

# Towards excellence in adult social care (TEASC)

Risk awareness tool

## Purpose of this model tool

This tool has been recommended by Towards Excellence in Adult Social Care (TEASC) in the context of this Board's responsibility for identifying and managing risks across the adult social care (ASC) sector. It is suggested as a model, on the understanding that the Association of Directors of Adult Social Services' (ADASS) regional networks may choose whether to adapt it and/or integrate it with their existing tools.

Its purpose is:

- (a) **To promote self-awareness amongst Directors of Adult Social Services (DASSs) and their senior colleagues.** (It should help directors to check that they are focussing their energies and limited resources on the right issues, and are taking appropriate mitigating action to address your most pressing risks).
  - (b) **To ensure that councils' political and executive leaders are well-informed about the potential risks facing ASC, reflect these in their corporate risk registers, and take them fully into account in their decision-making.** (The conclusions from this exercise should enable them to be confident that their ASC risks have been assessed through an objective process, including external challenge).
  - (c) **To enable regions to identify issues that should be addressed through sector-led improvement (SLI) activity and the councils that might need most help.** (Regions have a responsibility to do both, in line with the TEASC National Protocol<sup>1</sup>).
  - (d) **To provide assurance to the public – that in the absence of a national inspection regime, risks are nevertheless being rigorously assessed and managed within the sector.** (A rigorous annual self-assessment by every council is strongly encouraged by TEASC, to lend credibility to the sector-led improvement system).
- This tool is not a 'performance management' tool. (You are likely to have many existing ways of managing your performance, and some key issues are also monitored nationally). Instead, the tool takes as its starting point that 'monitoring performance' is not the same as 'monitoring risk' – and that very high-performing councils may nevertheless be at risk in the current difficult climate.
  - The tool is not intended to replicate existing self-assessment tools and guidance. Instead, it is designed to be used for a high-level check of the key domains of risk. If you conclude that you need to look in more depth at a particularly area (eg safeguarding, use of resources, commissioning, etc),

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<sup>1</sup> 'Providing Early Support to Local Authorities with Performance Challenges in Adult Social Care and Managing the Risk of Under Performance', TEASC 2013.

you can use one of the complementary but more detailed frameworks. If you have already applied one of these frameworks, this tool encourages you to cross-reference the evidence you have already gathered and not to 're-invent the wheel'.

- The tool includes suggested ways of using standard indicators to explore the existence of risk – but emphasises the importance of triangulating 'hard' and 'soft' evidence to tease out your local story. It is suggested that your conclusions will be most useful for you if you use the tool for genuine, honest reflection, and discussion with trusted colleagues within your council and region.

## Introducing the model tool: six key domains

Six 'key domains of risk' have been identified through a process of consultation with the sector. These are illustrated below.



## Key areas to consider

Within each domain, a number of key areas are recommended for consideration – because issues in any of these areas might indicate the presence of risk. The key areas are summarised below.

Risk domain	Key areas to consider
<b>1. Leadership and governance</b>	<ul style="list-style-type: none"> <li>• Political change</li> <li>• Organisational change</li> <li>• Experience of political and managerial leaders</li> <li>• Priority given by council to ASC</li> <li>• Corporate challenges</li> <li>• Adverse events</li> </ul>
<b>2. Performance and outcomes</b>	<ul style="list-style-type: none"> <li>• Safeguarding adults</li> <li>• Deprivation of Liberty Safeguards (DOLS)</li> <li>• Performance</li> <li>• Customer satisfaction</li> <li>• Pressures on the front line</li> </ul>
<b>3. Commissioning and quality</b>	<ul style="list-style-type: none"> <li>• Quality issues</li> <li>• Market shaping</li> </ul>
<b>4. National priorities and partnerships</b>	<ul style="list-style-type: none"> <li>• Health and wellbeing partnership</li> <li>• Better Care Fund Implementation</li> <li>• Care Act implementation</li> <li>• Transforming Care (Winterbourne View)</li> <li>• Other national priorities</li> </ul>
<b>5. Resource and workforce management</b>	<ul style="list-style-type: none"> <li>• Percentage corporate spend on ASC</li> <li>• Corporate financial context including reserves</li> <li>• Scale of ASC budget reductions (past and future)</li> <li>• Overspends</li> <li>• Impact of budget reductions</li> <li>• Unit costs</li> </ul>

- Demand pressures/changes in activity
- Future outlook
- ASC staff vacancy levels
- Recruitment and retention across sector

## **6. Culture and challenge**

- Local account – process and product
- Participation in core SLI activity
- Peer review exercises and other external scrutiny
- Local performance management arrangements
- Political scrutiny
- Organisational development

## Processes for using the risk awareness tool (including options for councils and regions)

The TEASC Board recommends that the six domains and 'key areas to consider' should be tackled in each self-assessment. However, the processes for completing, collating and considering the outputs are likely to vary from one region to the next. Some of the approaches currently in use (in September 2015) are listed below.

### Ratings

- Use of high-level 'rating' systems (eg RAG ratings) either for each domain, for each area, or for specific indicators.

### Top three risks

- Inclusion of overarching questions about the directors of adult social services' (DASS) view of the three top risks (and/or of their key strengths).

### Mitigating actions

- Inclusion of notes on the 'mitigating actions' being taken to address the risks – especially those that might be shared with peers as interesting or useful practice.

### Action Plans

- Translation of the findings into an action plan (and/or formal risk register, including mitigating actions).

### Who should complete the assessments?

Many DASSs are likely to engage assistant directors and other senior managers (including key corporate colleagues) in this process. Some DASSs might complete the tool in the course of an informal workshop with their senior management teams, and/or ask the relevant ASC assistant director(s) to complete the tool before signing it off. **However, in TEASC's view, it is important that the final version is 'owned' and signed off by the council's statutory DASS.**

### Who should challenge the assessments?

TEASC recommends that every DASS receives external challenge from a 'critical friend' on their completed self-assessment and associated action plan, and that this is arranged in negotiation with the ADASS region. Options include the use of 'buddying' systems (eg private and informal exchanges between peer DASSs), the involvement of staff employed by the region for this purpose, and the involvement of the care and health improvement adviser (CHIA).

### Who should see the completed assessments?

DASSs are encouraged to share at least the findings from their risk assessment with both their chief executive and portfolio holder to help raise their awareness of the risks and mitigating actions being taken.

Self-assessments will not be shared beyond each region. However, some regions believe that there are benefits to be gained from collating the findings at a regional level, in order for learning to be captured (in a sensitive and anonymised way) and risks mitigated through sector-led improvement activity.

### Using indicators – and which ones?

**The TEASC Board recommends that a combination of 'hard' and 'soft' evidence should be used to assess risk.** (Data on its own is unlikely to be sufficient, and will in any case need to be reflected upon, and/or triangulated with other evidence in the course of the self-assessment). Peer challengers (including 'buddies' from other councils) are likely to help with this process – by having a conversation in which the issues are discussed in a deeper way.

All regions are already triangulating different types of evidence, and almost all carry out annual regional benchmarking exercises (usually using the adult social care outcomes framework (ASCOF), and often supplemented with other regional indicators). Some have produced 'balanced scorecards'. We are recommending that this work should continue to be developed within regions – and suggest that to minimise burdens, existing nationally-available indicators can be used as supporting evidence for almost all of the key risk domains. Some recommendations are included in the table below (and illustrated in the model).

Risk domain	What indicators could be used?
<p><b>Leadership and governance</b></p>	<p><b>Council:</b>  We recommend that the following are captured through the self-assessment:</p> <ul style="list-style-type: none"> <li>• Portfolio holder (time in post)</li> <li>• DASS (time in post)</li> <li>• DASS (length of experience in ASC)</li> </ul>
<p><b>Performance and outcomes</b></p>	<p><b>ASCOF / short- and long-term support (SALT):</b>  We recommend the use of some national indicators. (Illustrations are included in the model below).</p> <p><b>Council:</b>  Councils will wish to include evidence on their performance in <b>safeguarding adults</b>. The statutory Safeguarding Adult collection, ADASS' 'Safeguarding Adults Improvement Tool' and 'Making Safeguarding Personal' are possible sources of evidence. For benchmarking purposes, it might be helpful to agree one or two standard regional indicators (subject to discussion within regions).</p> <p><b>RAP:</b>  Pressures on the front line (including waiting times) are an area of risk at this time of resource constraints, and this issue should be explored in the course of the risk assessment. (The frequency of reviews is one area that some regions have already opted to benchmark. However other indicators – such as allocation to a social worker, initial response time, size of caseloads, length of time to complete an assessment, etc are likely to be available locally).</p>

<b>Commissioning and quality</b>	<p><b>Care Quality Commission (CQC) Local Authority Profile:</b>  From 2015 onwards, CQC's Local Authority Profiles will be available to enable councils to summarise performance across their local registered services. For the risk assessment, we suggest the possibility of incorporating some standard indicators relating to inspection findings, and recommend that these should be benchmarked at regional level.</p>
<b>National priorities and partnerships</b>	<p><b>National Better Care Fund (BCF) Indicators:</b>  The standard set of indicators included in all Better Care Fund plans will be an obvious and universal source of evidence from 2015 onwards.</p>
<b>Resource and workforce management</b>	<p><b>Personal Social Services: Expenditure and Unit Costs return (PSS EX1) / ADASS Budget Survey:</b>  The ADASS resources network is developing a standard set of 'use of resources' indicators derived from the Department for Communities and Local Government Revenue Outturn (DCLG RO), PSS EX1 and Adult Social Care Finance Return (ASC-FR) surveys. A sample of these useful indicators is included in this model, but the fuller list of data issued by the resources network can be used by councils wishing to look more deeply at this issue.</p> <p><b>National Minimum Data Set (NMDS – national workforce return):</b>  Recruitment and retention issues (including vacancies/use of agency staff) across the sector are a risk factor that should be explored within this tool. The NMDS return can be used to benchmark councils' ASC vacancies. Some regions are developing their own benchmarking methodologies.</p>
<b>Culture and challenge</b>	<p><b>Council:</b>  Councils already have a range of relevant evidence about their own performance, and about their own improvement activity (including participation in core regional SLI events). This could include – for example, the Local Account, the outcomes from any peer challenge exercises, the annual report on complaints, use of 'Making it Real' benchmarks, etc.</p>

**David Walden/Rachel Ayling  
(for TEASC)  
September 2015**

# Risk awareness tool

## 1. Leadership and governance

This section asks you to reflect on your council's operating context and especially on any major political or organisational changes that may be creating risks for ASC at the current time.

<b>Leadership and governance</b>
Q1. Have there been political changes to your council this year? If 'yes', how have they impacted your strategy for ASC? How are you managing this impact? Is more change likely after the next local elections?
Q2. Have there been any changes to your council's organisational structures which have impacted ASC this year? (This might include changes to departmental structures, merging of back office functions, etc).
Q3. How far have senior management changes affected the delivery of ASC this year? Are there significant senior vacancies at this time and how are you handling the consequences?
Q4. What is your 'span of control'? What experience and training do you have in ASC?
Q5. Is adult social care clearly visible within the council (eg are you a full member of the chief executive's senior management team?)
Q6. Has the council experienced unexpected events or pressures this year (eg in children's services, environmental services, etc) which may have affected the prioritisation given to ASC?

Q7. Has ASC recently been subject to judicial review (or are there any ongoing judicial reviews)? (If 'yes', please briefly describe any impact/potential impact you are concerned about).

Q8. Has there been significant adverse local or national media coverage of ASC this year?

## 2. Performance and outcomes (including safeguarding)

This section asks you to reflect on the effectiveness of your adult safeguarding arrangements. It also asks you to sum up any headline risks to your current ASC performance, including your front line response.

<b>Safeguarding</b>
Q1. What methods do you (and the safeguarding adults board) use to assess your safeguarding practices and outcomes? Have externally recommended practice standards and tools (eg 'Making Safeguarding Personal' <sup>2</sup> , ADASS Adult Safeguarding Improvement Tool <sup>3</sup> ) been adopted?
Q2. Have you sought or received external feedback on your performance in this area (eg through a safeguarding peer review) this year? If yes, please briefly summarise the main recommendations (and/or attach the report). Are you confident that the recommendations will be implemented?
Q3. Overall, on the basis of routine performance monitoring, learning from serious case reviews, and external feedback, how confident are you that your adult safeguarding practices and systems are person-centred and robust? Do you think there are any <u>urgent</u> areas for improvement? (NB If your concerns relate primarily to the quality of commissioned services, you can cross-reference to Section 3 below).
Q4. How are you handling the challenges raised by recent Mental Capacity Act (MCA) DOLS legal judgements? How, and to what extent, is this a risk area for you? (NB If you have concerns relating to staffing shortfalls, you are advised to cross-reference to Section 5 Q9 below).

<sup>2</sup> <http://www.local.gov.uk/documents/10180/5854661/Making+Safeguarding+Personal+-+Guide+2014/4213d016-2732-40d4-bbc0-d0d8639ef0df>

<sup>3</sup> <http://www.local.gov.uk/documents/10180/6869714/Adult+safeguarding+improvement+tool.pdf/dd2f25ff-8532-41c1-85ed-b0bcbb2c9cfa>

### **Performance and outcomes**

Q5. Have you identified particular areas where your performance/outcomes should be improved? (If 'yes', are you feeling confident that you can achieve the desired improvements over the next year? Have you discussed this with your regional chair and/or SLI lead?)

### **Pressures on the front line**

Q6. Have you specified target response times (eg for assessments, reviews and provision of services)? Are these targets being achieved? If 'no' what are the exceptions? (NB If you have concerns relating to staffing shortfalls within ASC, these can be more fully recorded in Section 5 below).

### 3. Commissioning and quality

This section asks you to reflect on the current state of your local market – ie, the availability, quality and sustainability of services. It also asks you to think about your capacity to influence/shape the market, in the light of new Care Act responsibilities.

#### Service quality

Q1. Do you have agreed quality standards (or outcomes) for all your commissioned services? Assuming 'yes', how do you monitor these? (Are you confident that you would know if there were problems and/or safeguarding issues?).

Q2. On the basis of your CQC Local Authority Profile, and/or dialogue with CQC, how does the quality of your local registered provision compare with others?

Q3. Are you and/or currently CQC taking action in relation to quality concerns (and/or serious incidents) within one or more services (including embargo on new placements, etc)?

Q4. Have you undertaken a major re-commissioning exercise this year? (If 'yes', has this exercise gone well? Has it created pressures and/or management challenges that have been difficult to handle?).

#### Market shaping

Q5. Have you had recent instances of 'business failures' and/or unexpected withdrawals of providers from the market? If 'yes', what were the reasons and what has the impact been?

Q6. Have you identified specific market gaps – and if yes, how are you planning to address these?

Q7. How are you addressing your new Care Act responsibilities in relation to the wider local market? Are you using any nationally-available tools and guidance (eg 'Commissioning for Better Outcomes') and if so, have you found these helpful? Are you confident you have the capacity (ie in relation to market shaping, commissioning, procurement and contract monitoring) to address these new responsibilities?

Q8. To summarise - what concerns do you have about the adequacy and sustainability of local ASC services? Are you confident you can mitigate the most pressing risks? (NB If your concerns relate primarily either to your budget or to related recruitment and retention problems you are advised to cross-refer to Section 5 below – avoiding duplication).

#### 4. National priorities and partnerships

This section asks you to reflect on progress achieved in partnership working with the NHS, including any specific pressures or obstacles to progress. It also asks you to briefly sum up your readiness for the next stage of Care Act implementation and to comment on any identified pressures in this area.

##### Partnership working with the NHS

Q1. Please briefly outline your local NHS landscape (eg the main CCGs/Trusts that operate in your geographical area) and how your partnership activity is organised/governed. In general, how would you characterise your relationship with your health partners, and the outcomes being achieved from your joint work?

Q2. Do you have any early concerns about the achievement of BCF-related improvement targets? Please briefly describe the emerging risks. How confident are you that they can be resolved?

Q3. Is your local health economy experiencing significant financial, organisational or performance challenges, that are having an impact on adult social care and/or the implementation of the BCF. (If 'yes', please describe, and try to explain the degree of difficulty. For example, are local NHS services financially challenged, in special measures, and/or subject to special intervention or scrutiny?). What are the challenges and barriers, and how are these being handled? (Please describe).

**Other national priorities**

Q4. What arrangements have you put in place to monitor the implementation of the Care Act from April 2015? Are you experiencing specific and/or unexpected challenges in this area? How prepared is your authority for the 2016 changes? (You may choose to refer to your most recent Care Act stock-take).

Q5. What action are you taking to implement the recommendations arising from the Transforming Care (Winterbourne View) programme? How are you addressing any specific and/or unexpected challenges in this area?

Q6. Optional question on any other national or regional priorities – subject to decisions by regions

## 5. Resource and workforce management

This section asks you to reflect on your budget situation, and the impact of budget reductions so far. It also asks questions about your workforce pressures – both those affecting your own department and the challenges across the wider sector.

### Use of Resources

Q1. To what extent has your council 'protected' ASC over the last five years, and how is this changing? (You may choose to refer to your ADASS budget survey return). Please briefly describe any corporate financial challenges (such as corporate overspends, unusual budget pressures in other service areas, low corporate reserves etc) that are a particular cause of concern for your council at the present time.

Q2. Has your gross expenditure reduced in the last few years? If 'yes', when did it start to reduce (specify year) and what is the cumulative impact? What is the target reduction in the current year?

Q3. Did ASC overspend its budget last year (or is an overspend projected for the current year?) If 'yes', please briefly describe the measures you are taking to address this, and your degree of confidence that ASC expenditure can be further contained.

Q4. How would you summarise the impact of your budget reductions/efficiencies programme so far? (Again, you may choose to refer to the response you gave in the ADASS budget survey – eg in relation to whether you have had to make unpalatable 'cuts' and on your degree of concern about the overall impact).

Q5. Specifically, what has the impact been on (a) fees to the independent sector (b) the costs of in-house provision so far? How do your unit costs now compare with your neighbours? What immediate plans, if any, do you have either to suppress or increase these costs?

Q6. Are you experiencing specific demand pressures that are causing you concern (eg rises in new care home placements etc)? Conversely, are your demand management measures proving successful in some or all areas? Overall, how confident are you that you can continue to contain the demand?

Q7. Do you have an agreed medium-term financial plan for next year onwards? If so, are you confident you can deliver it?

Q8. **To summarise**, how confident are you that you can continue to protect the quality, availability and safety of ASC services over the next three years? (Please use this space to share any additional thoughts/observations (if any) about your local resource challenges).

### **Workforce management**

Q9. Are there particular areas of your own service/department where there are high rates of sickness/absence, high numbers of vacancies and/or high use of temporary/agency staff? (If yes, what are you doing to address this?)

Q10. Specifically, do you have sufficient capacity (numbers, skills and competency) to deliver your safeguarding/MCA/Best Interest Assessor (BIA) requirements?

Q11. Overall, are there workforce challenges across your sector that are of particular concern or worsening (especially in relation to recruitment and retention and/or training and competency)? (If 'yes', please give brief details, including any remedial actions that are being taken by you or your partners).

## 6. Culture and challenge

This section asks you to reflect on how you participate in your region's SLI activity, challenge your own performance, and invite external challenge. It also prompts thoughts about your organisation's culture including the degree to which individuals and citizens are able to feed back and influence decision-making.

### Participation in SLI activity

Q1. Do you and other senior staff participate regularly in regional ADASS branch meetings and SLI events? (Please say which post holders are involved, which networks they are involved in, and how often you attend).

Q2. Please summarise your approach to producing a Local Account (with particular reference to your engagement with users and the wider public). What plans do you have to develop/improve your Local Account next year?

### Local performance management

Q3. What regular/routine methods do you use to monitor ASC performance (including the use of benchmarking)?

Q4. How do you assure the quality of your data? (Please mention any known data gaps or concerns about data accuracy, and describe any recent work to improve this if applicable).

Q5. Has ASC adopted any externally recognised performance frameworks/standards (such as 'Making it Real')? Please briefly describe how these frameworks are used, and what impact you think this has had.

Q6. In addition to any peer challenge exercises, has ASC invited challenge or support from an external agency (such as a consultancy firm) over the last year?

Q7. What political Overview and Scrutiny arrangements are in place for ASC? Please briefly summarise any formal scrutiny exercises undertaken over the last year, and what impact this has had.

### **Co-production**

Q8. What methods have you used to engage with users and citizens in the past year, and how are you planning to improve your public engagement? Are you increasingly co-producing solutions with individuals and their families – at individual and strategic level?

### **Organisational culture and development**

Q9. How confident are you that your council's leaders and senior managers communicate a vision, and display the appropriate values on a daily basis? How do you assess this? (Please briefly describe activities such as leadership development and appraisal processes that are in place).

Q10. How confident are you that your staff display the appropriate values on a daily basis? How do you assess this? (Please briefly describe other 'organisational development' activities, and include reflections on their impact).

## Suggested dataset

### 1. Leadership and governance

Name of **portfolio holder**

Length of time in post

Date of next local election

Name of **DASS**

Length of time in post

Duration of career experience in ASC

## 2. Performance and outcomes (including safeguarding)

### **Safeguarding**

Use local and/or national indicators as required Examples might include:

Investigations completed within 28 days

Number of Safeguarding Adult Reviews in year

Percentage of safeguarding referrals that have an outcome within 28 days of the referral being received

Percentage of user defined outcomes achieved

Percentage of DOLs applications allocated for assessment

<b>Performance and outcomes</b>				
<b>ASCOF indicator</b>	<b>Council (Year)</b>	<b>Change since previous year (improving/little change/worsening)</b>	<b>Regional Average (Year)</b>	<b>National Average (Year)</b>
ASCOF 4A: Feeling safe				
ASCOF 4B: Services helping people feel safe				
ASCOF 1A: Social care-related quality of life (QoL)				
ASCOF 1C(1): % in receipt of SDS/direct payments				
ASCOF 1C(2): % in receipt of direct payments				
ASCOF 2A(2): Permanent admissions of older people per 100k popn				
ASCOF 2A(1): Permanent admissions of adults aged <65 per 100k popn				
ASCOF 2C(2): Delayed transfers of care that are attributable to social care per 100k popn				
ASCOF 2B(1): Proportion of OP still at home 91 days after discharge into reablement/rehabilitation				
ASCOF 3A: Overall satisfaction of people who use services				
Add other indicators if required				

## **Pressures on the front line**

Use local indicators as required. Examples might include:

Percentage of cases allocated to a social worker

Percentage of assessments for new clients completed within 28 days

Percentage of assessments for new carers completed within 28 days

Percentage home care packages in place within 7 days

Percentage of clients receiving a review in the year

### 3. Commissioning and quality

<b>Date of published Market Position Statement (including refresh)</b>	
<b>CQC Local Authority Profile:</b>  Percentage of registered services that have been inspected over last year (Where inspection results are known, include in table below)  Number of new registrations in last reporting period  Number of deregistrations in last reporting period	
<b>Care Homes</b>  Number of services rated 'outstanding'  Number of services rated 'good'  Number of services rated 'requires improvement'  Number of services rated 'inadequate'  Number (or %) subject to enforcement action	<b>Domiciliary Care Agencies</b>  Number of services rated 'outstanding'  Number of services rated 'good'  Number of services rated 'requires improvement'  Number of services rated 'inadequate'  Number (or %) subject to enforcement action

#### 4. National priorities and partnerships

Date of publication of **health and wellbeing board strategy** (including refresh)

Date of publication of joint strategic needs assessment (**JSNA**) (including refresh)

**BCF Indicators** (where not already included in form)

Non-elective admissions per 100k popn

Target:

Actual (in last reporting period):

Optional local indicator/s

Target/s:

Actual (in last reporting period):

## 5. Resource and workforce management

<b>Use of Resources</b>		
	<b>Council</b>	<b>National Average<sup>4</sup></b>
The percentage of the council's total service expenditure that is spent on ASC, exc schools		Shire Average 2015/16 (planned): 43.8% Unitary Average 2015/16 (planned): 34.5%
Gross current expenditure on ASC per 100k population in last reported year. (PSS		2013/14 (actual): £40,720k 2014/15 (provisional): £39,909
Percentage of ASC gross current expenditure spent on residential and nursing care in last reported year. (PSS EX1/ASC-FR). (Break down by customer group if required).		2013/14 (actual): 43% 2014/5 (provisional): 40%
Percentage growth/reduction in gross current expenditure between 2011/12 and last reported year (PSS EX1/ASC-FR) (in cash terms)		2011/12: +1.1% 2012/13: -0.4% 2013/14: +0.5%
Actual and/or projected reduction in ASC budget since last reported year – specify years,		2015/16 (planned): -4% ( <b>net</b> )
Percentage overspend on ASC budget last year, and projected overspend on ASC in		Not available
Number of people receiving community-based services (all groups) per 100k population in last reported year (RAP)		2013/14 (actual): 2480
Number of people receiving long-term support per 100k population aged 65+ in last reported year – <b>over 65s</b> (SALT)		Pending

<sup>4</sup> National averages are based on information that is currently published by the HSCIC– at 17/9/2015.

<p>Number of people receiving long-term support per 100k population aged 18-65 in last reported year – <b>under 65s</b> (SALT)</p> <p>Number of people supported in long-term residential/nursing care per 100k population aged 65+ in last reported year – <b>over 65s</b></p> <p>Number of people supported in long-term residential/nursing care per 100k population aged 18-65 in last reported year – <b>under 65s</b></p>		<p>Pending</p> <p>Pending</p> <p>Pending</p>																		
<p>Percentage of gross current expenditure spent on each customer group in last reported year (PSS EX1/ASC-FR).</p>		<table border="1"> <tr> <td colspan="2">2014/15 (provisional):</td> </tr> <tr> <td>Non-SALT:</td> <td>20%</td> </tr> <tr> <td>SALT:</td> <td></td> </tr> <tr> <td>    Older People (65+)</td> <td>42%</td> </tr> <tr> <td>    Physical Support (18-65)</td> <td>7%</td> </tr> <tr> <td>    Sensory Support (18-65)</td> <td></td> </tr> <tr> <td>    Learning Disability (18-65)</td> <td>26%</td> </tr> <tr> <td>    Memory and Cognition (18-65)</td> <td>4%</td> </tr> <tr> <td>    Mental Health (18-65)</td> <td></td> </tr> </table>	2014/15 (provisional):		Non-SALT:	20%	SALT:		Older People (65+)	42%	Physical Support (18-65)	7%	Sensory Support (18-65)		Learning Disability (18-65)	26%	Memory and Cognition (18-65)	4%	Mental Health (18-65)	
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<p>Average unit cost of residential and nursing care (aged 65+ – all groups) (PSS EX1/ASC-FR)</p> <p>Average unit cost of residential and nursing care (Aged 18-65 – LD only) (PSS EX1/ASC-FR)</p>		<p>2014/15 (provisional):</p> <p>£563</p> <p>£1343</p>																		

<p>Average unit cost of domiciliary care, external providers (PSS EX1/ASC-FR)</p> <p>(NB Because of regional and local variation, regional benchmarking may be more useful than national benchmarking in this area. Councils may also wish to separately distinguish their 'in house' vs independent sector costs).</p>		£13.93
<p>Other indicators (eg see more extensive dataset produced by the ADASS Resources</p>		
<p><b>Workforce</b></p>		
<p><b>NMDS</b></p> <p>Percentage of management/supervisor posts that are vacant</p> <p>Percentage of professional posts that are vacant</p> <p>Percentage of direct care posts that are vacant</p>		

## 6. Culture and challenge

### Participation in SLI activity

Date of publication of last **Local Account**

Date of last **peer review/challenge** exercise

Topic covered

Date of publication (if applicable)

Date review completed (if applicable)

### Local performance monitoring

Number of ombudsman complaints in last year

Number of ombudsman complaints upheld in last year

Recent staff survey results (if relevant)

Attach other local performance reports/supporting evidence as applicable, and list here:



**Local Government Association**

Local Government House  
Smith Square  
London SW1P 3HZ

Telephone 020 7664 3000  
Fax 020 7664 3030  
Email [info@local.gov.uk](mailto:info@local.gov.uk)  
[www.local.gov.uk](http://www.local.gov.uk)

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