

Appendix 2 – DRAFT Self-Assessment

Theme 1 Assessing needs

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| Quality statement: Assessing needs | | DRAFT |
| <p>We maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>I have care and support that is coordinated, and everyone works well together and with me.</p> <p>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.</p> | | |
| <p>Summary (What good looks like?)</p> <ul style="list-style-type: none"> • People with care and support needs, unpaid carers, those who fund or arrange their own care and communities have the best possible wellbeing outcomes because their care and support needs are assessed in a timely and consistent way; assessments and care and support plans are co-produced, up-to-date and regularly reviewed; support is coordinated across different agencies and services and decisions and outcomes are transparent. • People's care and support reflects their right to choice, builds on their strengths and assets, and reflects what they want to achieve and how they wish to live their lives. | | |

How do we think we are doing?

| | | Your response | Comments |
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| 1 | 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. | Tend to agree | We can evidence the embeddedness of the wellbeing principle within care documents, ie Care Act Assessments, Pride in Practice forms, Safeguarding S42 enquiries. We ensure that people are at the centre of their care. We feel this is a strength, however require our audit process to be more robust to evidence. |
| 2 | People's care and support reflects their right to choice, builds on strengths and assets, reflects what they want to achieve and how they wish to live their lives. | Tend to agree | We ensure that peoples choices, wishes and feelings are assessed in the forming of care and support plans. We feel that this is a strength, however the choice that we offer can be limited due to the lack of flexibility in the current market |
| 3 | 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. | Neither agree nor disagree | We are working towards a co-production strategy. Although we think our care plans are up to date, we could be better at co-production, which is why we are investing in this approach. People are involved in their care plans and their views are gained, however a better approach to co-production would strengthen this. |
| 4 | 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. | Tend to agree | We collaborate with agencies such as Carers IOW, they meet with a manager regularly (fortnightly) and unpaid care is incorporated in care plans. There are separate Carers Assessments on PARIS. We still have some improvements to make, but we are heading in the right direction. |

Appendix 2 – DRAFT Self-Assessment

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| 5 | 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. | Tend to disagree | We have online self assessment available, people can be referred by phone or email however we recognise that our website isn't user friendly. It is not clear to people how to access services online, accessibility is poor. We have also recognised that you also have to create an account online to be able to submit a self assessment. |
| 6 | 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. | Tend to agree | We have arrangements to tell people how to access services and facilities, referrals are made to Living Well, Early Help, Wightcare, Carers IOW for example. When someone is not eligible for Care Act Assessment, we signpost, which is a strength. |
| 7 | The local authority has arrangements to identify and respond to immediate risks to people's wellbeing, while they are waiting for an assessment. | Tend to agree | The Locality teams receive referrals from Health directly. Some have high needs. We have our own Duty and Out Of Hours function. We are confident that there is monitoring and risk assessment of people waiting for support. |
| 8 | 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. | Neither agree nor disagree | We have a formal appeals process which is distinct from the complaints process and is reported on in an annual complaints report. It is transparent, clear and consistent in terms of process and timescales. Decision support guidance is needed for assessments which should be used to assess if criteria is met. This is referred to in appeals i.e. how a decision has been made. |
| 9 | 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. | Tend to agree | The Local Authority has a fair and transparent framework for charging (FACT team). This framework also has policies and processes attached. |
| 10 | The local authority has assessment teams who are appropriately trained and with the experience and knowledge necessary to carry out assessments, including specialist assessments. | Tend to agree | The Local Authority has assessment teams, which is evidence in team structures. |
| 11 | Unpaid carers have access to information, training, support and equipment required to undertake their caring role safely and effectively. | Neither agree nor disagree | We have the ability to offer the training, support and equipment but the uptake is low. There is some work to do about how we offer this service. Carers training is available, but the uptake is very poor. |
| 12 | Assessments for adult social care in the community and any subsequent care and support plans include people's medicines support needs. | Tend to agree | Assessments for adult social care include information about medication, this is also acknowledged in funding application. We are able to evidence the steps that are taken. |
| 13 | 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. | Neither agree nor disagree | People have access to direct payments, however the process could be improved. The direct payment team are trialling a new referral which should start to improve the process. |

Appendix 2 – DRAFT Self-Assessment

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| 14 | People have access to independent advocacy services to support adult and unpaid carers with assessment, care and support planning or review if required. | Tend to agree | Advocacy within the authority is very present. We routinely refer to Swan Advocacy and have a policy and contract which is monitored. |
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| How do we assess / evidence our performance? | We assess our evidence by meeting with key professionals (mixture of Directors, Managers, Staff). We have regular discussions to achieve bench marks and an overview of performance is seen within the performance meeting, where service managers give a rationale for any gaps. |
| In summary (reflecting on the key areas above) what do you know about the quality and impact of your performance in this area (i.e. working with people, assessing their needs)? | We feel that we assess and work with people well to ascertain what the needs are. We are confident that the quality is good, however require some work on co-production to ensure we are capturing community involvement at all places. |
| What are your key strengths? | Our key strengths are: Embeddedness of the wellbeing principle Sharing peoples choices, wishes and feelings in assessments Collaboration with agencies Support to access early help by referring to other agencies and departments Utilising framework for charging and, advocacy |
| What are the key areas for improvement? | We acknowledge that some areas for improvement are: delivery of co-production strategy Website requires improvement to be more user friendly Supporting unpaid carers to access training and, Improvement in direct payments process |
| What are your plans to maintain or improve your performance in this area? | Co-production working groups set up and strategy being written in draft Support from ICT to explore update to website and to consider landing pages Engagement in wider agencies to advertise training for carers Trialling new forms for improved direct payment processes |
| What are the greatest risks and how will these be mitigated? | The risks are that we require time to be able to complete the actions. The actions identified are a work in progress, therefore require time to complete. |
| (Poss additional questions – e.g. co-production; partner input etc) | Co-production strategy |
| Any key feedback to note from service users, partners and other stakeholders? | |

Appendix 2 – DRAFT Self-Assessment

Theme 1 Equity and access

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| Quality statement: Equity in experiences and outcomes | DRAFT |
| <p>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. (NB: this 'I statement' also sits under Assessing Needs QS).</p> | |
| <p>Summary (What good looks like?)</p> <ul style="list-style-type: none"> • This quality statement covers (taken from SAF v23): <ul style="list-style-type: none"> - Understanding and addressing barriers to care, support and treatment - Understanding and addressing inequalities in experience and outcomes - Hard to reach groups/communities. - People who are more likely to receive poor care (not in SAF v23). • In delivering their Care Act functions, local authorities take action to achieve equity of experience and outcomes for all individuals, groups and communities in their areas; they are required to have regard to the Public Sector Equality Duty (Equalities Act 2010) in the way they carry out their work. Section 1, Well-Being Principle in the Care Act relates to this and provides the basis for including the quality statement in the assessment framework: | |

How do we think we are doing?

| | | Your response | Comments |
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| 1 | 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 . | Neither agree nor disagree | We have a coproduction strategy in production. We are proactively engaging with our community, particularly those with dementia, autism and learning disabilities, however we acknowledge we could do more in this area. We are working towards improving information and accessibility to remove barriers. |
| 2 | 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 . | Neither agree nor disagree | We recognise that we need to do more work with seldom heard groups, those that are more difficult to engage with, i.e. those with communication difficulties, anxiety, homeless. We are working on our coproduction strategy to ensure meaningful engagement. |
| 3 | 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. | Neither agree nor disagree | The Local Authority has information on the website about Care Act functions. An EIA is used for all projects and every policy is underpinned by an EIA. We reflect that more work can be done in this area. |
| 4 | 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. | Neither agree nor disagree | An EIA is used for all projects and every policy is underpinned by an EIA. We reflect that more work can be done in this area. |

Appendix 2 – DRAFT Self-Assessment

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| 5 | 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. | Neither agree nor disagree | The Local Authority has clear priorities and objectives however we require updates on a clear policy to ensure that everything is accessible to all. We have a Living Well and Early Help plan which identifies improving experiences and outcomes for people who are not easy to reach. We have a preventative model within Localities, which is shown in a holistic fortnightly forum, which includes Health, Fire Service and Age UK. Currently we have a low percentage of preventative referrals. |
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| How do we assess / evidence our performance? | We assess our evidence by meeting with key professionals (mixture of Directors, Managers, Staff). We have regular discussions to achieve bench marks and an overview of performance is seen within the performance meeting, where service managers give a rationale for any gaps. |
| In summary (reflecting on the key areas above) what do you know about the quality and impact of your performance in this area (i.e. supporting people to live healthier lives)? | It is our aim to support people to live healthier lives, however acknowledge gaps within the key areas above. |
| What are your key strengths? | We have a co-production strategy in development, and we are confident that we proactively engage with our community. We regularly produce EIA's which underpins our practice. |
| What are the key areas for improvement? | There are key areas for improvement which include having wider discussions with other colleagues to demonstrate how we support people of our community to access the support they require through authority links, such as our website and corporate policy. |
| What are your plans to maintain or improve your performance in this area? | It is our plan to continue to meet regularly with the right professionals, to engage with partners and stakeholders to produce and improvement plan (or to evidence any gaps) so that we meet the expectations of our community. |
| What are the greatest risks and how will these be mitigated? | Risk of not offering a fair and consistent service, this is mitigated by discussion and actions being put in place to support. |
| (Poss additional questions – e.g. co-production; partner input etc) | Our co-production strategy is key in this areas (in development) |
| Any key feedback to note from service users, partners and other stakeholders? | |

Appendix 2 – DRAFT Self-Assessment

Theme 1 Supporting people

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| Quality statement: Supporting people to live healthier lives | DRAFT |
| <p>We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support. I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.</p> | |
| <p>Summary (What good looks like?)</p> <ul style="list-style-type: none"> • 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. | |

How do we think we are doing?

| | | Your response | Comments |
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| 1 | 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. | Tend to agree | The local authority has trusted assessors who refer to reablement, helping to mitigate long term support. We also refer to CES and preventable services such as Living Well and early help which is designed to promote independence. |
| 2 | 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. | Neither agree nor disagree | Not aware of a preventable strategy - covered under the CCtH strategy. Strategy informs everything but on day to day not clear (training need for front line workers). CCtH e learning module is being created and will be implemented by 30th April 2023. Carers Isle of Wight (Alaster Sims) contract for unpaid carers. Carers strategy published Feb 2023. Market place position statement is in progress (deadline tbc) - this is also being Co-Produced with the care partnership. |
| 3 | The local authority has a range of preventative services and other measures delivered by a diverse range of providers, working collaboratively across the system. | Tend to agree | Aspire have won a national award (for delivering preventative services), Community Outreach, early help and living well offer, partnerships with paragon (re safety and commissioning). Work close with community response team. Age UK. Universal services and Referral to early help performance data can evidence this. Strategies around the early help offer can be used as evidence too. ILS with Health is a preventative service in itself. Integration of learning disability service with Health. |
| 4 | The local authority has arrangements to monitor and evaluate the impact of its prevention strategy and the outcomes for individuals and the community. | Neither agree nor disagree | All services will have a contract in place and regularly reviewing and monitoring. There is room for feedback and monitoring of feedback from using services. |

Appendix 2 – DRAFT Self-Assessment

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| 5 | People in the area have equal access to preventative measures that are not subject to eligibility criteria, for example, equipment, adaptations, reablement. | Tend to agree | We have the early help offer and a reablement offer that is open to the population of the Island. We don't have an eligibility criteria for this offer. Annual returns provide population figures (comparative to other LA's) |
| 6 | 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. | Strongly agree | Reablement services deliver positive services, there is positive data to support this (including compliments of the service). There are a number of indicators that are used to support individuals that are having reablement services (and not long term care). Rehabilitation beds and community rehabilitation are in place and there is a good pathway to access rehabilitation for alcohol misuse (IASCC and Localities have dedicated roles for this area). Prison in reach services support peoples independence back into the community. |
| 7 | Charging arrangements for preventative services do not lead to inequality of access for people living in the area. | Don't know | Not all Preventative services are chargeable, this requires further information. |
| 8 | People most at risk of a decline in their independence and wellbeing are identified and prioritised for care and support. | Tend to agree | These cases are prioritised when being allocated based on most urgent need. this is done as business as usual in day to day practice via screening, recorded in Paris and team plans. |
| 9 | The local authority works with partner agencies, providers and local communities to develop, fund, commission and deliver its prevention strategy. | Strongly agree | The local authority works with partner agencies such as Aspire, Age UK, Carers Isle of Wight, Mencap to deliver a prevention strategy. |
| 10 | The local authority promotes innovative approaches to prevention activity, for example technology and digital innovation. | Tend to agree | The local authority is innovative in its approach, by utilising the PA Market approach, using Pre-payment cards. we have an Aspire national award and Household support fund (working with partners across the water e.g. pantries). There is a Website project and accessibility is a focus. |
| 11 | 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. | Strongly agree | CES will do minor adaptations as required. There is a process and pathway in place and can be evidenced. The housing renewals team have good success stories. |
| 12 | 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, | Don't know | Information required |
| 13 | 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. | Don't know | Information required |

Appendix 2 – DRAFT Self-Assessment

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| How do we assess / evidence our performance? | We assess our evidence by meeting with key professionals (mixture of Directors, Managers, Staff). We have regular discussions to achieve bench marks and an overview of performance is seen within the performance meeting, where service managers give a rationale for any gaps. |
| In summary (reflecting on the key areas above) what do you know about the quality and impact of your performance in this area (i.e. supporting people to live healthier lives)? | |
| What are your key strengths? | |
| What are the key areas for improvement? | |
| What are your plans to maintain or improve your performance in this area? | |
| What are the greatest risks and how will these be mitigated? | |
| (Poss additional questions – e.g. co-production; partner input etc) | |
| Any key feedback to note from service users, partners and other stakeholders? | |

Appendix 2 – DRAFT Self-Assessment

Theme 2 Care provision

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| Quality statement: Care provision, integration and continuity | | DRAFT |
| <p>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.</p> | | |
| <p>Summary</p> <ul style="list-style-type: none"> •The care and support needs of people and communities are understood; there is a varied and resilient 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. Services are sustainable, affordable and provide continuity for people. | | |

How do we think we are doing?

| | | Your response | Comments |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | 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. | Tend to agree | Our work with local stakeholders enables understanding of care and support needs to provide us with necessary information to shape and develop the care market. Our care market contains a range of local support options that are safe, effective, affordable, and high quality. We can evidence this through our strategic planning including the Market Sustainability plan, Capacity modelling, and Fair Cost of Care Review. We have developed a range of strategies using co-production including Autism, Learning and Disabilities, Dementia and carers. Our commissioning activity engages with service users to ensure a range of service that meet their needs including the Sensory service, advocacy, and early help service tenders. We recognise that our challenges lie in the provider market, our Market Sustainability plan provides a platform to address weaknesses with the care market and capacity modelling will help to address our position in the domiciliary care market. |
| 2 | 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). | Tend to agree | We can evidence our commissioning strategies are co-produced with stakeholders and people in the local communities with the following documents: Dementia strategy, Learning and Disability strategy, and Co-production strategy. We work closely with the care provider market to ensure they are supported to maintain the quality of their services as evidenced by the development of the Quality Assurance Framework. Whilst this area is a strength we |

Appendix 2 – DRAFT Self-Assessment

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| | | | need to further develop co-production within the commissioning cycle. |
| 3 | The local authority works collaboratively with partners so that it commissions models of care and support that are in line with recognised best practice. | Tend to agree | We are able to evidence collaborative work with partners in line with best practice through a range of activity including the Quality Assurance Framework, routine audit and assurance visits, commissioning oversight, raising standards initiative, use of Healthwatch, and complaints and compliments. Whilst this is a strength we recognise that we struggle to meet the demands of people with complex needs. Implementation of strategies and further work to develop the market will help to address this. |
| 4 | 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. | Neither agree nor disagree | We are able to partially evidence collaborative working with our partners so that contracting arrangements are person-centred, efficient and effective. Newer contracts are now working with the third sector to ensure they are person centred. However, clearer KPIs and better documentation of evidence is required |
| 5 | 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. | Tend to disagree | We are not able to thoroughly evidence work with neighbouring authorities in response to specialist needs and services. As a bounded community we are more reliant on localised support as it is usually more costly to use our neighbours. |
| 6 | The local authority works with providers and stakeholders to ensure services are sustainable, affordable and provide continuity for people. Contracting arrangements support this (eg: contract duration supports continuity). The local authority collaborates with service providers to ensure that the cost of care is transparent and fair. | Tend to agree | We are able to evidence contracting arrangements to ensure sustainable and affordable services. Going forward longer contracts enable providers to build capacity and aid market stability. Our market sustainability plan, market position statement capacity modelling and fair cost of care review will help to ensure transparency and fairness of cost. |
| 7 | 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. | Tend to agree | We can evidence understanding of current and future need in the workforce through our workforce plan and HR boards. We actively work with a range of partners to recruit and retain quality staff and offer them opportunity to further develop their skills. |

Appendix 2 – DRAFT Self-Assessment

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| 8 | 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. | Tend to disagree | We are able to provide some evidence of supporting innovation in care and support provision. However we need to support providers to enhance their understanding of supporting those with complex needs. |
| 9 | Unpaid carers have timely access to high-quality replacement care for short breaks and unplanned situations. | Tend to disagree | Timely access to high-quality replacement care for short breaks and unplanned situations is not always available. A respite care revisions option plan is to be drawn up. |
| 10 | 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. | Tend to agree | Commissioning practices are compliant with Equality Act. Robust Equality Impact Assessment process is in place for all new activities and projects |
| 11 | Everyone can access the care and support they need when they need it. | Neither agree nor disagree | Whilst individual care and support needs are known further capacity modelling is taking place to address current and future challenges in the market. |

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| How do we assess / evidence our performance? | Strategies. Papers. kips and customer satisfaction can be used for data. CQC and quality assurance framework can be used. Needs to be pulled into one central repository, |
| In summary (reflecting on the key areas above) what do you know about the quality and impact of your performance in this area (i.e. care provision, integration and continuity)? | Identify gaps to develop. |
| What are your key strengths? | Co-pro, stakeholder working, workforce future proofing. |
| What are the key areas for improvement? | |
| What are your plans to maintain or improve your performance in this area? | |
| What are the greatest risks and how will these be mitigated? | Bounded community less efficiencies and lack of workers. Multifaceted issues with infrastructure. Demographics e.g. population pyramid and forecasts for future. JSNA data. |

Appendix 2 – DRAFT Self-Assessment

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| (Poss additional questions – e.g. co-production; partner input etc) | |
| Any key feedback to note from service users, partners and other stakeholders? | |

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Appendix 2 – DRAFT Self-Assessment

Theme 2 Partnerships and Communities

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| Quality statement: Partnerships and communities | DRAFT |
| <p>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.</p> <p>Leaders work proactively to support staff and collaborate with partners to deliver safe, integrated, person-centred and sustainable care and to reduce inequalities.</p> | |
| <p>Summary</p> <ul style="list-style-type: none"> • 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. | |

How do we think we are doing?

| | | Your response | Comments |
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| 1 | 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. | Neither agree nor disagree | We are able to evidence collaborative working with local partners including the ICB, Health Provider, and voluntary sector and have a variety of strategic boards to support this. However, further work to ensure priorities and responsibilities are aligned is required along with the development of integrated health and social care teams and integrated localities. |
| 2 | 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. | Tend to agree | We are able to evidence recognition of the unique contribution of community and voluntary sector. We support and fund a number of organisations with contracts and KPIs in place, our new Living Well contract has a consortium approach supporting independent living and demand management for ASCHN. We actively promote co-production involving key partners in the provision of care and support services. |
| 3 | 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. | Tend to agree | We can evidence agreed roles, responsibilities and accountabilities with partnerships agencies for delivering shared priorities. This is achieved through the Integrated Care Partnership for the Island setting out a three year Health and Care Plan, Response, Recovery and Restoration Plan for Covid-19 impact and seasonal plans. We actively work with our partners to optimize service delivery through the Integrated Discharge Team and an established Discharge to Asses process. Better Care is our only pooled budget but joint funding arrangements and processes are in place to address demand, capacity and workforce challenges. |

Appendix 2 – DRAFT Self-Assessment

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| 4 | 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. | Tend to agree | We can evidence integrating care and support services with the NHS, housing, employment, transport and leisure to provide better outcomes and enhanced wellbeing for those in receipt of care and support and carers. Our Integrated Care Partnership is working on refreshing the Health and Care Plan aligning it to the Health and Wellbeing strategy |
| 5 | 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. | Tend to disagree | We are unable to fully evidence how we monitor and evaluate the impacts of its partnership working in relation to cost of social care and outcomes for delivery informing continuous improvement. Further work is required to define outcomes and set a baseline for improvement. |
| 6 | 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. | Tend to disagree | We are unable to evidence how we prioritise integration of services in areas such as reablement, intermediate care and end of life care services to improve wellbeing. Further work is required to identify a baseline for improvement taking into account key national, and local priorities and objectives. |
| 7 | 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. | Tend to agree | We are able to evidence our work with partners to deliver high-quality intermediate care and reablement services so that people return to independence including the ICB, providers, and health professionals to |

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| How do we assess / evidence our performance? | |
| In summary (reflecting on the key areas above) what do you know about the quality and impact of your performance in this area (i.e. partnerships and communities)? | Strong area well known partnerships. Links easier in bounded community. Positive risk area. So What stuff can be used. |
| What are your key strengths? | Willing to make a change and strong relationships with all stakeholders. Do providers feel the same? They have the opportunity to have their say. Fair Cost of Care exercise gave opportunity to providers. Providers spoken to every week. Voluntary sector fair relations. Fund community action IW to provide link between us and Voluntary sector. Provider engagement network being set up. Bulletin sent out produced by C&P admin. |
| What are the key areas for improvement? | Evaluation of partnership working. Can plan do but what about review? Need to be able to better record evidence. Lack of capacity prevents being as good as we can. Communication channels need to be better with those we support and providers. |

Appendix 2 – DRAFT Self-Assessment

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| What are your plans to maintain or improve your performance in this area? | Not able to find documentation in the correct timescale. Resource risk. Partners feeling on us. ICT systems don't talk. We need to be SMART with evidence provided. |
| What are the greatest risks and how will these be mitigated? | Resource risk. Partners feeling on us. ICT systems don't talk. We need to be SMART with evidence provided. |
| (Poss additional questions – e.g. co-production; partner input etc) | |
| Any key feedback to note from service users, partners and other stakeholders? | Get views of stakeholders for temperature check. |

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Appendix 2 – DRAFT Self-Assessment

Theme 3 Safeguarding

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| Quality statement: Safeguarding | | DRAFT |
| <p>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.</p> <ul style="list-style-type: none"> • I feel safe and am supported to understand and manage any risks. | | |
| <p>Summary</p> <ul style="list-style-type: none"> • 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. • 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 do we think we are doing?

| | | Your response | Comments |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | 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. | Strongly agree | We believe that this is an area of strength as we have a well established Safeguarding board with a clear understanding of the key risks and issues. |
| 2 | 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. | Strongly agree | We believe that this an area of strength with multiple frameworks, policies and guidance in place to safeguard people with care and support needs with roles and responsibilities for identifying and responding to concerns clear with the SAB/MARM co-ordinator actively promoting these messages across the Isle of Wight. |
| 3 | Concerns are investigated promptly to minimise risks to people’s safety and well-being. | Strongly agree | We can evidence through data received from the BIT team that concerns are investigated promptly to minimise risk to people's safety and well-being. |
| 4 | 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. | Strongly agree | We can evidence through multi-agency documentation and guidance, policies and audit findings that safeguarding thresholds are in line with the best practice guideline and applied consistently. These are routinely updated and reviewed supported by Legal Services the implementation of Tri.x will further support this. |

Appendix 2 – DRAFT Self-Assessment

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| 5 | 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. | Tend to agree | We can evidence through Commissioning team monitoring and quality assurance visits and contract compliance in place that there is clarity on what constitutes a safeguarding concern and concerns regarding service quality. There is a clear pathway and plans for adding quality into this. |
| 6 | Information sharing arrangements are in place so that concerns are raised quickly and investigated without delay. | Tend to agree | Information sharing arrangements are in place enabling concerns to be investigated without delay evidenced by agreements with LSB, Fire safety group and policies and procedures in place. |
| 7 | 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. | Strongly agree | Safeguarding enquiries can be evidenced as a strength through audit data showing compliance, feedback forms. data from IW for national data return. Making safeguarding personal is embedded in our strength based practice as evidenced in case file audits, strength based practice and professional observations. |

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| How do we assess / evidence our performance? | Performance meetings weekly. Reflective practice, supervisions. Reporting Jeremy Wilkinson provides monthly reports to teams and annual SAC return to Central gov. This feeds back to SG board. Monthly performance report to service board including referrals concerns enquiries and conversion rates. |
| In summary (reflecting on the key areas above) what do you know about the quality and impact of your performance in this area (i.e. safeguarding)? | Supervisions and audits. triage forms signed off by senior then passed on to teams and agencies. Safeguarding care docs capture full inquiry have to be signed off in the same way. Templates of flowcharts to support decision making and standardisation. Diane P training needs for some to refresh form filling process. Quality assurance reports come out weekly and are checked. Auditing picks up problems/ issues and best practice on monthly basis. Ginny authorisation process scrutinised by 2 assessors and shared. Section 21 appeals may scrutinise further. |
| What are your key strengths? | Clear links with SAB, multiple frameworks, policies and guidance. Strong links with BIT team who share data. Safeguarding thresholds are clear and investigations are carried out sensitively and timely. |
| What are the key areas for improvement? | Resource required from BIT, for creation of dashboard for safeguarding team. Will require team manager and sg time too. 5&6 Need to improve learning and implementation from SARS process needs defining and capturing. MARM data could possibly be used to contribute Sarah C has some records and audit on MARM held on IDrive. DoLS data needs adding process for prioritising requests. |

Appendix 2 – DRAFT Self-Assessment

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| What are your plans to maintain or improve your performance in this area? | |
| What are the greatest risks and how will these be mitigated? | Volume of safeguarding cases. Knock on effect with support. Handover between teams needs to be clear. All being looked at. Knowledge and understanding of other teams and confidence to escalate back to safeguarding teams. Further discussions and sharing of information and processes required to mitigate this. Volume of work effects mitigation. Safeguarding clinics could help equip people with skills required. Learning from reviews especially SARS |
| (Poss additional questions – e.g. co-production; partner input etc) | |
| Any key feedback to note from service users, partners and other stakeholders? | |

Appendix 2 – DRAFT Self-Assessment

Theme 3 Safe systems

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| Quality statement: Safe systems, pathways and transitions | | DRAFT |
| <p>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.</p> <ul style="list-style-type: none"> • 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. | | |
| <p>Summary</p> <ul style="list-style-type: none"> • 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. | | |

How do we think we are doing?

| | | Your response | Comments |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Safety is a priority for everyone, and leaders embed a culture of openness and collaboration. The local authority learns from adverse events. | Tend to agree | We can evidence that safety is a priority for everyone with leaders embedding a culture of openness and collaboration learning from adverse events. Safeguarding is embedded in our strengths-based practice as seen in strength based and case file audits and professional observations. We can make improvements in how we evidence our learning from SARS and complaints. |
| 2 | There is strong awareness and monitoring of the areas with the greatest risks to people's safety and wellbeing, and solutions are developed collaboratively. | Neither agree nor disagree | We are able to evidence a strong awareness and monitoring of areas with the greatest risks to peoples safety and wellbeing with solutions developed collaboratively in some areas. This can be seen from audits, risk forums, LSSE policy and framework, RA risk assessment in IAASC, and multiagency meetings. However, there are certain areas where this is lacking specifically where external care is commissioned. Action is required to improve this area to fully comply with this statement. |
| 3 | 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. | Neither agree nor disagree | We can evidence in some ways where care and support is planned and organised with people, partner and communities to improve safety and ensure continuity in care particularly when people move services or agencies. Internally, weekly meetings discuss transfer details, managers have a safe transfer policy, and huddle meetings take place regularly with the Hospital Team. However, further work is required to improve documentation, processes, consistency of transitions and development of |

Appendix 2 – DRAFT Self-Assessment

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| | | | the communications pathway between Isle of Wight Council and Southampton. |
| 4 | 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. | Neither agree nor disagree | We are able to evidence some ways in which we plan, manage and mitigate the risks to the continuity of people's care and support to maintain their safety including hospital referrals if open to SPOC/SPA. The referral process for Mental Health and Learning Disabilities teams and safeguarding need to be documented. |
| 5 | 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. | Don't know | Transitions are timely but we cannot evidence a policy or process to show that effective and timely transition assessment and planning occurs when moving from children's to adult services. |
| 6 | 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. | Tend to agree | We can evidence through the PIP process, timely reporting, and section 117 that funding decisions and disputes do not delay the provision of care and support. 117 disputes are funded in the interim without prejudice. Challenges to provision of care arise due to market capacity and lack of provision for complex cases. |
| 7 | 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. | Neither agree nor disagree | We are able to evidence continuity of care and support for those moving to the Isle of Wight but this is dependent on timely alerts from their previous local authority. Further work in this area will utilise SAR findings to inform improvements and recommendations and an action plan for implementation. |
| 8 | 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. | Tend to agree | We are able to evidence our response to unplanned events and emergencies minimising the risk to people's safety and wellbeing. We have a provider protocol, commissioning policies, and learning from previous provider issues. |
| 9 | 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. | Don't know | We are able to evidence roles, responsibilities and accountabilities are agreed and recorded through contract management policy, Home with additional support and an agreement with the ICB for quality assurance. However, further clarity from the CQC is required to fully evidence this. |

Appendix 2 – DRAFT Self-Assessment

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| How do we assess / evidence our performance? | |
| In summary (reflecting on the key areas above) what do you know about the quality and impact of your performance in this area (i.e. Safe systems, pathways and transitions)? | |
| What are your key strengths? | |
| What are the key areas for improvement? | |
| What are your plans to maintain or improve your performance in this area? | |
| What are the greatest risks and how will these be mitigated? | |
| (Poss additional questions – e.g. co-production; partner input etc) | |
| Any key feedback to note from service users, partners and other stakeholders? | |

Appendix 2 – DRAFT Self-Assessment

Theme 4 Improvement and Innovation

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| Quality statement: Learning, improvement and innovation | | DRAFT |
| <p>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.</p> | | |
| <p>Summary 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. Coproduction is embedded throughout the local authority’s work. There is 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.</p> | | |

How do we think we are doing?

| | | Your response | Comments |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | 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. | Tend to agree | When designing and developing systems to benefit the community that we serve, we enable customer input through our Co-Pro network. Management use their strategic view of services to maintain oversight of communities at a high level and to focus on key areas of development within the service (which are often identified through: Strength based assessments, Case File Audits (discussed at managers 'So What Forum') and the utilisation of groups that provide feedback such as the workforce and stakeholder boards). Evidence of such work can be provided in the production of the Carers and Dementia Strategies. |
| 2 | The local authority has arrangements to support improvement, innovation and research, and processes for evaluating and sharing learning. | Tend to agree | The Isle of Wight Council encourages Continued Professional Development by sharing relevant information of interest and aid development of the workforce via the ASCHN Toolkit and leadership messages sharing key information from both Local and National sources. The Council have a Learning and Development platform which provides a good training opportunities both virtually and face to face. Student social work posts allow the authority to 'grow our own'. Recently the directorate provided Leadership Training to all managers across the service. |

Appendix 2 – DRAFT Self-Assessment

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| 3 | <p>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.</p> | <p>Tend to agree</p> | <p>Using our Quality Strategy and the 'So What' forum, successes and lessons learned from completed case file audits are discussed and shared across all team managers. The directorate has a compliments and complaints process which is passed to relevant teams, as well as reported within the monthly Service Board. There is also annual scrutiny which looks across the whole Council. We are currently developing a Co Production strategy which will include a Task and Finish Group (which is currently being created).</p> |
| 4 | <p>There is a strong focus on continuous learning and improvement. This includes through appropriate use of external accreditation, shared learning, best practice and research.</p> | <p>Tend to agree</p> | <p>The Principal Social Worker and the Practice Development Unit look at current social work practice and how new legislation and cases that are discussed at a national level are communicated to the service - this includes our RIP service (Research in practice). The Council has recently supported its ASCHN managers to complete IPC workshops (facilitated by Oxford Brookes university) on Leadership. We also have a systems workforce board which includes stakeholders from the wider system of Adult Social Care on the Isle of Wight to understand wider system pressures and discuss issues that may be occurring. Our Quality strategy ensures integrity within case work (which is also supported by other processes in place such as our compliments & complaints). The directorate has also appointed a principal occupational therapist who will recommend team building, and relevant training sessions to support teams within the directorate.</p> |
| 5 | <p>Innovation and new ways of working, including technology, are encouraged and supported to improve people's health and well-being outcomes.</p> | <p>Tend to disagree</p> | <p>We have refreshed our Care Close to Home strategy which looks at ways of maintaining those in our community's independence as well as supporting health and well being in the best interest for the person. This strategy is made of up 16 workstreams which includes looking at our current provision and identifying new ways of working, and researching what technology is available to us to 1. better support individuals. 2. Create savings. 3. Create/ improve income streams. Due to the broadness of the strategy a lot of the work identified within it is being completed within BAU and therefore requires review.</p> |

Appendix 2 – DRAFT Self-Assessment

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| 6 | The local authority challenges its own performance and invites external challenge. | Tend to agree | In preparation for CQC inspection we have arranged for a peer review challenge this side of Summer 2023 (external authority). As a directorate we are engaged with Made in partnership with Health colleagues, 'Build back better' and 'stopping the cycle'. Our performance is also challenged by the LGA chip team. As part of looking at system issues, performance is reported into the system workforce board. Internal boards - ASCHN Programme Board and ASCHN Performance Board invites challenges internally from senior management and wider stakeholders where appropriate. Our Safeguarding Adults Board also reviews performance of the directorate on a discretionary basis. Internally, we also have regular operations performance meetings with check and challenge (including data quality that performance figures are extracted from). Thematic reviews are also used to ensure performance is challenged. |
| 7 | The local authority engages with and contributes to system-wide reviews and demonstrates that it embeds and shares the learning from them. | Tend to agree | In preparation for CQC inspection we have arranged for a peer review challenge this side of Summer 2023 (external authority). As a directorate we are engaged with Made in partnership with Health colleagues, 'Build back better' and 'stopping the cycle'. Our performance is also challenged by the LGA chip team. As part of looking at system issues, performance is reported into the system workforce board. Internal boards - ASCHN Programme Board and ASCHN Performance Board invites challenges internally from senior management and wider stakeholders where appropriate. Our Safeguarding Adults Board also reviews performance of the directorate on a discretionary basis. Internally, we also have regular operations performance meetings with check and challenge (including data quality that performance figures are extracted from). Thematic reviews are also used to ensure performance is challenged. |
| 8 | The local authority seeks guidance and support to improve when necessary. It uses other support organisations when it identifies risks and areas for improvement. | Strongly agree | In preparation for CQC inspection we have arranged a peer review to challenge our processes in place prior to inspection with CQC. Corporately, we have a Risk Management System which captures strategic risks for the whole Council whereby risks are assigned to the relevant director, Assistant Director or Service Manager to ensure mitigations are in place and logged. The ASC Directors Management Team utilise the ADASS Network to seek regional and national guidance to improve where necessary (and help others improve too!). The Council have an internal audit team which looks at the directorates risks |

Appendix 2 – DRAFT Self-Assessment

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| | | | and how they are being mitigated (and whether mitigations in place are sufficient). Quarterly Union meetings are in place where representatives from across the directorate can speak to the director along with the Unison secretary. |
| 9 | The local authority shares learning, best practice and innovation with peers and system partners to influence and improve how services are delivered. | Strongly agree | The Isle of Wight Council is in regular contact with both its neighbouring and 'buddy' authorities to share learning, best practice and innovation. Senior management participate in ADASS and PSW networks which are also great for sharing learning, best practice and innovation. There is also a South East Commissioning & Market Development network. To improve influence we have member executive research & branding. Senior managers also use EDI and the National Assembly network. Our Assistant Director of Practice Development & Quality Assurance chairs the South East Network for Principal Social Workers. The Directorate has recently won an award for its innovative 'Living Well and Early Help Service' |
| 10 | The local authority actively participates in sector-led improvement activity. | Strongly agree | The Isle of Wight Council actively participates in the Partners in Health & Care (PHC). Laura Gaudion and Simon Homes are members of the LGA reviewing teams. The directorate is also actively involved in the Principal Occupational Therapist network, and has good relationships with both neighbouring and 'buddy' authorities. We have also actively organised a peer review as part of our CQC inspection preparation. Training sessions not he new CQC Inspection format has also been arranged with our buddy authorities. To provide assurance to members of the Council, the directorate regularly reports to Cabinet and Scrutiny. |

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| How do we assess / evidence our performance? | |
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Appendix 2 – DRAFT Self-Assessment

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| In summary (reflecting on the key areas above) what do you know about the quality and impact of your performance in this area (i.e. learning, improvement and innovation)? | |
| What are your key strengths? | |
| What are the key areas for improvement? | |
| What are your plans to maintain or improve your performance in this area? | |
| What are the greatest risks and how will these be mitigated? | |
| (Poss additional questions – e.g. co-production; partner input etc) | |
| Any key feedback to note from service users, partners and other stakeholders? | |

Appendix 2 – DRAFT Self-Assessment

Theme 4 Governance and Management

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| Quality statement: Governance, management and sustainability | | DRAFT |
| <p>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.</p> | | |
| <p>Summary</p> <ul style="list-style-type: none"> • 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. | | |

How do we think we are doing?

| | | Your response | Comments |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | <p>There are effective governance and performance management arrangements at all levels.</p> <p>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.</p> | Tend to agree | The local authority has effective governance structures, such as leadership group, wider leadership group, Programme Board, Performance meetings. Each meeting has been reviewed and has regular attendance. We also have So What meetings. Our assurance is visible |
| 2 | <p>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.</p> | Tend to agree | The local authority has performance management and data structures. We have an allocation of resources and plans to develop and transform the service. |
| 3 | <p>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.</p> | Tend to agree | There are effective governance arrangements, such as workforce development board, So What forums, quality strategy and implementation. We have training needs analysis and LMS. Other meetings include performance and service board, operational performance meetings. |
| 4 | <p>There is a stable adult social care leadership team with clear roles, responsibilities and accountabilities.</p> | Tend to agree | We have a stable leadership workforce, any vacancies are filled. We have ISP investment and a workforce plan. |
| 5 | <p>Risks in the local authority operating environment, and any political or organisational changes that may affect business, are assessed and mitigated.</p> | Tend to agree | The local authority has a risk management plan - corporate and departmental to manage change and risk. |

Appendix 2 – DRAFT Self-Assessment

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| 6 | 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. | Tend to agree | As above. The local authority has stakeholder Board, CMT, CLT, Cabinet, Scrutiny as well as Risk registers. |
| 7 | 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. | Tend to agree | Our relationships with finance is strong. We have use of a resources report which has regional and national benchmarking. Statutory duties are well recognised and understood around budgets and risk. |
| 8 | All levels of governance and management function effectively and interact with each other appropriately. | Tend to agree | We have a strong DASS. We are strong at all levels of governance, as well as departmental and organisational planning and inductions. CCTH strategy covers a lot of this area. |
| 9 | 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. | Tend to agree | The local authority has values and behaviours session as well as EDI board. We have a Toolkit E&D tile, as well as a supervision policy and structure. The department has mental health first aiders and wellbeing Champions. |
| 10 | The local authority has a clear strategic ambition and objectives regarding improving outcomes for unpaid carers, with a coherent and adequately resourced delivery plan. | Tend to agree | The department knows of 16,000 unpaid carers (approx.), the SCAB has developed a wellbeing Toolkit, this is extended to unpaid carers to enable access to resources. |

| | |
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| How do we assess / evidence our performance? | |
| In summary (reflecting on the key areas above) what do you know about the quality and impact of your performance in this area (i.e. Governance, management and sustainability)? | |
| What are your key strengths? | |
| What are the key areas for improvement? | |
| What are your plans to maintain or improve your performance in this area? | |

Appendix 2 – DRAFT Self-Assessment

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| What are the greatest risks and how will these be mitigated? | |
| (Poss additional questions – e.g. co-production; partner input etc) | |
| Any key feedback to note from service users, partners and other stakeholders? | |

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Appendix 2 – DRAFT Self-Assessment Theme 5 Quality, Assurance and Comms

How do we think we are doing?

| | | Your response | Comments |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Direct feedback from people with care and support needs, unpaid carers, people who fund or arrange their own care, those close to them and their advocates | Tend to disagree | Feedback is not sought in all areas. Safeguarding are piloting asking for feedback which requires further overview. The co-production strategy is being written and will naturally improve feedback. A feedback form goes out with assessments and reviews however we aren't capturing self funders. The DASS has sight of complaints through report to service board and added to Toolkit. |
| 2 | Compliments/complaints | Tend to agree | There is a group of former complainants, however this requires a Terms of Reference so that we can demonstrate transparency and a commitment to improve. We are in production of an accessible video to explain the complaints process. |
| 3 | Feedback from people obtained by community and voluntary groups eg: advocacy, Healthwatch, adult and young person's carers groups, faith groups | Neither agree nor disagree | This feedback is given by accident through commissioning. Information and forward plan required from Commissioning. |
| 4 | Survey of Adult Carers (SACE), Adult Social Care Survey (ASCS) | Neither agree nor disagree | There is a staff survey and a national return and local satisfaction survey. |
| 5 | Policy/process/information relating to eligibility criteria, financial assessment and charging arrangements | Neither agree nor disagree | FACT team information required. We have a team dedicated to this area. |
| 6 | Give feedback on care | Neither agree nor disagree | The complaints and compliments manager has a lot of compliments from internal providers, reablement and outreach |
| 7 | Staff forum | Tend to agree | There is a staff forum, known as the Big Conversation, which are regular and in the diary, planned for the year. There is also an annual staff conference which is well attended. Within the Big Conversation and the forum, there are chat rooms and workshops. |
| 8 | Coproduction processes | Tend to agree | There is a co-production toolkit that is used by Commissioning. The overall strategy is being developed and is being written with service users. Workshops at Annual Conference introduced this to staff formally. A policy for expenses for members of the co-production agenda has been approved. |
| 9 | General coms to the department | Tend to agree | Toolkit. Mark Howe is doing a 'Brain Bounce' meeting teams. Monthly newsletter being introduced and will be added to Toolkit. Printed and sent to the |

Appendix 2 – DRAFT Self-Assessment

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| | | | care homes. Please see coms plan |
| 10 | General coms to partners | Tend to agree | The Workforce Board has a lot of partners on. Simon Homes sits on a Board with elected members and senior managers. This is managed by T4. |

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