SOCIAL CARE ASSESSMENT PROCESS

Thank you very much to you and Wendy Moreton for giving so much of your time on Monday afternoon to explain to us the intended pattern of work flows under the new assessment and resource allocation system for social care and support which the Council is currently installing. Thank you also to your colleagues who gave us an introduction to the NASCIS website.

It was interesting to discuss a number of issues about the intended operation of the new assessment and resource allocation system but for Healthwatch the most significant of these is the new system's capability to record the dates of the various actions taken and to generate reports on the time elapsed between different stages of the assessment and allocation process. This of course is particularly relevant to the recommendation that was made under the heading "Timeliness" in the Enter and View report produced in March 2013 on the experience of people with learning disabilities but it has a wider resonance for all beneficiaries of personalised social care in the Borough.

In this context you confirmed that it was the Council's intention to make full use of the new system's capabilities so as to be able to monitor the time taken to complete the various tasks and stages and subsequently to consider appropriate norms and expectations both for staff and for service users. Whether or not this might lead in due course to the setting of specific performance targets and deadlines is, we recognise, a question for the future. The system goes fully live on 1 April as we understand it. You seemed to be thinking that after three months some preliminary impressions might be emerging but that a first full analysis of the times taken would need to await the availability of 6 months' data.

You were kind enough to suggest that we could write in with any particular concerns or suggestions we might identify in the light of the discussion. On reflection I don't think we have anything new to put forward but it would be helpful to us to be able to confirm that you will be making arrangements to monitor the time taken:

- from initial referral to completion of initial assessment;

- from completion of Initial Assessment to production of an Indicative Budget (excluding any period of re-ablement provision);

- from Indicative Budget to authorisation of the definitive Personal Budget;

- from requesting a change in the detailed content of a support plan to authorisation of that change (where no increase in the budget envelope or change in the eligible needs is involved);

- from requesting a change involving a budget increase and/or a reassessment of needs to authorisation of the changes.

Where there are separately identifiable workstreams for different categories of service user or different degrees of complexity, we would hope that these will be monitored separately. In all cases we would hope that the monitoring reports would identify the distribution (in one form or another) of the times taken, not simply the average, which may not be very informative.

I hope you will be able to confirm such arrangements in the form of an email attachment. If and when you can do so we would intend to put this exchange on the Healthwatch website alongside the Council's original action plan following our March 2013 report.

Many thanks again.

Jenny Purkis

RESPONSE FROM DASS

As you are aware we are planning to put in place a suite of reports to monitor time taken to complete key tasks together with timescales between various stages of the customer journey. We have looked at the timescale reports you have highlighted below and can confirm that we can monitor these with the exception of timescale report number 4 which we are still scoping and investigating but will be able to confirm shortly. I will be happy to keep you updated regards progress.

1. from initial referral to completion of initial assessment;
2. from completion of Initial Assessment to production of an Indicative Budget (excluding any period of re-ablement provision);

3. from Indicative Budget to authorisation of the definitive Personal Budget;
4. from requesting a change in the detailed content of a support plan to authorisation of that change (where no increase in the budget envelope or change in the eligible needs is involved);
5. from requesting a change involving a budget increase and/or a reassessment of needs to authorisation of the changes.