain a conversation-based approach to assessment. They also told us the new systems enabled them to assess people's needs in a more strengths-based and personalised way. Staff provided multiple examples of strengths-based assessment and spoke positively about the training and ongoing learning that promoted strengths-based practice. The examples of assessments we saw reflected people's right to choice and built on their strengths and assets. National data from the Adult Social Care Survey (ASCS) for 2023/24 said 81.52% of people felt they had control over their daily life which was tending towards a positive statistical variation from the England average (77.62%).

Assessments we reviewed showed people were involved in decisions, and their protected characteristics under the Equality Act 2010, for example, their religious or cultural needs were understood and incorporated into care planning. Staff described working with people in ways that showed people's human rights were respected and protected. For example, where staff had assessed people with no recourse to public funds staff had assessed them and ensured their human rights were promoted and met. Staff described joint work with partner organisations and agencies to meet people's needs in these cases.

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People's needs were reviewed to check their needs continued to be met. Records we reviewed showed staff checked people were happy with their support and that planned care was meeting their needs. Where people's needs had changed staff carried out a reassessment and made changes to their care plans. Staff said they were usually able to do this promptly and they got to know people who they would regularly meet for reviews. Reviews were also used to gather feedback from people about their experiences of assessment and to check the quality of any provider service they were receiving. This information was routinely gathered and used to inform the local authority's understanding of performance or commissioning decisions.

## Timeliness of assessments, care planning and reviews

Work the local authority had undertaken to improve waiting lists had shown recent positive impact, but it would take time for these improvements to become embedded and sustained. People sometimes had to wait for an assessment, but the local authority had made improvements that were reducing waiting lists. Unpaid carers told us they sometimes had to wait for an assessment for the person they cared for and that staff leaving the local authority had led to their assessment being delayed. Staff told us that waiting times differed between teams. They told us there was often a wait for assessment in the locality teams who supported older people and people with physical disabilities, whilst in the mental health team people were usually assessed promptly and local authority data reflected this.

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The local authority had been undertaking improvement work to reduce their waiting lists and waiting times for assessment which had started to address the shortfalls we heard about. Local authority data showed that between March and October 2024, the waiting list for Care Act assessments had reduced from 226 to 42 with an average waiting time of 36 days. Staff told us new systems made workflows smoother and enabled them to complete assessments promptly. The local authority had used temporary agency resource to reduce waiting times as well as making improvements to workforce to ensure this would be sustained. Leaders told us about focused work on recruitment which had increased the staff available to complete assessments as well as work to improve retention. New posts had been set up and were being recruited to at the time of assessment to further improve people's experiences of waiting times.

The local authority's systems enabled staff to respond to risk. Staff and leaders described working in a risk-based way and local authority data showed urgent cases were flagged and allocated quickly. People who were on the waiting list were contacted regularly to check if risk levels had changed. National data from the Adult Social Care Survey (ASCS) for 2023/24 said 63.32% of people were satisfied with their care and support, which was not statistically different from the England average (62.72%).

People's care plans were developed and implemented in a timely way. Care plans we looked at showed care was available quickly, so people did not have to wait after assessments. People said the care they received was prompt and met their needs and staff said they had good capacity across the borough for homecare, residential or nursing care. Staff said it could sometimes be harder to find care where people had complex risks or a specific need, such as providers who could speak multiple languages. National data from the ASCS said 64.13% of people did not have to buy any additional care privately or 'top up' their care. This was not statistically different from the England average (64.39%).

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Access to equipment and home adaptations had improved, but the local authority had not yet fully addressed waiting times for home adaptations. There were sometimes delays to home adaptations, but access to equipment and minor adaptations was usually timely and met people's needs. Unpaid carers and partners told us about delays to home adaptation. One person said they had been told to expect an 18 month wait for home adaptations. Another person said they had purchased a stairlift privately due to the waiting list for an OT assessment and had been advised of a 9 month waiting list for a ramp to be installed at home to enable access to the community.

Local authority data showed that access to occupational therapy assessment was improving and waiting times had reduced recently. The local authority had been focusing resources on improving waiting times for OT and told us about a 42% reduction in waiting lists in early 2024. We heard how the introduction of a trainee apprenticeship model for OT had increased OT capacity and was a contributor to this improvement. People could access equipment and minor adaptations more promptly but OT delays applied to full OT assessments, which would usually involve major home adaptations or equipment.

Local authority data showed a further reduction in the size of the waiting list for OT home adaptations, which reduced from 167 to 110 between September 2023 and October 2024. Whilst this showed an improvement, there remained a waiting list for adaptations which showed the local authority had not yet fully realised their ambitions around the timeliness of OT interventions

People's needs were usually reviewed promptly. National data from Short and Long Term Support (SALTS) for 2023/24 said 40.87% of people receiving long term support had their needs reviewed, which was tending towards a negative statistical variation from the England average (58.77%). However, we noted the figure in the national data was much higher in 2022/23, with 85.6% of people receiving long term support having had their needs reviewed.

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The local authority monitored the time taken to complete planned or unplanned reviews. Local authority data for March 2024 showed 70.04% of planned reviews took place within five days of being allocated to staff. Planned reviews are where there has not been an identified change in need, but it would be considered good practice to carry out an initial review after 6 weeks followed by an annual review, to check the support the person is receiving is continuing to meet their needs. Local authority data for March 2024 showed 67.6% of unplanned reviews took place within 10 days of being allocated to staff.

Local authority data did not report on average wait times which meant there was a risk leaders did not have oversight of the longest times people could be waiting. However, staff said they had oversight of this locally within teams and we heard anecdotally that reviews that exceeded 5 days took place soon after. We also saw examples of people's needs being reviewed or reassessed in a timely way when their needs had changed.

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

The local authority had identified a need to improve the experiences of unpaid carers, but work to address low uptake of unpaid carers assessments had only recently shown improvements in data. Unpaid carers provided mixed feedback about their experiences of assessment. Whilst unpaid carers told us they were offered an assessment and they were happy with the support provided to them or the person they cared for, they also shared less positive experiences. Two unpaid carers told us due to staff leaving the local authority, there had been a delay in receiving further communication and outcomes related to their assessments. In one case an unpaid carer waited over six months for their needs to be reassessed after they had requested this.

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Records we saw did not always record whether unpaid carers had been offered an assessment, but when we spoke to the unpaid carers concerned they all confirmed they had been offered an assessment. In multiple cases we heard that the unpaid carer's needs had been met by care provided to their loved one and they did not want a further assessment of their own needs. However, the processes for proactively identifying and assessing the needs of unpaid carers was an area the local authority was improving at the time of our assessment.

Partners said that information and advice, including to inform unpaid carers about their rights to assessment, was sometimes hard to find. The local authority was working on improving this and we heard about recent improvements to the front door and signposting. The local authority commissioned a community provider to undertake assessments of unpaid carers on their behalf and to offer support groups, activities and information and advice. This service had been very recently recommissioned and local authority data showed an increase in the numbers of carers assessments completed. However, this new service would take time to embed and improve unpaid carers experiences around timeliness and access to assessment.

Young carers needs were assessed by a specially commissioned service and staff described how these were timely and joined up with the assessment and care planning for the person they cared for. We heard examples of work with Children's services to ensure young people with caring roles were kept safe and were supported by interventions to replace care they were providing to an adult.

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

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People and partners told us it was sometimes hard to know what was available to people in the community and there had been recent work to improve the local authority's information and advice offer. The feedback showed that the work was ongoing and will take time to demonstrate impact. Staff said there were some areas where they felt there were gaps in community provision for people with non-eligible needs, such as mental health. Despite this, staff told us about multiple examples where they had worked creatively to meet non-eligible need.

ASSET worked with people who did not have eligible Care Act needs. The team described how they supported people to prevent needs from developing and often worked with people who did not engage with services easily, such as people affected by substance misuse or those leading chaotic lives. Staff in this team described strong social work practice to overcome barriers. They also relied on strong links with partner agencies and the voluntary and community sector.

We heard examples of the team working with people who were alcohol dependent, supporting them to access community and health services and enter recovery from addiction. They told us about long term work they did with people, such as people who had been subject to the prison system or refugees, supporting them to overcome challenges around housing or accessing health services. The long term work they described kept people safe and healthy, and their interventions delayed future need from developing.

## Eligibility decisions for care and support

People's care records clearly described their needs and why they were eligible or not. The local authority checked eligibility was recorded accurately as part of its quality assurance checks. The local authority had a process for people who disagreed with a Care Act eligibility decision.

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The process outlined how people could ask for an explanation from staff about the reason for the decision. If they wished to, they could then request a second opinion or raise a complaint through the local authority's complaints process. Analysis of local authority complaints from 2022 to 2023 showed there had not been any complaints related to eligibility decisions.

## Financial assessment and charging policy for care and support

People received a timely financial assessment but charging for care had been a consistent theme of complaints which the local authority was working to improve. Staff said financial assessments usually took place in a timely way.

From April to December 2023 there had been 14 complaints related to charging and the local authority had noted a theme that people who had complained were not aware the services put in place were chargeable. In response the local authority introduced a new charging leaflet in September 2023 and carried out work to improve understanding amongst staff.

## Provision of independent advocacy

People could access advocacy when they needed it. An advocate can help a person express their needs and wishes, 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.

Staff described good working relationships with advocacy services, including in teams who frequently worked with people who used advocates, such as in the mental health team and the learning disability team. Staff said the commissioned advocacy services were timely and responsive and provided fair challenge, ensuring people's voices were heard. National data from the Safeguarding Adults Collection (SAC) for 2023/24 said 92.59% of individuals lacking capacity were supported by an advocate, family or friend. This was a positive statistical variation from the England average (83.38%).

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