Local Government Association

Department of Health

directors of adass adult social services

Supporting implementation of the Care Act 2014

Managing demand and delivering differently: responses to the assessment capacity challenge

Background: why it matters

While the delay in implementing the funding reform elements of the Care Act may have delayed a significant increase in assessments to be carried out by local authorities, the need to respond to ever increasing demands with limited resources remains. In addition councils face the challenge of providing care and health systems which are truly personalised, including the ambition to achieve a cultural change which transfers power from the state to the person.

Visits and engagement by the Care and Support Reform Programme office over the summer of 2015 have shown that local authorities are investigating and developing a number of different approaches to meet demand and increase capacity, while delivering on the Act's aspirations.

Challenges to the long-term sustainability of services mean that it is vital to keep the momentum going for change and to maintain the pressure to implement improved ways of working, moving away from 'how we've always done it'.

The postponement of funding reform now provides a vital opportunity to deliver on both challenges outlined above, in the context of ongoing transformation of services within councils due to financial pressure but also in response to the integration and devolution agendas.

This document outlines a few of the approaches that councils have explored as they considered how to implement social care funding reform, which have continued relevance.

As the Government continues to plan for the funding reform sections within the Care Act to come into force in 2020, if local government continues work on our response to the current capacity challenge we will also be in a much improved position to respond to this additional challenge when it arrives.

Responses to the capacity challenge

Online self-assessment
A number of councils have said they would like to develop their self-assessment offer. Most are looking to do this in conjunction with their IT provider in order to be able to check if a person is already known to them and, when verified download the information into their own system. Whilst all of the IT providers are actively developing modules for this we are not currently aware of anything being widely used.

The Act states that a self-assessment tool or form should be broadly the same as that used when the authority leads the assessment. This is to ensure the empowerment achieved through self-assessment is real and a second assessment is not taking place behind closed doors, as it were. For this reason, and to try and smooth the process, some authorities have developed more simple and plain English versions of their assessment forms.

The Act also uses the term supported self-assessment as a way of recognising that the local authority always has a role to play in a legal assessment.

Oxfordshire County Council has developed an online assessment for carers. Take up has been strong and this channel now constitutes the majority of carers' assessments received by the council. With the appropriate safeguards and thoughtful design, online self-assessment can be a useful addition to conventional methods of assessment.

The essential role that needs to be carried out by the authority is assuring itself that the assessment is a true and accurate record of the person's needs. This is often called verification. We have heard of a number of potential ways to provide this, without requiring a home visit.

These are not mutually exclusive and include:

Use of community and voluntary groups in verification
This approach assumes there are suitably trained individuals who already know the person well enough to provide the necessary verification following a guided conversation. Where there may not be contact with any person on the approved list the person is given the option to go to an approved voluntary organisation, with whom they may already be involved in some capacity and to get their assessment verified there.

The idea here is that this would not be an open list but only organisations who had agreed to provide this service and whose staff had been appropriately trained (including on safeguarding) could do so. Consideration would also need to be given here as to how time consuming for the partner organisation this role would be. The organisation may already be being commissioned by the council to provide a service compatible with such a role and as such may agree that no or only a small remuneration would be necessary

Further consideration would also be needed if the role of the organisation included commissioned advocacy for the council. The Care Act suggests that assessment and consultancy are not compatible and this may be viewed to stray into this territory. However it is possible for the council to assure itself the two roles can be carried out independently.

Referring to allied professionals for verification
While we are not aware of this being used system-wide in practice, some councils have considered adding a section to the assessment form which invites the person to suggest who might assist in the verification. This could include, for example: district nurses, community hospital staff, specialist nurses, GPs, day centre managers, meals on wheels coordinators, housing staff, fire service officers, community transport providers, members of church support groups, other providers, and so on.

The idea here is not that anyone can provide the verification nor that the person has free hand in choosing who could do so. Instead the expectation is that a formal agreement is reached with the organisation and staff concerned. This may include a need for some training on the eligibility criteria and some agreement as to how the information would be verified eg could this be a phone call at a prearranged time rather than sending lots of forms, electronically or otherwise, to be vetted and responded to. If this method were to be adopted formal agreements with the relevant agencies would need to be drawn up and agreed.

Using 'community' or 'trusted' assessors
This term has been used in a variety of ways in the past, including in the field of equipment and adaptation provision and when councils tried to develop a single assessment process.

In this context the key concept is that staff from relevant local organisations are trained and contracted to either carry out and/or verify assessments on the council's behalf. These are most often user-led organisations (ULOs) or voluntary organisations active in the local area, although utilising care providers may be feasible in certain scenarios.

Several councils have considered how this might work in practice. A number of issues to consider in terms of implementing this approach have been identified, notably:

- co-design
- qualifying criteria and conflicts of interest
- contract structure
- training
- (individual) choice of assessor
- audit and assurance
- recording
- confidentiality
- terminology.

The option is a complicated one and is likely to require much more planning and developing than any of the other options stated above; however there is a potential for this approach to meet a substantial proportion of demand outside the most complex cases. Surrey County Council has progressed work to a pilot stage. We have outlined the process used and the barriers and issues encountered in **Annex A** to this document. Also available online are a number of supporting documents developed in support of the project.

Assessment surgeries or drop in centres
The idea here is that people who have completed their own assessment, with whatever help they chose that was available to them, can book into a session at a local venue where appropriately trained staff will be on hand to carry out the verification. Alternatively they can book a slot without prior self-assessment, attend and be supported on the day to self-assess.

If this offer is taken up an assessor may be able to 'sign off' many more assessments in one day than they could ever do if they were carrying out home visits. However it must be recognised that this is not an option for everyone and there will always be a significant number of people where, for a variety of reasons a home visit is the correct option.

Local consideration needs to be given to which staff are most suitable to carry out this assessment and/or verification and what other support could be made available alongside or immediately following the assessment. For example:

- Do the assessment and verification staff need to be directly employed by the council?
- Does a senior operational manager need to be on hand?
- Can an occupational therapist always be present to offer alternative solutions?
- Can this be offered alongside equipment self-assessment solutions such as those already available on the market and used by some local authorities?
- Could the venue be used for appropriate providers to advertise their services?
- Could the drop in service also offer help with support planning?

Business process redesign and developing proportionate approaches to assessment and response

A number of areas across the country have redesigned their processes their business processes around tiers of intervention and contact, in an attempt to ensure that needs are identified and met in a proportionate manner which is efficient and effective for both the council and the individual involved. Whilst models vary, common features are a tiered approach:

1. First contact – initial assessments, work to keep as many people living independently as possible. This includes preventative work, advice and information, building on community and social capacity.
2. Reablement (short-term) – helping those who need extra support just for a short period. Swift and appropriate support to help individuals regain the independence they want and value.
3. Full assessment and care planning process – tailored, appropriate ongoing support for the care needs of people who need it. This will need to be based on an asset-based approach and conversations to find out what would make a real positive difference to individuals' lives.

The East of England region has piloted a new model in three of their authorities, which has three tiers – 1) Help to help yourself; 2) Help when you need it; 3) On-going support for those who need it. Against each tier, there are expected 'end-state' outcomes for the project – which set out what both the teams involved, and the customers, will experience eg "It is expected that one person stays with the customer as the accountable co-ordinator of the person's tier 2 experience" and "I had one coordinator whom I could contact and who was able to be support me. I only needed to tell my story once".

Alongside these specific success criteria are cross cutting essential requirements (such as placing trust in frontline practitioners and their sense of what will work for individuals and supporting this with really good and clear guidance) which enable the whole approach.

A key point of early learning from this region is that new models of working won't become embedded in practice without a combination of: learning sessions; peer mentoring; and workforce training and development. All of these will need to be developed and delivered in a coordinated and sustained way.

Strength (asset) based approach training

Even before the advent of the Care Act Surrey County Council believed they needed to change their approach to assessment and support planning to move further away from the prescriptive or social work gift model. This could deliver the twin aims of empowering people to achieve their outcomes in a way which specifically responded to their situation, and help to manage costs as well.

Obviously some members of the public will have already looked to see what support was available to them from their friends or family or from within their community. However, some will need assistance to identify this and Surrey recognised this was not necessarily something staff trained in traditional case management methods would be skilled in. As part of their response they recruited a drama training group to show, in what turned out to be a powerful way, what this concept might look like in practice.

The drama team act out an assessment using more traditional language and techniques. They do this in front of an audience of operational staff ideally with some providers and some users of services present. At the end of the performance the drama director and the audience agree a place in the act where they could stop the performance and take a different tack. They then replay the scene but at the agreed point stop and allow members of the audience to direct them how to behave differently. Rather than blindly follow the directions the director invites comments and discussion on the suggested changes before moving on to carry out the scene as agreed.

The idea is that by using an asset based approach a different conclusion is reached and the audience experiment with different language and approaches.

Care needs to be taken to ensure the drama team is well briefed and that there are people in the audience who can make useful and appropriate suggestions. Senior operational managers should also be present both to take part and to ensure they are able to support such an approach in the future.

Web chats and 'live' support
One authority has noticed that many public facing websites in a variety of sectors designed to offer support and guidance offer a web chat service. These appear to be popular with the public as they offer a way of getting bespoke advice without the potential hassle of either completing information forms or phoning in. In addition they represent a cost effective way of providing personalised advice and guidance for the authority.

Authorities will need to think carefully about who should provide such a service and see it as only a small part of their information, advice and guidance offer but nonetheless it is an idea worth exploring.

Some authorities have developed scripts or checklists for contact centre staff which could be further developed for this purpose. Whilst these scripts were designed for cap enquiries the idea of having contact centre staff able to respond to queries about how people should record their needs could be further developed.

Further information

Further reading, examples, and documentation
A range of supporting information covering some of the approaches outlined above, such as business cases, templates and visioning documents, can be found at: www.local.gov.uk/care-support-reform/-/journal_content/56/10180/7521496/ARTICLE

LGA Adult Social Care Efficiency (ASCE) programme
The Adult Social Care Efficiency (ASCE) programme final report and annex, contains case studies of all 54 participating councils in that programme. It highlights transformational approaches taken by councils to improve outcomes for vulnerable adults while making the efficiency savings required to balance the books. www.local.gov.uk/productivity/-/journal_content/56/10180/3371097

Resources to support implementation of the Care Act 2014
A full range of resources produced in partnership by the Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS) and Department of Health, to support local areas in implementation of the care and support reforms, can be found at www.local.gov.uk/care-support-reform.

Acknowledgments

The above information or suggestions came about following visits by Department of Health and LGA staff to a number of local authorities who agreed to share their thinking and work to date, and have also been informed by regional work and consultation events.

In many cases the work had not progressed beyond the discussion stage but the intention had been to develop the ideas further as part of the area's response to the funding reforms. The original purpose of the visits was to develop our implementation support offer. We remain confident that the ideas could be of use both when considering how to respond to the current capacity challenge and in advance of the funding reforms.

The councils involved in the visits were;

- Birmingham City Council
- Doncaster Metropolitan Borough Council
- East Riding of Yorkshire Council
- London Borough of Barnet
- Oxfordshire County Council
- Surrey County Council

We also acknowledge the valuable input from the East of England ADASS region to this document.

About the Care and Support Reform Programme

The Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS), Care Providers Alliance (CPA), and the Department of Health (DH) are working together through the Care and support reform programme to ensure that councils, providers and other partners are successful in their implementation of the Care Act's provisions.

As part of this work, a joint programme office has been established to support councils, care providers, and other partners help bring the necessary changes to policy and practice into reality. This document and associated resources have been developed and collated as part of the joint programme office's work.

For further information on the resources available and in production to support local implementation, please visit the implementing your programme pages.

For more information on the regional, national and direct support for councils and providers visit www.local.gov.uk/care-support-reform.

Annex A
In-depth: developing a 'community assessor' model

Co-design

Surrey County Council (SCC) has explored the development use of trusted assessors in depth. Their starting point was to invite all the voluntary organisations they contracted with, the pan-Surrey user-led organisations (ULOs) and a selection of care providers to a co-design workshop. Here they outlined the challenge of ever increasing demand for assessments as experienced by the council. They also agreed a set of principles which any solution should meet, and then invited the attendees to propose solutions. The ideas were then voted on and the top few worked up in more detail. All of the SCC examples mentioned hereafter were either developed or endorsed at this initial meeting.

Contract structure

At the end of the event the idea of developing teams of trusted assessors was top of the list and a number of organisations signed up to being involved in developing and delivering the idea. Initially the organisations agreed to trial the concept on an expenses only basis but initial discussions on how contracts might look were entered into. The strong view from the organisations represented was that whilst they accepted large pre-paid block contracts would not be acceptable to the council, nor would pure spot contract basis be acceptable to them. Their view was that many of the interested organisations would need to recruit additional staff to meet the demand and they could not afford to / were not able to do this 'at risk'. A compromise with a minimum spend with each organisation being agreed up front, and a per assessment rate on top, was seen the most likely way forward.

Qualifying criteria

Attendees all agreed that the not all organisations would be suitable to offer this service. A specification was drawn up that spelled out what was expected of each organisation. This includes broad expectations such as public liability insurance and more specific criteria such as sign-up to and demonstrable understanding of the social model of disability, and an acceptance and willingness to explain and where necessary promote the national eligibility criteria and council's charging framework.

They also went on to develop a person specification to help identify the sort of person expected to carry out the role of 'trusted' assessor, to ensure that the organisations used appropriately skilled staff.

Training

In addition a minimum mandatory training module was agreed. This included SCC business process, an overview of The Care Act, detail on eligibility and assessment, detail on SCC's charging policy, and safeguarding thresholds and process.

In addition there has been discussion that if organisations were not able to meet all of the qualifying criteria additional training from SCC or others should be offered.

Audit and quality assurance

Whilst accepting that the quality of assessments carried out by the council might already be of varied quality there was still a risk to the council in allowing staff not employed and vetted by them to carry out assessments.

This would be particularly so where these staff had not previously carried out a form of assessment in their current role. The council also took the view that due diligence required them to assure themselves the assessments were of good quality and that this required action above that of ensuring organisations met the qualifying criteria and providing appropriate training.

The proposed solution to this was not to vet or check each assessment as it was accepted this would undermine the main purpose of the work and be disproportionate response. Instead the proposal was for a number of audits to be carried out.

The concept was that the audits would be carried out on a sliding scale eg 20 per cent of the first 50 assessments and if the majority

were considered correct, 10 per cent of the next 50 assessments and then 10 per cent of the next 100.

The audits would take two forms some would be desk top audits ie

1. A SCC worker would review the paperwork and any supporting documentation
2. A SCC worker would contact the person assessed and possibly their carer and the assessor by phone.
3. A SCC worker would visit the assessed person in their home.

(Individual) choice of assessor
The hope and expectation was that in time all SCC's virtual and real front doors would offer people different routes to assessment. These would include self-assessment with a variety of options for verification including the organisations signed up to be trusted assessors.

Assessment by a third party which would include the organisations signed up to be trusted assessors and SCC staff.

It was recognised that some people may already be involved with one of the organisations eg they had been receiving some low level support from Age UK or Alzheimer's Society and would therefore see some benefit in continuing to work with that organisation. Other people may have little or no knowledge of the organisations on offer and need access to background information and reassurance about confidentiality and quality and this should be part of the front door offer.

In addition in some cases the view may well be taken either by SCC or the organisation involved that a choice of assessor is not appropriate and SCC should take the lead. This could be due to complexity or other matters but was felt to be very much an exception to the normal rule.

Confidentiality
All the organisations concerned would obviously have their own confidentiality policies and protocols. These would need to be reviewed in light off this work and a clear sign off by the person be given before the work begins or even a referral across agencies is made.

Recording
It was accepted that, confidentiality protocols not withstanding both the trusted assessor organisation and the council would need to keep a record of the assessment. The council was clear that in order to fully benefit from the time and cost savings offered by the project they would need to be able to get the information into their system without rekeying.

At the time of the pilot a workable IT solution was not available ie a system which held the information outside of the main council case management system until signed off and then transferred it direct. Ideally this would be an interface allowing the trusted assessor organisation to utilise their own system.

The next option was to make it possible for the trusted assessor organisation to input directly to the councils system. This was seen as viable option given the organisation could be given access to write only to named peoples records and not have even view access to others. However this option brought an additional training demand and an extra burden for the external organisations so for the purposes of the pilot dedicated administrative assistant time was made available to transfer the records but this was not seen a viable solution in the future.

Terminology
In Surrey, following feedback from local occupational therapists and their teams, the decision was taken to refer to the project as a 'community assessors' model. This avoids confusion with those who assess for and prescribe a simple solution or a basic piece of equipment to meet the needs of an individual. Whatever the terminology chosen, the role of the assessors and their relationship to the council and other sources of support should be easy to understand and transparently put across.

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