

# Adult Social Care Risk Self-Assessment Part Two

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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 self-assessment 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 [here](#).

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](mailto: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 [here](#).

If you have any technical queries about accessing and completing the online forms, please contact James Harman at [James.Harman@local.gov.uk](mailto:James.Harman@local.gov.uk). If you have any other questions about the methodology and content of this self-assessment exercise, please contact Liz Greer at [Liz.Greer@local.gov.uk](mailto:Liz.Greer@local.gov.uk).

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End of Block: Introductory and privacy text

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Start of Block: Demographics question



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

☐ Name (1) \_\_\_\_\_

☐ Council (2) \_\_\_\_\_

☐ Job title (3) \_\_\_\_\_

☐ Email address (4) \_\_\_\_\_

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2. Has this self-assessment been shared with and signed off by:

	Yes (1)	No (2)
The Director of Adult Social Services? (1)	<input type="radio"/>	<input type="radio"/>
The Chief Executive? (2)	<input type="radio"/>	<input type="radio"/>
The lead member for Adult Social Care? (3)	<input type="radio"/>	<input type="radio"/>
The regional Care and Health Improvement Adviser (CHIA)? (4)	<input type="radio"/>	<input type="radio"/>
Anyone else? (please specify) (5)	<input type="radio"/>	<input type="radio"/>

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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

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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.

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4. 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 clear vision and strategy for adult social care which is understood and supported by corporate colleagues and elected members (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our DASS influences corporate decision making where it impacts on adult social care vision, strategy and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

delivery through full membership of the corporate leadership team (3)

We have a stable corporate leadership team (4)

We have a stable adult social care leadership team (5)

We have confidence in the overview and scrutiny arrangements in place for adult social care (6)



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)

☐ ☐ ☐ ( ☐ ☐ ☐ ☐ ☐ ( ☐

Organisational changes in our council (e.g. major restructures, mergers or integration) (2)

☐ ☐ ☐ ( ☐ ☐ ☐ ☐ ☐ ( ☐

Organisational changes in our NHS partner organisations, including acute and community trusts, primary and secondary care and CCGs (3)

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Competing pressures for resources from services linked to adult social care, e.g. children's services, public health, housing (4)

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Unfilled posts and/or long-term sickness in the adult social care leadership team (5)

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Brexit and its potential impact on adult social care delivery and

☐ ☐ ☐ ( ☐ ☐ ☐ ☐ ☐ ( ☐



sustainability (6)										
COVID-19 (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other factors (please specify) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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 this support type in your council?		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)	<input type="radio"/>	<input type="radio"/>	
Regional sector-led improvement (SLI) events (5)	<input type="radio"/>	<input type="radio"/>	
One to one peer challenge and support between colleagues in your region, through, for example, mentoring or buddying programmes (2)	<input type="radio"/>	<input type="radio"/>	
A Balanced Scorecard approach, locally or regionally (3)	<input type="radio"/>	<input type="radio"/>	
Other forms of regional sector-led improvement support (please specify) (4)	<input type="radio"/>	<input type="radio"/>	

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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 in this type of national support offer in the last 18 months?		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)	<input type="radio"/>	<input type="radio"/>	
National support offer (please specify) (2)	<input type="radio"/>	<input type="radio"/>	
National support offer (please specify) (3)	<input type="radio"/>	<input type="radio"/>	

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**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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We use our performance data to improve the quality and safety of our services and manage and mitigate any risks identified (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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



We fully support staff in promoting positive risk-taking 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 co-produce 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



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)



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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

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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.

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10. 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 fully embedded proportionate assessment which focuses on the strengths and assets people and their carers bring to the discussion (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our assessments are personalised and clearly linked to the eligibility outcomes described in the Care Act (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Every person, including carers, who is eligible for support knows what	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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



or another  
person's safety  
(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)

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  
outcomes-  
based 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 take-  
up 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)



We seek independent feedback on our safeguarding performance (e.g. through a regional stocktake, MSP temperature check, safeguarding peer challenge or case file audit) and act on this feedback to mitigate any risks identified (16)



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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

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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.

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12. 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 are confident about meeting our current Better Care Fund (BCF) improvement targets (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have plans in place to manage and mitigate emerging risks within the BCF and these are understood by all partners (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult social care is protected within the BCF and we can sustain our investment in jointly agreed priorities (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal health budgets are being used effectively in our local system(s) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our local system works together to overcome any challenges in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 (DTC)  
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)



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

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**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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We work closely with our NHS partners on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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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.

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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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS partners - community trusts (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS partners - primary care (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS partners - CCGs (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS partners - mental health services (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's services (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local housing services (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voluntary and community groups (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private care providers (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voluntary (not for profit) care providers (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Block 7

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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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working age adults with disabilities or mental health needs (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other budget concern (please specify) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other budget concern (please specify) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other budget concern (please specify) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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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.

	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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention and wellbeing (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment - people using services (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment - carers (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The personal budgets necessary to meet eligible needs, including for carers (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safeguarding adults (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DoLs/Liberty Protection Standards (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Market sustainability (including national living wage) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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001 002 003 004 005 006 007 008 009 010 011 012 013 014 015 016 017 018 019 020 021 022 023 024 025 026 027 028 029 030 031 032 033 034 035 036 037 038 039 040 041 042 043 044 045 046 047 048 049 050 051 052 053 054 055 056 057 058 059 060 061 062 063 064 065 066 067 068 069 070 071 072 073 074 075 076 077 078 079 080 081 082 083 084 085 086 087 088 089 090 091 092 093 094 095 096 097 098 099 100



21. 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 are on target in delivering our current in-year budget (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We are making effective use of the extra resources for adult social care from central government (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our current savings proposals are deliverable within the planned timescale (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We fully understand our costs across all of our commissioned services (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have robust operational control of activity, expenditure and income and these are understood by our staff, partners, other council officers and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

elected  
members (5)

We are aware  
of, and  
understand,  
our budget  
position  
relative to  
other councils  
in our region  
and  
comparison  
groups (6)

We have a  
strategic  
understanding  
of our local  
labour and  
care market  
and how this  
needs to  
change to  
meet future  
demand (7)

We have  
robust  
arrangements  
in place for  
oversight,  
accountability  
and  
governance of  
adult social  
care budgets  
(8)



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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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We are developing integrated approaches to health and care career pathways including recruitment, training, career progression and succession planning (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our DASS influences strategic workforce decisions in our STP(s)/ICSs, Local Workforce Action Boards and regional Health Education England partnerships (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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



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 in-  
house 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  
strengths-  
based  
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)



We have embedded a risk-enablement 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 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





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  
outcomes-  
based 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,



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)



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

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## 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.

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25. 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 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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our Market Position Statement(s) are up to date and co-produced with our providers, signalling to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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-



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, micro-provision and direct payments (8)

We use intelligence from a diverse range of sources (e.g. public health, the voluntary and community



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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of commissioned services (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sustainability of commissioned services (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of in-house services (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of in-house services (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sustainability of in-house services (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

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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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had any unexpected provider withdrawals from the market in the last 18 months? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had any providers returning contracts in the last 18 months? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had any providers rated inadequate by the CQC in the last 18 months? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If yes, has this increased costs and/or have there been any other unforeseen or unintended consequences as a result? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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.

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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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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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?

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34. 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 explicit quality and safety standards in place for all adult social care commissioned services, including in-house services (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We routinely review compliance with these standards - including safety concerns - with our senior management team and elected members (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 self-funders (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

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Start of Block: Block 3

### **Summary of top risks, challenges and successes**

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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.

- ☐ Success 1 (1) \_\_\_\_\_
  - ☐ Success 2 (2) \_\_\_\_\_
  - ☐ Success 3 (3) \_\_\_\_\_
  - ☐ Success 4 (4) \_\_\_\_\_
  - ☐ Success 5 (5) \_\_\_\_\_
-

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

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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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk 2 (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk 3 (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk 4 (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk 5 (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.*

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**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

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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 [James.Harman@local.gov.uk](mailto:James.Harman@local.gov.uk).**

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: [click here to see our privacy policy](#)

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End of Block: Survey end and privacy statement text

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