

Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel

Date: Monday 19th January 2026

Time: 9.30am

Venue: Council Chamber - Guildhall, Bath

Councillors: Dine Romero, Liz Hardman, Paul Crossley, David Harding, Lesley Mansell, Joanna Wright, Onkar Saini, Bharat Pankhania and Michael Auton

Co-opted Non-Voting Members: Chris Batten and Kevin Burnett

The Panel will have a pre-meeting at 9.00am



Mark Durnford

Democratic Services

Lewis House, Manvers Street, Bath, BA1 1JG

Telephone: mark_durnford@bathnes.gov.uk 01225 394458

Web-site - <http://www.bathnes.gov.uk>

E-mail: Democratic_Services@bathnes.gov.uk

NOTES:

1. **Inspection of Papers:** Papers are available for inspection as follows:

Council's website: <https://democracy.bathnes.gov.uk/ieDocHome.aspx?bcr=1>

2. **Details of decisions taken at this meeting** can be found in the minutes which will be circulated with the agenda for the next meeting. In the meantime, details can be obtained by contacting as above.

3. **Recording at Meetings:-**

The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control.

Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators.

To comply with the Data Protection Act 1998, we require the consent of parents or guardians before filming children or young people. For more information, please speak to the camera operator.

The Council will broadcast the images and sound live via the internet www.bathnes.gov.uk/webcast An archived recording of the proceedings will also be available for viewing after the meeting. The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

4. **Public Speaking at Meetings**

The Council has a scheme to encourage the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. They may also present a petition or a deputation on behalf of a group.

Advance notice is required not less than two full working days before the meeting. This means that for meetings held on Thursdays notice must be received in Democratic Services by 5.00pm the previous Monday.

Further details of the scheme can be found at:

<https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=12942>

5. **Emergency Evacuation Procedure**

When the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are signposted. Arrangements are in place for the safe evacuation of disabled people.

6. **Supplementary information for meetings**

Additional information and Protocols and procedures relating to meetings

<https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=13505>

**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel - Monday
19th January 2026**

at 9.30am in the Council Chamber - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

The Chair will draw attention to the emergency evacuation procedure as set out under Note 5.

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

4. DECLARATIONS OF INTEREST

At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting. Members are asked to indicate:

- (a) The agenda item number in which they have an interest to declare.
- (b) The nature of their interest.
- (c) Whether their interest is **a disclosable pecuniary interest** or **an other interest**,
(as defined in Part 4.4 Appendix B of the Code of Conduct and Rules for Registration of Interests)

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

6. ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

At the time of publication no notifications had been received.

7. MINUTES: 15TH DECEMBER 2025 (Pages 7 - 18)

8. CABINET MEMBER UPDATE (Pages 19 - 24)

The Cabinet Member(s) will update the Panel on any relevant issues. Panel members may ask questions on the update provided.

9. B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE (Pages 25 - 28)

The Panel will receive an update from the B&NES, Swindon & Wiltshire Integrated Care Board (BSW ICB) on current issues.

10. ADULT SOCIAL CARE IMPROVEMENT PLAN (Pages 29 - 64)

This report will outline the progress that has been made towards the ASC Improvement Plan alongside key activity that the ASC Leadership Team is undertaking to enable sustainable improvement since the last report to Panel in September 2025.

11. BUDGET DISCUSSION (Pages 65 - 76)

This report will present the draft revenue budgets together with proposals for increases in Council Tax and the Adult Social Care Precept for 2026/27.

12. ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT (Pages 77 - 102)

The report informs the Panel about the number and type of complaints and related feedback, including compliments, received between April 2024 and March 2025.

13. PANEL WORKPLAN (Pages 103 - 108)

This report presents the latest workplan for the Panel. Any suggestions for further items or amendments to the current programme will be logged and scheduled in consultation with the Panel's Chair and supporting officers.

The Committee Administrator for this meeting is Mark Durnford who can be contacted on mark_durnford@bathnes.gov.uk 01225 394458.

BATH AND NORTH EAST SOMERSET

**MINUTES OF CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY
DEVELOPMENT AND SCRUTINY PANEL MEETING**

Monday 15th December 2025

Present:- **Councillors** Dine Romero, Liz Hardman, Paul Crossley, David Harding, Lesley Mansell, Joanna Wright, Bharat Pankhania and George Leach (in place of Michael Auton)

Co-opted Members (non-voting): Chris Batten and Kevin Burnett

Also in attendance: Jean Kelly (Director of Children's Services & Education), Christopher Wilford (Director of Education & Safeguarding), Ceri Williams (Policy Development & Scrutiny Officer), Laura Ambler (Place Director for the B&NES, ICB), Phoebe Holland (Interim Assistant Director), Sarah Hogan (Head of Service Children's Quality Assurance and Safeguarding), Paula Sumner (Interim Assistant Director for Children's Transformation) and John Palmer (Managing Director, RUH, Bath)

62 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

63 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

64 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Apologies were received from Councillor Michael Auton (substituted by Councillor George Leach), Councillor Onkar Saini and Councillor Paul May (Cabinet Member for Children's Services), Councillor Manda Rigby was present as his substitute.

65 DECLARATIONS OF INTEREST

There were none.

66 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

**67 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE STATEMENTS,
PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING**

There were none.

68 MINUTES: 17TH NOVEMBER 2025

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chair.

69 CABINET MEMBER UPDATE

Councillor Manda Rigby (Cabinet Member for Communications and Community) addressed the Panel in the absence of Councillor Paul May (Cabinet Member for Children's Services) and provided updates on the items.

Cabinet Member Update and SEND Capital Funding Announcement

She explained that the government have made a significant announcement regarding high needs capital funding for special educational needs and disabilities (SEND). The government has committed at least £3 billion nationally over four years, expected to create at least 50,000 new SEND places in England. She added that locally, this supports plans for two new free schools — Green Ways Academy (special school) and Sulis Academy (alternative provision) — to be delivered on the former Culverhay site in Bath. The funding will also enable further exploration of SEND capacity within existing schools and aligns with the council's "Safety Valve" programme commitments.

She stated that the council thanks the Department for Education for its continued support and looks forward to improving SEND provision in our community.

Councillor Liz Hardman queried the status of free school projects, referencing reports of a national pause.

Councillor Rigby confirmed that the recent government letter explicitly allows the release of funds for these projects, ending the previous pause.

Councillor David Harding asked about reducing delays in completing Education, Health and Care Plans (EHCPs).

The Director of Education & Safeguarding explained that increased team capacity and training should improve timeliness but said that quality would not be sacrificed for speed. He added that interim support is being provided where possible.

Kevin Burnett raised concerns about the certainty of funding and asked if the council had considered "invest to save" options should government funding fall through.

Councillor Rigby confirmed confidence in the funding but noted that detailed implications were still being worked through.

Councillor Lesley Mansell asked about preparations for the upcoming SEND inspection, evidence gathering and workforce sustainability.

The Director of Education & Safeguarding replied that the Local Area Inclusion Partnership's self-evaluation has been carried out and that it was known where

progress is needed to be made. He added that regular performance monitoring is carried out and there has been success in stabilizing SEND team staffing.

Councillor Joanna Wright questioned the effectiveness of communication with SEND families and spoke of the impact of EHCP delays.

The Director of Children's Services & Education acknowledged communication challenges and outlined plans to improve transparency and accessibility, including joint work with the Parent & Carer Forum and articles within their newsletters. She added that advice lines are available for those needing more immediate support.

She stated that there is a national challenge regarding EHCP delivery, not just within B&NES and reiterated the importance of the quality of the plans.

The Director of Education & Safeguarding said that future general information regarding SEND for parents and carers could be shared with the Panel.

The Chair asked for an update on EHCPs to be provided at the March Panel meeting.

Councillor Wright asked if figures could be provided to the Panel for the numbers of pupils that have had to move schools or withdraw from mainstream education due to EHCP issues. She asked also for funding information for EOTAS (Education Otherwise Than At School) which provide learning outside of mainstream schools for children with an EHCP.

Councillor Bharat Pankhania asked whether the 20-week EHCP statutory timescale could be reduced.

The Director of Education & Safeguarding explained that 20 weeks is the statutory maximum, but efforts are ongoing to improve speed of delivery and sufficiency planning.

Councillor Liz Hardman raised the issues of School Streets and Home-to-School transport and the difficulty in that they overlap with other Panels within the council.

Councillor Rigby replied that the rollout of School Streets was ongoing and that all Primary Schools had been asked if they wanted to take part in the project. She added that the selected areas would be subject to a six-month trial period, prior to any permanent decision. She confirmed that a public consultation had taken place and suggested that talks about Panel overlaps be undertaken at the meeting between Chairs and Vice-Chairs.

Councillor Hardman asked if an update could be provided on the status of Charlton House.

The Director of Education & Safeguarding explained that the decision to convert the site was taken in January 2024, but that the subsequent delay had been due to no academy wishing to pursue the running of the proposed residential school. He added that it has now become necessary to deliver this as two projects on one site.

The Director of Children's Services & Education informed the Panel that one project will deliver a 30-place special school, and a second will deliver two small children's homes (4 places each) on the site. She said that the process was ongoing and that an open day had been held last week as part of the consultation.

Councillor George Leach asked what level of savings were hoped to be achieved from this initiative and what communications with the local public have been carried out.

The Director of Children's Services & Education replied that regular communication streams with the local public have happened and are planned to take place. She added that many views have been received so far.

The Director of Education & Safeguarding added that the project would seek to save the council money on school placements but could not provide a definitive figure at this stage. He added that the project would also seek to reduce out of county placements.

Councillor Mansell referred to the matter of Free School Meal (FSM) enrolment and asked if figures were known by ward for those families that opted out of receipt.

The Director of Education & Safeguarding replied that this information was not retained on this occasion, but would ask colleagues in Welfare if this could be possible in a future similar exercise.

The Chair asked if FSM take up remains the trigger for schools to receive extra Pupil Premium funding to support disadvantaged pupils.

The Director of Education & Safeguarding replied that it was but added that, under recently announced government plans, family income data will replace free school meals eligibility as the trigger for pupil premium and other deprivation funding for schools.

Kevin Burnett asked if an update could be provided on transport associated with the Hospital Education and Reintegration Service (HERS).

The Director of Education & Safeguarding replied that they were looking to make efficiencies within this area and said that it was cheaper for a tutor to travel to a pupil's home, but this has difficulties in then enabling children to move back into a school environment.

The Chair asked if the pupil premium announcement would affect FSM Ever 6 which is the government's Pupil Premium designation for students who have been eligible for free school meals at any point in the past six years, even if they no longer qualify.

The Director of Education & Safeguarding replied that he had not heard of any related changes to this process.

Councillor Mansell referred to Home to School Transport and asked what measures are in place to address single use taxis, independent travel training plans and the provision of personal budgets.

The Director of Education & Safeguarding replied that they were always seeking to see if routes to school can be joined up for pupils attending the same site. He added that he felt that the council has a good rate of personal budgets in place and said that they work hard to promote independent travel training but that this was a challenge in rural areas.

The Chair, on behalf of the Panel, thanked Councillor Rigby for attending to present the update and for the replies she and officers had provided.

70 IRO ANNUAL REPORT

The Head of Service, Children's Quality Assurance and Safeguarding presented the IRO Annual Report to the Panel, outlining statutory duties, service performance, and areas for development. Key points included:

- Disruption to service due to structure changes, impacting review timeliness.
- 220 children in care at year-end, with a majority in the 10–15 age bracket.
- Focus on placement stability, family reunification, and advocacy for children with disabilities.
- Introduction of midway reviews and strengthened dispute resolution protocols.
- Internal audit rated the service "substantial assurance" (level 4/5).

Councillor David Harding asked if increased foster carer allowances would improve the number of available placements and placement stability.

The Head of Service, Children's Quality Assurance and Safeguarding replied that while financial incentives might help, the quality of support is so crucial.

The Director of Children's Services & Education added that a plan to find additional carers was incoming as part of the work from the South-West Fostering Hub.

Kevin Burnett queried the IRO's role in the adoption process and involvement in placements breakdown.

The Head of Service, Children's Quality Assurance and Safeguarding replied that IROs provide a robust oversight that includes visits to prospective adopters, instigation of a 20-day review and that if a placement should break down an IRO would be allocated to analyse if all services were in place.

She added that she had no concerns with the timescales for the adoption process and that they work in close collaboration with Adoption West.

Councillor Liz Hardman questioned the delays in social work reports prior to a review taking place.

The Head of Service, Children's Quality Assurance and Safeguarding said that she was confident improvements will be made and that there were ongoing efforts to strengthen practice and oversight. She added that all Social Workers know their children very well.

Councillor Hardman commented that she was also concerned about arrangements for young people post 18, placement stability and visits to children in care.

The Head of Service, Children's Quality Assurance and Safeguarding replied that she was aware placement stability issues and that IROs will discuss any concerns raised with carers. She added that levels of concern over these areas had reduced since the summer.

Councillor Joanna Wright asked about out-of-area placements and local children's home provision.

The Assistant Director for Children and Young People Services explained that there is no in-house provision currently and said that ongoing sufficiency planning was being undertaken.

The Director of Children's Services & Education added that the Council were considering whether it would be possible for them to develop their own children's homes.

Councillor Hardman asked if any further comment could be made on the recently released budget proposals – savings of £390,000 through reunifications and £75,000 through optimizing commissioned contracts.

The Director of Children's Services & Education replied that the intention is that the savings will be delivered by an increase in family reunifications and step downs from residential placements. She added that officers would look at whether any contracts can be varied and that a review of individual care packages will likely take place.

The Chair explained that further budget discussions would take place at the January meeting.

She also requested interim updates on key areas of concern from the report, including social work practice and placement sufficiency.

The Panel **RESOLVED** to;

- i) Note the stable numbers of children in care, the improvement in child in care timeliness compared to the previous year (2023-2024) and the rigour of the IRO service in reviewing plans for children in care. IRO's continue to offer challenge where there are themes impacting on children in care evidenced by IRO's use of the revised dispute resolution protocol.
- ii) Consider the feedback received and the findings of internal audit on the IRO service, where the service was awarded level 4 – substantial assurance. The service has good awareness of the areas requiring improvement which are areas of focus for 2025-2026.
- iii) Promote the role of the Independent Reviewing Officer (IRO) for the children in the care of the Local Authority. Recognising the value that IRO's offer to children in care, the relationship at times being one of the most long standing and providing consistency for the child. IRO's seek to form positive relationships with the children

in which they are allocated, empowering them to participate in their child in care reviews and share their wishes and feelings.

71 FAMILIES FIRST

The Interim Assistant Director for Children's Transformation provided an update on the Families First Partnership, a national reform programme focused on early family support, integration of early help and statutory services, and development of multi-agency child protection teams.

She explained that the Council has received transformation funding from the DfE and is progressing with service redesign, with implementation planned for July 2026.

Kevin Burnett asked about referral pathways, step-down arrangements, and outcome measures.

The Assistant Director Children and Young People Services replied that the main sources of referrals were through health and educational settings. She said there was an opportunity to strengthen step down arrangements and described demand modelling, plans for seamless support, and key performance indicators (e.g., reduction in children in care, child protection plans, and re-referral rates).

Councillor Liz Hardman stated that she was much in favour of this work but asked if its implementation would affect 'business as usual'.

The Director of Children's Services & Education replied that 2026/27 would be an imbedding year and that some of the funding received has been used to project manage the programme to minimise risk to 'business as usual'.

The Interim Assistant Director for Children's Transformation added that a well-resourced team was now in place for the programme, including a communications and engagement officer role.

Councillor Joanna Wright raised the importance of housing and play provision and asked what the Council was doing to support these elements.

The Interim Assistant Director for Children's Transformation confirmed that housing would be a considered factor and included in new family help assessment frameworks. She added that she would discuss the matter of play provision with colleagues in respect of community assets, early years settings and schools.

Councillor Lesley Mansell commented that she would expect to see an Equalities Impact Assessment relating to the programme in the new year that sets out the risks and mitigations. She added that she welcomed the inclusion of cultural sensitivity and stated the need for appropriate staff training.

The Interim Assistant Director for Children's Transformation confirmed that staff training would take place on the matters raised.

Councillor Paul Crossley called for the wording within the equalities section of the report to be stronger in its tone.

The Panel **RESOLVED** to note the national requirements and local response to the Families First Programme and provided comment on the proposed approach to service design and engagement.

72 B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE

As this item began the Chair took the opportunity to thank Laura Ambler for her work with the Panel as this was to be her last meeting in her role as the Executive Director of Place for Bath and North East Somerset, BSW ICB.

Laura thanked the Panel and said it had been a pleasure to work alongside them. She provided updates on vaccination uptake, pharmacy campaigns, and digital interoperability.

Flu vaccine among health and care workers

Statistics from NHS England show that vaccination rates for health and care workers in each of the region's three localities of Bath and North East Somerset, Swindon and Wiltshire are above the national average, which currently stands at 39.9 per cent.

Staff at all three acute trusts are continually encouraged to come forward for their vaccine, with regular clinics being held both on-site and in locations across the community.

Patients and public reminded to only order what they need

In the run-up to Christmas, the ICB is raising awareness of medicine wastage and encouraging people to only order what they need.

The NHS spends an estimated £300 million on unused medicines each year, with wastage happening when too much medication is ordered that isn't needed, items are stockpiled at home or prescriptions aren't checked before leaving the pharmacy.

People are now being reminded of how important it is to check what medicines they have at home before placing their repeat prescription order.

Councillor Paul Crossley stated that he remained staggered at the numbers of health and care workers that have not had a flu vaccination and said that there was a need to understand the reluctance.

Laura Ambler replied that they are trying to understand any concerns, including cultural and accessibility, and have asked staff to complete a survey relating to the matter. She added that targeted clinics have been put in place and staff reminded that the vaccinations are free for them.

Councillor Lesley Mansell said she would be interested to hear about any follow up information relating to the medicine wastage campaign.

Laura Ambler replied that she would relay this to colleagues.

Kevin Burnett asked if treatment provided through Pharmacy First would form part of a patient's digital record.

Laura Ambler replied that SystmOne is the computer system used in the NHS that creates a single, shared Electronic Health Record (EHR) for patients, linking data across various care settings. She said she would ask colleagues within the digital team if this was yet linked to Pharmacy First.

Councillor Joanna Wright asked if an update on dental buses was available.

Laura Ambler replied that her colleague Victoria Stanley was aware of the need / ambition to have such a service and said that it was being looked into.

Councillor Wright raised the issue of personal data being held by HCRG and asked if there was confidence in their ability to protect this and not share it without permission.

Laura Ambler replied that HCRG have strict data processes in place and that they would need permission to share any personal data held by them.

John Palmer (Managing Director, RUH, Bath) joined the Panel meeting via Teams to discuss hospital performance, winter pressures, and improvement plans. He highlighted the following areas.

- Due to combined operational and financial challenges, the RUH is in Segment 4 under the NHS Oversight Framework (NOF), quarter one of 2025/26. In the new acute trust league table published on 9 September 2025, the RUH was ranked 112th out of 134 acute providers.
- The RUH is under significant financial and operational pressure and has seen a significant increase in terms of ambulance demand and emergency department attendances during the course of the year and exponentially since September, when wait-45 was introduced, whereby ambulance crews have a 45-minute time limit to hand over patients at an emergency department before leaving to respond to other calls.
- These changes are significantly outside all planned assumptions and expectations in the order of 25 per cent for ambulance conveyances and 12 per cent for attendances.
- The RUH has responded by strengthening its leadership team, implementing enhanced financial controls, launching an executive-led call-to-action, and appointing a turnaround team to focus specifically on financial recovery. Collaborative work with the Integrated Care Board to secure funding and accelerate improvements, principally for urgent and emergency care pathways and bed capacity is also happening.

- Performance recovery plans have been implemented across all four performance areas, with positive trajectories in reducing long waits for elective care and diagnostics, and an extraordinary improvement in ambulance handover.
- The next acute trust league table is due to be published shortly, and the RUH is expecting to see an improvement in its ranked position. Strong progress continues to be made against the RUH's call-to-action recovery plan, and the trust expects to make ongoing improvements against its performance metrics and financial recovery for the remainder of the financial year.

Councillor Liz Hardman said that she welcomed the improvements that have been recently made by the RUH and asked if any direct intervention measures had occurred.

John Palmer replied that no direct interventions had taken place and described the current process in relation to tiered weekly meetings. He added that he was proud of all the staff at the hospital for showing that they want to respond to the position they found themselves in. He said that plans for both short and long-term improvements, including capital investment in emergency department facilities were ongoing.

Councillor David Harding requested detailed data on urgent care performance, including 4-hour and 12-hour waits.

John Palmer stated that further information was available via the hospital's integrated performance reports. He added that they acknowledge that their 4-hour waits were not good enough and were committed to this improving.

Kevin Burnett asked if the proposed improvements would be sustainable.

John Palmer replied that there were here and now issues that need resolving alongside those which involve 3–5-years of planning. He added that the ICB were helping with some resourcing and stated that implementing a new Emergency Department within the hospital was important to the organisation.

Councillor Mansell asked if the results of the recent A&E patient survey were known.

John Palmer replied that information relating to the survey was not yet available.

Councillor Mansell asked if any further comment could be made about the impact of ambulance handover improvements and step-down facilities.

John Palmer replied that the ability to receive patients and to release ambulance crews in a timelier manner has enabled a better flow for the hospital. He added that they were committed to the step-down model, Ward 4 at St Martin's Hospital, and ongoing work to manage demand and maintain performance.

The Chair thanked Laura Ambler and John Palmer for their update on behalf of the Panel.

73 PANEL WORKPLAN

The Panel **RESOLVED** to note their current workplan.

The meeting ended at 1.04 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

This page is intentionally left blank

Lead Member (adult services and public health) report for Scrutiny – January 2026

A. Adult Social Care Update

1. Community Support Contract Awards

Following robust mobilisation and smooth transition, the following six Community Support Service contracts went live on 1st January 2026:

Service Name	Provider
Independent Living Service	Curo Choice Ltd
Older Peoples Information and Advice Service	Age UK B&NES
Step Up Step Down Accommodation	Curo Choice Ltd
Sensory Impairment Support Service	Sight Support West of England
Carers and Family Support Service	Bath and North East Somerset Carers Centre
Support at Home	Age UK B&NES

Two further Community Support Service tenders have concluded under the new Procurement Act 2023 using the Light Touch Regime for above-threshold social care contracts in December 2025. Contracts have been awarded to the following organisations:

Service Name	Provider
Adult Social Care Community, Social and Memory Support Service	Age UK B&NES
Adult Social Care Memory Enhancement Services	Peggy Dodd

These two contracts will commence in April 2026, with mobilisation and implementation activity now underway to ensure a smooth transition and continuity of support for residents across Bath and North East Somerset.

This concludes the recommissioning of the Community Support Service contracts undertaken in 2025

2. Newton House update

Adult social care staff have continued to work with families who access care and support at Newton House to shape the future design of respite services. To date, they have held three dedicated sessions focused on service development and defining what "good" looks like for both families and individuals using the provision. This ongoing work will inform the creation of a set of quality standards for inclusion in the new service specification.

In parallel, we have engaged with our procurement and legal teams to explore the flexibilities within the Procurement Act 2023 and identify viable routes to market. In line with our statutory duties under the Care Act 2014 and the Procurement Act

2023, the Council has carefully considered the option of a direct award for respite provision at Newton House, utilising the User Choice provision. This approach reflects the expressed preferences of families and it addresses the critical need to ensure continuity of care for vulnerable adults and their carers.

The direct award mechanism upholds individuals' statutory rights to choose their respite provider and mitigates risks associated with service disruption, safeguarding, and carer wellbeing. It also acknowledges the absence of viable alternative provision within the local market and the imperative to maintain stability in established care arrangements. The option to make a direct award for 5 plus 2 years under the User Choice provisions was not available under the previous procurement legislation and has only become possible with the flexibilities introduced by the Procurement Act 2023.

Families were informed about this development on 6th January via email, followed by a meeting on 13th January for commissioners to explain the details to the families. Our intention is to negotiate a new contract with Dimensions, the current provider, which we have been in regular contact with throughout this process. Over the next three months, we will work closely with Dimensions to finalize operational arrangements and the contracting approach. Robust quality assurance processes will be embedded, and there is a shared commitment to maintaining family involvement throughout all stages of the commissioning process.

We are firmly committed to ensuring there is no gap in service provision from 1st October (when the current arrangement ends), guaranteeing continuous support for all individuals and families relying on respite care at Newton House.

3. Adult Regulated Services

The current CQC ratings are Good for Extra Care (last inspected July 2022) and both Cleeve Court and Combe Lea Community Resource Centres have an overall CQC inspection rating of Requires Improvement.

The report for the CQC inspection at Cleeve Court was published on 26th November 2025. While the overall rating has remained at Requires Improvement the overall score received is 62%, which is 1% point below the threshold of 63% for a rating of Good. This inspection concentrated on the domains of Safe, Effective and Well Led (Safe and Well Led were rated as Requires Improvement at the previous December 2022 inspection) and of the 32 themes inspected across the three domains during July to October 2025, 69% were rated as Good. A huge amount of work has gone into improving these services since taking them back in house in 2020 and we are pleased that significant progress is recognised in the recent inspection report. We will continue our focus on quality improvement and on ensuring that residents receive high quality person centred care to meet their individual needs.

CQC commenced their inspection of Combe Lea in December 2025. As detailed in the November report to Panel for residential services, it is usual practice in care homes for CQC to undertake unannounced inspections. Given that CQC last inspected Combe Lea in October 2022 (overall Requires

Improvement – RI Safe, Effective & Well Led and Good for Caring & Responsive) it is within the three year window for inspection of a Requires Improvement service. 2 CQC inspectors visited Combe Lea on 11th December and another inspector visited the service on 16th December. The management team have also met with inspectors on 7th January for a detailed conversation on the domain of Well Led. During this inspection CQC inspectors have spoken to a number of staff, family members and system partners to seek their views and feedback. Alongside this the Combe Lea management team have submitted a vast range of evidence to inspectors as part of the assessment process.

Both services continue to work diligently on the CQC action plan and a full report will be submitted to panel in the March meeting to outline the key activity and progress on CQC action plan to achieve a CQC rating of Good for Cleeve Court and update Panel on the CQC inspection for Combe Lea.

B. Public Health Update

1. Supervised toothbrushing - (Provided in response to a request for further information about how the scheme runs in schools, and support available to overcome barriers to implementation)

In April 2025 the Government announced funding in 2025/26 for all local authorities to introduce a national targeted supervised toothbrushing scheme and has since committed to allocate further funding for supervised toothbrushing for 2026/27 – 2028/29. Priority populations are 3 to 5 year olds in the most deprived 20% in each local authority area, with some flexibility from April 2026 to provide additional provision beyond the priority populations. At Home Dental has been commissioned to provide the scheme in nurseries and in Reception year in primary schools. (In addition, BSW ICB commissions At Home Dental to deliver a supervised toothbrushing scheme in nurseries across B&NES Swindon and Wiltshire and works closely with the three local authorities in doing this. Collaborative planning across BSW for the ICB-funded and national-funded schemes ensures that they align well together).

A supervised toothbrushing scheme in nurseries or schools is a structured activity where trained staff guide the young children in a group activity to brush their teeth daily with fluoride toothpaste, aiming to prevent tooth decay by establishing good habits, providing equipment, and offering supervision. The scheme supplements home brushing rather than replaces it. Under the scheme the settings receive oral hygiene packs along with training for delivery to ensure fulfilment of the recommendations from the National Institute for Health and Care Excellence (NICE) guidance on oral health for local authorities and partners. The oral hygiene packs include toothbrushes and toothpaste for each child (to be kept in the nursery/school setting), a pack to take home, and information for parents. The settings trained and signed up to deliver the scheme take responsibility for storing the toothbrushes for each child safely and hygienically on site, for allocating part of the nursery/school day to this group activity, and for running the daily group toothbrushing fun activity.

Where nurseries and primary schools experience difficulties in running the scheme (such as finding time in a busy curriculum for group toothbrushing, space to store the toothbrushes etc), At Home Dental support and advise by sharing how other settings have overcome similar difficulties. They also share case studies, provide support via their qualified Dental Educators and offer to visit settings. They also provide updates and run competitions to encourage participation in the scheme. In addition, the supervised toothbrushing scheme is regularly discussed in detail at the B&NES Best Start in Life group and the B&NES Infant Feeding group with the aim of continuing to increase uptake and is regularly promoted via the HUB, Public Health in Schools Newsletter, Public Health Newsletter, Early Years Forum (At Home Dental have attended in person) and generally via the council's Early Years Team. The school nursing team is also kept updated and they support engagement with schools.

2. Child Injury Prevention

The B&NES Injury Prevention Partnership has been working with Avon Fire & Rescue Service (AF&RS) to explore the future Child Safety Equipment service following a review of the service in 2025. AF&RS colleagues have now received appropriate training and will be able to fit safety gates as part of their wider Home Fire Safety check service on receipt of referrals from Children's Centres and Health Visitors from April 2026.

3. Health Protection

On the 1 January, the NHS rolled out the addition of a vaccine to the routine childhood programme to protect against chickenpox. NHSE press release: ['Hundreds of thousands of young children now to be protected against chickenpox'](#)

In BANES we are continuing our focus on improving the uptake of childhood immunisation particularly in Twerton & Whiteway, Lansdown and Kingsmead wards where uptake is lower than other wards in BANES. We are working with NHS England and B&NES Enhanced Medical Service (BEMS) to support GP practices and early years settings in these areas to improve uptake and vaccine confidence.

4. SW Good Food Local benchmarking exercise

All local authorities across the South West have agreed to undertake a benchmarking process looking at how the following are approached:

1. Food poverty, diet-related ill health and access to affordable healthy food
2. Sustainability and local food production
3. Local food economy and procurement
4. Raising public awareness and supporting community action
5. Partnership, strategy and governance

This process will be completed by 31st January and the information will be published on the Sustain website in due course. [Good Food Local: get on the map | Sustain](#) This work supports the work on B&NES Food Strategy during 2025 and will support a regional approach to identifying areas for collaboration, co-ordination and action going forward.

6. Active Wellbeing Big Connect Event (16 Dec 2025)

The Big Connect brought together partners from across Bath and North East Somerset to deepen collaboration around active wellbeing, physical activity, and whole-systems approaches to reducing physical inactivity. It aimed to:

- Build momentum toward a new Active Wellbeing Delivery Plan as part of BeWell BANES (a whole-systems health improvement framework for B&NES)
- Strengthen cross-sector relationships
- Share insight and best practice

The successful event held at the University of Bath, featured keynote speakers, workshops, and a mini-marketplace of partner organisations from different local authority teams, NHS and health partners, Third Sector organisations, and sport, leisure and physical activity providers.

Key points arising from the Big Connect session:

- Strong appetite from partners for continued joint work on whole-systems approaches to reducing inactivity and inequalities
- Consistent feedback that the networking and workshops helped strengthen relationships and improved understanding of each other's roles in the system
- Partners highlighted the need for better data-sharing and more coordinated communication across organisations.

What next:

- Insight gathered from the event will be used to shape the new Active Wellbeing Delivery Plan
- Follow up event is planned for February 2026 to maintain the momentum from the event and identify priority areas for joint action and review a draft action
- Cross-sector working group to be established to take forward key themes raised
- Additional engagement activities planned later in the year to support continued collaboration and track progress

Alison Born – Cabinet Lead Adult Services and Public Health

This page is intentionally left blank

**Report for Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel –
Monday 19 January 2026****Update on new mental health inpatient unit for people with a learning disability and/or autism**

The team building the new mental health unit – officially named the Kingfisher – has recently passed numerous milestones, including substantially completing the sample room, switching on power and water, commissioning the air source heat pumps, finishing metal framework ceilings and putting the finishing touches to the plaster work.

They've also fitted the reception desk bulkhead and the circular column encasements in the waiting area.

Despite heavy rainfall hampering progress on external work in the last month, there has still been a flurry of activity. This includes laying the first area of tarmac and resin-bound gravel, fixing planters in the activity space and adding topsoil to the south and east garden areas.

Away from construction, the Kingfisher team have been celebrating after being shortlisted in the Working Together Differently category at the recent South West Integrated Personalised Care Awards.

Emma Moody, Associate Director for Service Development and Commissioning, said: “We are all so proud of what we have achieved with The Kingfisher, working to deliver all of our changes in co-production with people with lived experience.”

The Kingfisher is expected to open to patients later in 2026.

Uptake of flu vaccine among health and care workers

Since 1 September, frontline health and care workers, including those working in the region's hospitals, have been eligible for a free vaccination against the winter flu virus.

Statistics from NHS England, which are [available to view online](#), show that local vaccination rates for health and care workers in each of the region's three localities are above the national level, which currently stands at 46.5 per cent.

At the Royal United Hospital in Bath, a total of 3,381 flu vaccinations have so far been carried out, which gives the trust an uptake rate of approximately 61 per cent.

In Swindon, there have been 2,990 staff flu vaccinations since 1 September, which means approximately 62 per cent of frontline workers at the Great Western Hospital have been protected against the virus.

While at Salisbury NHS Foundation Trust, 2,164 flu vaccines have been given, which puts the hospital's current performance at 60 per cent.

Staff at all three acute trusts are continually encouraged to come forward for their vaccine, with regular clinics being held both on-site and in locations across the community.

Appeal for public support made as 2026 gets off to busy start

The local NHS made a plea for vital public support at the beginning of the year ahead of what was expected to be the busiest week of the calendar year.

Health and care services across the region always see a significant rise in demand during the first week of January, and with this winter season adversely impacted by higher than average numbers of people catching flu, the start of 2026 had the potential to be among the most challenging in recent years.

As such, members of the public were asked, wherever possible, to choose the right NHS support, as seeking help from the most appropriate service, can help to ease pressure on hospital emergency departments and ambulance crews, while also ensuring that patients in a life-threatening condition can be seen without delay.

During the first full weekend of 2026, each of the region's hospital emergency departments saw a surge in people attending, with the Royal United Hospital in Bath seeing 881 people between Friday 2 and Sunday 4 January.

A number of actions have since been undertaken to support the system during the winter period, some of which include:

- An additional 20 beds have been commissioned at St Martins Hospital in Bath to provide further community capacity between the end of December and the end of March. These beds are now open with good patient flow and clear clinical admission criteria.
- Additional Hospital at Home capacity, which is provided by HCRG Care Group and the RUH, has been created to help reduce preventable hospital attendances and to expedite safe hospital discharges, all of which receive consultant oversight.
- A number of paediatric acute respiratory illness hubs are now up and running across BSW and are helping to provide additional community-based care, while also giving families with poorly children an alternative to hospital. The hubs in operation in Bath and North East Somerset are located at:
 - St Michael's Surgery, Bath
 - Batheaston Medical Centre, Bath
 - St Augustine's Medical Practice, Keynsham
 - Hope House Surgery, Radstock

As of Thursday 18 December, a total of 242 children and young people had been seen in one of the new hubs, which will remain in place until the end of February.

[Update on progress to establish local mobile dental clinics](#)

The ICB remains committed to establishing a network of local mobile dental clinics that will make accessing dentistry easier and more convenient for people living in all parts of Bath and North East Somerset, Swindon and Wiltshire.

At the time of writing, the ICB has implemented a task-and-finish group to oversee the creation and implementation of the new clinics, with this forum due to meet on a monthly basis and featuring representation from a number of health and care partners, including, but not limited to, the three respective councils of BaNES, Swindon and Wiltshire, NHS England and local charity providers.

A draft procurement timetable was presented to the group in October and, following discussions, a number of visits to meet potential providers have been arranged.

This work, along with that which is needed to produce an effective service specification, is expected to take place over the coming months, at which time a further update will be shared with stakeholders.

This page is intentionally left blank

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	
MEETING/ DECISION DATE:	19 th January 2026	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Care Quality Commission (CQC) Local Authority Assessment – ASC Improvement Plan Progress Update	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Attachment 1: ASC 9 Improvement Priorities		
Attachment 2: Adult Social Care Improvement Plan Update (May to December)		
Attachment 3: Equalities Impact Assessment		

1 THE ISSUE

- 1.1 The Adult Social Care Improvement Plan outlines progress already made and the steps that are being taken to further enhance services. It reflects our own assessment of priority areas for improvement, alongside the key findings and areas for improvement against quality statement scores from the CQC Local Authority Assessment Report for B&NES (January 2025) with a Requires Improvement rating.
- 1.2 As reported in April 2025, B&NES has been assigned a Care and Health Improvement Advisor (CHIA) from Partners in Care & Health (Southwest Region), who partner with the Local Government Association and Association of Directors of Adult Social Services.
- 1.3 This report will outline the progress that has been made towards the ASC Improvement Plan alongside key activity that the ASC Leadership Team is undertaking to enable sustainable improvement since the last report to Panel in September 2025.

2 RECOMMENDATION

The Panel is asked to:

- 2.1 To note the summary of progress towards the Adult Social Care Improvement Plan which highlights main themes and action for achieving a good CQC rating.
- 2.2 Agree that a further update report on the progress against the ASC Improvement Plan is submitted to Panel in May 2026.

3 THE REPORT

- 3.1 The ASC Improvement Plan is aligned to specific CQC feedback and structured according to the CQC Local Authority Assessment Themes. The aim for the ASC Improvement Plan is to improve outcomes for people who draw on care and support, which aligns with the local authorities' core purpose of 'improving people's lives'. The 9 improvement priorities across the four CQC Themes can be reviewed in Attachment 1.
- 3.2 There currently 13 live projects/action plans in the ASC Improvement Plan. Since the last report to Panel, 3 projects have successfully completed (Occupational Therapy Assessment Centre, external agency support for Occupational Therapy assessment waiting list and internal audit for Disabled Facilities Grant) and a new project for finance assessment has commenced. A detailed overview of the Adult Social Care Improvement Plan Update (May-December) which highlights key achievements to date, can be reviewed in Attachment 2.
- 3.3 The ASC Improvement Board commenced in April 2025, and as of December 2025 is chaired by the Executive Director Operations. The board continues to be held monthly to review progress made across the 9 priorities set out in the ASC Improvement Plan (Attachment 1). The board continues to have strong attendance and is attended by representatives from various departments within the council, including finance, legal, communications, marketing, equalities and diversity and Public Health and has been attended by the Lead Member. The December Improvement Board focussed on 3 projects through presentation of focussed highlight reports for:
 - 2.1 Collaborative commissioning
 - 3.1: Safeguarding governance and risk
 - 4.1: Improved data quality
- 3.4 The ASC Improvement Plan is progressing steadily, with actions tracked at monthly Improvement Board meetings and project oversight provided through highlight reports that include a RAG rating of progress.
- 3.5 Section 4.2 of the report details the submission dates made to the Department of Health and Social Care (DHSC) on the Improvement Plan progress, with the last report submitted in October 2025. Also, there is a quarterly submission to the ASC Quality Assurance Board which shows the waiting list trends, the details of which are in the table below. The waiting list figures are reported in the context of adult social care receiving on average 255 requests for Care Act assessments/reassessments per month and 237 safeguarding concerns per month.

ASC Waiting List	January 2025	April 2025	July 2025	October 2025
Care Act Assessments	201	130	94	65
Occupational Therapy Assessments	229	224	143	45
Deprivation of Liberty Safeguarding (DoLS)	509	490	452	445
Reviews	71%	70.2%	73%	74%

3.7 ASC continue to use a case audit tool which quality assures the work of our frontline operational teams. This includes seeking feedback from the individual receiving services, or in some cases their representative, regarding the experience of their contact with ASC. Of the 35 responses received so far, and feedback from 75% of people who were able to rate their experience, 92.5% rated their experience as positive. All themes from the audits, both positive and where areas of improvement have been identified, are discussed and fed back to teams for reflection and learning to drive best practice moving.

3.7 ASC Practice Week is being held from 26 – 30 January which provides the ASC workforce a focused week of learning and development opportunities which feature a range of in person and online learning events. Practice Week has been designed for staff to attend interactive workshops and seminars, engage in thought provoking discussions, reflect on practice with peers, explore the latest in professional standards as well as providing an opportunity to network and connect with colleagues. The new Professional Standards and Practice Framework will also be launched to staff during Practice Week.

3.8 Social Care Centre of Excellence (SCIE) were invited to undertake an independent review of our co-production offer, processes and practice in B&NES. Between 1st – 5th December, 24 staff were interviewed by SCIE as part of the review. As part of the independent review a range of documentation was provided to SCIE to enable an understanding of ASC services which included the ASC Vision and Strategy, existing co-production plan, examples of co-production, structure charts, practice framework and practice standards. Prior to interviews taking place a staff survey was completed to aid SCIE to assess current practice and we also developed a co-production self-assessment to outline what we are doing well and existing plans for improvement. It is anticipated that the draft report will be received from SCIE late January 2026. The agreed scope for the review included:

- An evaluation of how well ASC is incorporating the perspectives and contributions of individuals who have direct experience with their services
 - To review co-production practices, both strategically and operationally, to serve as a check and challenge mechanism to ensure that our approaches to co-production are effective, aligned with best practice and is implemented at different levels within the organisation
 - Provide ASC with any recommendations on how to build a robust co-production offer and ensure people with lived experience are able to contribute to the development of our services
- 3.9 Partners in Care & Health (PCH) have been invited to conduct a Peer Review of ASC's safeguarding adult pathway (at the time of writing the report the dates were not yet confirmed for when this work will commence). The review will evaluate safeguarding practices within the local authority. It will cover whether safeguarding procedures are clearly established and understood by staff, the achievement and explanation of safeguarding key performance indicators, and the use of safeguarding data to guide priorities. The review will determine if staff consistently understand and apply risk management, the extent and learning from audits and how staff, partners, and service users are involved. The review will identify any gaps in leadership, staff access to guidance and embedding Making Safeguarding Personal. A review of communication with partners and the public post-referral and alternative risk management mechanisms when thresholds aren't met. Staff views on training and development in managing complex cases and learning from Safeguarding Adults Reviews (SARs) will also be evaluated.

4 STATUTORY CONSIDERATIONS

- 4.1 The Health and Care Act 2022 gave Care Quality Commission (CQC) new powers to assess how Local Authorities meet their duties under Part 1 of the Care Act 2014. CQC Local Authority Assessment Framework assesses the performance of Local Authorities to assure CQC and the Department of Health and Social Care about the quality of care in the area and consider any improvements that are required. CQC published their report for B&NES on 30th January 2025, assigning a rating of Requires Improvement.
- 4.2 To date there have been four submissions (February, April, July and October) to the Department Health and Social Care (DHSC) via the Care and Health Improvement Advisor (CHIA). Feedback on our reports from the CHIA continues to be positive regarding the level of robustness and assurance of the pace and progress made against improvement priorities. The next submission is scheduled for 30th January 2026.
- 4.3 The Director for Adult Social Care continues to meet with the CHIA from Partners in Care & Health (PCH) on a monthly basis to monitor and give assurance on progress against the ASC Improvement Plan and prepare for submissions to Department of Health and Social Care (DHSC).
- 4.4 The ASC Assurance Lead is an active member of the South West Association of Directors of Adult Social Services (ADASS) Assurance Group to remain abreast

of CQC assessment methodology for reinspection in relation to assessment of compliance, improvement and innovation.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1 To resource the improvement journey ASC have committed an investment of £1.179m over a 2 year period (2025-2027) for the delivery of the ASC Improvement Plan which is being funded from the ASC reserve.
- 5.2 The resourcing of the ASC Improvement Plan covers activity to build capacity through a range of agency and fixed term posts alongside contracts to target reduction in assessment backlog, Occupational Therapy (OT) assessment backlog as well as Deprivation of Liberty (DoLS) and financial assessment waiting lists. Transformative resource has also seen investment in the areas of fixed terms posts to lead on communication, engagement, policy and procedure, Business Intelligence Data, Information Governance, Social Care Practice Framework and Partners in Care & Health Peer Review (referenced in section 3.12 of the report).

6 RISK MANAGEMENT

- 6.1 Progress against ASC Improvement Plan milestones continue to be RAG rated for each project on a monthly basis and reported to the Improvement Board.
- 6.2 The ASC Assurance Lead oversees the Improvement Plan Risk Register which is reported at the Improvement Board. The table below outlines key risks and mitigation activity.

Risk	Mitigation
Care Quality Commission (CQC) new inspection methodology and timescale is unknown	The ASC Assurance Lead attends regular Directors of Adult Social Services (ADASS) South West Assurance Leads forums and DASS holds regular meetings with Partners in Care & Health (PCH) Care and Health Improvement Adviser (CHIA) ensuring regular sector updates from CQC. The ASC Assurance Lead monitors all known aspects of the CQC inspection process, enabling the Directorate to be as prepared as possible for future inspections. Key aspects of the CQC Inspection process such as Data Returns, Evidence Library, Self-Assessment and Case Tracking all have oversight from the ASC Assurance Lead.
Impact of enacting the Improvement Plan without achieving a 'good' CQC rating	The ASC Improvement Board launched in April 2025 with 15 projects focused on 9 priorities, tracked by RAG highlight reports. A clear governance framework ensures progress reporting to DHSC, PCH, and Care and Health Improvement Adviser (CHIA), as well as regular updates to CMT, Lead Member, Scrutiny Panel and Cabinet. A robust communication and engagement plan is in place to cover both internal and external stakeholders.
Capacity of corporate resource teams to deliver on specific activity for delivery of improvement at pace	Corporate Teams continue to engage through the Improvement Board to communicate Improvement Priorities and identify early how delivering the Improvement Plan may impact corporate teams. This process enables cross-council collaboration on improvement actions and the use of allocated improvement funding to meet resource needs.
Optimisation of the ASC Reserve to fund additional resource to deliver improvement priorities	Funding has been allocated for two years, with the impact of the funding monitored by the ASC Improvement Board, DASS, and the Senior Finance Manager. Progress and use of ASC Reserves is reported to CMT for S151 officer oversight. The funding will be optimised to achieve intended benefits and may be repurposed as priorities change during the improvement process.
If a Communication and Engagement Plan is not implemented, stakeholders may not receive updates on our	The Assurance Lead for ASC is responsible for the communication and engagement plan for both internal and external stakeholders, in coordination with the ASC Communications and Marketing Officer. Updates for the ASC Operations Team are provided through fortnightly team meetings. Progress is regularly reported to the Corporate Management Team

progress and improvements	<p>(CMT), with monthly updates to the Lead Member and periodic reports to Scrutiny Panel.</p> <p>System partners receive updates from the DASS, Assurance Lead and Assistant Directors via various external meetings, including those with ICB, ICA, 3SG, Healthwatch and the B&NES Community Safety and Safeguarding Partnership Executive Board.</p> <p>The Department of Health & Social Care (DHSC) receives updates at three-month intervals through progress submissions from Partners Care & Health and the Care & Health Improvement Advisor.</p>
Operational staff capacity to engage and deliver on Improvement Plan, whilst managing increased demand on services and complexity of work	<p>Oversight is maintained by the Assistant Director (AD) for Operations and Safeguarding, in conjunction with the ASC Improvement Board, through the review of project highlight reports which include RAG ratings and identify any potential impacts on operational teams.</p> <p>The effective utilisation of allocated improvement funding to address critical resource requirements is subject to rigorous monitoring by the AD for Operations and Safeguarding, the Director of Adult Social Services (DASS), the Senior Finance Manager and the ASC Improvement Board.</p> <p>The agreed funding allocation for improvement is optimised to enhance operational team capacity, enabling the management of service demand and completion of actions necessary to achieve the improvement priorities.</p> <p>The sequencing and prioritisation of activities for operational teams are regularly reviewed to ensure that efforts are focused on achieving maximum impact, whilst ensuring that statutory obligations continue to be fulfilled.</p>
Leadership capacity to manage the multiple projects delivering the improvement priorities	<p>The ASC Improvement Board attendees use the Improvement Board and Board Highlight Reports to raise capacity requirements of the ASC leadership and management team, ensuring projects are prioritised and sequenced.</p>

7 EQUALITIES

7.1 ASC remain committed to evidencing how we ‘pay due regard’ to equality duties and have ongoing intent to undertake equality analysis throughout the implementation of identified actions within the ASC Improvement Plan. The ASC Improvement Plan is underpinned by 4 overarching principles and principle 3 is to embed consideration of equality, diversity, and inclusion into all activities, ensuring that these values are integral to our operations and enhance the opportunities available to everyone.

7.2 An Equalities Impact Assessment (EQIA) has been undertaken for the ASC Improvement Plan, ensuring due regard in line with the public sector equality duty (2011), to outline the approach for delivering the plan. Following feedback from Panel in September 2025 an EQIA has also been developed for assessing the impact of the ASC Improvement Plan on residents and this can be reviewed in Attachment 3.

7.3 The Corporate Equalities and Diversity Officer commenced attending the ASC Improvement Board in September to ensure an equality focus is embedded into the improvement journey and equalities implications are at the forefront of improvement planning and processes. Ongoing review and updating of this EQIA will reflect learning throughout the improvement journey.

8 CLIMATE CHANGE

8.1 No negative impacts are expected from the proposed new delivery models on climate change. The proposed service delivery arrangements will be comparable to the existing provision for Adult Social Care.

9 OTHER OPTIONS CONSIDERED

- 9.1 The updated Self Assessment report will outline the progress made by ASC from September 2024 (CQC on site inspection) to September 2025 and is expected to be finalised in January 2026. Once finalised the Self Assessment 2024/25 will be published. Self Assessment is a regulatory requirement and will be updated and shared with CQC at the point of re-inspection.

10 CONSULTATION

- 10.1 The ASC workforce, wider council staff and system partners continue to be updated on the ASC Improvement Plan as per the communication and engagement plan which is reviewed as part of the ASC Improvement Board. A dedicated communications lead has been appointed to support the ASC Improvement Plan and commenced post in September 2025.
- 10.2 ASC staff continue to receive regular briefings in relation to the ASC Improvement Plan through team meetings with Assistant Directors and staff briefings led by the DASS, Assistant Directors and Quality Assurance Lead.
- 10.3 The ASC Leadership Team continue to provide regular updates on progress against the ASC Improvement Plan to the following external stakeholders; Healthwatch, B&NES Community Safety and Safeguarding Partnership Executive Board, Integrated Care Board, Integrated Care Alliance and 3SG.
- 10.4 In November 2025 Cabinet received a progress report on the ASC Improvement Plan and there will be a further progress report to Cabinet in May 2026.

Contact person	<i>Suzanne Westhead, Director Adult Social Care</i>
Background papers	The full CQC report with an overview of the rating and scoring can be accessed at https://www.cqc.org.uk/care-services/local-authority-assessment-reports/bathandnortheastsomerset-0125
Please contact the report author if you need to access this report in an alternative format	

This page is intentionally left blank

Adult Social Care Improvement Plan

Attachment 1

January 2026





Theme & Reference		Priority Areas of improvement
Theme 1. How the Local Authority Works with People	1.1	Improve public access to information, advice, guidance, and enhance our prevention services.
	1.2	Reduce waiting times for all services areas ensuring that people are prioritised according to risk
	1.3	Enhance the quality offered by Social Care staff by implementing a new practice model. Establish a Practice Development Group focused on legal compliance, outcome-oriented practice, and enhanced recording and data output.
Theme 2: Providing Support	2.1	Work collaboratively with practitioners and partners to ensure we commission services that meet the needs of our population and ensure diversity and sufficiency in the local market
	2.2	Introduce innovative ways of supporting people, staff & stakeholders, <u>through the use of technology and digital solutions</u>
	2.3	Giving residents a bigger say in local services and develop how we gather feedback on people's experience of Adult Social Care
Theme 3: How the Local Authority Ensures Safety Within the System	3.1	Ensure our governance and risk management processes are used consistently to ensure safeguarding procedures are followed in accordance with making safeguarding personal principles
	3.2	Refresh and implement a new Preparing for Adulthood Pathway
Theme 4: Leadership	4.1	Improve the quality of our data to ensure better oversight of individuals journeys <u>through the use of performance BI dashboard</u>

Adult Social Care Improvement Plan Update

Attachment 2

January 2026



Improvement Priority 1.1: Improve public access to information, advice and guidance and enhance our prevention services

Key areas identified	Planned activity to address key areas identified	Commentary
<p>CQC Theme 1: How the Local Authority works with people</p> <p>Improvement Priority 1.1: Improve public access to information, advice, guidance, and enhance our prevention services.</p>	<p>Conduct a thorough diagnostic assessment to ascertain our current provision of Information, Advice, and Guidance (IAG), as well as the methodologies employed by our partners.</p> <p>Identify existing gaps, evaluate the scope and urgency of the required work, and subsequently formulate a comprehensive project plan that outlines necessary actions to achieve the desired outcomes.</p> <p>Highlight areas of work where co-production and co-design would benefit service users and the council.</p>	<p>A full diagnostic report will outline where there are shortfalls and make recommendations on how to remedy them. The recommendations will be drawn up into a Project and the work will be managed through the project. Evidence of the impact of the work might be evidenced through customer satisfaction surveys, website analytics and feedback, call logs, social media engagement</p>
<p>Progress update</p>	<p>In May 2025 Adult Social Care (ASC) set out to complete a diagnostic assessment of its Information, Advice, and Guidance provision. The Local Government Association diagnostic tool was used to structure the work needed. Consultations were held with several key teams, including the Web Team, Directory Team, Customer Service Team, and Operational Staff. Simultaneously, engagement with external partners, such as Third Sector organisations and Social Prescribers, has also taken place through the use of questionnaires.</p> <p>The diagnostic assessment of the adult social care information and advice offer is now complete. This has produced a scoring matrix and identified specific core areas for development. Four recommendations have been made to the management team, following the diagnostic. A plan of work will be developed by Corporate Colleagues with ASC and Healthwatch input, this is part of the council's transformation programme, which will begin in 2026. ASC is in the process of setting up a working group to formalise the approach to managing Web and Live Well sites and content, to ensure the pages are user friendly and guide viewers to the right pages easily, as well as ensuring the information on the pages is up to date.</p>	

Improvement Priority 1.2: Reduce waiting times for all service areas, ensuring that people are prioritised according to risk

<p>CQC Theme 1: How the Local Authority works with people</p> <p>Improvement Priority 1.2: Reduce waiting times for all services areas ensuring that people are prioritised according to risk</p>	<p>A single triage and prioritisation system will be in place, so people are allocated based on the level of risk.</p> <p>A training program is underway to broaden the Best Interests Assessors (BIA) staff resource, enabling the wider staff group to become BIAs.</p> <p>Establishing a shared manager rota to approve BIA assessments to reduce wait times for Deprivation of Liberty Team waiting lists.</p> <p>Conducting an OT diagnostic exercise over a 3-month period to identify potential new processes.</p> <p>Implementing a waiting list backlog project while simultaneously developing a new OT clinic for in-person consultations.</p>	<p>The impact of this work will be measured using Power BI, specifically tracking the reduction in waiting lists in operational team and in the length of time from referral to assessment.</p> <p>Feedback from individuals who underwent an assessment indicated that it was conducted in a timely manner, as identified through audits. Applying interventions will give us assurance of active risk management and will see Risk Registers amended as our interventions take effect.</p>
<p>Progress update</p>	<p>Care Act Assessments In January 2025, 201 individuals were waiting for allocation for a Care Act Assessment and data provided for the October 2025 DHSC submission showed 65 people waiting for allocation for a Care Act Assessment. Action plans on those with longest waits are discussed at the fortnightly operational performance meetings. People waiting for an assessment are supported to access information, advice and guidance at the point of contact to ASC. All referrals are given a priority rating based on the level of risk and each team has a 'duty worker' to respond to any questions or concerns. All referrals awaiting allocation are monitored daily.</p> <p>Mental Capacity Act/ Deprivation on Liberty Safeguards The number of people awaiting a Deprivation of Liberty (DoLs) authorisation has also decreased with a reduction from 509 in January 2025 to 445 as reported in the October DHSC submission. Since September 2024 ASC has invested in training additional Best Interest Assessor Resource to assist in reducing waiting lists. ASC has trained six existing staff from across the service, with two more staff currently undergoing training.</p> <p>Occupational Therapy The Occupational Therapy (OT) waiting list has reduced from 229 in January 2025 to 45 as reported in the October DHSC submission</p> <p>Reviews In January 2025 71% of people who require an annual review, have had their review within the 1 year timescale. In September 2025 this had increased to 74%.</p> <p>Financial Assessments</p> <ul style="list-style-type: none"> • 110 assessments in process • Of which 99 are still awaiting returned information and 11 have information returned and in the process of being reviewed. • 46 cases exceeding 28 days • 19 cases exceeding 84 days, of which 3 are deputyship applications. • 2 cases exceeding 6 months all are deputyship applications underway. 	

Improvement Priority 1.3: Implement a Practice Model that will support our staff to deliver an equitable and legally compliant offer to people who are in contact with adult social care

<p>CQC Theme 1: How the Local Authority works with people</p> <p>Improvement Priority 1.3: Implement a practice model that will support our staff to deliver an equitable and legally compliant offer to people who are in contact with adult social care</p>	<p>Implement our Practice Standards and evaluate. Establishing a Practice Development Group to coproduce a practice model with our staff and partners. Staff collaboration with the Principal Adult Social Worker to identify training needs, share insights from audits and complaints, and promote best practices in outcome-focused work and documentation.</p>	<p>The work of the Practice Development group will be documented through minutes of the discussions and a summary of the actions to be carried out. Application of the Care Act and equity in access to services will be identified through audits and the Practice Forum. An increase in the uptake of training is expected and will be evidenced by the Learning and Development Team. Although our current Direct Payment uptake is low compared to national figures, it is part of our core offer, and corresponding policies and procedures will evidence the progress made to make Direct Payments accessible.</p>
<p>Progress update</p>	<p>Since the Principal Adult Social Worker (PSW) was appointed, the new Practice Framework and Practice Standards have been co-produced with practitioners. The Practice Framework and Standards provide a structured approach for guiding professional practice, ensuring quality, and promoting continuous improvement. The PSW will launch the Practice Framework and Standards now the Adult Social Care Restructure is complete.</p> <p>The PSW has also established a Practice Development Group that meets on a bimonthly basis. Set up in April 2025, attendance at the Practice Development Group is good and these continue to run with the next one scheduled for early November. The PSW has collaborated with the Organisational Development Team to assess the training opportunities available from Research in Practice for Adults- an organisation that supports professionals in health and social care, through developing evidence-informed resources and learning opportunities. This is to focus on increasing knowledge of Care Act 2014 eligibility</p> <p>The process for the recruitment of a new Direct Payment (DP) Lead was carried out and the DP Lead commenced working for ASC in September 2025. Now in post, the DP Lead has begun assessing our current offer, reviewing policies/ procedures and formulating a work plan. The DP Lead has also joined the South West Direct Payment Network, enabling ASC to stay up to date with the latest developments in Direct Payments and supporting legislation, through attending conferences and organised workshops alongside other Local Authorities and DP recipients,</p> <p>Since being in post, a 'Direct Payment Café' has been set up and was scheduled to be held weekly, this has now been moved to fortnightly. The Café is an open forum for staff to get information, advice and guidance when working with individuals with an existing Direct Payment or considering using a Direct Payment to meet assessed eligible needs. The sessions continue to run with a variety in number of attendees and to date this has yielded good peer discussion and has identified future learning needs and consideration of resources for practitioners.</p> <p>The PSW and Assistant Director for Operations have developed an ASC Practice week which will run from 26th-30th January. The Practice Framework and Practice Standards, that have been co-produced with staff, will be formally launched during this week, as well as opportunities for staff to attend events and training. Operational staff are mandated to take half a day per month for independent study for professional development. Alongside this, there is now the opportunity for operational staff to apply to do an apprenticeship in Social Work. This is available to three staff members and will start in September 2026. All activity in this area contributes to the development of staff.</p>	

Improvement Priority 2.1: Work collaboratively with practitioners and partners to ensure we commission services that meet the needs of our population to ensure diversity and sufficiency in the local market

<p>Theme 2: Providing Support</p> <p>Improvement Priority 2.1 Work collaboratively with practitioners and partners to ensure we commission services that meet the needs of our population to ensure diversity and sufficiency in the local market</p>	<p>The Strategic Commissioning Hub's Quality Assurance Team will be responsible for reviewing the Commissioning Quality Assurance Framework and amending as necessary to ensure we capture information about how we support providers to maintain or increase the CQC rating. This will also include sharing of information and learning in Provider Forums. Alongside this, we will work with the Practice Development group to determine the best way of engaging with staff to understand the needs of the people they work with to develop the <u>market accordingly</u>, enabling us to support more people in B&NES.</p>	<p>Evidence of our work with providers will be through the completion of Quality Assurance visits and corresponding documentation; however, where a provider's CQC rating changes, this will be outside the council's control. Minutes from meetings with frontline practitioners will evidence engagement and discussion about the needs of the local population and will pave the way for new market initiatives that the Commissioning Team will take forward.</p> <p>Feedback from providers will demonstrate the support we offer them, and they will be knowledgeable about the local Forum's they can attend for support.</p>
<p>Progress update</p>	<p>A new Quality Assurance Review Document has been developed using digital tools and was piloted during September. This revised process made it easier for commissioners and care providers to collate, analyse and share information, data and insights during quality assurance visits. Following the pilot, this process is being adapted to incorporate services for children, enabling an all-age approach to quality assurance.</p> <p>Fortnightly feedback and collaboration conversations between commissioners and practitioners, have been implemented, enabling a mix of thematic and open conversations. The new Professional Feedback Form launched in June 2025, continues to be used by practitioners, enabling information sharing and good communication between services.</p> <p>The Communication strategy for the Community Support procurement has been updated, providing good dialogue with providers through Provider Forums. Alongside this, our Commissioning Equality Diversity and Inclusion requirements for service providers is being updated and aligned to the review of the Health Inequalities work and development of the Neighbourhood Health approach.</p> <p>All the work completed over the last five months has enhanced the visibility of channels for collaboration and communication for Commissioning, among providers, service users, and professionals can facilitate new avenues for access beyond a single process, resulting in more resilient and robust support structures.</p>	

Improvement Priority 2.2: Introduce more innovative ways of supporting people, staff and stakeholders through the use of technology and digital solutions

<p>Theme 2: Providing Support</p> <p>Improvement Priority 2.2 Introduce more innovative ways of supporting people, staff and stakeholders, through the use technology and digital solutions.</p>	<p>The Technology Enabled Care Strategy has been developed over the last 12 months. Significant work has been done to understand different models and assess readiness for innovative ways of working. The strategy is now ready to be turned into a Programme of work, clearly defining the necessary tasks and involving the right staff and stakeholders to develop a service that meets the needs of the population. The B&NES Safeguarding Adults Portal went live in November 2023, and there are plans to expand online portals to promote equity in experience.</p>	<p>Once the Technology Enabled Care (TEC) and Digital programme is complete and delivered into business as usual, it will enable reports on the number of people receiving TEC or digital solutions to meet their needs. This will include the impact on local services, such as smaller homecare packages required, and the impact on individuals achieving outcomes important to them. People's feedback and the consideration of TEC or digital solutions will be evidenced through practice audits and discussions at Practice Forum. Additionally, people who use a digital platform to access an assessment will be asked about their experience via an online feedback form.</p>
<p>Progress update</p>	<p>Magic Notes has been fully implemented across Social Care operational teams, with 160 staff now trained and using the tool. In addition to this, a trial is being conducted in the Commissioning Quality Assurance team. The process for new employees accessing Magic Notes has now been integrated into the induction and IT set up of new starters, enabling a streamlined process and reducing delays in accessing the system.</p> <p>Engagement is underway with residents and staff for the development of the digital and tech strategy. B&NES has partnered with Healthwatch to gather feedback from residents, with a particular focus on engaging marginalised communities. ASC Commissioning are leading on workshops with staff groups including managers and frontline workers across the directorate. All information will be written into a final strategy and activity plan.</p> <p>Due to the volume and pace of change happening across the directorate currently, ASC has been prioritising tactical aspects of the digital programme, based on these aspects having the biggest impact on staff and residents and lead to better outcomes more immediately. Examples of this include the roll out of Co-Pilot and Magic Notes, as well as supporting the analogue to digital switch over and resident surveys. ASC will further improve the more strategic TEC offer as this progresses. Work is progressing to develop a TEC Pilot to trial with people who attend the OT Assessment Centre and the Access, Information and Advice Hub.</p> <p>There is now a dedicated Adults Systems Expert & Service Lead responsible for coordinating LAS system developments to support practitioners. Over the last four months, the Adults Systems Expert and Service Lead has developed new Liquidlogic Adult's system processes and referral routes via the Adult Social Care Portal. Documentation has been built to prepare for the implementation of the ASC Operational Team Restructure. The system restructure has been tested and approved, and staff have received training on this.</p> <p>Additional forms on the adult social care portal include professional access team referral form, public access team referral form, OT professional referral form and public OT referral form. This benefits individuals due to centralized access to information, streamlined process, ability to self-serve, easier accessibility and faster support.</p>	

Improvement Priority 2.3: Giving residents a bigger say in local services and develop how we gather feedback on people's experience of Adult Social Care

<p>Theme 2: Providing Support</p> <p>Improvement Priority 2.3 Giving residents a bigger say in local services and develop how we gather feedback on people's experience of Adult Social Care</p>	<p>We will develop and implement a system that allows all individuals to provide feedback in a manner that meets their access needs.</p> <p>Determine the most appropriate ways to communicate to staff and individuals how the learning from the feedback has been implemented.</p> <p>Create more opportunities for residents to participate in the planning and development of local services through collaborative design, planning, and evaluation.</p>	<p>We will use various methods to gather feedback, including written guidance from the Principal Adult Social Worker and minutes from resident groups. Our aim is to show that we adapt services based on individual needs. Feedback will measure our performance and highlight areas for improvement.</p>
<p>Progress update</p>	<p>A Co-Production Plan for 2025-26 has been agreed and is embedded across the directorate. The Co-Production Community of Practice meetings have continued to take place monthly since February 2024, with good attendance. Examples of how we are promoting co-production include:</p> <ul style="list-style-type: none"> • Involving people in strategic reviews, such as the family's involvement in reviewing B&NES's respite offer and residents input into the development of B&NES Dementia Strategy • Carers have also been involved in the specification and question setting process for our carers support service tender, and formed part of the tender evaluation panel <p>Further to this, the ASC Partners in Care and Health Improvement Advisor has facilitated a meeting with the Social Care Institute for Excellence (SCIE), to discuss how they can support ASC to review the current co-production offer, activity and practice. A small project team from within ASC collaborated with SCIE to design a staff survey, write a short self-assessment and schedule staff interviews/ workshops. SCIE have now gathered all the information they need to compile a report, which they will share with ASC in January 2026.</p> <p>As part of the ASC Restructure, a new role of 'Service User Development and Engagement Lead' was created and started in post in October 2025. The focus will be on developing and implementing a system that allows all individuals to provide feedback and how this feedback is shared with staff within the directorate.</p> <p>The Principal Adult Social Worker (PSW) developed and implemented a new audit tool in February 2025. Each audit incorporates a follow-up telephone call to service users or their representatives <u>in order to</u> obtain feedback regarding their experiences with ASC. Thus far, 35 telephone calls have been completed, and of the individuals/ representatives who were able to rate their experience of their interaction with ASC (75%), 92.5% was positive and 7.5% was neutral. The PSW and Director of Adult Social Services (DASS) also meet regularly to carry out practice audits. Feedback on people's experiences of ASC is shared at the Quality Assurance and Performance Board, which meets quarterly.</p>	

Improvement Priority 3.1: Ensure our governance and risk management processes are used consistently to ensure safeguarding procedures are followed in accordance with making safeguarding personal principles

<p>Theme 3: How the Local Authority ensures safety within the system</p> <p>Improvement Priority 3.1: Ensure our governance and risk management processes are used consistently to ensure safeguarding procedures are followed in accordance with making safeguarding personal principles</p>	<p>A safeguarding action plan is established to manage risk, detailing required steps. Some actions are currently in progress, while others will commence shortly based on urgency. The LAS and Controcc Development Group holds monthly meetings and has initiated discussions on a risk assessment tool. These efforts are ongoing and incorporated into the LAS Development Lead's Workplan.</p>	<p>Progress in this area will be indicated by various reporting methods. Compliance with MSP principles will be verified through the BCSSP annual audit and safeguarding audits, with data recorded on LAS and reported via the BI dashboard. Risk assessment creation on LAS and monitoring through governance structures like supervision and Practice Forum will demonstrate our advancement. Supervision notes and team meeting minutes will provide evidence of staff support in learning how to evaluate, reduce, and manage risk.</p>
<p>Progress update</p>	<p>ASC has made significant amendments to the documentation used to record safeguarding enquiry outcomes. These changes enable us to record whether the principles of Making Safeguarding Personal (MSP) have been adhered to and also allow for performance reporting on this. This is a big step forward in ensuring our safeguarding practices are both effective and transparent.</p> <p>In collaboration with Bath University, ASC has been conducting research to gain insights into the MSP experience of adults with a Learning Disability (LD) throughout their safeguarding journey. This research also gathers experiences from practitioners delivering safeguarding services, identifying any barriers or successes in MSP. The findings from this research will be invaluable in informing our future support offerings. The research has already been approved by both the university and council ethics boards, with staff sessions initiated in July and sessions for adults with LD launched in September with early findings being discussed and shared in December.</p> <p>Additionally, we have developed a new Safeguarding Pathway which was launched in October 2025 as part of the new ASC structure. To enhance our risk management capabilities, a new risk screening tool and RAG rating system have been developed within LAS (the system used to record ASC activity). This new system provides greater visibility for managers, serving as an effective reporting mechanism.</p> <p>In our continuous effort to learn and improve, we are now sharing learning outcomes from events such as Safeguarding Adult Reviews and Ombudsman rulings at fortnightly staff briefings. We have scheduled This ensures that we can collectively take forward these lessons into our practice. ASC has also reviewed the mandatory training requirements for staff working with safeguarding, which will be available both internally and through the B&NES Community Safety and Safeguarding Partnership (BCSSP). Alongside this, ASC has co-designed and developed new referral guidance with referrers, which replaces 'threshold' guidance. This guides referrers in making a decision as to whether and safeguarding referral is needed, or if an alternative referral is required i.e. a referral to commissioning due to quality concerns. This guidance has been consulted on with the BCSSP and agreed and is now being used and is published on the BCSSP website.</p> <p>As the new safeguarding pathway embeds, ASC has invited Partners for Care and Health to complete a peer review of our safeguarding pathway, process and practice. This will provide early feedback on how well the new pathway and guidance documents is being embedded. The Multi Agency Safeguarding Hub (MASH) policy and procedures are being reviewed to ensure they incorporate all the above changes and will help us to understand the impact.</p>	

Improvement Priority 3.2: Refresh and implement a new pathways for people transitioning from children's services to Adult Social Care.

<p>Theme 3: How the Local Authority ensures safety within the system</p> <p>Improvement Priority 3.2: Refresh and implement a new pathway for people transitioning from children's services to adult services.</p>	<p>A public and professional portal will be developed for referrals for any young person or young carer with an appearance of care and support needs to be referred to ASC. Regular meetings will take place with ASC and the parent carer forum. Live well B&NES and the public facing website will be updated to reflect the ASC transitions offer. A dedicated ASC transitions team will be recruited.</p> <p>ASC will form part of the multi-agency PFA group. There will be PFA strategy developed this will include clarity of the agency roles and responsibilities. This will link to work commenced on PFA pathways and transition policy which has been started but not concluded.</p>	<p>Referrals for young people are received and prioritised for ASC assessments. Parents and carers can access advice and information on ASC in various formats. Referrals and waiting times will be built into our new BI dashboards. This will include looking at the timeliness of referrals, the offer to young people and the experience of people on the pathway.</p>
<p>Progress update</p>	<p>The new Transitions Portal, which enables parent carers, young people and professionals to refer to ASC was launched in November 2024.</p> <p>The Preparing for Adulthood offer is a joint programme with Children's, Education and Adults. The Project is progressing, and workshops have been held to map current systems, processes and the different interactions between teams, the young people accessing the service and their families.</p> <p>A report with recommendations has been sent to the Directors of Adult Social Services and Director of Children's services on the 19th December.</p>	

Improvement Priority 4.1: Improve the quality of our data to ensure better oversight of individuals' journeys through the use of the performance of BI Dashboards

<p>Theme 4: Leadership</p> <p>Improvement Priority 4.1: Improve the quality of our data to ensure better oversight of individuals journeys through the use of the performance BI dashboard</p>	<p>We are committed to enhancing staff training to ensure accurate and timely information processing on LAS. We aim to clearly outline the current data and performance information we capture, as well as our future data and performance information requirements.</p> <p>We will conduct a diagnostic assessment to understand staff's current level of understanding regarding the data we collect and the reasons behind it.</p> <p>Our goal is to identify and address staff training needs to ensure effective use of BI Dashboards for performance understanding and improvement.</p> <p>We will ensure that the data resulting from LAS changes is prominently featured on the BI dashboard.</p>	<p>To measure the impact of these actions, we will implement several key evaluation methods. The Quality Assurance Board will use the BI Dashboards to provide a clear indication of how we are performing against our key performance indicators both national and local.</p> <p>Our case audit process will demonstrate areas of good recording practice and areas for improvement. Staff representatives are involved in LAS system and workflow changes from testing to implementation.</p> <p>Reports to the Quality Assurance Board that highlight trends in waiting lists and productivity will serve as another crucial metric. These reports will help us understand the broader organisational impact of our initiatives.</p>
<p>Progress update</p>	<p>The Adults Systems Expert & Service Lead has held 3 Data Quality Workshops with managers across the directorate, focusing on the use of the Business Intelligence dashboards, to ensure understanding of the benefits of using data available as part of the management of caseloads and demand.</p> <p>ASC has been working collaboratively with the Business Intelligence (BI) Team to define a comprehensive suite of data reporting requirements. In addition to this, both teams have been working to define data needed to meet the new Department of Health and Social Care Client Level Data Set Requirements.</p> <p>Two additional dedicated Business Intelligence Officers were recruited into post in May specifically for ASC, to focus resource on developing the new Business Intelligence Dashboards that are aligned to the KPIs in the Improvement Plan.</p> <p>The new ASC structure was implemented on 6th October. As a result, it has been necessary to develop new Power BI Dashboards for ASC to provide demographic, demand, waiting times and outcomes. During this period of development, Team Managers, Heads of Service and the Assistant Director for operations have been continually monitoring the incoming work trays in order to apply a risk rating and allocate work accordingly. Operations and Information Governance Team are working closely together to ensure the new Power BI Dashboards reflect the new pathways and to provide assurance and oversight of waiting lists.</p>	

**Equality Impact Assessment / Equality Analysis
(Version 4)**

Item name	Details
Title of service or policy	Adult Social Care, Care Quality Commission Improvement Plan
Name of directorate and service	Adult Social Care (ASC)
Name and role of officers completing the EqlA	Suzanne Westhead, Director of Adult Social Services Nicola Pope, ASC Assurance Lead
Date of assessment	December 2025

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on people and different groups within our community. The main aim is to identify any adverse impacts (i.e. discriminatory or negative consequences for a particular group or sector of the community, and to identify areas where equality can be better promoted). Equality impact Assessments (EqlAs) can be carried out in relation to services provided to customers and residents as well as employment policies/strategies that relate to staffing matters.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EqIA) or Equality Analysis. **Not all sections will be relevant – so mark N/A any that are not applicable.** It is intended that this is used as a working document throughout the process, and a final version will be published on the Council’s website following relevant service lead approval.

1.1 Identify the aims of the policy or service and how it is implemented

Key questions	Answers / notes
<p>1.1 Briefly describe purpose of the service/policy e.g.</p> <ul style="list-style-type: none"> • How the service/policy is delivered and by whom • If responsibility for its implementation is shared with other departments or organisations • Intended outcomes 	<p>The Health and Care Act 2022 gave the Care Quality Commission (CQC) new powers to assess how Local Authorities meet their duties under Part 1 of the Care Act 2014.</p> <p>From April 2024 to September 2024 B&NES ASC directorate underwent it’s CQC Local Authority Assessment under a 2 stage inspection approach, with the onsite element of the assessment process taking place from 10th September to 12th September 2024.</p> <p>The CQC published their report for B&NES ASC on 30th January 2025, assigning a rating of Requires Improvement.</p> <p>Due to the Requires Improvement rating B&NES ASC has been assigned a Care and Health Improvement Advisor (CHIA) from Partners in Care and Health (Southwest Region) who partner with the Local Government Association and Association of Directors of Adult Social Services. Partners in Care and Health are responsible for feeding back to the Department of Health and Social Care the progress Adult Social Care is making against the Improvement Plan and giving assurance.</p> <p>The ASC CQC Improvement Plan was developed January- March 2025. The Improvement Plan is broken down into the 4 Assessment Themes defined by CQC:</p> <ul style="list-style-type: none"> • Theme 1: How the Local Authority Works with people • Theme 2: Providing Support

	<ul style="list-style-type: none"> • Theme 3: How the Local Authority ensures safety within the system • Theme 4: Leadership <p>Each project has a senior responsible officer, and a lead- either a project manager or Head of Service, who is responsible for ensuring progress is made to deliver the Improvement Priorities. Each project collaborates with different teams across the council, as required, to ensure the project progresses and any barriers are overcome.</p> <p>This ASC Improvement Plan describes the steps we will take throughout 2025-2026 to further enhance our services. It reflects our own assessment of priority areas for improvement, alongside the key findings and areas for improvement against quality statement scores from the 2025 CQC Local Authority Assessment Report for B&NES. ASC is driving forward a vision for a more responsive, effective, and sustainable Adult Social Care service.</p> <p>This EQIA is a working document and has been undertaken to provide assurance that projects delivering the Improvement Priorities have no adverse effects on individuals with protected characteristics.</p> <p>This EQIA demonstrates we are paying due regard to our Public Sector Equalities Duty as we progress work within the Improvement Plan. This EQIA is a working document, and we aim for this to be updated if there are any changes to the Improvement Priorities or projects delivering them. Should there be any changes made to these, we aim to consider whether there is likely to be any impact on individuals with protected characteristics.</p>
1.2 Provide brief details of the scope of the policy or service being reviewed, for example:	This is the first time ASC has been required to develop and implement Improvement Plan for 2025-26. This Improvement Plan is necessary to demonstrate to the Department of Health and Social Care (DHSC) that

<ul style="list-style-type: none"> • Is it a new service/policy or review of an existing one? • Is it a national requirement?). • How much room for review is there? 	<p>progress is being made on the areas of Improvement identified before the CQC Inspection took place and incorporates feedback from the CQC Assessment Report.</p> <p>As per the Partner for Care and Health and DHSC guidelines, ASC currently provides quarterly progress updates to the DHSC. There have been four submissions to date: 13th February 2025, 30th April 2025, 30th July 2025 and 30th October 2025. The next submission is due in January 2026. The exact length of time that progress reports are required to be submitted to the DHSC is currently unknown. At the time of writing this EQIA, the future CQC Local Authority inspection framework is being reviewed. Local Authorities are awaiting further guidance on the CQC Assessment methodology for re inspection; this is expected in February 2026.</p> <p>The Improvement Plan applies to all adults aged 18 years and above who access commissioned care and support or a Direct Payment (DP), as well as some 17 years olds who are transitioning into Adult Social Care from Children's services.</p> <p>The Care Act 2014 legislates what services the Local Authority should provide as part of an individual's care package: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance</p>
<p>1.3 Do the aims of this policy link to or conflict with any other policies of the Council?</p>	<p>The overall aim for the ASC Improvement Plan is to improve outcomes for people who draw on care and support, and for all residents that may need to access ASC in the future, which aligns with the Local Authorities' core purpose of 'Improving People's Lives'.</p> <p>There are no known conflicts with other council policies at this time.</p>

2. Consideration of available data, research and information

Key questions	Data, research and information that you can refer to
<p>2.1 What equality focussed training have staff received to enable them to understand the needs of our diverse community?</p>	<p>All B&NES officers are required to undertake mandatory Equality, Diversity and Inclusion Training.</p> <p>The project leads, many of whom are registered Social Workers have much experience in working within the Equalities Act, promoting anti-discriminatory and anti-oppressive practice, as per the <u>Professional Standards</u> out by the British Association of Social Workers.</p>
<p>2.2 What is the equality profile of service users?</p>	<p>The B&NES Council Strategic Evidence Base provides the equality profile for the B&NES Population: https://www.bathnes.gov.uk/sites/default/files/SEB%20Population%20%26%20Demography%20Apr25.pdf</p>
<p>2.3 Are there any recent customer satisfaction surveys to refer to? What were the results? Are there any gaps? Or differences in experience/outcomes?</p>	<p>To date, no customer satisfaction surveys have been conducted by ASC, specifically on the ASC Improvement Plan itself, however, some projects in place to deliver the Improvement Plan priorities have progressed and have developed surveys for residents. The surveys do not all relate to customer satisfaction, however they are all designed to get feedback and information about residents' thoughts and experiences. ASC, in collaboration with Healthwatch, launched a resident survey on Technology and Digital, in September 2025. The aim of this was to hear residents' ideas and views on digital and technology-enabled care (TEC) both to support staff giving care and to give residents more control over the care they receive. This survey has now closed, and the results are being analysed to inform the new Digital and Technology Strategy.</p> <p>Alongside this, the Audit Framework that was implemented in February 2025, continues to be adhered to. Each audit incorporates a follow-up telephone call to service users or their representatives in order to obtain feedback regarding their experiences with ASC. It should be noted that this activity operates in parallel with, rather than within, the ASC Improvement Plan, as part of our business-as-usual work. Thus far, 35 telephone calls have been completed, and of the individuals/ representatives who were able to rate their experience of their interaction with ASC (75%), 92.5% was positive and 7.5% was neutral.</p>

<p>2.4 What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?</p>	<p>The governance arrangements for the ASC Improvement Plan are designed to foster comprehensive engagement beyond the immediate ASC environment, thereby establishing a robust framework for oversight and constructive challenge.</p> <p>The ASC Improvement Board is chaired by the Executive Director for Operations. The Board convenes on a monthly basis to monitor progress against the improvement plan and is attended by representatives from various departments within the Local Authority, including the Equality, Diversity and Inclusion officer, finance, legal, communications and marketing, public health, and IT services. This broad participation helps share information on a wide scale, promotes sharing of different perspectives from across the system, and enables effective collaboration in addressing challenges, and assessing and mitigating risks. This approach ensures a holistic delivery of new initiatives, minimises the potential for implementation issues, and proactively reduces the likelihood of negative outcomes associated with the improvement plan.</p>
<p>2.5 If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equality considerations within this?</p>	<p>Each individual project underpinning the delivery of the improvement priorities is supported by a dedicated project, work, or action plan. As work progresses to deliver each Improvement Priority, project/ work plans are updated and will specify appropriate or required consultation necessary for successful completion. Some of the actions needed to deliver the Improvement Priorities will necessitate internal engagement with council departments, while others will require engagement, feedback, and co-production with individuals who use services.</p> <p>As projects are progressing to deliver the Improvement Priorities, it is not yet clear which projects will need consultation on, because there is still necessary work to do before we get to that stage.</p> <p>This EQIA overarches the whole of the Improvement Plan. Each project that is contributing to the Improvement Plan, that delivers a change to the current operating procedures will be subject to its own Equalities Impact Assessment, which will be completed before the changes are implemented. Due consideration will be given to any perceived negative impacts that projects will have on residents and the necessary steps to prevent or minimise the impact will be taken.</p> <p>As part of the overall resourcing strategy for the Improvement Plan, in Improvement Priority 2.3 the creation of a 'Service User and Engagement Lead' position has been identified. The new Service User and Engagement Lead began in post in October 2025 and is responsible for ensuring robust and ongoing</p>

	community engagement with Adult Social Care, both as an integral element of the Improvement Plan and as part of ASC's continuous service development.
--	---

3. Assessment of impact: 'Equality analysis'

Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:

- Meets any particular needs of equalities groups or could help promote equality in some way.
- Could have a negative or adverse impact for any of the equality groups

Key questions	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
3.1 Issues relating to all groups and protected characteristics	<p>The nine Improvement Priorities listed in the ASC Improvement Plan will improve outcomes for all the people who draw on care and support in B&NES. Any changes to practice, policy or process will be carried out in line with the Care Act 2014 principles of:</p> <ul style="list-style-type: none"> • empowerment • prevention • proportionality • protection • partnership • accountability <p>Each project that delivers a change to the current operating procedures will be</p>	<p>Any changes made to the delivery of services, as a result of the Improvement Plan, will be made on the basis of individuals receiving a better experience of ASC and better outcomes for all individuals.</p> <p>Equality analysis will form an integral and ongoing part of the actions within the implementation Plan. Negative or adverse impacts will be considered and wherever possible mitigating action will be taken. Further to this, Improvement Priority 4.1 focusses on data analysis to help us understand more about our population and to inform our practice.</p>

	<p>subject to its own Equalities Impact Assessment.</p> <p>All services are offered based on the presenting needs of the individual and eligibility, regardless of if they have a protected characteristic. The new Practice Framework and Practice Standards, developed under Improvement Priority 1.3 lays out how ASC operational staff will conduct their day to day work, and what residents of B&NES can expect during their interactions with ASC.</p> <p>The Improvement Plan incorporates innovative approaches to supporting individuals, encompassing the provision and accessibility of information, advice, and guidance, the development of a robust practice framework, and the empowerment of individuals by recognising and building upon their strengths, assets, and networks. Furthermore, the Plan emphasises the delivery of co-produced, person-centred care. These measures enhance our capacity not only to engage more effectively with groups that have previously experienced limited interaction, but also to positively influence their lives and improve the overall quality of available services.</p>	
--	--	--

	There are robust governance arrangements in place to foster accountability across the service through our existing framework for assuring quality.	
3.2 Sex – identify the impact/potential impact of the policy on women and men.	The priorities of the improvement plan will consider how to develop and implement practice, policies or processes that create improved outcomes for men and women.	<p>Any assessment, support or services offered to men and women during the time the Improvement Plan is progressing, and following any changes to the delivery of services, will continue to be done in line with the Care Act 2014 eligibility criteria and existing Social Work and Occupational Therapy (OT) processes.</p> <p>The Improvement Plan is in place with an aim to reduce or eliminate adverse impacts for men and women.</p>
3.3 Pregnancy and maternity	The priorities of the improvement plan will consider how to develop and implement practice, policies or processes that create improved outcomes for individuals who are pregnant or on maternity leave.	<p>The ability to carry out caring responsibilities for a child is a statutory outcome which is assessed during assessments or reviews, and will be taken into consideration in determining whether the local authority provides care and support.</p> <p>Specific needs related to pregnancy and maternity will be considered throughout all actions of the projects delivering the Improvement Plan.</p>

		The Improvement Plan is in place with an aim to reduce or eliminate adverse impacts for individuals who are pregnant or on maternity leave.
3.4 Gender reassignment – identify the impact/potential impact of the policy on transgender people	The priorities of the improvement plan will consider how to develop and implement practice, policies or processes that create improved outcomes for individuals based on their gender identity.	<p>Specific needs related to gender will be considered throughout all actions of the projects delivering the Improvement Plan.</p> <p>Actions within the improvement projects will be considerate of gender identity and this will be monitored.</p> <p>The Improvement Plan is in place with an aim to reduce or eliminate adverse impacts for individuals based on their gender identity.</p> <p>B&NES council is awaiting the updated version of the Code of Practice before taking required legal action or advice based on the Supreme Court Ruling (April 2025). The Improvement Plan will reflect necessary actions.</p>
3.5 Disability – identify the impact/potential impact of the policy on disabled people (ensure consideration of physical, sensory and mental health needs/differences)	<p>The priorities of the improvement plan will consider how to develop and implement practice, policies or processes that create improved outcomes for disabled people, including those supported by:</p> <ul style="list-style-type: none"> • Older People's Services • Physical Disability and Sensory Services • Mental Health Services • Learning Disability Services 	<p>Specific needs related to an individual's disability will be considered throughout all actions of the projects delivering the Improvement Plan.</p> <p>The Improvement Plan is in place with an aim to reduce or eliminate adverse impacts for disabled people.</p>

	<ul style="list-style-type: none"> Occupational Therapy Services 	
3.6 Age – identify the impact/potential impact of the policy on different age groups	The priorities of the improvement plan will consider how to develop and implement practice, policies or processes that create improved outcomes for individuals aged 17 and above.	<p>Specific needs related to an individual's age will be considered throughout all actions of the projects delivering the Improvement Plan.</p> <p>The Improvement Plan is in place with an aim to reduce or eliminate adverse impacts for individuals aged 17 and above.</p>
3.7 Race – identify the impact/potential impact on across different ethnic groups	<p>The priorities of the improvement plan will consider how to develop and implement practice, policies or processes that create improved outcomes for all ethnicities.</p> <p>Translation services will be used to meet individual requests or where a need is already known.</p>	<p>Specific needs related to an individual's race will be considered throughout all actions of the projects delivering the Improvement Plan.</p> <p>The Improvement Plan is in place with an aim to reduce or eliminate adverse impacts for individuals of all ethnicities.</p>
3.8 Sexual orientation – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual, questioning people	The priorities of the improvement plan will consider how to develop and implement practice, policies or processes that create improved outcomes for people of all sexual orientations.	<p>Specific needs related to an individual's sexual orientation will be considered throughout all actions of the projects delivering the Improvement Plan.</p> <p>The Improvement Plan is in place with an aim to reduce or eliminate adverse impacts for individuals of all sexual orientations.</p>
3.9 Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?	The priorities of the improvement plan will consider how to develop and implement practice, policies or processes that create	Specific needs related to an individual's marital status will be considered

	improved outcomes for married and civil partnered individuals.	<p>throughout all actions of the projects delivering the Improvement Plan.</p> <p>The Improvement Plan is in place with an aim to reduce or eliminate adverse impacts for married and civil partnered individuals.</p>
3.10 Religion/belief – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.	The priorities of the improvement plan will consider how to develop and implement practice, policies or processes that create improved outcomes for individuals of all religions/ beliefs.	<p>Specific needs related to an individual's religion/belief will be considered throughout all actions of the projects delivering the Improvement Plan.</p> <p>The Improvement Plan is in place with an aim to reduce or eliminate adverse impacts for individuals of all religions/ beliefs.</p>
3.11 Socio-economically disadvantaged* – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances (this is not a legal requirement, but is a local priority).	The priorities of the improvement plan will consider how to develop and implement practice, policies or processes that create improved outcomes for individuals who are socio-economically disadvantaged.	<p>Specific needs related to an individual's socio-economic status will be considered throughout all actions of the projects delivering the Improvement Plan.</p> <p>The Improvement Plan is in place with an aim to reduce or eliminate adverse impacts for individuals who are socio-economically disadvantaged.</p>
3.12 Rural communities* identify the impact / potential impact on people living in rural communities	The priorities of the improvement plan will consider how to develop and implement practice, policies or processes that create improved outcomes for individuals who live in rural communities.	Specific needs related to an individual who live in a rural community, will be considered throughout all actions of the projects delivering the Improvement Plan.

		<p>The Improvement Plan is in place with an aim to reduce or eliminate adverse impacts for individuals who live in rural communities.</p> <p>An integral component of the Improvement Plan is the systematic collection of feedback from individuals who access Adult Social Care for support. This appointment of the Service User Engagement Lead, places ASC in the strongest position to date to engage effectively with rural communities and seldom-heard groups who need to access ASC.</p>
<p>3.13 Armed Forces Community ** serving members; reservists; veterans and their families, including the bereaved. Public services are required by law to pay due regard to the Armed Forces Community when developing policy, procedures and making decisions, particularly in the areas of public housing, education and healthcare (to remove disadvantage and consider special provision).</p>	<p>The priorities of the improvement plan will consider how to develop and implement practice, policies or processes that create improved outcomes for individuals who are from an armed forces community.</p>	<p>Specific needs related to an individual who is part of an Armed Forces Community, will be considered throughout all actions of the projects delivering the Improvement Plan.</p> <p>The Improvement Plan is in place with an aim to reduce or eliminate adverse impacts for individuals who are from an armed forces community.</p>
<p>3.14 Care Experienced *** This working definition is currently under review and therefore subject to change: In B&NES, you are 'care-experienced' if you spent any time in your childhood in</p>	<p>The priorities of the improvement plan will consider how to develop and implement practice, policies or processes that create improved outcomes for individuals who are care experienced.</p>	<p>Specific needs related to an individual who is care experienced, will be considered throughout all actions of the projects delivering the Improvement Plan.</p>

Local Authority care, living away from your parent(s) for example, you were adopted, lived in residential, foster care, kinship care, or a special guardianship arrangement.	The Practice Framework that will be launched in January 2026 describes how practitioners will work with people in a holistic and family approach to their work with individuals. The Practice Framework is subject to its own EQIA.	The Improvement Plan is in place with an aim to reduce or eliminate adverse impacts for individuals who are care experienced.
--	---	---

*There is no requirement within the public sector duty of the Equality Act to consider groups who may be disadvantaged due to socio economic status, or because of living in a rural area. However, these are significant issues within B&NES and have therefore been included here.

** The Equality Act does not cover armed forces community. However, the Armed Forces Bill (which came in on 22 Nov 2022) introduces a requirement to pay 'due regard' to make sure the Armed Forces Community are not disadvantaged when accessing public services.

***The Equality Act does not cover care experienced people. B&NES adopted this group as a protected characteristic in March 2024 alongside over 80 other Local Authorities. Although we have data for care leavers and children/young people who are currently in the care of B&NES we do not have wider data on disadvantage experienced through being in care.

4. Bath and North East Somerset Council Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment/analysis. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when
Each project that delivers a change to current practice or process will be required to	Project leads and senior responsible officers will give due consideration to whether	As projects progress to deliver the changes sought as part of the ASC Improvement Plan, the	Suzanne Westhead, Ann Smith,	Before changes are

complete an Equalities Impact Assessment	and Equalities Impact Assessment (EQIA) is required for the work they undertake as part of the Improvement Plan	project lead and senior responsible officer will update an EQIA where necessary. The equality analysis of the work will inform practice.	Natalia Lachkou, Claire Thorogood,	delivered into BAU
Equality Impact Assessments will be reviewed and updated.	Review and updated all published EQIAs on a regular basis or where there is a change to practice.	Evidence of updated EQIA.	All involved in the delivery of Improvement Plan	Ongoing.

5. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equality Team (equality@bathnes.gov.uk), who will publish it on the Council's website. Keep a copy for your own records.

Signed off by:
Date:

(Divisional Director or nominated senior officer)

This page is intentionally left blank

Bath & North East Somerset Council	
MEETING:	Children, Adults, Health & Wellbeing Policy Development & Scrutiny Panel
DATE:	19th January 2026
TITLE:	2026/27 Budget and Financial Outlook – Draft proposals
WARD:	All
AN OPEN PUBLIC ITEM	
<p>List of attachments to this report:</p> <p>Annex 1: 2026/27 Draft Savings & Income Proposals</p> <p>Annex 2: 2026/27 Draft Funding Requirements</p>	

1 THE ISSUE

- 1.1 This report will present the draft revenue budgets together with proposals for increases in Council Tax and the Adult Social Care Precept for 2026/27.

2 RECOMMENDATION

The Panel is asked to;

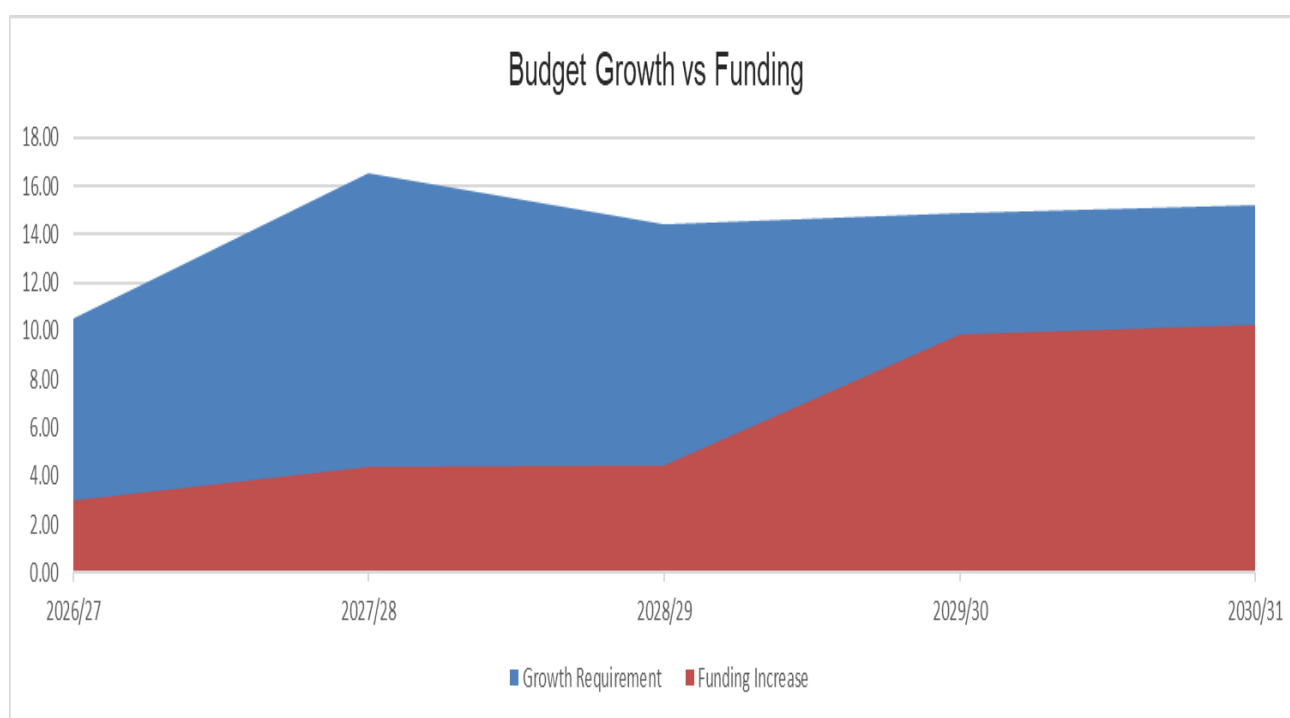
- 2.1 Note and discuss the proposals that impact the Council's 2026/27 revenue budget.

3 THE REPORT

- 3.1 The Council's 2026/27 Budget and Council Tax proposal will be considered by Cabinet on 12th February 2026 and presented to Council for approval on 24th February 2026. This report includes the draft proposals that are relevant to this panel, the scrutiny of these plans will provide assurance on the completion of the Council's 2026/27 budget plans.
- 3.2 The current draft budget funding and savings requirement over the next five years is set out in the tables below.
- 3.3 This includes an initial view of the impacts of the fair funding changes as provided in the Provisional Local Government Finance Settlement, which was announced on 17th December 2025. The details of the settlement are still being reviewed and therefore figures are subject to change between now and the Budget Report, which will be considered by Cabinet on 12th February 2026.
- 3.4 The table and graph below summarises the assumed movements in the Net Budget Requirement and Core Funding and also highlights the significant

transfer of service and business rate grant funding of £38.46m received in 2025/26 that have moved into core funding as part of the fair funding grant simplification changes for 2026/27.

Budget Planning	Future years assumptions £m					Total
	2026/27	2027/28	2028/29	2029/30	2030/31	
Growth Requirement	10.49	16.52	14.41	14.87	15.19	71.47
Service Grants Transferred to Core Funding	38.46	0.00	0.00	0.00	0.00	38.46
Total Change In Net Budget Requirement	48.95	16.52	14.41	14.87	15.19	109.94
Funding Increase	3.00	4.41	4.44	9.83	10.24	31.93
Service Grants Transferred to Core Funding	38.46	0.00	0.00	0.00	0.00	38.46
Total Change in Core Funding	41.46	4.41	4.44	9.83	10.24	70.39
Annual Funding gap	7.49	12.11	9.97	5.03	4.95	39.55
Savings Proposals	7.49	(0.04)	(0.26)	0.15	0.15	7.49
Remaining Funding Gap	0.00	12.15	10.23	4.88	4.79	32.05



Indicative Budget Forecast

The budget detail, assumptions, and the future forecast is shown in the table below:

Budget Planning	Future years assumptions £m				
	2026/27	2027/28	2028/29	2029/30	2030/31
Budget Requirement (Previous Year)	151.71	193.17	197.58	202.02	211.86
Budget Adjustments (Reduced Corporate Contingency)	(7.80)	0.00	0.00	0.00	0.00
Pay & Pension	4.04	5.15	4.50	5.10	5.35
Demographic Growth	3.39	3.58	3.59	3.95	4.11
Contract Inflation	5.16	3.99	3.15	3.20	3.28
New Homes Bonus Grant	0.91	0.00	0.00	0.00	0.00
Capital Financing	1.31	1.97	2.02	1.21	1.05
Settlement grant funding	37.53	0.72	0.00	0.00	0.00
Budget pressure / rebasing	4.41	1.12	1.15	1.40	1.40
Funding Requirement Sub Total	48.95	16.52	14.41	14.87	15.19
Draft Budget Before Savings	200.66	209.69	211.99	216.89	227.04
Proposed Savings Plans	(7.49)	0.04	0.26	(0.15)	(0.15)
Estimated Savings Required	0.00	(12.15)	(10.23)	(4.88)	(4.79)
Savings Requirement Sub Total	(7.49)	(12.11)	(9.97)	(5.03)	(4.95)
Budget Requirement	193.17	197.58	202.02	211.86	222.10
Funding of Budget Requirement					
Council Tax	136.36	144.77	153.51	162.64	172.16
Business rates retention	56.13	52.81	48.51	49.22	49.94
Reserve transfers From	1.28	0.00	0.00	0.00	0.00
Reserve transfers (To)	(0.60)	0.00	0.00	0.00	0.00
Funding of Budget Requirement Total	193.17	197.58	202.02	211.86	222.10

The forecast includes the following cost pressures and assumptions:

- **Pay Inflation** – Estimated 3.00% in 2026/27 and future years.
- **Council Tax** – General assumed at 2.99% and Adult Social Care precept 2.00% in 2026/27 and future years.
- **Pension Costs** – Reduction in Employer's Pension Contributions of 3.50% with effect from 2026/27 from the triennial revaluation and the associated improvement in the funding levels of the Avon Pension Fund.
- **Demographic Growth & Increase in Service Volumes** – Additional demand from new placement and market pressures in Adult & Children Social Care.
- **Interest Rates** – Short Term Interest rate reductions to follow movement in Bank of England base rate currently 3.75% for treasury management cash investments with borrowing rates estimated at 5.00%. The Council will fix budget interest rates following the provisional settlement.
- **Inflation** – Impacts of Contract and Commissioning inflation across services.
- **Budget Pressures / Rebasing** – 2026/27 budget rebasing currently informed from the 2025/26 Q2 Council monitoring position where emerging pressures cannot be directly mitigated.
- **Capital Spending** – an allowance has been made to fund previously agreed provisional schemes requiring borrowing.
- **Borrowing** – longer term borrowing costs have been factored into the Medium Term Financial Strategy (MTFS) however the authority will continue to optimise

the use of cash balances subject to market conditions and the overriding need to meet cash outflows;

- **Reserves** – The MTFS includes a £1.1m transfer from the Business Rate Reserve to fund the Business Rate Collection Fund deficit carried forward from the 2024/25 outturn position, £0.2m from the financial planning reserve to fund the carried forward Council Tax Collection Fund Deficit and a transfer of £0.6m to the Revenue Budget Contingency Reserve in line with the planned replenishment of the reserve following use to mitigate the impact of Covid in prior years.

3.5 Savings and Income Generation

To deliver a balanced budget in 2026/27 savings and income generation plans total £7.49m, with income and savings to find of £32.05m in the following four years covering 2027/28 to 2030/21. The Council has a good track record of delivering proposed savings, in relation to the Cabinet Portfolio's being Scrutinised by this Panel there are savings and income generation plans of £3.20m

The proposals for savings and income generation for this panel's attention are outlined in Annex 1.

The material areas of new savings include:

- Review of adult social care packages to ensure people have the correct care package (£450k)
- Ongoing efficient management of contracts for services and optimisation of commissioning resources (£250k)
- Children's service family reunifications and step down from residential placements (£390k)

3.6 Budget Funding Requirements

Budget growth and additional pressures across all portfolios of £10.49m have been added to ensure that the budget remains robust and to add additional budget funding to areas that require rebasing. This does not mean that savings cannot be found from these areas in future once savings opportunities are identified, but this ensures that spend and budget are aligned especially in high demand areas. In relation to the Cabinet Portfolio's being Scrutinised by this Panel there is budget growth covering demand, inflationary pressures and new funding requests of £9.90m.

Growth and pressures to bring to this panel's attention are outlined in Annex 2.

The material items requiring additional funding on top of annual budget adjustments are listed below:

- Adult Social Care contract inflation £2.6m
- Adult Social Care funding of demographic growth £2m
- Children's Services contract inflation £2.6m
- Children's Services funding of demographic growth £1.3m

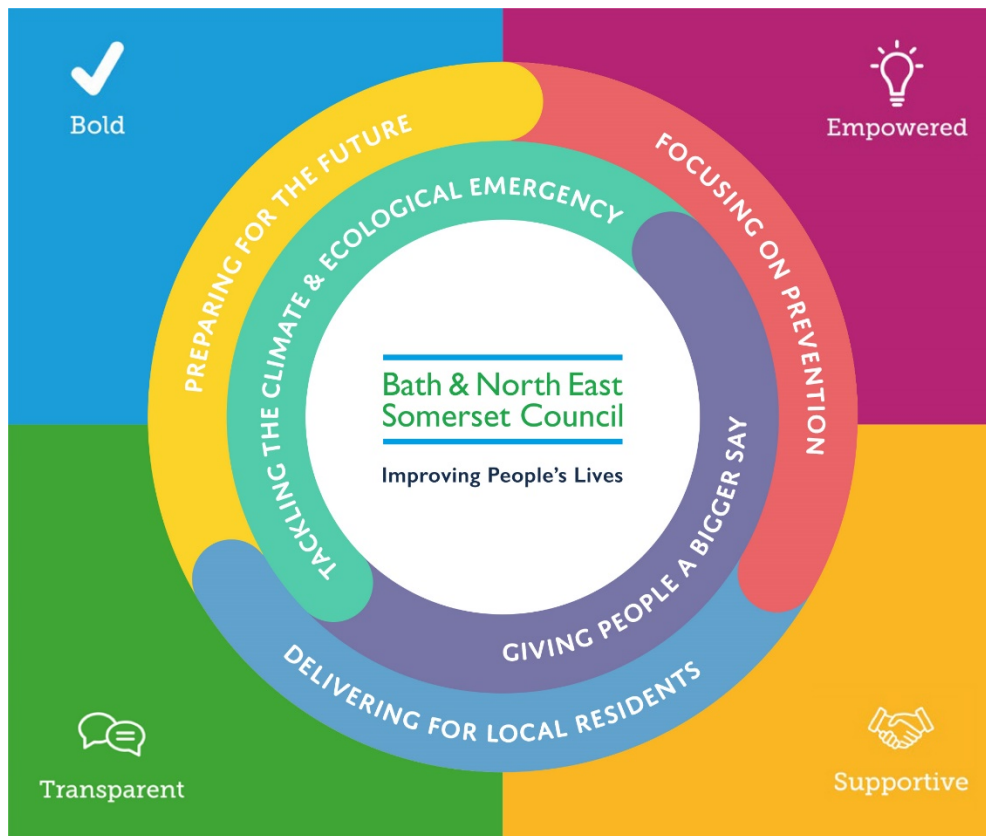
When developing these proposals, the budget settings principles below have been followed:

3.7 Budget Setting Principles

- New policy or service demand funding requirements need to be evidenced with robust and realistic estimates for future years.
- For additional budget funding, un-avoidable growth only – other growth will require a defined funding source / saving.
- New savings will need to be material and over £50k per item, savings below this value will not be accepted (no use of one-off service reserves).
- The focus needs to be on high value strategic areas of change enabled by Business Change delivering multiyear savings.
- Stop doing will need to demonstrate how risk is appropriately managed.
- Savings with reputational / political implications need early engagement with Cabinet portfolio holders, with early, proportionate equality impact assessments completed.
- Savings proposals will need to have a budget profile in line with delivery plans that span multiple years.
- Delivery cost and timescale for implementation needs to be fully understood and captured in the budget proposal.

3.8 Corporate Strategy and Council priority areas

The Budget Proposal sets out the financial framework for allocating resources across the Council. How this is achieved will require close alignment to the Council's Corporate Strategy as set out in the diagram below:



<https://beta.bathnes.gov.uk/document-and-policy-library/corporate-strategy-2023-2027>

Alignment to the strategy creates the “golden thread” which drives what we do ensuring that setting budgets and managing our people - our most valuable resource - are guided by the council’s priorities. It also means that our commitments are realistic and achievable.

Prioritising and allocating resources

To address longer-term financial planning and ensure corporate priorities shape our financial planning, for the 2026/27 and future years’ budgets we are developing a more strategic approach built around:

- Identification of key scenarios, particularly in the light of central government fiscal policy and approach to local government funding
- Agreeing key priorities which will support delivery of our Corporate Strategy, in the light of the resources available to the council over the medium term
- Establishing a longer-term approach to budget planning, including investing in prevention to address budget pressures and reduce costs
- Introducing a new operating model which delivers the council’s purpose through innovation in our ways of working

Within the budget proposals budget has been allocated to revenue at a Portfolio level to take forward the following initiatives that will contribute to the delivery of the Corporate Strategy:

- To provide essential support for our vulnerable adults and children.

4 STATUTORY CONSIDERATIONS

- 4.1 The preparation of the Council's budget proposals meets the relevant statutory requirements including Section 25 of the Local Government Act 2003 that requires each local authority, when setting its annual General Fund budget and level of Council Tax, to take account of a report from its Section 151 Officer on the robustness of estimates and adequacy of reserves.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1 These are contained throughout the attached report and appendices.

6 RISK MANAGEMENT

- 6.1 A risk assessment related to the issue and recommendations will be undertaken, in compliance with the Council's decision-making risk management guidance and included in the final budget papers.

7 CLIMATE CHANGE

- 7.1 Addressing Climate Emergency is one of the two core policies within the new Corporate Strategy. The budget has recognised this priority through providing ongoing revenue funding for the Climate Emergency team and also introduced capital items to explore and implement renewable energy schemes.

8 OTHER OPTIONS CONSIDERED

- 8.1 None

9 CONSULTATION

- 9.1 The Cabinet Member for Resources has been consulted on the drafting of this report as well as the Section 151 Officer.

Contact person	<i>Darryl Freeman, Executive Director (Operations)</i> Darryl_freeman@bathnes.gov.uk
Background papers	2026/27 Medium Term Financial Strategy https://democracy.bathnes.gov.uk/documents/s89332/E3661%20-%20Appendix%201%20-%20Medium%20Term%20Financial%20Strategy.pdf 2025/26 Quarter 2 Revenue and Capital Budget Monitoring https://democracy.bathnes.gov.uk/documents/s89338/E3651%20-%20Quarter%202%20Revenue%20and%20Capital%20Budget%20Monitoring.pdf

	%20Revenue%20and%20Capital%20Budget%20Monitoring%20Cash%20Limits%20and%20Virements%20-%20April%20to%20September%202025.pdf 2026/27 Budget Consultation https://www.bathnes.gov.uk/budget-consultation-2026-2027
Please contact the report author if you need to access this report in an alternative format	

Annex 1: Draft Savings and Income Generation Budget Proposals

2026/27 - 2028/29 Savings and Income Generation Proposals						
Proposal Description	Proposal Detail (incl. impacts on service delivery / knock-on impact to other services)	2026/27 £000	2027/28 £000	2028/29 £000	Cabinet Portfolio Holder / Director	Budget Comparison £000
Portfolio: Children's Services						
Reunifications	The savings will be delivered by an increase in family reunifications and step downs from residential placements.	(390)			Cllr Paul May / Jean Kelly	8,634
Reduce off contract spend	Deliver best value by continuing to manage spend efficiently and ensure services continue within budget, optimizing commissioned contracts and resources.	(75)			Cllr Paul May / Jean Kelly	2,123
Children's Services Total		(465)	0	0		
Portfolio: Adult Services						
Increase the number of reviews to ensure people have the correct care package	These proposals include an approach to reviews under the Care Act that ensure peoples needs are being met, their outcomes are being achieved and that support when needed is provided in the most cost effective way using least restrictive practices.	(450)	(50)		Cllr Alison Born / Suzanne Westhead	46,430
Recommissioning Framework	Ongoing efficient management of contracts for services and optimisation of commissioning resources.	(250)			Cllr Alison Born / Suzanne Westhead	19,614
Development of Individual Service Fund	The fund means someone can benefit from personalised support and have more control over how their budget is used for things like day-to-day activities and wellbeing. There is less burdensome administration for each person getting this type of tailored support. It can also adapt to a person's changing needs and it helps promote independence.	(200)			Cllr Alison Born / Suzanne Westhead	32,002
Increase the number of people who have access to reablement	To support people to become more independent we are looking to expand reablement services and use more technology. This approach allows for more efficient use of homecare resources. The service can be tailored to individual needs reducing the need for more intensive or long-term care.	(200)			Cllr Alison Born / Suzanne Westhead	14,307
New service for people with learning disabilities, physical disabilities and autism	There is an opportunity to positively impact people we support in B&NES for people aged 16 years old or over and who have a learning disability, physical /sensory needs, mental health need or are Autistic. The approach will be to develop short term pathways of support to maximise independence and resilience.	(300)			Cllr Alison Born / Suzanne Westhead	19,614
Young People Transitions to Adult Social Care Offer	The proposed savings in transitions to adult social care focus on more early, coordinated planning linked to education, health, and care plans, joint commissioning and pooled budgets, assigning a designated worker for continuity, promoting independence and life skills, proactive information and guidance, and early financial advice. These approaches aim to ensure seamless transitions, reduce dependency, and provide cost-effective, person-centred support.	(300)			Cllr Alison Born / Suzanne Westhead	23,571
Preventing a second fall	We will reduce the number and severity of falls of people aged 65 plus and other at-risk groups by using a range of early interventions including exercise, home assessments and medication reviews.	(200)			Cllr Alison Born / Suzanne Westhead	14,307
Income generation from provider services	Review the level of income generated from self-funders and placements commissioned by other local authorities and Integrated Care Board (ICB).	(200)	(50)		Cllr Alison Born / Suzanne Westhead	8,791
Agency Spend (Residential Services)	Continued reduction in Residential Services agency expenditure from 17.45% to 16% by reducing the cost of agency backfill across services.	(100)			Cllr Alison Born / Suzanne Westhead	8,791
Review assisted employment offer	We commission short-term assisted employment support for adults with mental health-related needs. As contracts reach their planned end dates, there are opportunities to review these in line with latest national policies and find alternative support best placed to meet people's needs.	(120)			Cllr Alison Born / Suzanne Westhead	8,552
Technology Enabled Care	This proposal will be achieved by using technology enabled care to reduce social care resource requirements. Technology enabled care products such as personal alarms and pendants, bed and chair sensors, pills dispensers and door sensors support people to undertake daily living tasks and enable independence.	(75)			Cllr Alison Born / Suzanne Westhead	46,430
Optimising the use of Better Care Fund to protect social care expenditure on prevention services, in line with national guidance and local priorities	Commissioners will optimise the use of Better Care Fund to fund prevention services by continuing to robustly plan expenditure and ongoing monitoring of population outcomes achieved.	(320)			Cllr Alison Born / Suzanne Westhead	25,443
Royal Victoria Park Leisure Facilities	New contract in place for the operation of the leisure facilities in RVP including tennis courts, adventure golf, events spaces and café.	(20)			Cllr Alison Born / Rebecca Reynolds	292
Adult Services Total		(2,735)	(100)	0		
Total Savings and Income Generation Proposals Relating to the Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel		(3,200)	(100)	0		

This page is intentionally left blank

Annex 2: Draft Funding Requirements

2026/27 - 2028/29 Funding Proposals					
Proposal Description	Proposal Detail (incl. impacts on service delivery / knock-on impact to other services)	2026/27 £000	2027/28 £000	2028/29 £000	Cabinet Portfolio Holder / Director
Portfolio: Children's Services					
Children's Social Care Demographics	We've assessed the existing budget growth and demographics assumptions and increased investment to reflect rising demand, increased costs in the market and national policy directives.	1,307	106	0	Cllr Paul May / Jean Kelly
Children's Social Care Contract Inflation @ 4% for 26/27	The local authority must ensure every Child Looked After has a suitable and tailored placement, fulfilling Bath and North East Somerset's (B&NES) Sufficiency Duty. This statutory duty requires B&NES to secure appropriate placements for all Children Looked After.	1,176	827	584	Cllr Paul May / Jean Kelly
SEND staffing	Continuing to invest in strengthening our Special Educational Needs and Disabilities (SEND) services. An in-year reserves request has funded additional staff who are making a difference with reduced assessment backlogs, fewer complaints and improved compliance. Maintaining this improved performance is essential for our SEND children and families and to meet rising demand.	235			Cllr Paul May / Jean Kelly
Teachers Pensions Unavoidable Cost Pressure	Backdated teachers' pension costs that are currently unbudgeted	146			Cllr Paul May / Jean Kelly
Education Income Adjustment	Historical income target which is no longer achievable	119			Cllr Paul May / Jean Kelly
Closing the gap in educational outcomes between pupils from more and less affluent backgrounds	Resource to lead and further strengthen the educational attainment gap reduction programme; and investment to sustain and strengthen projects already delivering measurable progress including Language for Life.	350			Cllr Paul May / Jean Kelly
Corporate Overhead Rebasing	Dedicated Schools Grant recovery phased over 3 years (£1m) from 2024/25 to 2026/27.	333			Cllr Paul May / Jean Kelly
Pay Inflation	Pay inflation is estimated at 3% per annum	671	697	740	Cllr Paul May / Various
Being Our Best Programme Pay and Grading Review	Net changes in salary budget as a result of a pay and grading review, including increment pay growth	409	286	41	Cllr Paul May / Various
Pensions Triennial Valuation	Reduction in employer pension on-cost % applied to salaries following revaluation of the Avon Pension Fund	(577)			Cllr Paul May / Various
<i>Trial Youth Club Provision in Bath</i>	<i>Removal of one-off 25/26 growth - Provision of open access detached youth work in the Bath area (currently no open access provision in Bath - provision in North East Somerset is funded through parishes)</i>	(50)			Cllr Paul May / Jean Kelly
<i>Student Community Partnership (SCP) Funding</i>	<i>Removal of one-off 25/26 growth - Majority funded by the universities, this is B&NES contribution to SCP funding (previously funded through Bath Neighbourhood Community Infrastructure Levy (CIL) Fund)</i>	(47)			Cllr Paul May / Jean Kelly
Children's Services Total		4,072	1,916	1,365	

Annex 2: Draft Funding Requirements

2026/27 - 2028/29 Funding Proposals					
Proposal Description	Proposal Detail (incl. impacts on service delivery / knock-on impact to other services)	2026/27 £000	2027/28 £000	2028/29 £000	Cabinet Portfolio Holder / Director
Portfolio: Adult Services					
Adult Social Care demand / demographics	Increased investment to reflect rising demand, increased costs in the market and national policy directives.	2,079	2,058	2,100	Cllr Alison Born / Suzanne Westhead
Adult's Social Care Contract Inflation @ 4%	The local authority commission placements and packages of care for people who have been assessed under the Care Act 2014 and have an eligible care and support need. This is the estimated inflation requirement to fund associated contracts.	2,646	2,038	1,405	Cllr Alison Born / Suzanne Westhead
Contract Inflation - Leisure Services	Annual increases in contract costs within the portfolio.	12	13	14	Cllr Alison Born / Rebecca Reynolds
Pay Inflation	Pay inflation is estimated at 3% per annum	932	969	1,029	Cllr Alison Born / Suzanne Westhead
Being Our Best Programme Pay and Grading Review	Net changes in salary budget as a result of a pay and grading review, including increment pay growth	517	355	72	Cllr Alison Born / Suzanne Westhead
Pensions Triennial Valuation	Reduction in employer pension on-cost % applied to salaries following revaluation of the Avon Pension Fund	(681)			Cllr Alison Born / Suzanne Westhead
Adult Services Total		5,505	5,433	4,620	
Portfolio: Communications and Community (Community Safety Only)					
Sustaining statutory levels of service provision following reductions in grants from the Ministry of Justice and Police and Crime Commissioner.	Services to reduce crime, tackle antisocial behaviour, address substance misuse and support victims of domestic abuse can be maintained at statutory levels.	320			Cllr Manda Rigby / Cherry Bennett
Pay Inflation	Pay inflation is estimated at 3% per annum	7	7	8	Cllr Manda Rigby / Cherry Bennett
Being Our Best Programme Pay and Grading Review	Net changes in salary budget as a result of a pay and grading review, including increment pay growth	5	5		Cllr Manda Rigby / Cherry Bennett
Pensions Triennial Valuation	Reduction in employer pension on-cost % applied to salaries following revaluation of the Avon Pension Fund	(6)			Cllr Manda Rigby / Cherry Bennett
Communications and Community Total (Community Safety Only)		326	12	8	
Total Funding Proposals Relating to the Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel		9,903	7,361	5,993	

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children, Adults, Health and Wellbeing Panel	
MEETING/ DECISION DATE:	19 th January 2026	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Complaints and Feedback Annual Report for Adult Social Care 2024 – 2025	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Complaints and Feedback Annual Report for Adult Social Care 2024 – 25		
Equality Impact Assessment		

1 THE ISSUE

- 1.1 The Adult Social Care Annual Report is for information only. The report informs the Panel about the number and type of complaints and related feedback, including compliments, received between April 2024 and March 2025. It demonstrates how the complaints and feedback have been managed, the number of escalations to the Local Government and Social Care Ombudsman and that the outcomes from complaints are used to inform service improvement.

2 RECOMMENDATION

- 2.1 The Panel is asked to note the contents of the report.

3 THE REPORT

- 3.1 The attached report sets out the number of complaints, compliments and concerns received between April 2024 and March 2025.
- 3.2 A total of 94 complaints were received; this is in comparison to 47 complaints received in 2023 -24. Seven enquiries were received from the Local Government and Social Care Ombudsman compared to four the previous year.
- 3.3 The report details the types of complaint received, the handling of these complaints and the actions taken by the Service to ensure learning is derived from the complaints and related feedback.

4 STATUTORY CONSIDERATIONS

- 4.1 The report provides assurance that the Council is meeting the regulatory standards within the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 for handling complaints and associated feedback in respect of Adult Social Care Services.
- 4.2 The report also demonstrates that the Service is proactive where failings have been identified as required by the Regulations.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1 N/A

6 RISK MANAGEMENT

- 6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

7 EQUALITIES

- 7.1 An EIA has been completed for the Adult Social Care Complaints and Feedback procedure to include changes required following the insourcing of Adult Social Care to the Council.
- 7.2 Work is currently underway to update the complaint form on the Council website to enable information about protected characteristics to be collected at the first point of contact.

8 CLIMATE CHANGE

- 8.1 There are no direct impacts on climate change linked to the subject of this report. However, complainants are signposted to on-line resources and where acceptable to the complainant, communication is via email to avoid the need to print complaint responses and reports. Most meetings undertaken as part of a complaint investigation are now virtual which has significantly reduced the need to travel to meet with complainants and staff members.

9 OTHER OPTIONS CONSIDERED

- 9.1 None

10 CONSULTATION

- 10.1 None

Contact person	Sarah Watts, Complaints and Data Protection Team Manager Sarah_watts@bathnes.gov.uk 01225 477931
Background papers	None

Please contact the report author if you need to access this report in an alternative format

This page is intentionally left blank

Adult Social Care Complaints and Feedback Annual Report 2024 - 25

Author

Sarah Watts
Complaints and Data Protection Team Manager
Children's Services, Adult Social Care and Public Health

Section	Item	Page
1.	Introduction	2
2.	Legal framework	2
3.	Local arrangements	3
4.	The Complaints and Feedback Procedure	3
5.	Awareness and Accessibility	4
6.	Overview of complaints 2023 - 24	5
7.	Local Government and Social Care Ombudsman	8
8.	Overview of compliments 2023 - 24	10
9.	Learning from complaints	10
10.	Responding to complaints	11
11.	MP and Councillor enquiries	11
12.	Objectives for 2025 – 26	11

1. Introduction

- 1.1 This annual complaints and feedback report provides an overview and analysis of feedback received in the form of complaints, concerns, comments and compliments about adult social care services in Bath and North East Somerset for the period 1st April 2024 to 31st March 2025.

2 Legal Framework

- 2.1 The legal framework under which the Council responds to feedback, including complaints, about adult social care services is set out in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The Regulations apply to all organisations which provide, arrange or commission NHS care and adult social care services.
- 2.2 The Complaints and Feedback Procedure is a two stage process; the Council has responsibility for the first stage which provides an opportunity for the council to deal with complaints effectively in a timely manner and correct faults without delay. The second stage is referral to the Local Government and Social Care Ombudsman (LGSCO).
- 2.3 The Council is required to produce an annual report which summarises the complaints that have been received; any issues of concern arising out of the complaints or their handling; and the action required to improve services which are identified during the process.
- 2.4 From time to time, complaints are received about Adult Social Care which do not fall within the scope of the statutory complaints procedure. These complaints are dealt with under the Council's Corporate Complaints Procedure. Further information about the Council's Complaints Procedure can be found on the website: <https://www.bathnes.gov.uk/make-complaint-about-other-council-services>

3 Local Arrangements

- 3.1 The Complaints and Data Protection Team is part of the Information Assurance Service (One West) and provides complaint management and data protection support to Adult Social Care, Children's Services and Public Health.
- 3.2 The service areas covered by the adult social care statutory complaints and feedback procedure are:
- Adult Social Care
 - Learning Disability, Autism and Hearing and Vision Servi
 - Adult Safeguarding responsibilities
 - Deprivation of Liberties and Best Interest decisions.
 - Financial assessment and charging for care services
 - The Approved Mental Health (AMHP) Service
 - The mental health social work service in AWP.
 - Community Resource Centres, and Extra Care Housing
 - Services commissioned by Adult Social Care.
- 3.3 The Council also has arrangements in place with partner agencies such as AWP and the BSW ICB to provide a single investigation and response to people with a complaint about multiple bodies.

4 The Complaints and Feedback Procedure

- 4.1 The LGSCO defines a complaint as:
- “An expression of dissatisfaction, however made, about the standard of service, actions, or lack of action by an organisation, its own staff, or those acting on its behalf affecting an individual or group of individuals”.*
- 4.2 The complaints procedure is available to those who receive, have applied for, or are otherwise affected by adult social care services. Where the complaint is made by a representative of the service user, the council must satisfy itself that appropriate consent, Lasting Power of Attorney (LPA) or a deputyship arrangement is in place. A representative can also complain on behalf of someone who has died.
- 4.3 The Complaints and Data Protection Team supports the service by:
- Receiving, acknowledging, logging and monitoring all complaints
 - Liaising with the complainant to understand the complaint and the outcomes sought and ensure a written record of the complaint is made, assess the seriousness of the complaint and keep the complainant informed of timescales and progress.
 - Providing advice and guidance on complaint handling

- Quality assurance of complaint responses
 - Co-ordinating responses to Ombudsman assessments, investigations and the Final Decision statement.
 - Production of performance reports
- 4.4 There is no specified timescale for the complaint response, other than that consideration of the complaint must be completed within 6 months. To ensure a consistent approach to complaint handling, the council has adopted 15 working days as a standard response time. However, this is flexible to accommodate the individual circumstances of the complaint and can be extended where the complaint requires in depth investigation.
- 4.5 At the conclusion of the first stage of the complaints procedure, the complainant is advised of their right to refer the complaint to the LGSCO. Where further information or clarification would assist to resolve the complaint, a second response can be provided before referral to the LGSCO.
- 4.6 To help identify service improvements, comments, suggestions and concerns are welcomed from people who do not wish to make a formal complaint. Compliments are also a valuable source of feedback and highlight the strengths of the service.

5. Awareness and accessibility

- 5.1 **Raising awareness** – information about making a complaint is available on the council's website with links to an on-line complaint form and the adult social care webpages. The complaints procedure is also promoted by organisations such as Healthwatch.

Translation and interpretation services are available on request.

- 5.2 **Advocacy Support** – Advocacy support for complainants is provided by POhWER Advocacy Services and for those who meet the criteria, assistance is available to understand the complaints procedure, submit a complaint, attend a meeting and understand the complaint outcome.

Feedback indicates advocacy can help the complainant to achieve a better outcome and increase confidence to pursue a complaint in future. Take up of advocacy services is currently low; during 2024 – 25, three complainants used an advocate from POhWER and three complainants were assisted by an advocate they sourced themselves. The Complaints Team is exploring ways to improve referral rates.

- 5.3 **Making a complaint** – complaints do not have to be made in writing; however, most are now received via email. Complainants are encouraged to use the online form on the website as this prompts them to provide the information needed to acknowledge and log their complaint without delay.

Letter	Email	Website	Telephone	Complaint Form
4%	76%	10%	7%	3%

- 5.4 **Assessing the accessibility of the procedure** – to learn more about who is accessing the complaints procedure, the demographic of the service users making a complaint or having a complaint made on their behalf is considered to ensure it is promoted widely. The information is gathered at first point of contact or is taken from the service user record.

The information is used for monitoring purposes only and is not shared along with the complaint details.

Age	
Under 25	2%
25 – 34	6%
35 - 44	8%
45 - 54	11%
55+	36%
Not known/ given	37%
Ethnicity	
Any other mixed background	0%
Not known/not stated	61%%
White British	39%
Gender	
Female	56%
Male	44%
Not known/given	0
View of disability	
Disabled	5%
Not disabled	7%
Prefer not to say	1%
No information available	87%

Complainants logging their complaint on the website are asked whether they require any reasonable adjustments when making the complaint.

6. Overview of complaints data 2024 – 25

- 6.1 The table below provides a summary of the complaints recorded in 2024 - 25 compared to previous years. There was an 100% increase in the number of complaints received compared with the previous year. The number of initial complaints received increased from 39 complaint in 2023/4 to 85 in 2024/5; this was due to Adult Social Care being insourced to the Council from HCRG Care Group. Previously HCRG dealt with all initial complaints under their own procedures and

although the Council was notified and recorded these complaints, HCRG was using different criteria when recording complaints.

- 6.2 The figures also show a 75% increase in the number of referrals to the LGSCO. Section 7 provides more detail about these complaints.

Complaint type	Description	2020/ 21	2021/ 22	2022/ 23	2023/ 24	2024/ 25
Carried forward	Unresolved at the end of the previous year	10	11	5	4	3
Concern	Resolved without need for further investigation	2	1	1	1	2
Local Resolution	Statutory Complaints Response by the team/service manager	36	37	43	39	85
Independent investigation	Statutory Complaints Investigation by someone independent of the service	0	0	1	0	0
Corporate Procedure	Outside the scope of the statutory procedure. Dealt with under the Corporate Complaints Procedure	8	8	6	3	6
Referred to external provider or partner agency	Complaint dealt with by care home, support provider or home care agency	0	0	0	4	1
Local Government & Social Care Ombudsman	Assessment	1	2	3	2	4
	Investigation	1	2	2	2	3
Total complaints logged		58	61	61	55	104

- 6.3 The LGSCO publishes an Annual Review of Adult Social Care Complaints which uses the following categories to report on the outcomes of their investigations: Assessment and Care Planning, Charging, Safeguarding, Home Care and Residential Care. For consistency, the same categories are used in this report to provide an analysis of which areas of the service have received complaints in 2024-25.

Category	Number/% of new complaints received	Upheld (UH) or Partially Upheld (PUH)	Percentage of complaints upheld by the LGSCO
Assessment and care planning <i>includes all concerns about the quality of interactions with the social work teams including delays, outcome of assessments and quality of service delivery.</i>	37 (44%)	11 (32%)	75%
Charging <i>includes all issues relating to the assessed weekly charge and decisions about funding</i>	39 (46%)	13 (33%)	81%
Safeguarding <i>includes all complaints relating to safeguarding procedures. It excludes complaints which raise safeguarding concerns.</i>	3 (4%)	0	63%
Home Care <i>Includes all complaints about the quality of home care provision</i>	5 (6%)	1 (20%)	89%
Residential <i>Includes all complaints about the quality of residential care</i>	1 (2%)	1 (100%)	83%
Total	85 (100%)	26 (31%)	

6.4 Commentary

- **Complaint outcomes:** the likelihood of a complaint being upheld following an investigation by the LGSCO is significantly greater than for a complaint which is dealt with through the Council's internal procedures.
- **Charging:** the assessed charge and funding for services continues to be a significant issue for many people. Complaint issues vary but many relate to lack of timely information about the Charging Framework, disputes about the calculation of the assessed weekly charge, disputes relating to ownership of property and how this is considered in the assessment.
- **Assessment and Care Planning:** these complaints are also wide ranging including concerns about inadequate support being offered, the level of support being reduced following an assessment, delay in arranging services and communication with the service.
- **Home Care, Residential Care and Safeguarding:** The number of complaints about these service areas are all very low and no trends have been identified.

7. Complaints to the Local Government and Social Care Ombudsman (LGSCO)

- 7.1 The table below summarises the cases closed by the LGSCO in 2024 – 25. Two cases were brought forward from 2023 – 24 and two cases were carried forward into 2025 – 26.
- 7.2 Although the number of cases (7) is low there has been a 75% increase from the previous year in the number of new cases. However, the number of cases is in line with neighbouring comparator authorities: South Gloucestershire – 4 cases and North Somerset – 8.
- 7.2 The Council was found to be at fault in 3 cases and was required to make a financial remedy to the complainants in 2 cases totalling £550. Evidence was submitted to the LGSCO that all remedies had been completed.

Service Area	Complaint	Outcome
22 017 440 Residential Care – CRC Complaint received: January 2023 Referred to the LGSCO: May 2023	Miss Y complains about the care provided to her father when he was placed in the Council run care home Charlton House CRC. Specifically, she complains about <ul style="list-style-type: none"> • the actions of an Occupational Therapist, • her father's catheter care, • Urinary Tract Infection management; and • poor record keeping Miss Y says that Mr X did not receive an appropriate standard of care in his final months of life. She also says that she has been caused significant frustration and distress.	Upheld We found fault with the care Mr X received in a care home and some aspects of his hospital inpatient care. As a result, Mr X did not receive the care he was entitled to. Miss Y has also experienced distress and uncertainty. The Council agreed to apologise to Miss Y and agreed to make systemic improvements and pay a financial remedy.
23 019 700 Adult Social Care Complaint received: December 2023 Referred to the LGSCO: April 2024	Mrs X complained that following a review of her eligible care needs, the Council reduced her care package.	The LGSCO will not investigate this complaint about the Council's review of Mrs X's eligible care needs. This is because an investigation would be unlikely to find fault with the Council's actions.
24 002 922 Adult Social Care	Mrs B complained the Council: <ul style="list-style-type: none"> • wrongly recorded that she and Mrs C attended a meeting in July 2023, arranged by an Integrated 	Upheld – fault by the Council caused injustice to Mrs B. We upheld her complaint,

<p>Complaint received: April 2024</p> <p>Referred to the LGSCO: August 2024</p>	<p>Care Board (ICB). That meeting resolved that Mrs C was no longer entitled to receive NHS continuing healthcare (CHC) funding for her nursing care;</p> <ul style="list-style-type: none"> • did not explain why it arranged a subsequent meeting between Mrs B, Mrs C and a social worker in August 2023. Mrs B also said this did not follow national framework guidelines, relevant to decisions around CHC funding; • its social worker inappropriately pressured Mrs B and Mrs C to sign a declaration on a financial assessment form during the August 2023 meeting. 	<p>finding neither she nor her mother knew the reasons for that assessment. We also find the Council later provided wrong information in reply to a complaint. These faults caused injustice to Mrs B as distress.</p>
<p>24 006 464</p> <p>Adult Learning Disability</p> <p>Complaint received: May 2024</p> <p>Referred to the LGSCO: September 2024</p>	<p>Mr X complained about the Council's decision to reduce his care and support, including some night hours, despite medical advice. He said this caused him significant distress and he worries he might need assistance at times when there is no support present. He wanted the Council to reinstate his previous hours.</p>	<p>We will not investigate this complaint about a reduction in Mr X's care and support. There is insufficient evidence of fault in how the Council made its decision, so we cannot question the outcome.</p>
<p>24 001 607</p> <p>Adult Learning Disability</p> <p>Complaint received: October 2023</p> <p>Referred to the LGSCO: November 2024</p>	<p>Mrs X, complains the Council has failed to assess her sister's needs properly and has failed to get the deprivation of her liberty authorised.</p>	<p>Upheld: Fault causing injustice The Council has delayed in reviewing her sister's needs and in applying to have the deprivation of her liberty authorised. It also failed to ensure she received a consolidated response to all her concerns. The Council needs to apologise to Mrs X for the distress it has caused. It also needs to apply to the Court of Protection to have the deprivation of her sister's liberty authorised and take action to improve its services.</p>
<p>24 011 514</p> <p>Adult Social Care/Care Finance Team</p> <p>Complaint</p>	<p>Ms X complains about the Council's assessment of Mrs Y's care charges. She says the Council has included pension benefit payments in its financial assessment despite Mrs Y not being in receipt of these.</p>	<p>We will not investigate Ms X's complaint about the Council's assessment of Mrs Y's social care charges. There is not enough evidence of fault to justify an investigation.</p>

received: August 2024 Referred to the LGSCO: March 2025		
24 017 522 Adult Social Care Complaint received: December 2023 Referred to the LGSCO: March 2025	Ms X complains about a Council decision to withdraw her direct payments. She says the decision has led to a reduced quality of care which is impacting on her health and wellbeing. She wants the Council to reinstate her direct payments.	We will not investigate Ms X's complaint about the Council's decision to withdraw her direct payments. There is insufficient evidence of fault to warrant an investigation.

8. Overview of compliments 2024 - 25

- 8.1 Compliments provide valuable evidence about what works well within a service and can balance the negative impact of complaints. Examples of compliments received included:

The Annual Reviewing Service received 3 compliments:

"You made everything so much easier for me, the carers centre contacted me and got everything moving, such a huge relief on my part!"

The Hearing and Vision Service received 3 compliments

"C was very approachable. He shared some excellent information which will help me moving forward. Thank you".

Cleeve Court, the Social Care Assessment Service and the AMHP Team all also received compliments.

"Cleeve was mentioned as being really person centred and obviously has a really kind and empathetic approach. Thanks to you and your staff for creating this culture".

9. Learning from complaints

- 9.1 The guidance for dealing with complaints in adult social care 'Listening, Responding, Improving' places emphasis on the service learning from complaints and feedback to ensure continuous service improvement.

'Listening to feedback about your services can uncover new ideas to help improve the way in which you do things. This is increasingly important in health and social care'.

- 9.2 Learning is largely derived from complaints which have been upheld; however, service improvement can also be identified from complaints which have not been upheld.
- 9.3 Actions that were identified to remedy complaints or prevent similar errors occurring in the future included:
- Complaint issue: that information was not given about the full cost of a residential placement to the service users/their families before the placement was agreed which resulted in difficulties with them funding the placement.
Action: Social work teams to be made aware of correct procedures to ensure the full cost of a care home placement is communicated to service users and their families before it is agreed.
 - Complaint issue: that inaccurate information was given to the service users POA's about Section 117.
Action: although it was recognised this is a complicated area of law, it was agreed that a learning event would be delivered to ensure social workers have a rudimentary understanding of the law to avoid misleading information being given in future.
 - Complaint issue: the increase in the assessed weekly charge was unreasonable following an increase in benefits.
Action: it was found that the service user had a positive CHC outcome during the year; this was not recorded on the system and therefore was not considered during the annual review of the assessed charge. The debt that accrued was for the CCG to pay and not the service user.
In response, all positive CHC outcomes for the past year were to be reviewed to ensure they were accurately recorded on the system.

10. Responding to complaints

- 10.1 The complaint regulations do not specify a timescale for responding to a complaint; to ensure consistency the Council has therefore set 15 working days as the local standard response time. However, when agreeing the response time, factors such as the individual circumstances of the complainant, including any current risk factors, and the complexities of the complaint are considered. In some circumstances, the timescale is extended to 25 working days.
- 10.2 In 2024 – 25, 92% of complaints received a response within the agreed timescale. This has improved from 75% in the previous year. It was also noted that only 2 complaint responses were more than 2 working days over the agreed timescale.

11. MP and Councillor enquiries

- 11.1 The Complaints and Data Protection Team coordinates the response to all MP and Councillor enquiries relating to individual service users.

Enquiries are recorded and monitored in the same way as complaints and the response time is also 15 working days.

- 11.2 During 2024 - 2025, 8 enquiries were received. The issues raised are very similar to those raised under the Complaints Procedure and in almost 50% of cases, the complainant raised a complaint as well as contacting their MP or local councillor.

12. Objectives for 2025 – 26

- 12.1 Based on the review of the management of complaints and feedback as outlined in this report, the following objectives have been identified for the Complaints Team for 2025 – 26:

- Improved monitoring to provide more reliable data about who is accessing the procedure and identify whether more can be done to make the process accessible to those who are underrepresented.
- Ensuring complainants are aware of the advocacy service and how to access it.
- Improved signposting to the complaints procedure on the website and through services such as the CRC's.
- Working with Adult Social Care to improve the mechanisms to capture and share the learning from complaints.

Sarah Watts
Complaints and Data Protection Team Manager
October 2025

Equality Impact Assessment / Equality Analysis

(Version 4)

Item name	Details
Title of service or policy	Adult Social Care Services Complaints and Feedback Policy and Procedure
Name of directorate and service	One West, Complaints and Data Protection Team
Name and role of officers completing the EqlA	Sarah Watts, Complaints and Data Protection Team Manager
Date of assessment	January 2026

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on people and different groups within our community. The main aim is to identify any adverse impacts (i.e. discriminatory or negative consequences for a particular group or sector of the community, and to identify areas where equality can be better promoted). Equality impact Assessments (EqIAs) can be carried out in relation to services provided to customers and residents as well as employment policies/strategies that relate to staffing matters.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EqIA) or Equality Analysis. **Not all sections will be relevant – so mark N/A any that are not applicable.** It is intended that this is used as a working document throughout the process, and a final version will be published on the Council's website following relevant service lead approval.

1.1 Identify the aims of the policy or service and how it is implemented

Key questions	Answers / notes
1.1 Briefly describe purpose of the service/policy e.g. <ul style="list-style-type: none"> • How the service/policy is delivered and by whom • If responsibility for its implementation is shared with other departments or organisations • Intended outcomes 	<p>The Council has a duty to handle complaints and related feedback in line with The Local Authority Social Services and NHS complaints (England) Regulations 2009 and The Local Authority Social Services and NHS Complaints (England) Amendment regulations 2009</p> <p>The Adult Social Care Service Complaints and Feedback policy sets out how feedback, including complaints and compliments, will be received, recorded and responded to ensure service failures are identified and put right when they have gone wrong for the individual and ensure the outcome is used for continuing improvement and development of service delivery.</p> <p>The Complaints and Data Protection Team Manager based in One West (Information Assurance) is responsible for the implementation of the policy and procedure; however, Adult Social Care managers work with the Complaints Manager to ensure complaints are investigated and responded to in a timely way and they are responsible for identifying and implementing the learning derived from complaints.</p>

<p>1.2 Provide brief details of the scope of the policy or service being reviewed, for example:</p> <ul style="list-style-type: none"> • Is it a new service/policy or review of an existing one? • Is it a national requirement?). • How much room for review is there? 	<p>It is a requirement for the Council to have a procedure in place to handle complaints about Adult Social Care which is managed in line with the Regulations. The procedure has been in place since 2009.</p> <p>A review of the procedure was undertaken in April 2024 when services previously provided by HCRG Care Group were insourced into the Council. The Council reverted to managing all complaints about Adult Social Care and reviewed the procedure to ensure it was being implemented in line with the Regulations and guidance provided by the Local Government and Social Care Ombudsman.</p>
<p>1.3 Do the aims of this policy link to or conflict with any other policies of the Council?</p>	<p>The procedure links with the Council's Corporate Complaints and Feedback Policy and the Children's Social Care statutory complaints procedure to ensure all expressions of dissatisfaction from residents of Bath and North East Somerset are dealt with in line with the appropriate complaints procedure.</p> <p>The Council will treat all information received in relation to complaints in accordance with the Council policies relating to GDPR and the Data Protection Act 2018.</p>

2. Consideration of available data, research and information

Key questions	Data, research and information that you can refer to
<p>2.1 What equality focussed training have staff received to enable them to understand the needs of our diverse community?</p>	<p>Members of staff in the Complaints and Data Protection Team update their Equality, Diversity and Inclusion training on an annual basis. The author of this report has also completed the Equalities Training for the Adults' and Children's workforce in 2025.</p>
<p>2.2 What is the equality profile of service users?</p>	<p>The Adult Social Care Complaints Procedure is available to all adults with care and support needs and their carers and anyone who has requested a service.</p>

	<p>Information is available on the B&NES Strategic Evidence Base https://www.bathnes.gov.uk/strategic-evidence</p> <p>The number of complaints received on an annual basis is available in the Complaints and Feedback Annual Report.</p>
<p>2.3 Are there any recent customer satisfaction surveys to refer to? What were the results? Are there any gaps? Or differences in experience/outcomes?</p>	<p>No customer satisfaction surveys have been carried out in recent years. Experience has shown that it is difficult for respondents to differentiate between their satisfaction with the complaints process and the outcome of their complaint.</p>
<p>2.4 What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?</p>	<p>Engagement has taken place with manager in Adult Social Care services.</p>
<p>2.5 If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equality considerations within this?</p>	<p>There is no consultation planned for the near future.</p>

3. Assessment of impact: 'Equality analysis'

Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:

- Meets any particular needs of equalities groups or could help promote equality in some way.
- Could have a negative or adverse impact for any of the equality groups

Key questions	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what
---------------	---	---

		steps have been or could be taken to address this
3.1 Issues relating to all groups and protected characteristics	<p>When submitting a complaint, complainants are given the opportunity to identify any support or reasonable adjustments they need in order to access the procedure and successfully pursue their complaint.</p> <p>The online form on the Council website does not currently capture information about protected characteristics.</p>	<p>The failure to capture information about protected characteristics is limiting the information available to the service and complaints team about which equalities groups are potentially unable to access the complaints procedure.</p> <p>This is currently being addressed in a review of the online form which will be updated and relaunched by 1st April 2026.</p>
3.2 Sex – identify the impact/potential impact of the policy on women and men.	The complaints procedure is available to all adults with care and support needs and their carers, and anyone who has requested a service.	No adverse impact for men or women has been identified.
3.3 Pregnancy and maternity	The complaints procedure is available to all adults with care and support needs and their carers, and anyone who has requested a service.	No adverse impact has been identified in relation to pregnancy or maternity.
3.4 Gender reassignment – identify the impact/potential impact of the policy on transgender people	The complaints procedure is available to all adults with care and support needs and their carers, and anyone who has requested a service.	No adverse impact has been identified for transgender people.
3.5 Disability – identify the impact/potential impact of the policy on disabled people (ensure consideration of physical, sensory and mental health needs/differences)	<p>The complaints procedure is available to all adults with care and support needs and their carers, and anyone who has requested a service.</p> <p>Disabled people are encouraged to speak to the Complaints Team if they need any reasonable adjustment.</p>	<p>Due to a physical, sensory or mental health needs/differences, it can be difficult to navigate the complaints procedure, especially when emotions are heightened.</p> <p>The Complaints Team will make a referral to the advocacy service where someone requests additional support to</p>

		make their complaint. The Team will also speak with the service to understand how best to support the complainant.
3.6 Age – identify the impact/potential impact of the policy on different age groups	The complaints procedure is available to all adults with care and support needs and their carers, and anyone who has requested a service.	Many older adults have someone who will make a complaint on their behalf but where that is not the case and pursuing a complaint will be difficult due to a physical, sensory or mental health need, the Complaints Team will make a referral to the advocacy service on their behalf and will speak with the relevant service to understand how best to support the complainant.
3.7 Race – identify the impact/potential impact on across different ethnic groups	The complaints procedure is available to all adults with care and support needs and their carers, and anyone who has requested a service.	No adverse impact has been identified. Translation services are used where a need has been identified.
3.8 Sexual orientation – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual, questioning people	The complaints procedure is available to all adults with care and support needs and their carers, and anyone who has requested a service.	No adverse impact has been identified in relation sexual orientation.
3.9 Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?	The complaints procedure is available to all adults with care and support needs and their carers, and anyone who has requested a service.	No adverse impact has been identified in relation to marriage and civil partnership.
3.10 Religion/belief – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.	The complaints procedure is available to all adults with care and support needs and their carers, and anyone who has requested a service.	No adverse impact has been identified in relation to religion or belief.
3.11 Socio-economically disadvantaged* – identify the impact on	The complaints procedure is available to all adults with care and support needs	No adverse impact has been identified.

<p>people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances (this is not a legal requirement, but is a local priority).</p>	<p>and their carers, and anyone who has requested a service.</p>	
<p>3.12 Rural communities* identify the impact / potential impact on people living in rural communities</p>	<p>The complaints procedure is available to all adults with care and support needs and their carers, and anyone who has requested a service.</p>	<p>No adverse impact has been identified.</p>
<p>3.13 Armed Forces Community ** serving members; reservists; veterans and their families, including the bereaved. Public services are required by law to pay due regard to the Armed Forces Community when developing policy, procedures and making decisions, particularly in the areas of public housing, education and healthcare (to remove disadvantage and consider special provision).</p>	<p>The complaints procedure is available to all adults with care and support needs and their carers, and anyone who has requested a service.</p>	<p>No adverse impact has been identified.</p>
<p>3.14 Care Experienced *** This working definition is currently under review and therefore subject to change: In B&NES, you are 'care-experienced' if you spent any time in your childhood in Local Authority care, living away from your parent(s) for example, you were adopted, lived in residential, foster care,</p>	<p>The complaints procedure is available to all adults with care and support needs and their carers, and anyone who has requested a service.</p> <p>The Complaints Team also manages complaints about Children's Services and has a good knowledge of support available to people who are care</p>	<p>No adverse impact has been identified.</p>

kinship care, or a special guardianship arrangement.	experienced who wish to pursue a complaint.	
--	---	--

*There is no requirement within the public sector duty of the Equality Act to consider groups who may be disadvantaged due to socio economic status, or because of living in a rural area. However, these are significant issues within B&NES and have therefore been included here.

** The Equality Act does not cover armed forces community. However, the Armed Forces Bill (which came in on 22 Nov 2022) introduces a requirement to pay 'due regard' to make sure the Armed Forces Community are not disadvantaged when accessing public services.

***The Equality Act does not cover care experienced people. B&NES adopted this group as a protected characteristic in March 2024 alongside over 80 other Local Authorities. Although we have data for care leavers and children/young people who are currently in the care of B&NES we do not have wider data on disadvantage experienced through being in care.

4. Bath and North East Somerset Council Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment/analysis. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when
For the online complaint form on the Council website to capture information about protected characteristics.	To work with IT to update the current online form and database.	Draft wording prepared.	David Langman, Customer Feedback and	1 st April 2026

			Standards Manager	

5. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equality Team (equality@bathnes.gov.uk), who will publish it on the Council's website. Keep a copy for your own records.

Signed off by: Rob Long – Head of Information Assurance (Divisional Director or nominated senior officer)



Date: 8th January 2026

This page is intentionally left blank

CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

This Forward Plan lists all the items coming to the Panel over the next few months.

Inevitably, some of the published information may change; Government guidance recognises that the plan is a best assessment, at the time of publication, of anticipated decision making. The online Forward Plan is updated regularly and can be seen on the Council's website at:

<http://democracy.bathnes.gov.uk/mgPlansHome.aspx?bcr=1>

The Forward Plan demonstrates the Council's commitment to openness and participation in decision making. It assists the Panel in planning their input to policy formulation and development, and in reviewing the work of the Cabinet.

Should you wish to make representations, please contact the report author or, Democratic Services (). A formal agenda will be issued 5 clear working days before the meeting.

Agenda papers can be inspected on the Council's website.

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
19TH JANUARY 2026				
19 Jan 2026	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Adult Social Care Improvement Plan	Suzanne Westhead	Director of Adult Social Care
19 Jan 2026 22 Jan 2026 Page 103	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel Climate Emergency and Sustainability Policy Development and Scrutiny Panel	Budget discussion	Simon Parker	Director of Adult Social Care, Director of Children's Services & Education Executive Director - Resources
19 Jan 2026	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Adult Social Care Annual Complaints Report	Sarah Watts Tel: 01225 477931	Director of Adult Social Care

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
9TH MARCH 2026				
20TH APRIL 2026				
20 Apr 2026	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	B&NES Community Safety & Safeguarding Partnership Annual Report		Director of Adult Social Care
FORTHCOMING ITEMS				
Page 104	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Dementia Strategy Update	Suzanne Westhead	Director of Adult Social Care
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Covid 19 - Impact of Long Covid across our communities		Director of Adult Social Care, Director of Public Health and Prevention, Director of Children & Young People

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Community Services Transformation - Community Health Services offer from April 2025	Laura Ambler, Natalia Lachkou	Director of Adult Social Care
Page 105	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Attainment Gap Project Update - St John's Foundation	Christopher Wilford Tel: 01225 477109	Director of Education
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Safety Valve Update	Christopher Wilford Tel: 01225 477109	Director of Education
The Forward Plan is administered by DEMOCRATIC SERVICES: Democratic_Services@bathnes.gov.uk				

This page is intentionally left blank