Adult Social Care Risk Self-Assessment Part Two

Start of Block: Introductory and privacy text

Adult Social Care Risk Awareness Self-Assessment Tool, Part Two

About the Risk Awareness Self-Assessment Tool

This tool was originally developed in 2015 by the Towards Excellence in Adult Social Care (TEASC) programme as part of its role in identifying and managing risks across adult social care. It complements other more in-depth risk and self-assessment tools Directors of Adult Social Services (DASSs) can use, including those developed by the Association of Directors of Adult Social Services (ADASS) and CIPFA (The Chartered Institute of Public Finance and Accountancy) or within the ADASS regions.

The ADASS mandate strongly encourages councils to carry out regular self-assessment exercises, as this lends credibility to the sector-led improvement system. The conclusions from this exercise should enable system leaders to be confident that their council's adult social care risks have been assessed using an objective and tested process.

The aim of the tool is: To promote self-awareness amongst DASSs and their senior colleagues, supporting them in targeting their energies and limited resources on the right issues and identifying mitigating action to address their most pressing risks. To ensure that councils' political and executive leaders are well informed about the potential risks facing adult social care, reflect these in their corporate risk registers and take them fully into account in their decision-making. To enable ADASS regions to identify issues they should be addressing through sector-led improvement and the councils that might need most help. To provide assurance to the public that risks in adult social care are being rigorously assessed and managed.

Completing the online self assessment

This online self-assessment has been developed based on feedback from councils in the ADASS regions to ensure it remains fit for purpose. The electronic format will make it easier for councils to identify where the risks to adult social care delivery sit, and will also make comparative analysis or benchmarking easier if councils will find that helpful.

This is the **second** of **two** online forms which comprise the risk assessment. **Part One** asks for mainly factual information which can be quickly collected and does not need to be completed by the DASS. **Part Two** (this form) is designed as a set of statements, which ask the Director or Adult Social Care to indicate the extent to which each statement applies to their council. This should be completed by the DASS as far as possible, and will provide a richer and more reflective view of the risks and challenges for adult social care.

This second set of questions expands on the headlines in Part One. It draws on the main domains of risk identified by the LGA and ADASS, and an approach to assessing risk in adult social care developed over a number of years to help you consider your council's current position in relation to risk and consider your options for mitigation. The answers, alongside performance data, position your council in the region and sharpen the focus on areas for attention and improvement.

We have developed a set of Guidance Notes to accompany this self-assessment which gives more detail about the thinking behind each question. Please refer to this if you are uncertain about what's required for any particular question. The Notes also set out ways in which the selfassessment can be used to support sector-led improvement, a suggested timeline for carrying out the self-assessment and an example of how a facilitated challenge session can be undertaken.

To complement your self-assessment, we also recommend you consider whether any national data sets would be helpful to you as part of your analysis of the findings from this process. The LGA publishes a number of research reports on LG Inform which might be useful for this purpose, and which can be found <u>here</u>.

You can navigate through the questions using the buttons at the bottom of each page. Use the 'previous' button at the bottom of the page if you wish to amend your response to an earlier question.

This form is unique to your council and can only be completed once, but will save your responses as you enter them so that if you exit the form and click the link again, your responses will still be available to view. Anyone else who clicks the same link will also be able to view, modify and add to your responses. Submission of the form is final, so please do not click the final 'Submit' button on the last page of the form until you are fully satisfied with your responses. If you press 'submit' by mistake, please email James Harman at James.Harman@local.gov.uk.

If you stop before submitting the form, you can come back to the relevant page using the unique link supplied to your council by the Care and Health Improvement Programme team and you will be able to continue where you left off. To ensure your answers have been saved, click on the 'next' button at the bottom of the page that you were working on before exiting.

How your information will be used

All responses to Parts One and Two will be treated confidentially. Information will be aggregated, and no individual or council will be identified in any publications without your consent. Identifiable information will only be used internally within the LGA in accordance with our privacy statement, and your information will only be used to process responses and return them to your council for self-reflection. The LGA will make no further use of it beyond that. The results of this exercise will only be shared with a third party such as an independent consultant at your request in line with established data sharing agreements. By completing this self-assessment exercise you are indicating consent to your data being used in this way. Otherwise your information will not be shared beyond the LGA without your explicit consent. We are facilitating this self-assessment to aid the legitimate interests of the LGA in supporting and representing councils.

If you would like to see an overview of the questions before completing the survey online, you can access a PDF <u>here</u>.

If you have any technical queries about accessing and completing the online forms, please contact James Harman at <u>James.Harman@local.gov.uk</u>. If you have any other questions about the methodology and content of this self-assessment exercise, please contact Liz Greer at <u>Liz.Greer@local.gov.uk</u>.

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End of Block: Introductory and privacy text

Start of Block: Demographics question

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1. Please provide the following details for the person completing this second part of the selfassessment. It will normally be the Director of Adult Social Care, though some elements could be delegated.

O Name (1)	
O Council (2)	
O Job title (3)	
C Email address (4)	

2. Has this self-assessment been shared with and signed off by	y:
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	Yes (1)	No (2)
The Director of Adult Social Services? (1)	0	0
The Chief Executive? (2)	0	\bigcirc
The lead member for Adult Social Care? (3)	\bigcirc	0
The regional Care and Health Improvement Adviser (CHIA)? (4)	\bigcirc	\bigcirc
Anyone else? (please specify) (5)	0	\bigcirc

3. Please add any other optional commentary which provides additional context for your responses to the self-assessment process.

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End of Block: Demographics question

Start of Block: Block 4

Leadership and Governance

These questions are an opportunity to reflect on the environment in which your council operates and on any significant politics or organisational changes that may impact on 'business as usual' in adult social care delivery.

The questions cover: adult social care vision; influence; stability of corporate and departmental leadership teams; and confidence in scrutiny arrangements.

	To a great extent (1)	To a moderate extent (2)	To a small extent (3)	Not at all (4)	Don't know or not applicable (5)
We have a clear vision and strategy for adult social care which is understood and supported by corporate colleagues and elected members (1)	0	0	0	0	0
Our vision and strategy for adult social care is understood and supported by our key system partners (including public health, NHS acute and secondary care, CCGs, STPs or ICSs, care providers and the VCSE) (2)	0	0	\bigcirc	0	\bigcirc
Our DASS influences corporate decision making where it impacts on adult social care vision, strategy and	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc

4. Please indicate the extent to which you feel the following statements apply to your council.

delivery through full membership of the corporate leadership team (3)					
We have a stable corporate leadership team (4)	0	\bigcirc	0	0	0
We have a stable adult social care leadership team (5)	0	0	\bigcirc	0	0
We have confidence in the overview and scrutiny arrangements in place for adult social care (6)	0	\bigcirc	0	0	0

5. How **likely** are any of the following to **adversely affect** delivery of adult social care vision and strategy over the next three years and **to what extent are you confident** that any adverse impacts can be mitigated?

Likelihood it will adversely affect delivery of adult social care vision and strategy					Confidence that mitigating actions are in place to manage any adverse impact				
Great extent (1)	Moderate extent (2)	Small extent (3)	Not at all (4)	Don't know or not applicable (5)	Great extent (1)	Moderate extent (2)	Small extent (3)	Not at all (4)	Don't know or not applicable (5)

Political changes in our council (1)	0	\bigcirc	\bigcirc	(0	0	0	\bigcirc	(\bigcirc
Organisational changes in our council (e.g. major restructures, mergers or integration) (2)	0	0	0	(0	0	0	\bigcirc	(0
Organisational changes in our NHS partner organisations, including acute and community trusts, primary and secondary care and CCGs (3)	0	0	0	(0	0	\bigcirc	\bigcirc	(0
Competing pressures for resources from services linked to adult social care, e.g. children's services, public health, housing (4)	0	0	0	(0	0	0	0	(0
Unfilled posts and/or long- term sickness in the adult social care leadership team (5)	0	0	0	(0	0	0	0	(0
Brexit and its potential impact on adult social care delivery and	0	0	0	(0	0	0	0	(0

sustainability (6)										
COVID-19 (8)	0	\bigcirc	\bigcirc	(\bigcirc	\bigcirc	\bigcirc	\bigcirc	(\bigcirc
Any other factors (please specify) (7)	0	0	\bigcirc	(0	0	0	\bigcirc	(\bigcirc
Page 3 of 10										
End of Block:	Block 4									
Start of Block:	Block 5									

Sector-led improvement, culture and challenge

This section invites you to reflect on your participation in your region's sector-led improvement (SLI) activity, how you challenge your own performance and invite external challenge. It also prompts thinking about the culture in adult social care and the wider council, and the degree to which individuals and communities can offer feedback and influence decision-making.

6. Please indicate whether you are involved in the following types of regional sector-led improvement support.

Do you participate in th cour	Optional- further commentary on the value and benefits of this type of improvement support (or otherwise)	
Yes (1)	No (2)	Commentary on

			support provided (1)
Regional ADASS branch meetings (1)	0	0	
Regional sector-led improvement (SLI) events (5)	0	0	
One to one peer challenge and support between colleagues in your region, through, for example, mentoring or buddying programmes (2)	0	0	
A Balanced Scorecard approach, locally or regionally (3)	0	0	
Other forms of regional sector-led improvement support (please specify) (4)	0	\bigcirc	

7. Please indicate whether you have taken up any support offers from national partners **in the last 18 months**, including from the LGA, ADASS, NHS England and NHS Improvement and the Better Care Support Team/Better Care Fund Team.

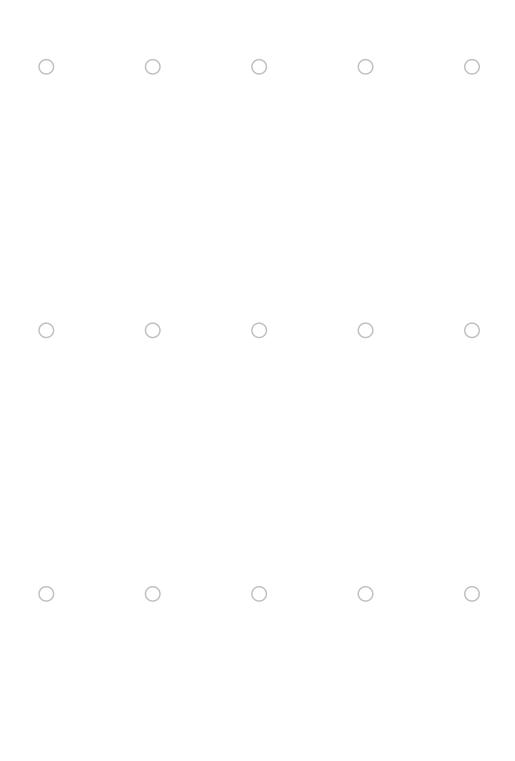
	Have you participated support offer in th	Optional - further commentary on the value and benefits of this support (or otherwise)	
	Yes (1)	No (2)	Commentary on support provided (1)
National support offer (please specify) (1)	0	0	
National support offer (please specify) (2)	0	0	
National support offer (please specify) (3)	0	0	

8. **Using performance data to challenge ourselves**. Please identify the extent to which you feel the following statements apply to your council.

	To a great extent (1)	To a moderate extent (2)	To a small extent (3)	Not at all (4)	Don't know or not applicable (5)
We use national and local performance data to identify where we are an outlier within our region, comparison group or nationally, and any potential risks associated with this (1)	0	0	0	0	0
We use our performance data to improve the quality and safety of our services and manage and mitigate any risks identified (2)	0	0	\bigcirc	\bigcirc	0
We use our performance data to explain to local people, and our elected members, how we are doing and what our short, medium and long term plans are for adult social	0	\bigcirc	0	\bigcirc	0

care (3) People who use services, their carers and families know how to tell us about the quality and safety of their services and are confident any concerns about quality or safety will be acted on (4) Our processes and systems support people to be as independent as possible, even where professionals and families may think this poses a risk (5) All frontline staff know where people can get information, advice and

advice and community support to prevent, reduce or delay the development of care needs and promote their wellbeing (6)



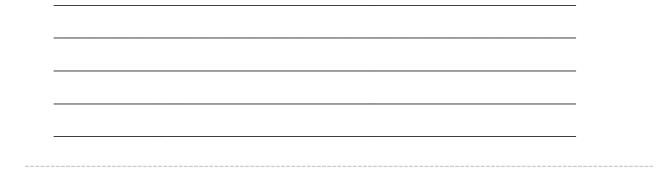
We fully support staff in promoting positive risktaking in achieving the wellbeing outcomes described in the Care Act (7) We actively promote carers' entitlements to personalised care and support under the Care Act (8) We coproduce care and support services and share risks with people who use services, and their carers (9) We use emerging technologies to identify digital solutions to preventing, reducing or delaying the development of care needs (10)

Our service delivery is focused on wellbeing outcomes

0	\bigcirc	\bigcirc	0	0
0	0	\bigcirc	\bigcirc	\bigcirc
0	0	\bigcirc	\bigcirc	\bigcirc
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
0	0	\bigcirc	\bigcirc	\bigcirc

rather than 'time and task' (11)					
Our processes and systems support all who are eligible to benefit from direct payments, in full or in part (12)	\bigcirc	0	0	\bigcirc	0

9. Please add any further optional comments relating to sector-led improvement, culture and challenge, risks and mitigating actions.



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End of Block: Block 5

Start of Block: Block 6

Personalisation, good outcomes and keeping people who use services and their carers safe

This section asks you to reflect on your progress in embedding personalisation and the effectiveness of your arrangements for keeping adults safe.

1	0. Please indicate the exter	nt to which you feel the f	following statements apr	ly to your council.
			ionoming oracomonito app	iy to your ocurroni

	To a great extent (1)	To a moderate extent (2)	To a small extent (3)	Not at all (4)	Don't know or not applicable (5)
We have fully embedded proportionate assessment which focuses on the strengths and assets people and their carers bring to the discussion (1)	0	0	0	0	0
Our assessments are personalised and clearly linked to the eligibility outcomes described in the Care Act (2)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0
People who use services and their carers are actively engaged as full and expert partners in decisions about their care and support, including hospital discharge and any transition from home to another care setting (3)	0	0	\bigcirc	\bigcirc	\bigcirc
Every person, including carers, who is eligible for support knows what	0	0	\bigcirc	\bigcirc	\bigcirc

their personal budget is and understands that they can receive this as a direct payment to organise their own care and support or with help from a third party (4)

Our Carers Strategy is Care Act aligned and underpinned by the well-being outcomes we intend to deliver for our local carers in ways which are transparent and measurable (5)

We enable working-age adults with disabilities to remain in or take up employment (6)

We are confident our local system's adult safeguarding practices are effective, person-centred, and robust (7)

People who use services, and their carers, know how to raise a timely and appropriate concern where they are worried about their own

0	\bigcirc	\bigcirc	0	0
0	\bigcirc	\bigcirc	\bigcirc	0
\bigcirc	\bigcirc	\bigcirc	\bigcirc	0
0	\bigcirc	\bigcirc	\bigcirc	0

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(8) We collect information from a diverse range of sources so we can quickly identify and address care, quality and safety concerns in regulated and unregulated care services across our health and care system (9)

or another person's safety

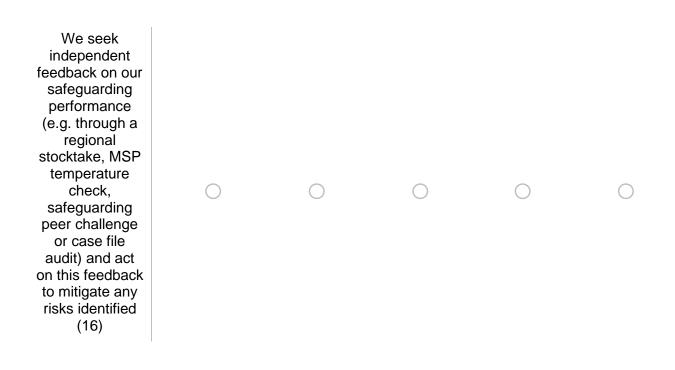
The whole of our local system (including the NHS, commissioners and care providers) understands how local adult safeguarding arrangements work and make timely and appropriate referrals (10)

We hold Safeguarding Adults Board (SAB) partners including ourselves - to account where they are underperforming (11) We record and review outcomesbased data for people who use services, and their carers, aligned to Care Act eligibility outcomes (12)

We actively seek feedback from people who use our services, including carers, and report back to them how we have acted on what they told us to improve their experience and outcomes (13)

We monitor take-up of direct payments, including by carers, and where take-up is low, actively encourage takeup and remove any unnecessary barriers (14)

We use the Making Safeguarding Personal (MSP) Outcomes Framework to evidence and review the extent to which effective safeguarding interventions deliver their intended outcomes (15) \bigcirc \bigcirc \cap ()



11. Please add any further optional comments about risks and mitigating actions relating to personalisation, good outcomes and keeping people who use their services and their carers safe.

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End of Block: Block 6

Start of Block: Block 7

Meeting national priorities and partnership working within our local system

This section asks you to reflect on your progress in meeting national priorities and to identify any specific pressures or obstacles. The second part asks you to reflect on the quality of your relationships with local partners.

	To a great extent (1)	To a moderate extent (2)	To a small extent (3)	Not at all (4)	Don't know or not applicable (5)
We are confident about meeting our current Better Care Fund (BCF) improvement targets (1)	0	\bigcirc	\bigcirc	0	0
We have plans in place to manage and mitigate emerging risks within the BCF and these are understood by all partners (2)	0	\bigcirc	\bigcirc	0	\bigcirc
Adult social care is protected within the BCF and we can sustain our investment in jointly agreed priorities (3)	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Personal health budgets are being used effectively in our local system(s) (4)	0	\bigcirc	\bigcirc	0	\bigcirc
Our local system works together to overcome any challenges in	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc

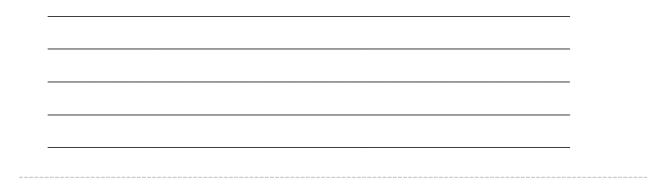
12. Please indicate the extent to which you feel the following statements apply to your council.

relation to Continuing Health Care (5) We use the **High Impact** Change Model to assess our system's progress towards maturity in managing patient flow and hospital discharge (6) We are confident in the quality and reliability of the Delayed Transfers of Care (DTOC) data we sign off and which is submitted for national data collection (7) We use national practice standards such as Making Safeguarding Personal (MSP), the ADASS Adult Safeguarding Improvement Tool and local safeguarding protocols to assure



ourselves, our partners and our stakeholders that our safeguarding practices and commitment to keeping adults safe are robust and proportionate (8)					
We have effective arrangements in place to monitor progress on our Transforming Care plans and plans in place to mitigate any risks where we are not on track (9)	0	0	0	0	0

13. Please add any further optional comments relating to managing national priorities, risks, and mitigating actions.



14. **Partnership working and integration** - please indicate the extent to which you feel the following statements apply to your council.

	To a great extent (1)	To a moderate extent (2)	To a small extent (3)	Not at all (4)	Don't know or not applicable (5)
We and our NHS partners are on track in our journey towards an integrated, sustainable health and care system (1)	0	0	0	0	0
We are actively engaged as an equal partners in our local STP(s) and ICSs where the adult social care voice is heard and influences decision- making (2)	0	0	0	\bigcirc	0
Our STP(s) fully reflect the risks facing our local NHS and social care system, and we have a joint approach to tackling these challenges (3)	\bigcirc	\bigcirc	0	\bigcirc	0
We work closely with our NHS partners on	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

utilising the improved BCF for the benefit of our whole system (4)

15. If your local health economy is experiencing any particular financial, organisational and/or performance challenges which are likely to impact on the deliverability of your STP, ICS and/or BCF please outline the nature and degree of difficulty, and the impact on adult social care. Health economy challenges could include being financially challenged, impacts of responding to COVID-19, being subject to the NHS success regime, mergers, in special measures, involvement in the ECIST programme, and/or subject to other special intervention or scrutiny from the national centre.

16. Please indicate the extent to which you feel that your relationships with local partners are characterised by trust, respect, parity of esteem, risk sharing, open and honest communication, openness to willingness to listen and to learn from others, and willingness to share resources, including training

	To a great extent (1)	To a moderate extent (2)	To a small extent (3)	Not at all (4)	Don't know or not applicable (5)
NHS partners - acute trusts (1)	0	0	0	0	0
NHS partners - community trusts (2)	0	0	\bigcirc	\bigcirc	\bigcirc
NHS partners - primary care (3)	0	0	\bigcirc	\bigcirc	\bigcirc
NHS partners - CCGs (4)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
NHS partners - mental health services (5)	\bigcirc	\bigcirc	0	\bigcirc	0
Children's services (6)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Local housing services (7)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Public health (8)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Voluntary and community groups (9)	\bigcirc	\bigcirc	0	\bigcirc	0
Private care providers (10)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Voluntary (not for profit) care providers (11)	\bigcirc	0	\bigcirc	\bigcirc	\bigcirc

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End of Block: Block 7

Start of Block: Block 8

Use of resources

This section asks you to reflect on your budget position and the impact of budget reductions on adult social care, how you are using any additional resources for adult social care, the level of savings that you have to make and whether your savings proposals are deliverable. You may also wish to comment on the budget impacts of responding to the COVID-19 crisis. It may be useful to reference or append your latest ADASS Budget Survey for this section. The second part of this section asks you to reflect on workforce pressures, both within the council, and in your wider social care market.

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17. To what extent are you confident that budgets over the next three years will be sufficient to meet the following statutory duties?

	To a great extent (1)	To a moderate extent (2)	To a small extent (3)	Not at all (4)	Don't know or not applicable (5)
Older adults (1)	0	\bigcirc	\bigcirc	0	0
Working age adults with disabilities or mental health needs (2)	0	0	\bigcirc	\bigcirc	0
Other budget concern (please specify) (3)	0	0	\bigcirc	\bigcirc	0
Other budget concern (please specify) (4)	0	0	\bigcirc	\bigcirc	0
Other budget concern (please specify) (5)	0	0	0	\bigcirc	\bigcirc

18. Please add further optional comments if helpful to expand on the above.

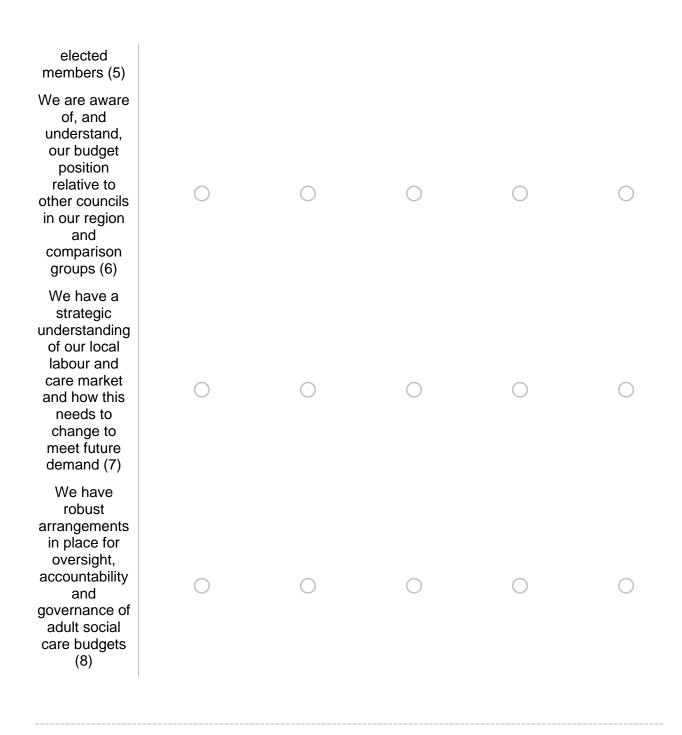
	To a great extent (1)	To a moderate extent (2)	To a small extent (3)	Not at all (4)	Don't know or not applicable (5)
Provision of information and advice (1)	0	0	0	0	0
Prevention and wellbeing (2)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Assessment - people using services (3)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Assessment - carers (4)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The personal budgets necessary to meet eligible needs, including for carers (5)	\bigcirc	\bigcirc	0	\bigcirc	0
Safeguarding adults (6)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
DoLs/Liberty Protection Standards (7)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0
Market sustainability (including national living wage) (8)	\bigcirc	\bigcirc	0	\bigcirc	\bigcirc

19. Please indicate the extent to which you are confident that budgets over the next three years will be sufficient to meet the following statutory duties.

20. Please add any further optional comments relating to budget risks and mitigating actions.

	To a great extent (1)	To a moderate extent (2)	To a small extent (3)	Not at all (4)	Don't know or not applicable (5)
We are on target in delivering our current in- year budget (1)	0	0	0	0	0
We are making effective use of the extra resources for adult social care from central government (2)	\bigcirc	\bigcirc	0	0	\bigcirc
Our current savings proposals are deliverable within the planned timescale (3)	0	0	\bigcirc	\bigcirc	\bigcirc
We fully understand our costs across all of our commissioned services (4)	0	0	\bigcirc	\bigcirc	\bigcirc
We have robust operational control of activity, expenditure and income and these are understood by our staff, partners, other council officers and	0	0	\bigcirc	\bigcirc	\bigcirc

21. Please indicate the extent to which you feel the following statements apply to your council.



22. Please add any further optional comments relating to budget risks and mitigating actions.

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23. **The adult social care workforce** - please indicate the extent to which you feel the following statements apply to your council.

,	To a great extent (1)	To a moderate extent (2)	To a small extent (3)	Not at all (4)	Don't know or not applicable (5)
We have a whole system, strategic, place-based approach to designing and developing our future integrated care and health workforce (1)	0	0	0	0	0
We are developing integrated approaches to health and care career pathways including recruitment, training, career progression and succession planning (2)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Our DASS influences strategic workforce decisions in our STP(s)/ICSs, Local Workforce Action Boards and regional Health Education England partnerships (3)	0	0	0	\bigcirc	0

We describe what the future adult social care workforce will look like in our key strategic plans (e.g. JSNA, HWB, strategy, MPSs) and share these with our whole market, including health and care providers, the voluntary and community sector and education institutions (4) We have robust plans in place to identify and where necessary mitigate the impacts of any workforce shortages on our in-house and commissioned care services arising from Brexit (5) We have robust plans in place to identify and where necessary mitigate the impacts of any workforce shortages on our in-house

and

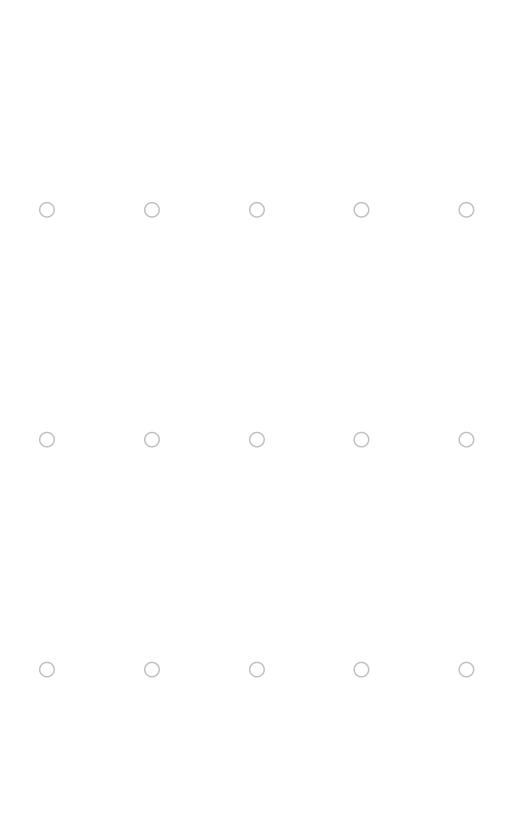
0	\bigcirc	0	0	0
0	\bigcirc	0	0	0
0	0	\bigcirc	\bigcirc	0

commissioned care services arising from COVID-19 (24)

We have robust arrangements in place to review and maximise the rates of retention of front-line workers beyond the first year of employment in both our inhouse and commissioned services (6)

We are confident we can meet future demand for skilled and experienced staff across our whole market (7)

We have embedded a strengthsbased approach to our work with people who need care and support across our whole workforce, from senior leaders and elected members to front line staff (8)



embedded a riskenablement approach to our work with people who need care and support across our whole workforce, from senior leaders and elected members to front line staff (9) We expect front line staff to know the assets available in communities to help prevent, reduce or delay the development of needs for care and support (10)

We have

We are free from corporate barriers (HR, legal, unions), in the implementation of flexible and agile recruitment in response to demand, e.g. winter pressures, new models of care or integration (11)

We know how many days are

lost to sickness per FTE post in each year, and have plans in place to manage these at acceptable levels (12) We have the right balance of qualified to unqualified staff working in our adult social care teams (13) We have sufficient AMPHs to meet current and future demand (14) We have sufficient BIAs to meet current and future demand (15) We have sufficient Level 3 social workers to meet current and future demand (16) We have sufficient OTs to meet current and future demand (17) We have a programme in place to identify, support and develop

\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
0	\bigcirc	\bigcirc	\bigcirc	\bigcirc
0	\bigcirc	\bigcirc	\bigcirc	\bigcirc
0	\bigcirc	\bigcirc	\bigcirc	\bigcirc
0	\bigcirc	\bigcirc	\bigcirc	\bigcirc

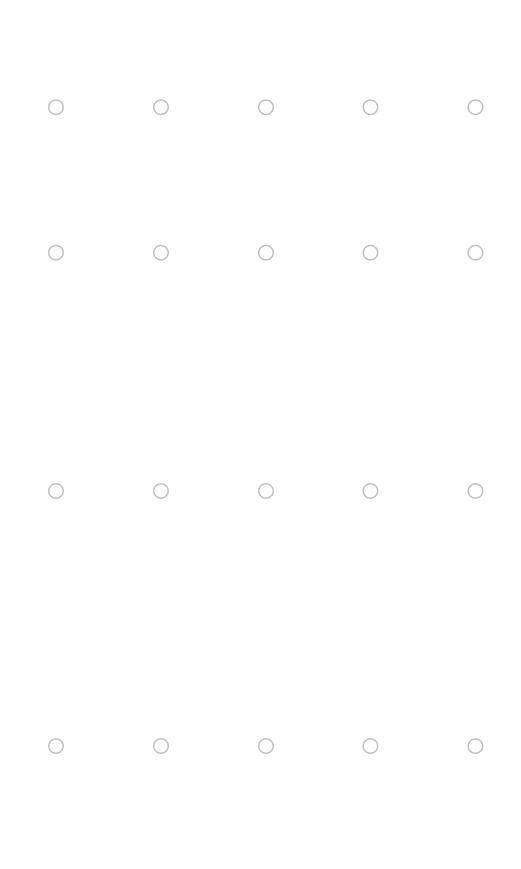
aspiring middle and senior managers (18)

We have sufficient first line managers to meet current and future demand (19)

We have sufficient staff in place to meet current and future demand for liberty protection safeguards (20)

We have sufficient commissioning specialists with the analytical, modelling and predictive capability to commission the workforce needed to deliver outcomesbased care for whole populations (21)

Our data analysts have the skills to interpret our workforce data (both council and the care market) and use it to inform our strategic workforce planning,



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succession planning (including for managerial roles) and workforce redesign (22)					
Our commissioned care providers have sufficient supply of competent front line care staff (including nurses), and registered managers, to deliver safe, quality care to the standard we require, now and in the future (23)	0	0	0	0	\bigcirc

24. Please add any further optional comments relating to workforce risks and mitigating actions.

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End of Block: Block 8

Start of Block: Block 9

Care market quality, sustainability and supply

These questions are an opportunity to reflect on the state of your local care market, including the availability, quality, diversity and sustainability of care and support services. It also asks how you develop and shape your local market in line with Care Act requirements. You may wish to review your latest ADASS Budget Survey for this section.

	To a great extent (1)	To a moderate extent (2)	To a small extent (3)	Not at all (4)	Don't know or not applicable (5)
We are confident about the sufficiency and sustainability of our local market to meet future demand, including provision for potential purchasing by others, including CCGs and self-funders (1)	0	0	0	0	\bigcirc
We are confident in our capability to model future demand to predict the future types and range of services that will be needed to meet the needs of our local population over the next five to ten years (2)	0	\bigcirc	0	0	0
Our Market Position Statement(s) are up to date and co- produced with our providers, signalling to	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0

25. Please indicate the extent to which you feel the following statements apply to your council.

our whole market any need to extend, expand or reduce services over the next five to ten years (3) We commission age appropriate services to support young people and young carers as they move into adulthood (4) We involve people who use our services, and their carers, in the design, development and commissioning of our care and support services, now, and for the future (5) We have a good understanding of the specific gaps in our local and regional markets and are stimulating care and support which offers people personalised, strengths-

\bigcirc	0	0	0	0
0	0	0	0	0
0	\bigcirc	\bigcirc	\bigcirc	0

based options that maximise independence, even for people with complex needs (6) We invest in community services which promote wellbeing, reduce or delay the need for care and support, and build the capacity of communities to support people to remain in their own homes for as long as possible (7) We are actively developing and investing in our market to meet individual needs through the use of PAs, ISFs, microprovision and direct payments (8) We use intelligence from a diverse range of sources (e.g. public health, the voluntary and

community

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sector) to inform our future commissioning intentions (9)

26. **Current market risks** - to what extent do you have immediate concerns about the costs, quality and sustainability of any commissioned, including in-house, services?

	To a great extent (1)	To a moderate extent (2)	To a small extent (3)	Not at all (4)	Don't know or not applicable (5)
Cost of commissioned services (1)	0	0	0	0	0
Quality of commissioned services (2)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Sustainability of commissioned services (3)	\bigcirc	\bigcirc	0	\bigcirc	\bigcirc
Cost of in- house services (4)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Quality of in- house services (5)	\bigcirc	0	\bigcirc	\bigcirc	\bigcirc
Sustainability of in-house services (6)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

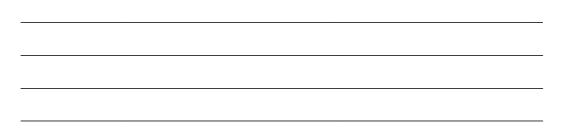
27. To what extent has lack of capacity in the local care market adversely impacted on prompt and timely discharge from hospital? Please provide brief details and any action taken to mitigate any immediate risks identified.

		•

28. Provider failures and provider withdrawals

	Yes (1)	No (2)	Don't know or not applicable (3)
Have you had any provider failures in the last 18 months? (1)	0	0	0
Have you had any unexpected provider withdrawals from the market in the last 18 months? (2)	\bigcirc	0	\bigcirc
Have you had any providers returning contracts in the last 18 months? (3)	\bigcirc	0	\bigcirc
Have you had any providers rated inadequate by the CQC in the last 18 months? (4)	\bigcirc	\bigcirc	\bigcirc

29. Please briefly describe any actions taken to manage and mitigate risks and challenges arising from provider failure or withdrawals from the market.



30. Commissioned services brought back in-house

	Yes (1)	No (2)	Don't know or not applicable (3)
Have you recently brought any commissioned service back in-house in the last 18 months? (1)	0	0	0
If yes, has this increased costs and/or have there been any other unforseen or unintended consequences as a result? (2)	\bigcirc	0	\bigcirc

31. Please briefly describe any actions taken to manage and mitigate any cost increases and/or any adverse consequences arising from bringing services back in-house.

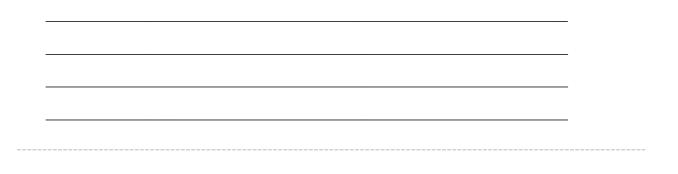


32. Lack of market capacity to meet individual care and support needs.

	Yes (1)	No (2)	Don't know or not applicable (3)
Has any lack of capacity in the local market impacted adversely on your ability to put in place personalised care packages for individuals in a prompt and timely way? (1)	0	0	\bigcirc

Please provide any brief details about the adverse impacts and any actions taken to mitigate these.

33. What percentage of your total number of service users do you have waiting on an 'unable to place' list, and what action is being taken to manage and mitigate any risks arising?



	To a great extent (1)	To a moderate extent (2)	To a small extent (3)	Not at all (4)	Don't know or not applicable (5)
We have explicit quality and safety standards in place for all adult social care commissioned services, including in- house services (1)	0	0	\bigcirc	0	0
We routinely review compliance with these standards - including safety concerns - with our senior management team and elected members (2)	\bigcirc	0	0	0	0
Where we jointly commission services with the NHS, we have joint mechanisms in place to assure the quality of these services and to review compliance - including safety concerns - with our commissioning partners (3)	\bigcirc	\bigcirc	0	0	0

34. Please indicate the extent to which you feel the following statements apply to your council.

 \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc

We collect and share data about the quality and safety of all of our local registered care provision with people who use our services, and their carers, including selffunders (4) We understand the true costs of providing current and future care based on prices providers in our local care market find fair and sustainable (5) Gaps in pricing and funding assumptions are addressed in our council's medium-term financial plan (6) Future pricing assumptions

take account of additional costs arising, e.g. sleep-ins, national minimum wage (7) 35. Please add any further optional comments relating to care market quality, sustainability and supply risks and mitigating actions.

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End of Block: Block 9

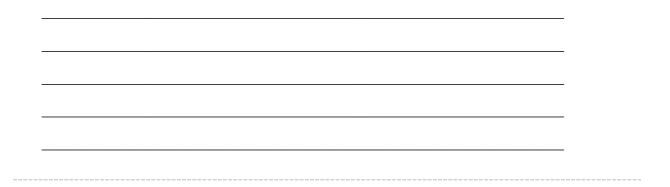
Start of Block: Block 3

Summary of top risks, challenges and successes

36. Please describe your top successes or things you are most proud of achieving in adult social care in the last year. We suggest a minimum of three, but you may add up to five if you wish.

O Success 1 (1)	
O Success 2 (2)	
O Success 3 (3)	
O Success 4 (4)	
O Success 5 (5)	

37. Please provide any other optional comments to set the context of these successes.



38. Please describe your top risks in adult social care over the next three years, and **how confident** you are that your council can manage and mitigate these risks. We suggest that a minimum of three risks are highlighted but you may add up to five if you wish.

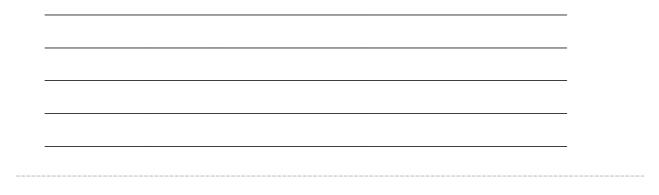
You may find it useful to review your most recent ADASS Budget Survey response, which includes an assessment of risks associated with adult social care delivery.

	Very confident (1)	Fairly confident (2)	Not very confident (3)	Not at all confident (4)	Don't know or not applicable (5)
Risk 1 (1)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Risk 2 (2)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Risk 3 (3)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Risk 4 (4)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Risk 5 (5)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

39. In your view, are there any national, regional or local changes that pose potential or actual risks to your council or adult social care delivery? If so, please tell us below what they are and how you are mitigating them.

In particular, we welcome any views on whether the EU exit poses potential ongoing risks to your council or adult social care, and any risks associated with managing the impacts and costs of COVID-19 on adult social care delivery.

40. Finally, if you have any further comments on the content of your self-assessment, please add them here.



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End of Block: Block 3

Start of Block: Survey end and privacy statement text

Once you press the 'Submit' button below, you will have completed the form. Doing this is final and your response cannot be modified beyond this.

Please make sure that your response is completely finalised before pressing 'Submit'. Your responses will be saved to the link to this form, so you can circulate the link among the other contributors to this exercise and everything you have input will be saved. If you

press 'Submit' by mistake, please email James Harman at <u>James.Harman@local.gov.uk</u>.

Many thanks for taking the time to complete this self-assessment. You are in control of any personal data that you have provided to us in your response. You can contact us at all times to have your information changed or deleted. You can find our full privacy policy here: <u>click here to</u> <u>see our privacy policy</u>

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End of Block: Survey end and privacy statement text