

Adult social care self-assessment

A guide to support the development
of your adult social care self-assessment

Part two: A framework
and tools to support
self-assessment



Partners in Care
and Health

The Local Government Association and Association of Directors of Adult Social Services are **Partners in Care and Health (PCH)** working with well-respected organisations.

PCH helps councils to improve the way they deliver adult social care and public health services and helps Government understand the challenges faced by the sector.

The programme is a trusted network for developing and sharing best practice, developing tools and techniques, providing support and building connections. It is funded by the Department of Health and Social Care and offered to councils without charge.

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This document is owned by Partners in Health and Care.

Version three reflects learning from the CQC Pilot Inspections and the most recent Assessment framework for local authority assurance published by the Care Quality Commission (CQC) on 8 December 2023.

Version	Key changes	Date of issue
Version 3.0	Reflects learning from earlier guidance and feedback from CQC.	



Top tips for the self-assessment

Accountability for the quality and performance of adult social care at the core

Specific to local context and circumstances

Supported by staff and partners who are engaged in the self-assessment

Users, carers and their advocates are accorded greatest importance

Rigorous in the analysis of strengths and areas to improve

Action oriented and used to support and track improvement

Nuanced around CQC's assessment framework

Clear and concise with a clear focus on the outcomes achieved

Evidence based with data used to inform and understand performance



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Introduction

This guidance has been prepared by Partners in Care and Health (PCH) to support councils to undertake a comprehensive adult social care self-assessment that draws out their strengths and areas for improvement.

While there is no mandatory requirement for local authorities to produce an adult social care self-assessment it is recognised as a valuable exercise that can provide an objective, honest and authentic opportunity to focus improvement planning and delivery in a way that ensures local ownership.

By using the Care Quality Commission (CQC) local authority adult social care assessment framework themes, which reflect the requirements set out in Part One of the Care Act 2014 and other relevant legislation, this guidance supports councils to undertake a self-assessment in a way that will also meet the needs of the CQC and the [CQC Information Return](#) request prior to assessment.

Part one provided an introduction and overview to support councils in the development of an adult social care self-assessment. Part two offers a framework and tools councils can use to support the systematic gathering of evidence.

Learning from councils who have used the framework and toolkit has highlighted:

- the importance of strong **executive leadership**, with clarity on **why** the self-assessment is being completed, **who** it is for and **how** it will be used
- the need for a **clear process agreed at the start**, either based on the framework offered in this guidance, or an alternative approach that has been adopted by the council
- the value of **early engagement** with staff, people with lived experience and key partners from the start will ensure greater confidence in content and accuracy as well as ownership of the findings
- the need to allow **sufficient time and resource** to ensure effective engagement through the process
- the benefit of identifying a '**pen holder**' who may not be an adult social care subject matter expert, but is skilled at drawing together and presenting back the evidence produced through the self-assessment process in the final document that is concise and clear.



About this document

The tools and templates in this document are based around the CQC assessment framework themes. This is not intended to constrain consideration of other areas or issues which arise through the process of completing the self-assessment, and which are relevant to understanding strengths and areas for improvement.

The approach is based on a three-stage process.

<p>Stage 1: Initial engagement to test perceptions of performance and gather evidence focusing on Care Act duties using the CQC themes</p> <p>Tool: Quality statement checklists</p>	<p>There is a checklist for each CQC quality statement, also available in <u>excel format</u> which can be used to enable wide engagement in gathering evidence and testing whether there are different perspectives on strengths and areas for improvement.</p> <p>The checklists can be completed through surveys, workshops and/or working groups with views triangulated and evidence aggregated.</p> <p>When completed the checklists should provide an initial, evidence based view about current performance, drawing out areas of strength, areas for improvement, as well as areas where there may be differences in views about performance. They will also identify where there may be gaps in evidence that will need to be considered through the self-assessment process.</p>
<p>Stage 2: Summary self-assessment against CQC themes</p> <p>Tool: Self- assessment templates</p>	<p>There is a template for each CQC quality statement framed around three core areas:</p> <ol style="list-style-type: none">1. Ambition/vision and current performance2. Performance and evidence used to understand performance.3. Plans to maintain or improve performance in this area <p>Each template should be completed by the relevant lead officer, drawing on the findings from Stage 1 confirming areas of strength and areas identified for improvement, with corresponding evidence and information on improvements achieved and actions being taken. It will be used to inform the final self-assessment document and to help populate the evidence library.</p>



Stage 3: Final self-assessment

Tool:
Template for final self-assessment

This template offers a framework and structure that councils may wish to use to produce the final self-assessment document in a way that meets the need of the CQC.

It covers five core areas:

Section A – key messages, setting out the local context, confirming adult social care’s key strengths, priorities for improvement and track record

Section B – the findings of the self-assessment for each quality statements drawing on the Stage 2 summary reports.

Section C – a summary of the process undertaken including sign off confirming the engagement process

Section D – document and evidence library providing links to key plans, reports referenced in the self-assessment which is aligned to the CQC information return request.





Stage 1 and Stage 2 checklists and templates

Theme one:

Working with people

There are three quality statements in this theme focusing on assessing need, supporting people to live healthier lives and ensuring equity in access and outcomes.

Quality statement one: Assessing needs

- **We** maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.
- **I** have care and support that is coordinated, and everyone works well together and with me.
- **I** have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

What the CQC will be looking for...

Evidence that people with care and support needs, including unpaid carers, those who fund or arrange their own care and communities have the best possible wellbeing outcomes. And that:

- their care and support needs are assessed in a **timely and consistent** way
- assessments and care and support plans are **co-produced, up-to-date and regularly reviewed**
- support is **co-ordinated** across different agencies and services
- **decisions and outcomes** are transparent.

Evidence that people's care and support reflect their right to choice, builds on their strengths and assets, and reflects what they want to achieve and how they wish to live their lives.

Quality statement two: Supporting people to live healthier lives

- **We** support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.



- I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.
- I am supported to plan ahead for important changes in my life that I can anticipate.

What the CQC will be looking for....

Evidence that the local authority works with people, partners and the local community to promote independence and support people to prevent, reduce or delay the need for care and support. It does this by providing or arranging provision of services, facilities, resources and other measures.

Evidence that the local authority takes steps to identify people with needs for care and support that are not being met.

Evidence that people in the area have access to the information and advice they need to make informed decisions about how to meet their care and or support needs.

Quality statement three: Equity in experiences and outcomes

- **We** actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.
- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths, and goals.

What the CQC will be looking for....

Evidence that the local authority understands and is addressing:

- **barriers** to care and support
- **inequalities** in experience and outcomes

Evidence that the local authority is ensuring care and support meets the **diverse needs** of communities

Evidence that people are encouraged to give **feedback**, which is acted on and used to drive improvements

Evidence that the local authority is meeting **legal requirements** relating to equality and human rights. This includes:

- avoiding discrimination
- having regard to the needs of people with different protected equality characteristics
- making reasonable adjustments to support equity in experience and outcomes.



Stage 1 checklist: Working with people – assessing needs

Examples of data to consider:

- number of assessments and reviews completed every month and waiting lists/times
- team and individual caseload data
- quality assurance audit results – for example, % rated as good or better
- results from any sector led improvement (SLI) peer reviews/reviews undertaken by anyone else
- feedback surveys/workshops with people with lived experience and their carers
- training numbers for strengths/assets-based training for assessments and reviews and any evaluation of impact.

Supporting data pack available in [LG Inform](#)

Working with people – assessing needs	1 Strongly disagree	2 Tend to disagree	3 Tend to agree	4 Strongly agree	0 Don't know	Why? What evidence do you have to support this? What evidence do you need?
The wellbeing principle is embedded throughout the local authority care and support system and is clearly promoted when carrying out all care and support functions.						
People's care and support reflects their right to choose , builds on strengths and assets , reflects what they want to achieve and how they wish to live their lives.						
Assessment and care planning arrangements are person-centred, strengths-based , and focus on achieving the best outcomes for people; assessments and care and/or support plans are co-produced; support is coordinated across different agencies and services and decisions and outcomes are transparent.						
Assessment and care planning is timely and up-to-date and the local authority is acting to manage and reduce waiting times for assessment, care planning and reviews.						
The local authority has arrangements to identify and respond to immediate risks to people's wellbeing, while they are waiting for an assessment.						
The needs of unpaid carers are recognised as distinct from the person with care needs; assessments, support plans and reviews for unpaid carers are undertaken separately.						
People can easily access the local authority's care and support services through multiple channels, including online and self-assessment options. There is equality of access for people with different cultural/protected equality characteristics.						
The local authority has arrangements to tell people how to access services and facilities for help with non-eligible care and support needs and for referring to other agencies/departments.						
The local authority has an assessment and eligibility framework for adults and unpaid carers that is transparent, clear and consistently applied; people can appeal against assessment and eligibility decisions, and appeals are heard in a timely way.						
The local authority has a transparent, accessible and fair framework for charging adults who receive care and support services after their individual needs and financial situations have been assessed; the framework is used consistently.						
The local authority has assessment teams who are appropriately trained and with the experience and knowledge necessary to carry out assessments, including specialist assessments.						
Unpaid carers have access to information, training, support and equipment required to undertake their caring role safely and effectively.						
People have timely access to direct payments ; processes are easy to use and enable people to maximise their choice and control about how to meet their support needs.						
People have access to independent advocacy services to support adult and unpaid carers with assessment, care and support planning or review if required.						

Stage 2 self-assessment summary report: Working with people – assessing needs

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Prompts to consider (in no particular order and not all necessarily need to be covered):

- Is there a clear approach to assessment and review systems to understand effectiveness and impact?
- Are there links to a quality strategy for professional practice and strength/asset-based practice?
- How are people's needs, voices and preferences heard?
- What is the information on access to assessment telling us, including waiting times for assessment and reviews (Care Act including carer assessments, Mental Health Act (MHA), The Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLs) and Continuing Healthcare (CHC))?
- If people are waiting for assessment and/or review, how is risk being managed?
- How are the needs of carers; under-represented communities; young people transitioning into adult social care and people living outside of the council area understood, and what is the evidence to support this?
- What are the links to quality audits of assessments and reviews and associated learning?
- How is feedback from service users, carers, advocates and care providers regarding quality of assessments being used?
- Are there findings of any peer review of assessment and review processes that are relevant?

Supporting data pack available in LG Inform



Self-assessment summary report:

Working with people – assessing needs

What is our ambition?

This section should provide a short summary of the strategic intent in this area – where have you come from and where are you aiming to be.

Our areas of strength and areas for improvement, and how do we know?

This section should provide a short summary of three key areas of strength identified through stage 1 and areas identified for improvement, with supporting evidence and improvement work ongoing and/or proposed.

Strength 1

Strength 2

Strength 3

Areas for improvement

What do others say about our performance?

Include any quotations or visuals which 'give life' to the self-assessment and that can be considered for inclusion in the final document. Also include any external or internal recognitions/awards.

What key documents need to be included in the evidence library?

List relevant documents including strategies, plans, relevant policies and procedures and links to data/performance that need to be included and referenced.

Verified by senior manager with responsibility in this area for delivery

Name:

Post:

Signature:

Date:



Stage 1 checklist: Working with people – supporting people to live healthier lives

Examples of data to consider:

- care home admissions into hospitals
- reablement - Adult Social Care Outcomes Framework (ASCOF) data
- use of Resources report regarding diversion into community (benchmarked)
- percentage commissioned spend on bedded care vs support at home (domiciliary care, DP/PBs, assistive technology, aids and adaptations)
- Mental Health Act data including admissions and prevalence and form of support provided to people in receipt of some support.

[Supporting data pack available in LG Inform](#)

Working with people – supporting people to live healthier lives	1 Strongly disagree	2 Tend to disagree	3 Tend to agree	4 Strongly agree	0 Don't know	Why? What evidence do you have to support this? What evidence do you need?
The local authority works with people, partners and the local community to make available a range of services, facilities and other measures to promote independence, and to support people to prevent, delay or reduce their needs for care and support.						
The local authority has a clear, co-produced strategy to prevent, delay or reduce care and support needs and a coherent and adequately resourced delivery plan. The plan is informed by data about the local population, including the Joint Strategic Needs Assessment and it seeks to address local priorities and inequalities. Specific consideration is given to support the wellbeing of unpaid carers and the needs of people who fund their own care and support.						
The local authority has a range of preventative services and other measures delivered by a diverse range of providers, working collaboratively across the system and these are having a positive impact on well-being outcomes for people.						
People in the area have equal access to preventative measures that are not subject to eligibility criteria, for example, equipment, adaptations, reablement.						
The local authority works with partners to deliver high-quality, responsive intermediate care and reablement services to enable people to return to their optimal independence.						
Charging arrangements for preventative services do not lead to inequality of access for people living in the area.						
People most at risk of a decline in their independence and wellbeing are identified and prioritised for care and support, including unpaid carers.						
The local authority works with partner agencies , providers and local communities to develop, fund, commission and deliver its prevention strategy.						
The local authority promotes innovative approaches to prevention activity , for example technology and digital innovation.						
People in the area have access to equipment and minor home adaptations required to maintain their independence and continue living in their own homes. They have information on accessing a Disabled Facilities Grant.						
People in the area have access to information and advice on their rights under the Care Act and to enable them to make informed decisions about how their care and/or support needs can be met.						
Information and advice on care, support and wellbeing. This is accurate, coherent, accessible and available to all people in the area when they need it, including for people who fund their own care and support, and for unpaid carers.						

Stage 2 self-assessment summary report: Working with people – supporting people to live healthier lives

We support people to manage their health and wellbeing, so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce future needs for care and support.

Prompts to consider (in no particular order and not all necessarily need to be covered):

- What does the Joint Strategic Needs Assessment point to in terms of priorities most relevant to Care Act duties (for example, reduction of obesity among people with a learning disability or autistic people) and the specific needs of all communities including the provision of culturally appropriate services and services for those with protected characteristics?
- Is there clear alignment with the prevention strategy and how it is impacting such as work to reduce avoidable hospital and care home admissions?
- Is there evidence on how priorities for improvement are reflected in supporting plans, for example training and development, supervision, practice audit, commissioning?
- Are there links to partnership and collaborative working, such as transforming community mental health services strategy/Building Better Lives strategy and any impact – for example, supporting resilience and mental wellbeing amongst vulnerable/excluded groups?
- What is the role of direct payments, personal budgets and Individual Services Funds (ISFs) to support choice and independence?
- What do we know about people's experiences of being supported and how do we collect this?
- What have we learnt from incidence reporting and ratings of quality of services from audit?
- What are the current risks and how are we managing risk?



- What are staff views regarding their ability to provide the right support to meet need?
- Are there findings of any peer review of support services that are relevant?

Supporting data pack available in LG Inform



Self-assessment summary report:

Working with people – supporting people to live healthier lives

What is our ambition?

This section should provide a short summary of the strategic intent in this area – where have you come from and where are you aiming to be.

Our areas of strength and areas for improvement, and how do we know?

This section should provide a short summary of three key areas of strength identified through stage 1 and areas identified for improvement, with supporting evidence and improvement work ongoing and/or proposed.

Strength 1

Strength 2

Strength 3

Areas for improvement

What do others say about our performance?

Include any quotations or visuals which 'give life' to the self-assessment and that can be considered for inclusion in the final document. Also include any external or internal recognitions/awards.

What key documents need to be included in the evidence library

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Verified by senior manager with responsibility in this area for delivery

Name:

Post:

Signature:

Date:



Stage 1 checklist: Working with people – equity in experiences and outcomes

Examples of data to consider:

- data used to understand equity in experience and outcome
- strategy(s) for identifying and reducing inequalities of experience and outcomes
- equality objectives; plans to address and reduce inequalities; progress
- equality impact assessments and action plans
- accessibility pathways (AIS / BSL interpreter services and compliance)
- annual reporting for Public Sector Equality Duty.

[Supporting data pack available in LG Inform](#)

Working with people – equity in experiences and outcomes	1 Strongly disagree	2 Tend to disagree	3 Tend to agree	4 Strongly agree	0 Don't know	Why? What evidence do you have to support this? What evidence do you need?
The local authority is proactive in engaging with people more likely to have poor care, seldom heard groups and communities to understand the specific barriers to care and support experienced by them; local authority (LA) works with those groups to co-produce actions to remove barriers .						
The local authority is proactive in engaging with people more likely to have poor care, seldom heard groups and communities to understand the potential and actual inequalities in care and support outcomes; LA works with those groups to co-produce actions to reduce inequalities .						
The local authority has regard to its Public Sector Equality Duty (Equalities Act 2010) in the way it delivers its Care Act functions; there is clear and accessible information relating to people who share protected characteristics and who are affected by the local authority's care and support policies and practices; there are equality objectives which are reviewed at least four yearly.						
The local authority has undertaken equality impact assessments of its care and support policies and processes, and it has acted on any recommendations arising from them.						
The local authority has clear priorities and objectives regarding improving experiences and outcomes for people who are more likely to have poor care, with a coherent and adequately resourced delivery plan.						
The local authority makes reasonable adjustments to support equity in experience and outcomes						
Local authority staff involved in carrying out Care Act duties have a good understanding of cultural diversity within the area and how to engage appropriately.						

Stage 2 self-assessment summary report: Working with people – equity in experiences and outcomes

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Prompts to consider (in no particular order and not all necessarily need to be covered):

- What is our understanding of, and how do we address, barriers to care, support and treatment and how do we work to reduce inequalities in experience and outcomes?
- Are there any under-represented groups/communities and people who are more likely to receive poorer care and what are we doing about it?
- Are there examples of co-production and how do we evaluate these?
- Can we reference any evidence of improvements and innovations to improve outcomes and experience in equalities and is equality and human rights built into procurement contracts?
- How do we recognise the importance of equality objectives and equality impact assessments?
- Is there improvement action relevant to past or present improvement priorities and how this has impacted and/or is being overseen?
- Is there evidence on how priorities for improvement are reflected in supporting plans, for example training and development, supervision, practice audit and commissioning?

[Supporting data pack available in LG Inform](#)



Self-assessment summary report:

Working with people – equity in experiences and outcomes

What is our ambition?

This section should provide a short summary of the strategic intent in this area – where have you come from and where are you aiming to be.

Our areas of strength and areas for improvement, and how do we know?

This section should provide a short summary of three key areas of strength identified through stage 1 and areas identified for improvement, with supporting evidence and improvement work ongoing and/or proposed.

Strength 1

Strength 2

Strength 3

Areas for improvement

What do others say about our performance?

Include any quotations or visuals which ‘give life’ to the self-assessment and that can be considered for inclusion in the final document. Also include any external or internal recognitions/awards.

What key documents need to be included in the evidence library

List relevant documents including strategies, plans, relevant policies and procedures and links to data/performance that need to be included and referenced.

Verified by senior manager with responsibility in this area for delivery

Name:

Post:

Signature:

Date:



Theme two:

Providing support

This theme covers has two quality statements the first focusing on care provision, integration and continuity which includes market shaping and commissioning and the second on partnership and communities which focuses on integration and partnership working.

Quality statement one: Care provision, integration and continuity

- **We** understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.
- **I** have care and support that is coordinated, and everyone works well together and with me.

What the CQC will be looking for....

Evidence that the local authority understands the care and support needs of people and communities and that there is good variety of care providers, provision is resilient and there is sufficient capacity to meet demand now and in future.

Evidence that local people have access to a diverse range of safe, effective, high-quality support options to meet their care and support needs. This includes unpaid carers and those who fund or arrange their own care.

Evidence that services are sustainable, affordable and provide continuity for people.



Quality statement two: Partnerships and communities

- **We** understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

What the CQC will be looking for....

Evidence that the local authority works actively towards integrating care and support services with services provided by partner agencies and that this achieves better outcomes for people who need care and support and unpaid carers and helps to reduce inequalities.

Evidence of partnership working which helps to ensure that care and support meets the diverse needs of individual people and communities and people experience a seamless care and that is co-ordinated across different agencies and services.



Stage 1 checklist: Providing support – care provision, integration and continuity

Examples of data to consider:

- CQC reports
- complaints and compliments reports
- re-admissions / delays / waiting times
- activity levels, including out of area placements.

Supporting data pack available in LG Inform

Providing support - care provision, integration and continuity	1 Strongly disagree	2 Tend to disagree	3 Tend to agree	4 Strongly agree	0 Don't know	Why? What evidence do you have to support this? What evidence do you need?
The local authority works with local stakeholders to understand the care and support needs of people and communities , including people who fund or arrange their own care, now and in the future. They use this to shape and develop the market so that people have access to a diverse range of local support options to meet their care and support needs that are safe, effective, affordable and high-quality.						
Commissioning strategies are co-produced with stakeholders and people in the local community. Local authority strategies are aligned with the strategic objectives of partner agencies (for example, health, housing, public health).						
There is specific consideration given to the provision of services to meet the needs of unpaid carers .						
The local authority works collaboratively with partners so that it commissions models of care and support that are in line with recognised best practice.						
The local authority works collaboratively with partners so that contracting arrangements are person-centred, efficient and effective . These support the delivery of high-quality care, experiences and outcomes for people.						
The local authority works with partners and neighbouring authorities to respond to specialist needs and to jointly commission specialist services when required. This creates efficiencies and achieves better outcomes for people.						
The local authority works with providers and stakeholders to ensure services are sustainable , affordable and provide continuity for people. Contracting arrangements support this (for example contract duration supports continuity). The local authority collaborates with service providers to ensure that the cost of care is transparent and fair.						
There is sufficient care and support available to meet demand and people can access it when, where and how they need it. There is minimal need for people to receive services or support from outside of the local authority area.						
The local authority has clear arrangements to monitor the quality and impact of care and support services being commissioned for people and it supports improvements where needed.						
The local authority understands its current and future workforce needs . It works in partnership with care providers, including personal assistants and other agencies, to develop, support and promote a capable and effective workforce. This facilitates and supports quality improvement and encourages training and development for the care and support workforce.						
The local authority actively supports innovation in care and support provision , including using incentives or financial support, for example, grants or match funding, where there are gaps or to develop the diversity of care and support options for people in the area.						
Commissioning practices and services delivered on behalf of the local authority comply with the requirements of the Equality Act 2010 and proactively addresses the needs of people with protected equality characteristics .						

Stage 2 self-assessment summary report: Providing support – care provision, integration and continuity

We understand the diverse health and care needs of people and local communities, so care is joined-up, flexible and supports choice and continuity.

Prompts to consider (in no particular order and not all necessarily need to be covered):

- How do we understand our communities, with particular reference to those with vulnerabilities and/or protected characteristics?
- How are we working with partners to deliver joined up care that supports choice and continuity?
- How are we working with the care market to ensure services are able to meet need in a way that supports choice and independence?
- What do we know about people's experiences of support provided?
- How do we assure ourselves on the quality of care provided and commissioned?
- How do we work in partnership specifically in relation to Building the Right Support, Transforming Community Mental Health Services, Continuing Health Care, housing and homelessness?
- What do care providers and the voluntary and community sector employers (VCSE) say about working with us?
- What are staff views on the ability to provide person centred care?
- Are there findings of any peer reviews/independent reviews of how well the health and care system are working together?
- How is our commissioning approach delivering choice for people?
- Is there evidence on how priorities for improvement are reflected in supporting plans, for example training and development, supervision or practice audit?



Self-assessment summary report:

Providing support – care provision, integration and continuity

What is our ambition?

This section should provide a short summary of the strategic intent in this area – where have you come from and where are you aiming to be.

Our areas of strength and areas for improvement, and how do we know?

This section should provide a short summary of three key areas of strength identified through stage 1 and areas identified for improvement, with supporting evidence and improvement work ongoing and/or proposed.

Strength 1

Strength 2

Strength 3

Areas for improvement

What do others say about our performance?

Include any quotations or visuals which ‘give life’ to the self-assessment and that can be considered for inclusion in the final document. Also include any external or internal recognitions/awards.

What key documents need to be included in the evidence library

List relevant documents including strategies, plans, relevant policies and procedures and links to data/performance that need to be included and referenced.

Verified by senior manager with responsibility in this area for delivery

Name:

Post:

Signature:

Date:



Stage 1 checklist: Providing support – partnerships and communities

Examples of data to consider:

- BCF plans and performance reports
- Re-admissions / discharge performance
- Compliments and complaints

[Supporting data pack available in LG Inform](#)

Providing Support - partnerships and communities	1 Strongly disagree	2 Tend to disagree	3 Tend to agree	4 Strongly agree	0 Don't know	Why? What evidence do you have to support this? What evidence do you need?
The local authority works collaboratively with local partners to agree and align priorities and responsibilities. This enables it to identify, understand and address the needs of the whole community, including inequalities.						
The local authority recognises the unique contribution of the community and voluntary sector in the provision of care and support and actively promotes their involvement as equal partners.						
The local authority has agreed roles, responsibilities and accountabilities with partner agencies for delivering shared priorities , for example Better Care Fund, Continuing Health Care, hospital discharge, delayed transfers of care, and transforming care. There are enabling mechanisms such as pooled budgets, information sharing arrangements, governance protocols, co-location and integration of staff teams from partner organisations.						
The local authority actively collaborates to ensure people experience integrated seamless and co-ordinated care and support services with those provided by the NHS and by other partner agencies, such as housing, employment, transport and leisure. Services work together to provide better outcomes and enhance the wellbeing of people who need care and support and unpaid carers.						
The local authority monitors and evaluates the impact of its partnership working on the costs of social care and the outcomes for people. This informs ongoing development and continuous improvement.						
The local authority prioritises integration of services in areas such as reablement, intermediate care and end of life care services where evidence shows this improves people's wellbeing. This takes account of the key national and local priorities and objectives.						

Stage 2 self-assessment summary report: Providing support – partnerships and communities

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Prompts to consider (in no particular order and not all necessarily need to be covered):

- Is there a clear approach to or partnership work that is reflected in governance structures across health and care, including the community and voluntary sector, with evidence impactful?
- Is there a commitment to co-production with people with lived experience that can be evidenced?
- Is there a clear approach to working with the care market to improve quality and capacity?
- What is known about people's experiences of support provided to understand if it feels co-ordinated?
- How do we support joint programmes, such as Building the Right Support, Continuing Health Care, Community Mental Health Framework
- What do care providers and the VCSE say about working with us?
- What data is used to understand our performance?
- Have we included findings of any peer reviews/independent reviews of how well the health and care system are working together?
- Have we given evidence of how we evaluate our improvement work?
- Is there evidence on how priorities for improvement are reflected in supporting plans, for example training and development, supervision or practice audit?



Self-assessment summary report:

Providing support – partnerships and communities

What is our ambition?

This section should provide a short summary of the strategic intent in this area – where have you come from and where are you aiming to be.

Our areas of strength and areas for improvement, and how do we know?

This section should provide a short summary of three key areas of strength identified through stage 1 and areas identified for improvement, with supporting evidence and improvement work ongoing and/or proposed.

Strength 1

Strength 2

Strength 3

Areas for improvement

What do others say about our performance?

Include any quotations or visuals which 'give life' to the self-assessment and that can be considered for inclusion in the final document. Also include any external or internal recognitions/awards.

What key documents need to be included in the evidence library

List relevant documents including strategies, plans, relevant policies and procedures and links to data/performance that need to be included and referenced.

Verified by senior manager with responsibility in this area for delivery

Name:

Post:

Signature:

Date:



Theme three:

How the local authority ensures safety within the system

This theme has two quality statements. The first, safe systems, pathways and transitions focuses on systems of care. The second focuses on safeguarding and the local authority responsibilities to make sure people are protected from abuse and neglect.

Quality statement one: Safe systems, pathways and transitions

- **We** work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.
- When **I** move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.
- **I** feel safe and am supported to understand and manage any risks.

What the CQC will be looking for....

Evidence that **safety is a priority for everyone** and that there is a strong awareness of the risks to people across their care journeys, which are managed proactively and effectively.

Evidence that care and support is planned and organised with people, together with partners and communities in ways that improve their **safety across their care journeys** and ensures continuity in care. This includes referrals, admissions and discharge, and where people are moving between services.

Evidence that the **views of people** who use services, partners and staff are listened to and taken into account.

Evidence that **policies and processes** about safety are aligned with other key partners who are involved in people's care journey to enable shared learning and drive improvement.



Quality statement two: Safeguarding

- **We** work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this.
- **We** concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect, we make sure we share concerns quickly and appropriately.
- **I** feel safe and am supported to understand and manage any risks.

What the CQC will be looking for....

Evidence that there are **effective systems, processes and practices** to make sure people are protected from abuse and neglect.

Evidence that **Section 42 safeguarding enquiries** are carried out sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre where people can participate in the safeguarding process as much as they want to.

Evidence that there is a clear understanding of the **key safeguarding risks and issues** in the area and a clear, resourced strategic plan to address them.

Evidence that **lessons are learned** when people have experienced serious abuse or neglect and action is taken to remove future risks and drive best practice.

Evidence that **people are supported** to understand safeguarding, what being safe means to them, and how to raise concerns when they don't feel safe, or they have concerns about the safety of other people.

Evidence that people are supported to make choices that **balance risks with positive choice** and control in their lives.

People are supported to **understand their rights**, including their human rights, rights under the Mental Capacity Act 2005 and their rights under the Equality Act 2010.



Stage 1 checklist: How the local authority ensures safety within the system – safe systems, pathways and transitions

Examples of data to make available to those completing the checklist:

- recent monitoring reports
- annual safeguarding report
- mental health data

Supporting data pack available in LG Inform

Ensuring safety - safe systems, pathways and transitions	1 Strongly disagree	2 Tend to disagree	3 Tend to agree	4 Strongly agree	0 Don't know	Why? What evidence do you have to support this? What evidence do you need?
Safety is a priority for everyone , and leaders embed a culture of openness and collaboration. The local authority learns from adverse events.						
There is strong awareness and monitoring of the areas with the greatest risks to people's safety and wellbeing, and solutions are developed collaboratively.						
Care and support is planned and organised with people, partners, and communities in ways that improve their safety across their care journeys and ensures continuity in care, particularly when people move between different services, or when responsibility for care and support passes between agencies.						
The local authority understands where there are risks to the continuity of people's support . It has plans to mitigate and manage them so that people's safety is maintained, for example when moving between children and adult services and discharge from hospital.						
The local authority carries out effective and timely transition assessment and planning when young people and carers move from children's to adult services to ensure a seamless, co-ordinated and person-centred process. There is a clear understanding of responsibilities, including funding arrangements.						
Funding decisions or disputes do not lead to delays in the provision of care and support. There are interim arrangements while decisions are being made.						
Local authorities ensure continuity of care and support when people move between services as their needs change so that they can move without worrying that they will not have the care and support they need.						
Specific consideration is given to protecting the safety and wellbeing of people who are using services which are located away from their local area, and when people move from one local authority to another.						
The local authority can respond to unplanned events and emergencies to minimise the potential risks to people's safety and wellbeing, for example because of a provider closing or suspending its business.						
Roles, responsibilities and accountabilities are agreed and recorded . The right training is provided when social care providers are commissioned to provide medicines support and delegated healthcare duties.						

Stage 2 self-assessment summary report: How the local authority ensures safety within the system – safe systems, pathways and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Prompts to consider (in no particular order and not all necessarily need to be covered):

- Why is this important and how do we provide system leadership?
- Have we described how leaders across health and social care set joint targets and priorities?
- Is there clarity of professional leadership and management arrangements for quality and oversight, including the management of risk and commitment to learning?
- How is core monitoring data used to understand the quality of decision making across the system?
- Is there evidence of how funding decisions or disputes are managed to avoid delays in the provision of care and support?
- Have we offered examples of how we respond to unplanned events?
- What are the links to quality audits of assessments and reviews and associated learning?
- Are there any findings from peer reviews / inspections that are relevant?
- How are CQC ratings for our registered providers with specific reference to 'staying safe' managed?



- How is the welfare of people living outside the council area monitored – how reviews are undertaken and how quality of care/support is assured?
- How are the voices of people with lived experience heard for example people with a learning disability, homeless people and people with mental health?
- Is there evidence on how priorities for improvement are reflected in supporting plans, for example training and development, supervision or practice audit?



Self-assessment summary report:

How the local authority ensures safety within the system – safe systems, pathways and transitions

What is our ambition?			
This section should provide a short summary of the strategic intent in this area – where have you come from and where are you aiming to be.			
Our areas of strength and areas for improvement, and how do we know?			
This section should provide a short summary of three key areas of strength identified through stage 1 and areas identified for improvement, with supporting evidence and improvement work ongoing and/or proposed.			
Strength 1			
Strength 2			
Strength 3			
Areas for improvement			
What do others say about our performance?			
Include any quotations or visuals which ‘give life’ to the self-assessment and that can be considered for inclusion in the final document. Also include any external or internal recognitions/awards.			
What key documents need to be included in the evidence library			
List relevant documents including strategies, plans, relevant policies and procedures and links to data/performance that need to be included and referenced.			
Verified by senior manager with responsibility in this area for delivery			
Name:	Post:	Signature:	Date:



Stage 1 checklist: How the local authority ensures safety within the system – safeguarding

Examples of data to make available to those completing the checklist:

- recent monitoring reports
- annual safeguarding report
- mental health data

Supporting data pack available in LG Inform

Ensuring safety - safeguarding	1 Strongly disagree	2 Tend to disagree	3 Tend to agree	4 Strongly agree	0 Don't know	Why? What evidence do you have to support this? What evidence do you need?
The local authority has a Safeguarding Adults Board that has clear understanding of the key safeguarding risks and issues in the area. It has a clear, resourced strategic plan to address them, and holds local safeguarding partners to account.						
There is a strong multi-agency framework for safeguarding people with care and support needs and the roles and responsibilities for identifying and responding to concerns are clear.						
Concerns are investigated promptly to minimise risks to people's safety.						
The local authority sets safeguarding thresholds at a level that is in line with best practice and guidance , and they are applied consistently. The scope of safeguarding enquiries includes people who are subject to modern slavery or human trafficking.						
There is clarity on what constitutes a safeguarding concern and concerns arising from the quality of services . There are clear pathways for responding to either type of concern.						
Information sharing arrangements are in place so that concerns are raised quickly and investigated without delay.						
Safeguarding enquiries are carried out sensitively and without delay , keeping the wishes and best interests of the person concerned at the centre. People can participate in the safeguarding process as much as they want to and can make choices that balance risks with positive choice and control.						
People in the area have access to clear, accessible, good quality information about safeguarding and the types of abuse. This explains how the system works, how to raise concerns about their safety and how to access mainstream community safety measures.						
People feel safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination, and their liberty is protected where this is in their best interests and in line with legislation.						
Relevant agencies are informed of the outcomes of safeguarding enquiries when it is necessary to the ongoing safety of the person concerned.						
Safeguarding plans and actions to reduce future risks for individual people and risks within the area are acted on promptly.						
The local authority uses safeguarding adult reviews to identify failings and to learn lessons from cases where adults with care and support needs have experienced serious abuse or neglect. It takes action to drive best practice.						
The local authority has a positive culture that focuses on learning and promotes opportunities to improve understanding of safeguarding.						
The local authority focuses on preventing abuse and neglect and identifying risk early. There are robust risk management processes .						
There are sufficient resources and suitably skilled staff to deliver safeguarding duties						

Stage 2 self-assessment summary report: How the local authority ensures safety within the system – safeguarding

We work with people to understand what being safe means to them and work with them as well as our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect, and we make sure we share concerns quickly and appropriately.

Prompts to consider (in no particular order and not all necessarily need to be covered):

- How is Making Safeguarding Personal (MSP) being implemented recognising the importance of user and carer experience?
- What are the links with the children's safeguarding partnership, specifically in relation to contextual safeguarding?
- What are the professional leadership arrangements?
- What is the incidence and ratings from audit of safeguarding practice, including multi-agency audits?
- What is the evaluation of training telling us, and are caseloads manageable?
- Are there any Safeguarding Adult Reviews (SARs) which confirm where good MSP practice exists and/or confirm that agencies pass on information quickly and appropriately?
- Can we evidence effectiveness of information sharing protocols?
- What is our approach to quality audits of MSP and safeguarding practice?
- How are people's needs, voices and preferences heard (including use of independent advocates) and is there any evidence of this leading to change in practice?



- Is there evidence relating to assessment and review of young people known to be at risk, in other words, on the Child Protection Register (CPR), transitioning into adult social care?
- Is there improvement action relevant to past or present improvement priorities and how this has impacted and/or is being overseen?
- Is there evidence on how priorities for improvement are reflected in supporting plans, for example training and development, supervision or practice audit?



Self-assessment summary report:

How the local authority ensures safety within the system – safeguarding

What is our ambition?

This section should provide a short summary of the strategic intent in this area – where have you come from and where are you aiming to be.

Our areas of strength and areas for improvement, and how do we know?

This section should provide a short summary of three key areas of strength identified through stage 1 and areas identified for improvement, with supporting evidence and improvement work ongoing and/or proposed.

Strength 1

Strength 2

Strength 3

Areas for improvement

What do others say about our performance?

Include any quotations or visuals which 'give life' to the self-assessment and that can be considered for inclusion in the final document. Also include any external or internal recognitions/awards.

What key documents need to be included in the evidence library

List relevant documents including strategies, plans, relevant policies and procedures and links to data/performance that need to be included and referenced.

Verified by senior manager with responsibility in this area for delivery

Name:

Post:

Signature:

Date:



Theme four: Leadership

This theme has two quality statements, the first focusing on governance, management and sustainability. The second focusing on learning, improvement and innovation.

Quality statement one: Governance, management and sustainability

- **We** have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

What the CQC will be looking for....

Evidence that there are clear and effective **governance, management and accountability** arrangements at all levels within the local authority providing visibility and assurance on the delivery of care act duties, quality and sustainability and risks to delivery and people's care and support experiences and outcomes.

Evidence that the local authority **uses information about risks, performance, inequalities and outcomes to inform** its adult social care strategy and plans, to allocate resources and to deliver actions needed to improve care and support outcomes for people and local communities.

Evidence that there are robust arrangements for the **availability, integrity and confidentiality of data, records and data management systems**.

Quality statement two: Learning, improvement and innovation

- **We** focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.



What the CQC will be looking for....

Evidence that **learning from people's feedback** about their experiences of care and support and feedback from staff and partners is embedded throughout the local authority's work and it informs strategy, improvement activity and decision making at all levels.

Evidence that **co-production is embedded** throughout the local authority's work.

Evidence of an **inclusive and positive culture** of continuous learning and improvement and that the local authority has strong external relationships that support improvement and innovation.

Evidence that **staff and leaders engage with external work**, including research, and embed evidence-based practice in the organisation.

Evidence that there are processes to ensure that **learning happens when things go wrong** and from examples of good practice, and that leaders encourage reflection and collective problem-solving.



Stage 1 checklist: Leadership – governance, management and sustainability

Data to consider:

- adult social care strategy
- structure and governance charts
- risk register and management reports
- staff surveys
- complaints and compliments data and trends.

Supporting data pack available in LG Inform

Leadership - governance, management and sustainability	1 Strongly disagree	2 Tend to disagree	3 Tend to agree	4 Strongly agree	0 Don't know	Why? What evidence do you have to support this? What evidence do you need?
The local authority has a clear strategic ambition and objectives for adult social care.						
There are effective performance management arrangements at all levels. These provide visibility and assurance on delivery of Care Act duties, risks to delivery, quality and sustainability, and people’s care and support experiences and outcomes.						
The local authority uses information about risks, performance and outcomes to inform strategy, allocate resources and to deliver the actions needed to improve care and support outcomes for people and local communities.						
There are effective governance arrangements at all levels . These support evidence-based delivery of adult social care, oversight of quality, support learning and development, and performance management.						
There is a stable adult social care leadership team with clear roles, responsibilities and accountabilities.						
Risks in the local authority operating environment , and any political or organisational changes that may affect business, are assessed and mitigated.						
The local authority’s political and executive leaders are well informed about the potential risks facing adult social care. They reflect these in their corporate risk registers and take them fully into account in their decision-making.						
The local authority has effective budget oversight , accountability and governance. It assesses the impact of any budget reductions and whether the level of savings required will affect its ability to meet statutory duties, including comparison with regional and national benchmarking groups.						
Equality and human rights and diversity principles are embedded in the local authority’s values, culture, and leadership behaviour. Leaders know the current challenges to equality and human rights and have plans to tackle them.						

Stage 2 self-assessment summary report:

Leadership – governance, management and sustainability

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Prompts to consider (in no particular order and not all necessarily need to be covered):

- Is there a clear and overarching ambition and strategy for adult social care within the council that can be described?
- What are the reporting structures, and are there clear, approved and enacted terms of reference for all management, leadership and decision-making groups?
- Are there effective systems to identify and manage risk and issues that enable good decision making?
- What information is routinely being used by leaders to ensure there is a good understanding of performance against care act duties?
- How do we communicate and engage with colleagues working in and with adult social care (ASC), including with trade unions?
- What mechanisms are there to gain feedback from staff, key partners, people who use services and providers on their experience of working with the council?
- How do we use learning from complaints/compliments/Ombudsman findings?

Supporting data pack available in LG Inform



Self-assessment summary report:

Leadership – governance, management and sustainability

What is our ambition?

This section should provide a short summary of the strategic intent in this area – where have you come from and where are you aiming to be.

Our areas of strength and areas for improvement, and how do we know?

This section should provide a short summary of three key areas of strength identified through stage 1 and areas identified for improvement, with supporting evidence and improvement work ongoing and/or proposed.

Strength 1

Strength 2

Strength 3

Areas for improvement

What do others say about our performance?

Include any quotations or visuals which 'give life' to the self-assessment and that can be considered for inclusion in the final document. Also include any external or internal recognitions/awards.

What key documents need to be included in the evidence library

List relevant documents including strategies, plans, relevant policies and procedures and links to data/performance that need to be included and referenced.

Verified by senior manager with responsibility in this area for delivery

Name:

Post:

Signature:

Date:



Stage 1 checklist: Leadership – learning, improvement and innovation

Data to consider:

- training and learning data
- staff surveys
- complaints and compliments data and trends
- improvement plans.

Leadership - learning, improvement and innovation	1 Strongly disagree	2 Tend to disagree	3 Tend to agree	4 Strongly agree	0 Don't know	Why? What evidence do you have to support this? What evidence do you need?
The local authority designs the system and services around people who need care and support and unpaid carers and the outcomes that are important to them. Services are developed by working with people and their communities. Individuals and communities are involved in decisions at all levels of the system.						
The local authority has arrangements to support improvement, innovation and research , and processes for evaluating and sharing learning.						
The local authority embeds learning from people's feedback about their experiences of care and support, and from staff and partners throughout its work. This informs the strategy, improvement activity and decision making at all levels. Co-production is embedded throughout the local authority's work. Improvement plans are monitored and evaluated to ensure they achieve the intended impact and outcomes.						
There is a strong focus on continuous learning and improvement . This includes through appropriate use of external accreditation, shared learning, best practice and research.						
Innovation and new ways of working , including technology, are encouraged and supported to improve people's health and wellbeing outcomes.						
The local authority challenges its own performance and invites external challenge.						
The local authority engages with and contributes to system-wide reviews and demonstrates that it embeds and shares the learning from them.						
The local authority seeks guidance and support to improve when necessary. It uses other support organisations when it identifies risks and areas for improvement.						
The local authority shares learning, best practice and innovation with peers and system partners to influence and improve how services are delivered.						
The local authority actively participates in sector led improvement activity.						

Stage 2 self-assessment summary report:

Leadership – learning, improvement and innovation

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Prompts to consider (in no particular order and not all necessarily need to be covered):

- Do we have an ASC learning and development strategy and how is it developed to meet learning needs?
- Have we described our approach to workforce development, recruitment and retention?
- Can we describe how staff from different organisations working with adults with care and support needs learn together?
- Have we demonstrated continuous improvement in an area of performance and described how it was managed?
- Have we evidenced that people working in ASC having meaningful influence over the development of priorities and ideas for improvement?
- Have we evidenced how we are embedding co-production with people with lived experience?
- Have we described what other organisations/networks we link to to share good practice and identify opportunities for learning?
- Have we described how we engage in sector led improvement (SLI)?
- Have we evidenced the use of feedback from people with lived experience and their carers?



- Have we evidenced the use of feedback from staff – what are they saying about our approach to leadership, learning and continuous improvement?
- Have we linked back to what our data is telling us, for example staff vacancies, turnover, sickness absence, complaints and compliments?
- Have we referenced the results of any SLI work in this area – including peer review?
- Have we referenced any national awards that are relevant?



Self-assessment summary report:

Leadership – learning, improvement and innovation

What is our ambition?

This section should provide a short summary of the strategic intent in this area – where have you come from and where are you aiming to be.

Our areas of strength and areas for improvement, and how do we know?

This section should provide a short summary of three key areas of strength identified through stage 1 and areas identified for improvement, with supporting evidence and improvement work ongoing and/or proposed.

Strength 1

Strength 2

Strength 3

Areas for improvement

What do others say about our performance?

Include any quotations or visuals which 'give life' to the self-assessment and that can be considered for inclusion in the final document. Also include any external or internal recognitions/awards.

What key documents need to be included in the evidence library

List relevant documents including strategies, plans, relevant policies and procedures and links to data/performance that need to be included and referenced.

Verified by senior manager with responsibility in this area for delivery

Name:

Post:

Signature:

Date:





Stage 3:

Final self-assessment
report template

Section A: Overview and summary

A short overview and summary – suggested maximum length of four pages - should provide a clear and compelling overview and might include the following subheadings/cover the following:

About us..... (council)

This section can set out the key facts relevant to adult social care to frame the self-assessment.

It might include:

- demographics, employment, housing, health inequalities
- description of the council and corporate plan
- health and wellbeing priorities and overview of leadership of place (including integrated care partnership/integrated care system, the voluntary and community sector (VCS) and how local people are engaged)
- who is approaching/receiving ASC.

Our strategy for adult social care

This section can provide an overview of the council's ASC strategy – with reference to key priorities.

This may also cover joint working/partnerships including with health, co-production, working with care providers, the VCSE and other statutory services such as public health and housing to the benefit of people with care and support needs.

Our key strengths

This section can draw out key strengths identified through the self-assessment.

In summarising the key strengths, these can be aligned to the self-assessment themes, being clear that there is evidence to support these as strengths and where appropriate, highlighting where these have been achieved through specific improvement work.

Our key risks, issues and challenges

This section can draw out areas which are recognised as being the key risks and issues and what is being done to manage these and support improvement.

In summarising these areas, which can be aligned to the self-assessment themes, offering evidence of what you are doing about these and where possible drawing on your track record of improvement.



Section B: Self-assessment against the CQC themes

You will want to consider where you place emphasis against each of the quality statements depending on what has emerged through your self-assessment engagement and collation work.

If it is intended that this document is to be provided to the CQC as part of the Local Authority Information Return, it is recommended that there is a separate consideration given to each of the nine CQC Quality Statements and that as a minimum, each quality statement section should be no more than 750 words, and cover the following:

An introduction and summary

This should include a clear articulation of your ambition, the key strengths identified through the self-assessment and the priorities for improvement.

Think about how you are aligning your ambition to the quality statements.

Current performance

How are you performing against the quality statement, how do you know, and what is this saying about your strengths and areas for improvement? Include no more than three areas of identified strength and three areas identified for improvement.

Think about what evidence you are going to include, how you reference it and whether there are any graphics, pictures or quotes you can use to strengthen your narrative.

Priorities to maintain and improve

What are our plans to maintain/improve performance evidencing insight, and what assurance can you give that these will be impactful?



Section C: Our self-assessment process and sign off

The self-assessment document should provide some detail on the processes undertaken, including any sign off processes and formal endorsement and comments received for example from the council leader; chief executive; cabinet member for adult social care; chair of adult social care scrutiny committee; director of adult social services; director of public health; safeguarding adult board chair; health partners; care provider association; a VCS representative; and representatives of people with lived experience (including carers).

Section D: Our self-assessment library and evidence

The self-assessment will be drawing on key documents that should be referenced. It is expected that the self-assessment library will largely draw on existing documents.

The list below is designed to prompt review drawing on the CQC information return, which confirms that:

- if any of the required information is already available publicly, a link to that information should be provided
- new documents should not be created, rather existing information that best meets the information request should be provided
- data should, generally, cover the last 12 months data, unless an exceptional example falls just outside the 12-month period
- all information should be relevant and succinct
- any personal information should be redacted.

Note: It would be expected that the self-assessment library will be virtual for example contained on a share point – with links provided to the source documents.

CQC IR	Evidence item	Quality statement	Document type	Link
All themes				
IR37	Organisational structure showing lines of reporting and accountability. Chief executive to director of adult social services, senior leadership team, and the following functions: commissioning, assessment and social work, safeguarding.	All	Bespoke report	
IR38	Details of any key groups, partnerships or networks in the local area, for example carers groups, provider forums, partnership boards, voluntary sector forum. Include: <ul style="list-style-type: none"> • name of group, partnership or network • contact details (name, email, telephone number) • purpose of group, partnership or network. 	All	Bespoke report	
IR2	Feedback people have sent to the local authority and feedback it has gathered itself. Covering the preceding 12 months from the date of completing the information return.	All	Bespoke report	
IR3	Compliments/complaints received by the local authority in relation to Care Act Duties including summary of issues, outcomes and actions taken, for each quality statement.	All	Report	
IR4	Staff feedback generated by the local authority, including themes, trends and action taken	All	Report	
Working with People				
IR5	Assessment, care planning and review: processes and pathways from first contact with local authority; flowcharts. Waiting list size, waiting times and target timescales with themes, if any, on reasons why any people waiting longer.	Assessing needs	Policy and procedures Performance reports	
IR6	Care Act Assessment, support and funding, to include arrangements for determining eligibility. Number of appeals, including themes, trends and outcomes.	Assessing needs	Policy and procedures Performance reports	
IR7	Direct payments: arrangements for offering, allocating and oversight; support, process, guidance, information for the public. Numbers accessing direct payment and number which have stopped including themes, trends and actions.	Supporting people	Policy and procedures Performance reports	
Working with People				
IR5	Assessment, care planning and review: processes and pathways from first contact with local authority; flowcharts. Waiting list size, waiting times and target timescales with themes, if any, on reasons why any people waiting longer.	Assessing needs	Policy and procedures Performance reports	
IR6	Care Act Assessment, support and funding, to include arrangements for determining eligibility. Number of appeals, including themes, trends and outcomes.	Assessing needs	Policy and procedures Performance reports	
IR7	Direct payments: arrangements for offering, allocating and oversight; support, process, guidance, information for the public. Numbers accessing direct payment and number which have stopped including themes, trends and actions.	Supporting people	Policy and procedures Performance reports	
IR8	Strategy to prevent, reduce or delay the need for care and support, with details of existing services, facilities or other measures to prevent, reduce and delay the need for care and support.	Supporting people	Strategy and plans	
IR9	Arrangements for access to aids and equipment to promote independence, to include arrangements of assessment, provision and performance.	Supporting people	Policy and procedures Performance reports	

CQC IR	Evidence item	Quality statement	Document type	Link
IR10	Provision of information and advice to enable people to make informed choices – how it is made available, accessible and tailored to the needs of local people.	Supporting people	Policy and procedures Leaflets, webpages	
IR11	Arrangements to support inclusion and accessibility , such as access to interpreting services, advocacy and so on.	Equality in experience	Policy and procedures Leaflets, webpages	
IR12	Strategy and actions to identify and reduce any inequalities of experience and outcomes relating to Care Act duties.	Equity in experience	Policy and procedures Equality Impact Assessments Reports	
IR13	Details of any groups or people identified as being at risk of having unmet needs or poor outcomes because of their protected characteristics	Equity in experience	Annual report (Public Sector Equality Duty)	
IR14	Joint Strategic Needs Assessment	Care provision	Public report	
IR15	Shaping and sustaining the market - market position statement, market shaping plans, market sustainability plan.	Care provision	Public reports	
IR16	Commissioning strategies (including joint and specialist commissioning); arrangements for monitoring and evaluating impact.	Care provision	Strategy	
IR17	Use of out-of-area placements including trends in reasons and numbers of people placed out of area.	Care provision	Performance reports	
IR18	Arrangements for quality monitoring and improvement of commissioned services, including out of area commissioning.	Care provision	Policy and procedures Performance reports	
IR19	Strategy and plans for maintaining enough capacity in the workforce to meet social care needs.	Care provision	Strategy Performance reports	
IR20	Sustainability of commissioned services , including number of regulated providers, details of contracts handed back, reasons why and any embargoes and so on.	Care provision	Policy and procedures Bespoke report	
IR21	Demand and capacity for care services including number of people waiting and waiting times over the last three months.	Care provision	Performance reports	
IR22	Examples of work with key partner agencies to deliver shared local and national objectives	Partnerships and communities	Joint plans	
IR23	Use of Better Care Fund (BCF): how has the BCF been used to deliver shared local priorities?	Partnerships and communities	BCF plan Performance reports	
IR24	End to end process and pathways to describe how people move between services and agencies for: <ul style="list-style-type: none"> • children into adulthood • hospital discharge • people who can no longer fund their own care • moving to another local authority • transitioning between services. 	Safe systems	Policies and procedures Performance reports	

CQC IR	Evidence item	Quality statement	Document type	Link
IR25	Contingency and emergency preparedness plan to include plan for provider failure and other disruptions in the provision of care and support (including any examples and learning).	Safe systems	Policy and procedures Reports	
IR26	Safeguarding Adults Board (SAB) annual strategic plan and annual report.	Safeguarding	Annual report SAB plans	
IR27	Safeguarding Adult Reviews (SARs) and record of subsequent learning or actions taken of the last 24 months	Safeguarding	Reports	
IR28	Processes and pathways for managing safeguarding concerns and section 42 enquiries, including quality assurance arrangements	Safeguarding	Policies and procedures	
IR29	Monitoring, oversight and quality assurance arrangements to include trends, risks and actions relating to: <ul style="list-style-type: none"> • safeguarding referrals awaiting initial review • Section 42 enquiries awaiting allocation • DoLs applications awaiting allocation. (To include number or referrals, waiting times and targets for the last 12 months)	Safeguarding	Performance reports Audit reports Bespoke report	
IR30	Adult social care strategy and delivery plan.	Governance	ASC annual plan	
IR33	Strategy for supporting unpaid carers.	Governance	Strategy document	
IR34	Learning and improvement plans from: <ul style="list-style-type: none"> • serious incidents • serious case reviews • Coroner Regulation 28 Reports • whistleblowing • Ofsted • SEND • Local Government Social Care Ombudsman. • Covering the preceding 12 months. 	Learning, improvement and innovation	ASC reports Bespoke report	
IR35	Co-production policy or approach with examples.	Learning, improvement and innovation	Policy and report	
IR36	Workforce development plan, including arrangement for continuous professional development.	Learning, improvement and innovation	Plan	

Appendix 1: Self-assessment evidence links to data sources

The self-assessment can draw from multiple sources of data. All data sources should be clear reference and linked as part of the evidence library.

LG Inform:

LG Inform contains thousands of metrics. To help councils in identifying the information that they would find most helpful in supporting their self-assessment, we have pulled out a selection of the data sources most relevant to adult social care. [Supporting ASC self-assessment - ASC Metrics in LG Inform](#). The link to this directory will remain consistent, and we will update and add to the directory in response to feedback and requests from councils. You will need to log in to access this report, but [registration is free](#).

[ASC use of resources single local authority view report](#): Uses data from NHS England's adult social care activity and finance reference tables to examine the relationship between spending and activity for a selected area and comparison group. This is the primary single council view for local authorities with charts. You will need to log in to access this report, but [registration is free](#).

[ASC use of resources report - single local authority view \(abridged view\)](#): This is a shorter abridged single council view for local authorities with some comparison with the previous year. You will need to log in to access this report, but [registration is free](#).

[Use of Resources Time Series report](#): To help councils in reviewing a longer period we have created a supplementary report that includes all core measures from the Use of Resources approach from 2016/17 through to 2021/22.

[Adult Social Care Outcomes Framework \(ASCOF\) for your area](#)

[ASCOF detailed report for your area](#)

[Regional comparison of measures from the ASCOF for your area](#)

[Registered adult social care provider market by local authority](#): This is a monthly dataset (snapshot at the start of the month) derived from CQC published data about registered providers including their latest inspection ratings.



Summary of registered adult social care provision as reported through the [Provider Information Return](#). This is a monthly dataset derived through aggregating the last two months Provider Information Returns submitted to CQC from all registered providers. It includes previously unpublished data including numbers of self-funders and homecare hours and visits delivered.

[Health and care in your area - an overview for lead members](#): The report includes a number of key measures relating to adult social care activity. These are located towards the end of the report.

For a wider view of health and wellbeing in your area, see this [LG Inform report](#)

If there are any further themes or topics you think would be useful to be covered in detail please let us know by emailing pch@local.gov.uk.

Additional data sources available:

[NHS Digital's Adult social care data hub](#): This hub allows you to explore a range of adult social care datasets and interactive tools.

[Skills for Care Workforce Intelligence](#): View the latest data on adult social care workforce characteristics, issues and trends.

[Monthly summary of all the latest provider returns captured through the Capacity Tracker for both care homes and homecare providers \(as summarised by the LGA\)](#).

[Government Statistical Service Health and care statistics for England interactive dashboard \(experimental beta site\)](#)





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