

**Adult Social Care Assurance:**

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

Part two: the workbook

June 2023

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| **Top tips for the self-assessment**

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| **A** | ccountable – for our own improvement and engagement in sector led improvement processes  |
| **S** | pecific - to local context and circumstances because councils ARE different  |
| **S** | upported by staff and partners - people are engaged in the development of our SA  |
| **U** | sers, carers and their advocates are accorded greatest importance and highlighted throughout our SA  |
| **R** | igorous –a balanced analysis of strengths and areas to improve  |
| **A** | ction oriented –establishes our track record of improvement and sets out our plans to maintain/improve our performance  |
| **N** | uanced around CQC’s four themes so councils produce one ASC SA – using it for different purposes |
| **C** | oncise – with a clear focus on the outcomes achieved  |
| **E** | vidence informed (including empirical, benchmarked and trend data)  |

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Introduction

This document has been prepared by the Partnership in Care and Health Programme to support councils as they prepare for the introduction of assurance of Adult Social Care (ASC) through assessment by the Care Quality Commission (CQC). It should be considered alongside Part One of the document, and in the context of the [top tips for CQC assurance preparation](https://www.local.gov.uk/publications/top-tips-cqc-assurance-preparation) produced by Partners in Care and Health.

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 to support the systematic gathering of evidence aligned to the CQC assessment framework. This evidence should inform the completion of a self-assessment, and collation of the documentation and evidence, that will be required in support of the CQC assessment process. This has drawn on the Local Authority Information Return requests made of the first three councils (see Section D of the workbook – Self-assessment library)

Part 2 recognises that every council will need to agree their arrangements to support their preparation for assurance and will therefore use the workbook in a way which is most helpful to them. Feedback from councils who have used the workbook has highlighted the importance of:

* Being clear why you are doing the self-assessment, and what kind of document you want it to be;
* Allowing sufficient time and resource;
* Trusting the process.

About this workbook

The tools and templates in this workbook are based around the CQC assessment framework themes to enable local performance to be tested and challenged. This should not, however, constrain consideration of other areas or issues which arise through discussions, and which are relevant in understanding the strengths and areas for improvement for your council.

The tools and templates are also based around a three-stage process:

Stage 1: Gathering evidence aligned to the CQC themes

Stage 2: Reviewing the evidence and drawing out strengths and areas for improvement

Stage 3: Writing the self-assessment and collating the evidence.

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| **Stage 1: Initial assessment against CQC themes*****Tool:*** ***Quality statement checklists*** | There is a checklist for each CQC assessment theme which reflect the evidence, best practice and guidance highlighted in the CQC assessment framework. [An excel version of the stage one checklist](https://www.local.gov.uk/sites/default/files/documents/Getting%20Ready%20for%20Assurance%20Checklist%20June%202023%20No%20summary.xlsx) is available.The checklists can be used to facilitate engagement at the start of the process to enable the development of the self-assessment to be progressed in a way that recognises strengths and areas for improvement based on evidence.The checklist for each quality statement can be completed by different constituent groups with ratings triangulated and evidence aggregated and/or completed through a workshop or working groups involving all stakeholders.When completed the checklists should provide an initial view about current performance drawing out areas of strength as well as areas for improvement, with an evidence/rationale. This should also help in identifying where there may be gaps in evidence that will need to be addressed through the self-assessment process). [A data pack has been developed to provide ready access to relevant ASC data sources.](https://lginform.local.gov.uk/reports/view/lga-research/adult-social-care-assurance-preparing-for-self-assessment?mod-area=ADASS-172177&mod-group=ADASSRegions&mod-type=comparisonGroupType)[An excel version of the stage one checklist](https://www.local.gov.uk/sites/default/files/documents/Getting%20Ready%20for%20Assurance%20Checklist%20June%202023%20No%20summary.xlsx) is available and Partners in Care and Health are also working to provide a web-based version for councils to use.  |
| **Stage 2:** **Summary self-assessment against CQC themes*****Tool:*** ***Self- assessment templates*** | These templates offer a means to draw on the findings from the checklists to summarise the key themes from the checklist work that can be used to support the final self-assessment document, drawing out the areas of strength and the areas identified for improvement.There is a template for each quality statement framed around three core themes, with a series of prompts offered:1. **Ambition/vision** and current performance
2. **Evidence** used to understand performance
3. **Plans to maintain or improve performance** in this area.
 |
| **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. It is based on five sections providing assurance on the process undertaken and ensuring links relevant reports and sources of evidence. It covers five core areas:* **Section A** - A template to support the gathering together **key messages**, setting out the local context and considering ASC’s key strengths, priorities for improvement and track record of delivery.
* **Section B** –the **self-assessment**, using the CQC themes and focusing on the quality statements and key items from best practice and guidance
* **Section C** – A template to confirm the **process** undertaken including sign off confirming the engagement process
* **Section D** – The template to support the development of a **document library** – providing links to key plans, reports referenced in the self-assessment and local authority information returns.
* **Section E** – A template to support the completion of an **evidence library** - providing links to all the performance information referenced in the self-assessment, plus all statutory returns.
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Section one: Checklist and self-assessment templates

CQC Theme one: Working with people

*This theme covers: assessing needs, care planning and review, arrangements for direct payments and charging, supporting people to live healthier lives, prevention, wellbeing, information and advice, understanding and removing inequalities in care and support, people’s experiences 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.

**Quality statement two: Supporting people to live healthier lives**

* **W**e 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.

**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.

This theme includes support for unpaid carers and some more detailed guidance has been developed to support councils in their self-assessment and preparation work. [Unpaid Carers CQC Assurance](https://www.local.gov.uk/sites/default/files/documents/FINAL%20Unpaid%20carers%20%20CQC%20assurance%2006062023.pdf)

Remember what is being looked for here:

Evidence that

* people with care and support needs including self-funders, unpaid carers, and communities have their care and support needs assessed in a timely and consistent way;
* people's care and support reflects their right to choose, builds on their strengths and assets, and reflects what they want to achieve and how they wish to live their lives. 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 support people to prevent, delay or reduce their needs for care and support.
* People in the area have access to the information and advice they need to make informed decisions about how their care and/or support needs are met.

Working with people - Assessing needs: Stage 1 checklist

| **Working with people – Assessing needs****CQC items from best practice and guidance** | Strongly agree  | Tend to agree  | Tend to disagree  | Strongly disagree  | 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, timely and accessible, and focus on achieving the best outcomes for people; assessments and care and/or support plans are co-produced, and up to date; support is co-ordinated across different agencies and services and decisions and outcomes are transparent.  |  |  |  |  |  |  |
| 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 arrangements to identify and respond to immediate risks to people's wellbeing, while they are waiting for an assessment.  |  |  |  |  |  |  |
| The local authority has an assessment and eligibility framework for adults and unpaid carers (who appear to have a need for care and support) 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.  |  |  |  |  |  |  |
| Assessments for adult social care in the community and any subsequent care and support plans include people’s medicines support needs.  |  |  |  |  |  |  |
| 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.  |  |  |  |  |  |  |

Working with people - Assessing needs: Stage 2 self-assessment template

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

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| **What is our ambition and how are we performing?** |
| This section should draw out the key areas of strength and any areas for development and/or improvement that have emerged through discussions and the completion of the checklists that you would want to see reflected in the final document. ***Prompts to consider when reviewing (not all necessarily need to be covered):**** Have we described our assessment/review systems and the impact?
* Have we included information on access to assessment, 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)) – and what is this telling us – trends, risk etc?
* What evidence have we provided that we consider the needs of carers; under-represented communities; young people transitioning into adult social care and people living outside of the council area?
* Have we evidenced links to our quality strategy for professional practice and our approach to strength/asset-based practice?
* Have we evidenced links to quality audits of assessments and reviews and set out our approach and learning?
* Have we made reference to the performance relating to assessment and review processes for people leaving hospital?
* Have we included evidence on the role of independent advocates in assessments to ensure that people’s needs, voices and preferences are clearly ascertained?
 |
| **How do we know? What makes us confident we understand our performance?**  |
| This section should provide evidence and data to evidence our understanding of our performance that can be used in the final document. ***Prompts to consider when reviewing (not all necessarily need to be covered):**** Have we evidenced how we use feedback from service users, carers, advocates and care providers regarding quality of assessments?
* Have we referenced learning from incidence reporting and quality of practice audits?
* Have we described how we manage risk in relation to waiting times?
* Have we evidenced that we are interested in staff views regarding their training and support to complete person centred and strengths-based assessments and reviews?
* Can we evidence how are we using supervision data to understand performance?
* Have we described our internal processes which include scrutiny of practice?
* Are there findings of any peer review of assessment and review processes that are relevant?

***Data to consider when reviewing (not all necessarily need to be covered):**** 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](https://lginform.local.gov.uk/reports/view/lga-research/adult-social-care-assurance-preparing-for-self-assessment?mod-area=ADASS-172177&mod-group=ADASSRegions&mod-type=comparisonGroupType) |
| **What are our plans to maintain or improve our performance in this area?**  |
| This should include information that would be helpful to include in the final self-assessment that demonstrates improvement in this area already made, and planned ***Prompts to consider when reviewing (not all necessarily need to be covered):**** Have we referenced improvement action to relevant performance issues?
* What is the governance framework for the improvement work including within the council and have we evidenced this?
* Have we evidenced how priorities are reflected in supporting plans for example, training and development, supervision, practice audit and so on?

Can we reference any progress already secured – for example, improvements in waiting lists already achieved, investments secured? |
| **What do others say about our performance in this area?** |
| Include here any quotations which “give life” to the self-assessment. |
| **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 to be included and referenced.  |
| **Verified by senior manager with responsibility in this area for delivery** **Name: Post: Signature: Date:**  |

Working with people - Supporting people to live healthier lives: Stage 1 checklist

| **Working with people – Supporting people to live healthier lives** | Strongly agree  | Tend to agree  | Tend to disagree  | Strongly disagree  | 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.  |  |  |  |  |  |  |
| The local authority has arrangements to monitor and evaluate the impact of its prevention strategy and the outcomes for individuals and the community.  |  |  |  |  |  |  |
| 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.  |  |  |  |  |  |  |
| 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. |  |  |  |  |  |  |
| There is enough 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.  |  |  |  |  |  |  |

Working with people - Supporting people to live healthier lives: Stage 2 self-assessment

***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.***

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| **What is our ambition and how are we performing?** |
| This section should draw out the key areas of strength and any areas for development and/or improvement that have emerged through discussions and the completion of the checklists that you would want to see reflected in the final document. ***Prompts to consider when reviewing (not all necessarily need to be covered):**** Have we referenced the JSNA priorities referencing specific areas most relevant to Care Act duties (for example, reduction of obesity among people with a learning disability or autistic people)?
* Do we have a prevention strategy and how are we assessing impact (for example Short- and Long-Term Support (SALT) diversion data, investment in Voluntary Community and Social Enterprise (VCSE) organisations, investment in assistive technology, aids, adaptations and equipment)?
* Have we referenced our transforming community mental health services strategy and any impact regarding early access – for example, supporting resilience and mental wellbeing amongst vulnerable/excluded groups?
* Have we evidenced work to reduce avoidable hospital and care home admissions – successfully keeping people at home including reablement, crisis response?
* Have we considered the role of direct payments, personal budgets and Individual Services Funds (ISFs) and how we are supporting people?
* Have we evidenced how we are addressing the needs of all communities including the provision of culturally appropriate services and for those with protected characteristic?
* How are we working with the care market to ensure they can meet need that supports choice and independence?
 |
| **How do we know? What makes us confident that we understand our performance?** |
| This section should provide evidence and data to evidence our understanding of our performance that can be used in the final document. ***Prompts to consider when reviewing (not all necessarily need to be covered):**** 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?

***Data to consider (not all necessarily need to be covered):*** * 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*](https://lginform.local.gov.uk/reports/view/lga-research/adult-social-care-assurance-preparing-for-self-assessment?mod-area=ADASS-172177&mod-group=ADASSRegions&mod-type=comparisonGroupType) |
| **What are our plans to maintain or improve performance in this area?**  |
| This should include information that would be helpful to include in the final self-assessment that demonstrates improvement in this area already made, and planned ***Prompts to consider when reviewing (not all necessarily need to be covered):**** Can we reference any progress already secured – for example, improvements achieved, investments secured?
* Have we referenced improvement action aligned to relevant performance issues identified and/or council or partnership priorities?
* What is the governance framework for the improvement work including within the council and have we evidenced this?
* Have we evidenced how the plans are reflected in supporting plans for example training and development, supervision, practice audit etc.?
 |
| **What do others say about our performance in this area?** |
| Include here any quotations which can “give life” to the self-assessment. |
| **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 to be included and referenced.  |
| **Verified by senior manager with responsibility for delivery in this area** **Name Signature Position Date**  |

Working with people - Equity in experiences and outcomes: Stage 1 checklist

| **Working with people – Equity in experiences and outcomes** | Strongly agree  | Tend to agree  | Tend to disagree  | Strongly disagree  | 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; 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. |  |  |  |  |  |  |

Working with people - Equity in experiences and outcomes: Stage 2 self-assessment

***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.***

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| **What is our ambition and how are we performing?** |
| This section should draw out the key areas of strength and any areas for development and/or improvement that have emerged through discussions and the completion of the checklists that you would want to see reflected in the final document. ***Prompts to consider (not all necessarily need to be covered):**** Have we demonstrated our understanding of and addressing barriers to care, support and treatment?
* Have we demonstrated our understanding of and addressing inequalities in experience and outcomes?
* Have we identified our hard-to-reach groups/communities? What actions has this led to?
* Have we identified people who are more likely to receive poor care? What actions has this led to?
 |
| **How do we know? What makes us confident that we understand our performance?** |
| This section should provide evidence and data to evidence the understanding of performance that can be used in the final document. ***Prompts to consider when reviewing (not all necessarily need to be covered):**** Have we described our co-production processes and how we evaluate?
* Have we included evidence of improvements and innovations to improve outcomes and experience in equalities (Equalities by Design)?
* Have we evidenced equality and human rights built into procurement contracts?

***Prompts to consider when reviewing (not all necessarily need to be covered):**** Data collection and analysis processes (including demographics).
* 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](https://lginform.local.gov.uk/reports/view/lga-research/adult-social-care-assurance-preparing-for-self-assessment?mod-area=ADASS-172177&mod-group=ADASSRegions&mod-type=comparisonGroupType) |
| **What are our plans to maintain or improve performance in this area?**  |
| This should include information that would be helpful to include in the final self-assessment that demonstrates improvement in this area already made, and planned ***Prompts to consider when reviewing (not all necessarily need to be covered):**** Are there short-, medium- and longer-term plans for improvement?
* Have we referenced improvement action aligned to relevant performance issues identified and/or council or partnership priorities?
* What is the governance framework for the improvement work including within the council and have we evidenced this?
* Have we evidenced how the plans are reflected in supporting plans for example training and development, supervision, practice audit etc.?
* Can we reference any progress already secured – for example, improvements achieved, investments secured?
 |
| **What do others say about our performance in this area?** |
| Include here any quotations which “give life” to the self-assessment. |
| **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 to be included and referenced. * Health equity dashboard
* Joint strategic needs assessment: population and comparative inequalities data
* LAs published equalities information, if available.
 |
| **Verified by senior manager with responsibility for delivery in this area** **Name Signature Position Date**  |

CQC theme two: Providing support

This theme covers: market shaping, commissioning, workforce capacity and capability, integration and partnership working.

[Link to supporting data pack available in LG Inform](https://lginform.local.gov.uk/reports/view/lga-research/adult-social-care-assurance-preparing-for-self-assessment?mod-area=ADASS-172177&mod-group=ADASSRegions&mod-type=comparisonGroupType)

There are two quality statements in this theme:

**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.

**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.

Remember what is being looked for here:

The care and support needs of people and communities are understood.

There is a high quality and resilient care provider market with sufficient capacity to meet demand now and in future.

Local people, including those who fund or arrange their own care, have access to a diverse range of safe, effective, high quality support options to meet their care and support needs.

Leaders work proactively to support staff and collaborate with partners to deliver safe, integrated, person-centred and sustainable care and to reduce inequalities.

The local authority actively works towards integrating care and support services with those provided by partner agencies to achieve better outcomes for people who need care and support and unpaid carers and to reduce inequalities.

There is partnership working to help ensure that care and support meets the diverse needs of individuals and communities.

People experience a seamless care and support journey, and their support is co-ordinated across different agencies and services (NB: transition arrangements with children’s services is referenced in the Ensuring Safety theme).

Providing support - Care provision, integration and continuity: Stage 1 checklist

| **Providing support - Care provision, integration and continuity** | Strongly agree  | Tend to agree  | Tend to disagree  | Strongly disagree  | Don’ 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. These are available when, how and where they need them. There is minimal need for people to receive services or support from outside of the local authority area. |  |  |  |  |  |  |
| 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). |  |  |  |  |  |  |
| 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. |  |  |  |  |  |  |
| 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. |  |  |  |  |  |  |
| Unpaid carers have timely access to high-quality replacement care for short breaks and unplanned situations. |  |  |  |  |  |  |
| 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. |  |  |  |  |  |  |
| Everyone can access the care and support they need when they need it. |  |  |  |  |  |  |

Providing support - Care provision, integration and continuity: Stage 2 self-assessment

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

|  |
| --- |
| **What is our ambition and how are we performing?**  |
| This section should draw out the key areas of strength and any areas for development and/or improvement that have emerged through discussions and the completion of the checklists that you would want to see reflected in the final document. ***Prompts to consider when reviewing (not all necessarily need to be covered):**** *Have we referenced the JSNA to evidence we understand our communities?*
* *Have we described how we work with partners to deliver joined up care for example locality teams, hubs, integrated commissioning, joint appointments, the role of the Better Care Fund?*
* *Have we evidenced how we are addressing the needs of all communities with particular reference to those with protected characteristics – how are we ensuring culturally appropriate services?*
* *How are we providing integrated services to meet health and care needs that means care is joined up?*
* *Have we described how are we working with the care market to ensure services are able to meet need in a way that supports choice and independence?*
* *Have we sufficiently evidenced how we work with partners, specifically in relation to Building the Right Support, Transforming Community Mental Health Services, Continuing Heath Care, housing and homelessness?*
 |
| **How do we know? What makes us confident about understanding our performance?**  |
| This section should provide evidence and data to evidence our understanding of our performance that can be used in the final document. ***Prompts to consider when reviewing (not all necessarily need to be covered):**** What do we know about people’s experiences of support provided?
* How do we assure ourselves on the quality of care provided and commissioned?
* What is our operational risk register telling us?
* 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?
* Can we give evidence of how commissioning is delivering choice for people? of assessment and review processes and discharge that are relevant?

*Data to consider** CQC data
* Complaints and compliments
* Readmissions / delays / waiting times.

[Supporting data pack available in LG Inform](https://lginform.local.gov.uk/reports/view/lga-research/adult-social-care-assurance-preparing-for-self-assessment?mod-area=ADASS-172177&mod-group=ADASSRegions&mod-type=comparisonGroupType) |
| **What are our plans to maintain or improve performance in this area?**  |
| What are the key themes from the checklist and how do they align to our plans to maintain and improve performance? ***Prompts to consider when reviewing (not all necessarily need to be covered):**** *Are there short-, medium- and longer-term plans we can refer to, specifically around integrated commissioning, collaborative models of service delivery, investment in new models for housing?*
* *Have we referenced improvement action aligned to relevant performance issues identified and/or council or partnership priorities?*
* *What is the governance framework for the improvement work including within the council and have we evidenced this?*
* *Have we evidenced how the plans are reflected in supporting plans egg commissioning plans, market development plans?*
 |
| **What do others say about our performance in this area?** |
| Include here any quotations which “give life” to the self-assessment. |
| **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 to be included and referenced.  |
| **Verified by senior manager with responsibility for delivery in this area** **Name Signature Position Date**  |

Providing support – Partnerships and communities: Stage 1 checklist

| **Providing Support - Partnerships and communities** | Strongly agree  | Tend to agree  | Tend to disagree  | Strongly disagree  | 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 works towards integrating 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. |  |  |  |  |  |  |
| 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. |  |  |  |  |  |  |

Providing support – Partnerships and communities: Stage 2 self-assessment

We understand out 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.

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| **What is our ambition and how are we performing?**  |
| This section should draw out the key areas of strength and any areas for development and/or improvement that have emerged through discussions and the completion of the checklists that you would want to see reflected in the final document. ***Prompts to consider when reviewing (not all necessarily need to be covered):**** Have we explained our governance structures across health and care and how joint accountability delivered and where has it been most impactful?
* Have we explained our approach to and level of integrated budgets?
* Have we given sufficient emphasis to co-production with people with lived experience – with examples?
* Have we explained how the voluntary and community sector (VCS) engaged in variety of partnerships/boards?
* Have we set out how we work with the care market to improve quality and capacity, including reference to our Market Position Statement and Market Sustainability Plan?
* Have we sufficiently considered information sharing protocols and our approach shared health and care record – with any evidence of success?
 |
| **How do we know? What makes us confident about understanding our performance?**  |
| This section should provide evidence and data to evidence our understanding of our performance that can be used in the final document. ***Prompts to consider when reviewing (not all necessarily need to be covered):**** Have we reflected what we know about people’s experiences of support provided to understand if it feels co-ordinated?
* Have we reflected what care providers and the VCSE say about working with us?
* Have we reflected staff views on how we work in partnership and embed a culture of learning?
* 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?

[Supporting data pack available in LG Inform](https://lginform.local.gov.uk/reports/view/lga-research/adult-social-care-assurance-preparing-for-self-assessment?mod-area=ADASS-172177&mod-group=ADASSRegions&mod-type=comparisonGroupType) |
| **What are our plans to maintain or improve performance in this area?**  |
| This should include information that would be helpful to include in the final self-assessment that demonstrates improvement in this area already made, and planned.***Prompts to consider when reviewing (not all necessarily need to be covered):**** Are there short-, medium- and longer-term plans we can refer to?
* Have we referenced improvement action aligned to relevant performance issues identified?
* What is the governance framework for the improvement work?
* Have we referenced any progress already secured?
 |
| **What do other say about our performance in this area?** |
| Include here any quotations which “give life” to the self-assessment. |
| **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 to be included and referenced.  |
| **Verified by senior manager with responsibility for delivery in this area** **Name Signature Position Date**  |

CQC theme three: Ensuring safety

This theme covers: safeguarding enquiries, reviews, Safeguarding Adult Board, safe systems and continuity of care, safe systems and continuity of care.

[Supporting data pack available in LG Inform](https://lginform.local.gov.uk/reports/view/lga-research/adult-social-care-assurance-preparing-for-self-assessment?mod-area=ADASS-172177&mod-group=ADASSRegions&mod-type=comparisonGroupType)

**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.

**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.

TIP: Remember what is being looked for here

Evidence that safety is a priority for everyone, and leaders embed a culture of openness and collaboration.

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.

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. People are supported to make choices that balance risks with positive choice and control in their lives (Making Safeguarding Personal).

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

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

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

| **Ensuring safety - Safe systems, pathways and transitions** | Strongly agree  | Tend to agree  | Tend to disagree  | Strongly disagree  | 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 areas so that they can move without worrying that they will not have the care and support they need. |  |  |  |  |  |  |
| 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. |  |  |  |  |  |  |

How the local authority ensures safety within the system - Safe systems, pathways and transitions: Stage 2 self-assessment

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.

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| --- |
| **What is our ambition and how are we performing?**  |
| This section should draw out the key areas of strength and any areas for development and/or improvement that have emerged through discussions and the completion of the checklists that you would want to see reflected in the final document. ***Prompts to consider when reviewing (not all necessarily need to be covered):**** Have we explained our professional leadership and management arrangements for quality and oversight, including the management of risk?
* Have we evidenced how we monitor safeguarding alerts and how we work to understand the quality of decision making?
* Have we evidenced how we use CQC ratings for our registered providers with specific reference to “staying safe”?
* Have we explained how we monitor the welfare of people living outside the council area – how reviews are undertaken and how quality of care/support is assured?
* Have we evidenced how we engage different groups for example people with a learning disability, homeless people and people with mental health needs?
 |
| How do we know? What makes us confident about understanding our performance?  |
| This section should provide evidence and data to evidence our understanding of our performance that can be used in the final document. ***Prompts to consider when reviewing (not all necessarily need to be covered):**** Have we set out the core monitoring data used to monitor quality and safety?
* Have we evidenced commitment to co-production in supporting transitions?
* How are we evidencing that funding decisions or dispute are not leading to delays in the provision of care and support?
* Have we offered examples of how we respond to unplanned events?

[Supporting data pack available in LG Inform](https://lginform.local.gov.uk/reports/view/lga-research/adult-social-care-assurance-preparing-for-self-assessment?mod-area=ADASS-172177&mod-group=ADASSRegions&mod-type=comparisonGroupType) |
| What are our plans to maintain or improve performance in this area?  |
| This should include information that would be helpful to include in the final self-assessment that demonstrates improvement in this area already made, and planned. ***Prompts to consider when reviewing (not all necessarily need to be covered):**** Have we referenced improvement action to relevant performance issues?
* What is the governance framework for the improvement work and have we evidenced this?
* Have we evidenced how priorities are reflected in supporting plans for example training and development, supervision, practice audit etc.?
* Have we referenced any progress already secured?
 |
| What do other say about our performance in this area? |
| Include here any quotations which “give life” to the self-assessment.  |
| **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 to be included and referenced.  |
| **Verified by senior manager with responsibility for delivery in this area** **Name Signature Position Date**  |

How the local authority ensures safety within the system - Safeguarding: Stage 1 checklist

| **Ensuring safety - Safeguarding** | Strongly agree  | Tend to agree  | Tend to disagree  | Strongly disagree  | 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 and well-being. |  |  |  |  |  |  |
| 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 and 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. People are supported to make choices that balance risks with positive choice and control in their lives. |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |

How the local authority ensures safety within the system - Safeguarding: Stage 2 self-assessment

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.

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| **What is our ambition and how are we performing?**  |
| This section should draw out the key areas of strength and any areas for development and/or improvement that have emerged through discussions and the completion of the checklists that you would want to see reflected in the final document. ***Prompts to consider when reviewing (not all necessarily need to be covered):**** Have we described how Making Safeguarding Personal (MSP) is being implemented and how we understand user and carer experience?
* Can we refer to any SARs which confirm where good MSP practice exists and/or confirm that agencies pass on information quickly and appropriately?
* Have we offered evidence about the effectiveness of information sharing protocols?
* Have we described how we work with the Community Safety partnership to identify common issues?
* Have we evidenced how we ensure our work is inclusive and supports the needs of all communities?
* Have we set out how we work with the Children’s Safeguarding Partnership specifically in relation to contextual safeguarding?
* Have we described our approach to quality audits of MSP and safeguarding practice?
* Have we described our use of independent advocates in assessments to ensure that people’s needs, voices and preferences are clearly ascertained?
* Have we evidenced our approach to assessment and review of young people known to be at risk (i.e. on the Child Protection Register (CPR)) transitioning into adult social care?
* Have we explained how the Safeguarding Adults Board (SAB) receives feedback from people with lived experience – and evidence of acting on this feedback and the impact?
 |
| **How do we know? What makes us confident about understanding our performance?**  |
| This section should provide evidence and data to evidence our understanding of our performance that can be used in the final document. ***Prompts to consider when reviewing (not all necessarily need to be covered):**** Have we included feedback from people who have experienced safeguarding (and their carers/independent advocates) and what it is it telling us?
* What is the incidence and ratings from audit of safeguarding practice, including multi-agency audits?
* Have we referred to what is the evaluation of training telling us?
* Have we included caseloads of people working in safeguarding?
* Have we demonstrated how are we getting feedback from community groups, representative groups for people (for example, advocacy, Healthwatch)?
* Have we evidenced learning from peer review or other independent assessment of assessments and reviews?

[Supporting data pack available in LG Inform](https://lginform.local.gov.uk/reports/view/lga-research/adult-social-care-assurance-preparing-for-self-assessment?mod-area=ADASS-172177&mod-group=ADASSRegions&mod-type=comparisonGroupType) |
| What are our plans to maintain or improve performance in this area?  |
| This should include information that would be helpful to include in the final self-assessment that demonstrates improvement in this area already made, and planned. ***Prompts to consider when reviewing (not all necessarily need to be covered):**** Have we referenced relevant short-, medium- and longer-term plans?
* Have we referenced any specific SLI work planned for safeguarding?
* Have we referenced any planned changes to SAB and how it operates?
* Have we referenced any planned changes to improve feedback on people’s experiences and outcomes?
 |
| What do other say? |
| Include here any quotations which “give life” to the self-assessment. |
| **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 to be included and referenced.  |
| **Verified by senior manager with responsibility for delivery in this area** **Name Signature Position Date**  |

CQC theme four: Leadership

This theme covers: culture, strategic planning, learning, improvement, innovation, governance, management and sustainability.

[Link to supporting data pack available in LG Inform](https://lginform.local.gov.uk/reports/view/lga-research/adult-social-care-assurance-preparing-for-self-assessment?mod-area=ADASS-172177&mod-group=ADASSRegions&mod-type=comparisonGroupType)

**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.

**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.

TIP: Remember what is being looked for here:

Evidence that there are effective governance and performance management arrangements at all levels. These should 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 is using 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.

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. Co-production is embedded throughout the local authority’s work.

Evidence of an inclusive and positive culture of continuous learning and improvement, and this is shared by all leaders and staff across the organisation and with their partners.

Leadership - Governance, management and sustainability: Stage 1 checklist

| **Leadership - Governance, management & sustainability** | Strongly agree  | Tend to agree  | Tend to disagree  | Strongly disagree  | Don’t know | **Why? What evidence do you have to support this? What evidence do you need?** |
| --- | --- | --- | --- | --- | --- | --- |
| There are effective governance and 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. |  |  |  |  |  |  |
| All levels of governance and management function effectively and interact with each other appropriately. |  |  |  |  |  |  |
| 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. |  |  |  |  |  |  |
| The local authority has a clear strategic ambition and objectives regarding improving outcomes for unpaid carers, with a coherent and adequately resourced delivery plan. |  |  |  |  |  |  |

Leadership - Governance, management and sustainability: Stage 2 self-assessment

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.

|  |
| --- |
| **What is our ambition and how are we performing?**  |
| This section should draw out the key areas of strength and any areas for development and/or improvement that have emerged through discussions and the completion of the checklists that you would want to see reflected in the final document. ***Prompts to consider when reviewing (not all necessarily need to be covered):**** Have we included anything on the stability, experience and diversity of ASC leadership team?
* Have we evidenced leadership development programmes (ASC and multiagency)?
* Have we provided an overview of our reporting structures and evidenced clear, approved and enacted terms of reference for all management, leadership and decision making for?
* Have we evidenced the quality of analysis and risk management that enables good decision making?
* Have we described our communication and engagement within ASC?
* Have we described how we work with care providers and support them to be effective?
* Have we described how we work Trade Unions to resolve issues?
 |
| **How do we know? What makes us confident about understanding our performance?**  |
| This section should provide evidence and data to evidence our understanding of our performance that can be used in the final document. ***Prompts to consider when reviewing (not all necessarily need to be covered):**** Is there evidence from feedback from people with lived experience and their carers we can draw on?
* Is there evidence of feedback from care providers we can draw on?
* Have we drawn in evidence from staff surveys and staff feedback, including confidence in using the whistleblowing procedures?
* Is there learning from SLI Peer Review that we can draw on?
* Have we drawn on feedback from independent agencies – for example, Healthwatch?
* How do we use learning from complaints/compliments/Ombudsman findings?

***Data to consider**** Whistleblowing incidence – and impact
* Staffing data – turnover, sickness absence, grievances
* Trade Union feedback
* Staff surveys
* Complaints and compliments data and trends.

[Supporting data pack available in LG Inform](https://lginform.local.gov.uk/reports/view/lga-research/adult-social-care-assurance-preparing-for-self-assessment?mod-area=ADASS-172177&mod-group=ADASSRegions&mod-type=comparisonGroupType) |
| **What are our plans to maintain or improve performance in this area?**  |
| This should include information that would be helpful to include in the final self-assessment that demonstrates improvement in this area already made, and planned ***Prompts to consider when reviewing (not all necessarily need to be covered):**** Have we made references to relevant short-, medium- and longer-term plans?
* Have we referenced any specific SLI work planned
* What is the governance framework for the improvement work and have we evidenced this?
* Have we evidenced how priorities are reflected in supporting plans for example training and development, supervision, practice audit etc.?
 |
| **What do other say?** |
| Include here any quotations which “give life” to the self-assessment. |
| **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 to be included and referenced.  |
| **Verified by senior manager with responsibility for delivery in this area** **Name Signature Position Date**  |

Leadership – Learning, improvement and innovation: Stage 1 checklist

| **Leadership - Learning, improvement and innovation** | Strongly agree  | Tend to agree  | Tend to disagree  | Strongly disagree  | 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 well-being 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. |  |  |  |  |  |  |

Leadership – Learning, improvement and innovation: Stage 2 self-assessment

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 is our ambition and how are we performing?**  |
| This section should draw out the key areas of strength and any areas for development and/or improvement that have emerged through discussions and the completion of the checklists that you would want to see reflected in the final document. ***Prompts to consider when reviewing (not all necessarily need to be covered):**** Have we described our ASC learning and development strategy and how it is 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 share good practice and identify opportunities for learning?
* Have we described how we engage in sector led improvement?
* Have we described how leaders across health and social care set joint targets and priorities?
 |
| **How do we know? What makes us confident about understanding our performance?**  |
| This section should provide evidence and data to evidence our understanding of our performance that can be used in the final document. ***Prompts to consider when reviewing (not all necessarily need to be covered):**** Have we evidenced the use of feedback from people with lived experience and their carers – especially people with BAME heritage, people from LGBTQ communities?
* 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?

[Supporting data pack available in LG Inform](https://lginform.local.gov.uk/reports/view/lga-research/adult-social-care-assurance-preparing-for-self-assessment?mod-area=ADASS-172177&mod-group=ADASSRegions&mod-type=comparisonGroupType) |
| **What are our plans to maintain or improve performance in this area?**  |
| This should include information that would be helpful to include in the final self-assessment that demonstrates improvement in this area already made, and planned.***Prompts to consider when reviewing (not all necessarily need to be covered):**** Have we made references to relevant short-, medium- and longer-term plans?
* Have we referenced any specific SLI work planned?
 |
| **What do others say about our performance in this area?** |
| Include here any quotations which “give life” to the self-assessment. |
| **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 to be included and referenced.  |
| **Verified by senior manager with responsibility for delivery in this area** **Name Signature Position Date**  |

Section two: Self-assessment report template

Section A: Overview and summary

A short overview and summary – suggested maximum length of 4 pages - should provide a clear and compelling overview and might include the following subheadings/cover the following:

|  |
| --- |
| About us……. (Council)  |
| *This section should 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*
* *HWB priorities and overview of leadership of place (including ICP/ICS, the VCS and how local people are engaged)*
* *who is approaching/receiving ASC.*
 |
| Our strategy for adult social care  |
| *This section should provide an overview of your 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 should draw out what you will be evidencing as key strengths and why**This should summarise what you have identified through the self-assessment process as your key strengths, linking where appropriate to the CQC self-assessment themes, being clear that you can evidence these as strengths and highlighting where these have been achieved through specific improvement work.*  |
| Our key risks, issues and challenges  |
| *This section should draw out what you recognise as being the key risks and issues and what you are doing about these**This should summarise what you have confirmed through the self-assessment process as the key risks, issues and challenges, linking where appropriate to the CQC self-assessment themes, with evidence of what you are doing about these and 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.

It is proposed that there is a separate consideration for each CQC theme (Working with people; Providing support; How the local authority ensures safety within the system and Leadership) and that as a minimum, the document should 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?* 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 ASC; Chair of ASC Scrutiny Committee; DASS; DPH; SAB chair; health partners; Care provider association; a VCS representative; and representatives of people with lived experience (including carers).

It may also confirm what the process will be to review and refresh the self-assessment over time.

*It could include a standard endorsement, such as:*

*We confirm that we have been engaged in the development of this self-assessment which, from our different perspectives and within the areas of our respective expertise, provides a robust, balanced and accurate overview of ……….’s (council name) performance in the delivery of its Care Act 2014 duties and responsibilities.*

*Or*

*Based on our experiences as individuals with care and support needs, or an organisation with detailed knowledge of/working with adult social care, we confirm that this self-assessment reflects our views and experiences and is an accurate assessment of the performance of adult social care.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | Signature  | Organisation (if applicable) | Position (if applicable) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Section D: Our self-assessment library

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, noting that any documents should be referenced in the relevant narrative sections of the self-assessment. It is draws on the CQC Local Authority Information Return request made of the three pilot councils in May 2023. While the majority of the CQC evidence request will draw on existing documents, some may require some bespoke reports which are referred to in the self-assessment.

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** |
| Yes | Organisational structure showing lines of reporting and accountability. *Chief Executive to Director of Adult Services, senior leadership team, and the following functions: commissioning, assessment and social work, safeguarding.*  | All | Bespoke report |  |
| Yes | Details of any key groups, partnerships or networks in the local area we could gather feedback from in relation to the assessment. For example: carers groups, provider forums, partnership boards.Include:* Name of group, partnership or network
* Contact details (name, email, telephone number)
* Purpose of group, partnership or network
 | All | Bespoke report |  |
|  | Corporate Plan and Medium-Term Financial Statement | All | Report |  |
|  | Adult social care strategies | All | Strategy document |  |
| Yes | Health and Wellbeing Strategy and Joint Strategic Needs Assessment. | All | Public documents |  |
| Yes | 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 |  |
| Yes | Co-production processes: general policy and/or examples of approach taken in a specific project and outcomes. | All | Policy & proceduresBespoke report |  |
| Yes | Compliments/complaints: summary of issues, outcomes and actions taken, for each quality statement.*Covering the preceding 12 months from the date of completing the information return.* | All | Annual Report Bespoke report |  |
| Yes | Staff feedback generated by the local authority*Covering the preceding 12 months from the date of completing the information return.* | All | Staff Survey reportBespoke report |  |
| Yes | Feedback or reports from other regulators, including but not limited to: * Ofsted
* SEND
* Coroner
* Local Government
* Social Care Ombudsman

*Covering the preceding 12 months before the date of completing the information return.* | All  | Reports and letters |  |
|  | Principle Social Worker Annual Report |  | Report |  |

| **CQC IR** | **Evidence item** | **Quality statement** | **Document type** | **Link** |
| --- | --- | --- | --- | --- |
| **Working with People** |
| Yes | Assessment, care planning and review: processes and pathways from first contact with local authority; flowcharts. | Assessing needs | Policy & procedures |  |
| Yes | Care funding decisions: monitoring, oversight, appeals. *Information for the public; summary and outcomes of appeals in the preceding 12 months from the date of completing the information return.* | Assessing needs | Performance reportsBespoke |  |
| Yes | Direct payments: arrangements for offering, allocating and oversight; process, guidance, information for the public.*Trends in uptake of direct payments in the preceding 12 months from the date of completing the information return.* | Assessing needs | Policy & proceduresBespoke report |  |
| Yes | Arrangements for determining Care Act eligibility and care funding decisions, including appeals. Process, guidance, information for the public.*Summary and outcomes of appeals in the preceding 12 months from the date of completing the information return.*  | Assessing needs | Policy & proceduresPerformance reports |  |
| Yes | Prevention Strategy and associated delivery plans. | Supporting people  | Strategy & plans |  |
| Yes | Profile of preventative services and other measures in place to prevent, delay or reduce the need for care and support. | Supporting people  | Bespoke report |  |
| Yes | Equipment and home adaptations: access arrangements; policy and process for accessing these support services; trends in uptake. | Supporting people  | Policy & proceduresPerformance reports |  |
| Yes | Information and advice: provision and access. How is information required in the Care Act provided in the local area? | Supporting people  | Policy & proceduresLeaflets, webpages |  |
| Yes | Identifying and reducing inequalities of experience and outcomes relating to Care Act duties: strategies, action plans, equality impact assessments. Evidence of impact and outcomes. | Equity in experience  | Policy & proceduresEIAsReports |  |
| YEs | Equality objectives; annual reporting for Public Sector Equality Duty. | Equity in experience  | Annual Report |  |
| Yes | Arrangements for engaging with people to understand their experiences relating to Care Act duties. | Equity in experience  | Bespoke report |  |
| Yes | Inclusion and accessibility arrangements: BSL, interpreter services etc. | Equity in experience  | Policy & procedureMonitoring reports |  |

| **CQC IR.** | **Evidence item** | **Quality statement** | **Document type** | **Link** |
| --- | --- | --- | --- | --- |
| **Providing Support** |
| Yes | Market Position Statement, Market Shaping plans, Market Sustainability Plan.  | Care provision | Public report |  |
| Yes | Local authority outputs from Cost of Care exercises.  | Care provision | Public report |  |
| Yes | Commissioning strategies (including joint and specialist commissioning); arrangements for monitoring and evaluating impact. | Care provision | StrategyBespoke report  |  |
| Yes | Use of out-of-area placements. Trends in reasons and numbers of people placed out of area. | Care provision | Performance reports |  |
| Yes | Arrangements for quality monitoring and improvement of commissioned services, including out of area commissioning. | Care provision  | Policy & proceduresPerformance reports |  |
| Yes | Workforce Strategy to support the local authority workforce capacity and capability | Care provision  | StrategyPerformance reports |  |
| Yes | Contracts handed back early to local authority by provider and reasons why.*In the preceding 12 months from the date of completing the information return.* | Care provision | Policy & proceduresBespoke report |  |
| Yes | Local authority commissioning embargoes. *In the preceding 12 months from the date of completing the information return.* | Care provision | Bespoke report |  |
| Yes | Number of regulated adult social care services exiting the market. *In the preceding 12 months from the date of completing the information return.* | Care provision | Performance reports |  |
| Yes | Partnership working and arrangements to deliver shared local and national objectives. For example: hospital discharge, tacking inequalities, Transforming Care. | Partnerships and communities | Joint plansBespoke report |  |
| Yes | Enabling mechanisms: information sharing, roles and responsibilities and accountabilities. General policy and arrangements for working effectively with key partner agencies and/or arrangements for specific partnership work. For example: Continuing Health Care, hospital discharge. | Partnerships and communities | Policies & proceduresMOUs |  |
| Yes | Use of Better Care Fund: how has BCF been used to deliver shared local priorities? | Partnerships and communities | BCF PlanPerformance reports |  |

| **CQC IR** | **Evidence item** | **Quality statement** | **Document Type** | **Link** |
| --- | --- | --- | --- | --- |
| **Ensuring Safety** |
| Yes | Pathways when people move between services and agencies: design, evaluation and review.General policy and arrangements with key partner agencies and/or arrangements for specific pathways and transitions. For example: children into adulthood, hospital discharge, moving to another local authority. | Safe systems | Policies & proceduresPerformance reports |  |
| Yes | Provider failure and service continuity: contingency planning and arrangements for emergency preparedness. | Safe systems | Policy & procedures |  |
| Yes | Safeguarding Adults Board annual strategic plan and annual report. | Safeguarding | Annual ReportSAB plans |  |
| Yes | Safeguarding Adult Reviews (SARs) and record of subsequent learning or actions taken.  | Safeguarding | Reports |  |
| Yes | Processes and pathways for managing safeguarding alerts, enquiries and investigations (including flowcharts). | Safeguarding | Policies & procedures |  |
| Yes | Monitoring, oversight and quality assurance arrangements of safeguarding cases. Trends in S42 enquiries covering the preceding 12 months before the date of completing the information return unless: numbers, types and outcomes.Structure charts of safeguarding teams and internal oversight*.* | Safeguarding | Performance reportsAudit reportsBespoke report |  |
| Yes | Strategic governance of themes, trends and safeguarding outcomes and any actions taken. | Safeguarding | Bespoke report  |  |

| **CQC IR** | **Evidence item** | **Quality statement** | **Document type** | **Link** |
| --- | --- | --- | --- | --- |
| **Leadership** |
| Yes | Adult social care delivery plan. | Governance | ASC annual plan |  |
| Yes | Governance arrangements for delivery of Care Act duties: quality assurance, risks to delivery, impact on people’s experiences and outcomes. | Governance | Policy & proceduresBespoke report |  |
| Yes | Adult social care risk register, internal and external escalation procedures.  | Governance,  | Policy & proceduresRisk register |  |
|  | Route ASC performance reports | Governance | ASC Reports |  |
|  | Workforce development strategy | Governance  | Strategy document |  |
| Yes | Arrangements for compliance with UK data protection legislation. | Governance | Policy & proceduresAudit report |  |
| Yes | Strategy for supporting unpaid carers. | Governance | Strategy document |  |
| Yes | Learning and improvement plans from feedback and events. For example: people’s experiences, serious incidents, serious case reviews, Coroner Regulation 28 Reports, whistleblowing.*Covering the preceding 12 months from the date of completing the information return*  | Learning, improvement and innovation | ASC reportsBespoke report |  |
| Yes | Accreditations with external organisations.*Please only include live accreditations.*  | Learning, improvement and innovation | Bespoke |  |
| Yes | Innovation Strategy/plans, if available. | Learning, improvement and innovation | ASC plans |  |

Section E – Our self-assessment evidence links to data sources

This section should include links to all performance information refenced in the self-assessment, which it is expected will draw from:

Data pack to support the self-assessment:

* [Preparing for Adult Social Care Assurance - informing councils' self-assessment](https://lginform.local.gov.uk/reports/view/lga-research/adult-social-care-assurance-preparing-for-self-assessment?mod-area=ADASS-172177&mod-group=ADASSRegions&mod-type=comparisonGroupType) (Pilot data pack) – this report in LG Inform will evolve as the self-assessment approach is tested. It will also act as a landing page to any other linked reports developed. You will need to register on LG Inform to access the report – [registration is free](https://signin.esd.org.uk/register.html?app=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. These can be viewed directly in LG Inform, included in reports of extracted and used in councils' own data systems. A number of key data sources are detailed in this directory: [Supporting ASC self-assessment - ASC Metrics in LG Inform](https://e-sd.org/oQw4v/). 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.

Additional reports available in LG Inform:

* [ASC use of resources single LA view report](https://lginform.local.gov.uk/reports/view/lga-research/adult-social-care-use-of-resources-single-la-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 LAs with charts.
* [ASC use of resources report - single LA view (abridged view)](https://lginform.local.gov.uk/reports/view/lga-research/asc-use-of-resources-report-single-la-view-abridged-view): This is a shorter abridged single council view for LAs with some comparison with the previous year.
* [Use of Resources Time Series Report](https://lginform.local.gov.uk/reports/view/lga-research/asc-use-of-resources-supplementary-time-series-report?mod-area=E92000001&mod-type=namedComparisonGroup&mod-group=AllBoroughInRegion_London): 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](https://lginform.local.gov.uk/reports/view/lga-research/lga-research-report-adult-social-care-outcomes-framework-ascof)
* [Adult Social Care Outcomes Framework (ASCOF) - Detailed Report for Your Area](https://lginform.local.gov.uk/reports/view/lga-research/lga-research-report-adult-social-care-outcomes-framework-for-england-ascof-single-council-detailed-report)
* [Regional comparison of measures from the Adult Social Care Outcomes Framework (ASCOF) for Your Area](https://lginform.local.gov.uk/reports/view/lga-research/lga-research-report-regional-comparison-of-measures-from-the-adult-social-care-outcomes-framework-ascof)
* [Registered adult social care provider market by local authority](https://lginform.local.gov.uk/reports/view/lga-research/lga-research-report-local-registered-care-market-in-parent-area-label). 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](https://lginform.local.gov.uk/reports/view/lga-research/lga-research-report-understanding-care-provision-in-parent-area-label). 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](https://lginform.local.gov.uk/reports/view/lga-research/health-and-care-in-your-area-an-overview-for-lead-members-1?mod-area=E08000025&mod-group=AllMetropolitanBoroughLaInCountry_England&mod-type=namedComparisonGroup): 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](https://lginform.local.gov.uk/reports/view/lga-research/lga-research-report-an-overview-of-health-and-wellbeing-in-your-area-1?mod-area=E08000035&mod-group=AllMetropolitanBoroughLaInCountry_England&mod-type=namedComparisonGroup)

**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](https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/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](https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/Home.aspx): 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](https://e-sd.org/7GvTq/) for both care homes and homecare providers (as summarised by the LGA).
* [Government Statistical Service Health and care statistics for England interactive dashboard](https://gss.civilservice.gov.uk/dashboard/tools/health-and-care-statistics/database.html)(experimental beta site)