

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

**Date: Monday 20th April 2026**

**Time: 9.30am**

**Venue: Council Chamber - Guildhall, Bath**

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

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

**The Panel will have a pre-meeting at 9.00am**



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## 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:-**

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**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel - Monday  
20th April 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: 9TH MARCH 2026 (Pages 7 - 26)
8. CABINET MEMBER UPDATE (Pages 27 - 32)

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 33 - 40)

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

10. CARE QUALITY COMMISSION (CQC) LOCAL AUTHORITY ASSESSMENT - ASC IMPROVEMENT PLAN PROGRESS UPDATE (Pages 41 - 86)

11. COMPLAINTS AND FEEDBACK ANNUAL REPORT FOR ADULT SOCIAL CARE 2024 - 2025 (Pages 87 - 112)

12. PANEL WORKPLAN (Pages 113 - 118)

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](mailto:mark_durnford@bathnes.gov.uk) 01225 394458.

**BATH AND NORTH EAST SOMERSET**

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

Monday 9th March 2026

**Present:-** Councillors Dine Romero (Chair), Paul Crossley, David Harding, Dr Eleanor Jackson (in place of Lesley Mansell), Joanna Wright, Bharat Pankhania and Michael Auton

**Co-opted Member (non-voting):** Chris Batten

**Cabinet Member for Children's Services:** Councillor Paul May

**Also in attendance:** Jean Kelly (Director of Children's Services & Education), Phoebe Holland (Interim Assistant Director), Lucy Baker (Place Director, BSW ICB), Christopher Wilford (Director of Education & Safeguarding), Ceri Williams (Policy Development & Scrutiny Officer), Laura Donnelly (Head of SEND), Darryl Freeman (Executive Director for People) and Amy McCullough (Consultant in Public Health)

**87 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

**88 EMERGENCY EVACUATION PROCEDURE**

The Chair drew attention to the emergency evacuation procedure.

**89 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Councillor Lesley Mansell, Councillor Onkar Saini, Councillor Liz Hardman and Kevin Burnett had sent their apologies to the Panel. Councillor Eleanor Jackson was present as a substitute for Councillor Mansell for the duration of the meeting.

**90 DECLARATIONS OF INTEREST**

There were none.

**91 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN**

There was none.

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

Councillor Ruth Malloy addressed the Panel, a summary of her statement is set out below.

'Having only recently formally joined the B&NES Standing Advisory Council on Religious Education (SACRE), I'm not really in a position to comment about the work of SACRE during the period from September 2024 to August 2025, which this SACRE Annual Report covers. However, it's a very thorough and well-written report, compiled by our Adviser Rebekah Guy, and I commend it to you!

When invited to join the SACRE, I was initially unsure about it, as I'm not aligned to any particular religion. However, I then decided this could be something positive: to be curious and seek that which all faiths have in common. I've now also joined the Bath Inter-Faith Group, which I think complements the activities of the SACRE very well, by raising awareness locally about different faith communities.

I look forward to working with Cllr. Eleanor Jackson, Kevin Burnett and the other members of the SACRE in the coming year, especially on developing the Agreed Syllabus, which is currently undergoing a review. The Government's recent decision to include Religious Education in the National Curriculum will also be an interesting development to follow and contribute to.'

Becky Somerset, Director, 3SG addressed the Panel, a summary of her statement is set out below.

'I am speaking today on behalf of the Third Sector in B&NES, representing 3SG's membership network of 260 charities.

I wanted to make members aware of the most recent Council Budget for 26/27, which has referred to £250,000 worth of savings to be made from Contract Management - Delivering Greater Value.

It is expected that a list of the Council's largest contracts will be drawn up to see how these savings could be made. We hope this list would primarily focus on multi-million pound contracts via Waste and Highways, but I must flag that there are larger contracts that go to the Third Sector, the further down the list you go.

Whilst I have been separately assured by both the new Chief Executive of the Council and the Director of Resources that charity contracts will not be touched, I want to keep the risk associated with cuts of any kind at the forefront of members' minds. Many of our contracts have historically been run with zero or very little uplift, with services running at a loss to the charities delivering them. This is completely unsustainable.

The NHS 10 year plan and the ICB's focus on preventative care in communities mean that investment needs to be made in these services. Cost cutting exercises, no matter how small, could mean closure for some services that are really struggling to deliver with dwindling resources and eventual increased costs to the Council in order to meet statutory responsibilities.

For too long, the Third Sector has been expected to find a way. Our options are dwindling - there is less funding available and competition is greater than ever before. This downward spiral cannot and must not continue because our residents will suffer if services close.

I have asked to be kept informed as this list develops, because I fear that if larger contract renegotiations fail, the Third Sector will be an easy target. I would call for more open, transparent budget setting in future, with the Sector consulted on any changes that might affect them.

Contracts that could be affected are services for our most vulnerable residents, including domestic abuse survivors, children with autism, early years, teenagers who need support, advice services to residents in significant debt and services that help support older people to live in their own homes. Many individuals may rely on several of these services.

In Wiltshire, a framework has been developed following an LGA peer review, which sets out clear expectations around how the Council and Third Sector should be working together. I hope that this can be created in B&NES, too.

Our ask is that scrutiny panel members continue to champion the sector in all conversations that you might have. We need investment and good working relationships, not the gradual erosion of contracts and services that leaves organisations with uncertain futures.'

Councillor Bharat Pankhania commented that he would support putting a system in place that allows for pre-budget decision discussions to be held with Third Sector representatives / organisations.

Councillor Joanna Wright said she would welcome the Council to take part in a similar peer review process to establish ways in which it could work more effectively with the Third Sector.

Becky Somerset said that there were good relationships in place with the BSW ICB with regard to co-production / design. She added that she believed that the new BANES Chief Executive was open to exploring similar arrangements.

Lucy Baker, BSW ICB Place Director commented that the ICB is committed to working alongside local partners and developing a blueprint to make more decisions at place.

The Executive Director for People said that the leadership team within the Council were open to working differently in the future and stated that the budget for individual agencies has not changed, with the savings identified through the management of contracts.

Councillor Eleanor Jackson said she would welcome further assurances regarding this area of the budget.

The Executive Director for People said that the proposed £250,000 saving was to be sought through contract management and that existing contracts would not be affected. He added that tough questions and decisions are always raised through the budget setting process. He acknowledged that there is now a shift in resources towards early intervention that is aligned with other bodies.

Kate Morton, CEO, Bath Mind said that she welcomed the offers to work closely together in the future. She added that it was important for all to understand what services are provided as statutory, those that come under the Care Act and those that are preventative which will likely lead to less costs to the Council in the future.

Councillor Wright commented that she remained slightly confused as such small details are shared within the budget reports and said that as much information as possible should be shared with all Councillors ahead of the budget being set in the coming years.

Councillor Paul May, Cabinet Member for Children's Services stated that he recognises the work of 3SG through his roles within the Cabinet and the Health & Wellbeing Board and supports them as they bring much added value.

Mark Baldwin addressed the Panel, a summary of his statement is set out below.

'I have worked as a volunteer for the Connecting Families Team for the past ten years.

As a long-standing volunteer for the Connecting Families Team in Bath and North East Somerset, I was shocked and dismayed to discover that this service is being deleted, in the wake of a national change to Children's Services. The government's policy change does not require this action, but the authority has chosen to destroy an award-winning service that has been phenomenally successful in turning around the lives of children and their families in local communities.

Families severely disadvantaged by mental ill health, unemployment, and poverty, have had their lives transformed by the family-centred and collaborative approach of the team. This is what I have observed but, from the feedback that the team always seeks from people using the service, this is also what they almost invariably tell them.

Children's Services managers seem to want to say goodbye to providing a service that will prevent some families' difficulties getting worse to concentrate far more on intervening when families fall apart. This seems stupid and wasteful to me. We all know that prevention and early help works.

I find it hard to believe that the collective talents of this team are being ignored by the most senior management with team members either being made redundant or pushed into jobs where their skills will be sidelined.

I also understand that these changes were made without elected representatives being informed. Deleting a successful service, much valued by local people, without discussing the implications with councillors elected by those people to represent their interests seems strange and somewhat devious to me.

My hope is that the Council will be able to change its mind about these changes and reinstate the Connecting Families Team.'

Councillor Wright said that she was alarmed to hear about this decision and asked if he could explain why little more about his volunteer role.

Mark Baldwin replied that he took part in events that provide support for children and their families. He added that a lot of his work involved craft and nature and encouraging young people to be creative. He said that his role provided an opportunity to learn more about the young people and their families.

Councillor Jackson commented that when Ward Councillors are contacted initially it can be hard to recognise what support is required and gave an example of how putting a resident in contact with the Connecting Families team had helped them immensely following an incident of domestic violence.

Mark Baldwin replied that this was very typical of their work and that they were able to provide information on a range of local bodies that can provide support.

The Chair, on behalf of the Panel, thanked all the speakers for their statements.

### **93 MINUTES: 19TH JANUARY 2026**

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

### **94 CABINET MEMBER UPDATE**

Councillor Paul May, Cabinet Member for Children's Services addressed the Panel. He stated that he does recognise the values of the Connecting Families service and said that the proposed changes were currently in a consultation phase. He said that he was prepared to bring further information back to the Panel.

The Chair stated that she would welcome an update sooner rather than later.

Councillor May agreed and said that Members should be aware of any decision. He added that it was an officer process at present and that the timeline for the consultation has been extended.

He explained that Families First would change the role of the Local Authority and some of its aspects with regard to Social Care by seeking to provide an integrated front door. He added that there would be a focus on early intervention and prevention that would aim to provide support before problems escalate, reducing the need for statutory, long-term intervention.

The Director of Children's Services and Education added that it is the intention to create multi-discipline teams that combine staff from Early Help, Child in Need, Child Protection and other services which will lead to families experiencing the least changes possible through their support provision.

She said that staff from Connecting Families would be brought into this work and that there was a need to develop a broader approach to family group decision making.

The Chair asked if the process has been explained to all staff concerned.

The Director of Children's Services and Education replied that information regarding the proposals has been available for some time and that workshops and engagement sessions have been held prior to the formal consultation.

The Executive Director for People added that he was committed to meeting with staff to discuss their concerns.

Councillor Joanna Wright commented that she felt this decision would lead to the service becoming more challenged. She added that as a Corporate Parent it was important for every child to be looked after to the highest standard.

She stated that staff need to feel empowered and that she was disappointed by the process to date.

Councillor May reiterated that the consultation remains ongoing and that he would listen and work with the Director of Children's Services to find a solution for the staff and the children. He said that he values the staff highly and would seek to do better.

The Chair said that she acknowledged that this was a difficult time for all concerned and encouraged work to be carried out to find a solution.

The Executive Director for People said he was aware of the Council's Corporate Parent role and was not able to deliver any further information at this stage as the consultation was ongoing.

Councillor Wright informed the Panel that she had received a number of questions from the absent Councillor Liz Hardman which she would forward to Democratic Services so that they could be responded to by officers. She asked Councillor May if the Cabinet were 100% behind what the officers have done or have they asked them to restart the official consultation once it has been made fit for purpose.

Councillor May replied that he would need to appropriate advice before answering the question.

The Executive Director for People said that officers would seek to answer the questions submitted to the best of their ability, but said that depending on the nature of the questions some information may be of a confidential nature.

Councillor Wright asked if staff remained motivated at work.

The Executive Director for People replied that he could see and was aware that some staff were angry and upset and that there was a need to support them.

Councillor David Harding asked if the proposed changes would affect the statistical targets for delivering EHCPs.

The Director of Children's Services and Education replied that it would be Children's Social Care that is likely to be more affected by the discussed proposals rather than Education. She said that the proposals were sought to seek improvements and reduce interventions. She added that the service was modelled on the basis of a caseload of 15 children per Social Worker, some with less.

Councillor Eleanor Jackson commented that she had made a recent suggestion to a senior officer in the Council that all Social Workers should be briefed about the role of a Ward Councillor and the concept of Corporate Parenting.

The Chair asked that officers take this proposal from Councillor Jackson away and consider what action to be taken.

Councillor May wished to thank Councillor Wright for her role in enabling the "Tree of Life", a rare sapling from the felled Sycamore Gap tree to be planted in Alice Park, Bath as a symbol of resilience and hope for children and young people in care.

Councillor May highlighted the following points from his published update.

#### Education and SEND White Paper

The Government's new Education and SEND white paper, Every Child Achieving and Thriving, released on 23rd February 2026. This marks a significant national shift towards a broader, more inclusive education system, with a clear focus on re-engaging families, reducing persistent absence, and strengthening the services surrounding schools. The Government has presented this as a long-term reform programme designed to take the education system "into the 2030s and beyond," indicating that implementation will be phased and sustained over a number of years.

Officers will now begin interpreting what these reforms could mean for B&NES. The DfE has asked all LAs, including our Local Area Inclusion Partnership, to start working with partners and schools to complete a DfE Maturity Matrix to assist with advanced preparation for the reforms. I will report back to the Panel as this analysis and assessment develops.

Important to note that we are expected to continue operating in the current SEND system until March 29, whilst preparing for the implementation of the reforms. We expect demand for EHCPs to increase during this period.

#### B&NES Safety Valve Programme

We have received formal written confirmation from the DfE that the national Safety Valve programme has now officially closed. In addition, the DfE has confirmed that it will fund 90% of all remaining high needs deficits accumulated up to the end of the 2025/26 financial year. These accumulated deficits are currently held by all Local Authorities, but do not form part of the council's overall budget due to a Government statutory override.

## B&NES Free Schools – Update

As I write this update, officers are finalising our plans and response to the DFE regarding our commitment to the delivery of Free Schools on the Culverhay site.

Councillor Jackson addressed the Panel regarding the BANES SACRE Annual Report September 2024- August 2025. She thanked the Cabinet Member for his continued support.

She said that SACRE had achieved a considerable amount, but navigating the proposed national and regional developments, and ensuring every child in BANES receives high quality RE, an appreciation of traditions other than their own as well as the tools to develop their own inner spirituality and moral standards will be a challenge.

She stated that she was pleased that the Annual Report is now published to this Panel and felt that their engagement with schools had improved.

She stated that defining so called British values, which are really derived from the Western European Enlightenment, relating RE to the national curriculum and encouraging academic study remains a challenge.

She added that working out the best Agreed Syllabus for BANES, whether national or not was also key and that providing high quality resources is only the beginning of the story.

She thanked all the officers for their work throughout the year.

Councillor Michael Auton said that he was concerned that investment in SEND in North East Somerset should also continue, in particular through a nursery in his ward.

Councillor May replied that the new Free School was due to provide support for all young people across BANES between the ages of 4 – 19.

Councillor Wright said that travel to the new school would still be a challenge for many pupils and their families and they were likely to need further support. She added that mainstream schools need to be resourced properly in this regard and that Home to School Transport should be scrutinised by the Council.

She called for local MATs, not just situated within BANEs, to be more involved in this type of discussion.

Councillor May said that representatives from the Regional Office for the Department of Education have been asked to attend the Panel once a year. He added that it should be recognised that performance within schools is good on the whole and that issues are raised at the School Standards Board.

Councillor Jackson commented that she would welcome the Panel to receive further information relating to MATs as this issue progresses. She asked if the Hindu

temple, currently sited within Culverhay, could be given assistance to relocate if required.

Councillor May replied that he believed that it was almost certain that the temple could be retained on the site. He said that he would also look to provide more information, performance etc. relating to MATS, to the Panel on a regular basis.

Councillor Jackson asked how much dialogue the Education team has with Planning / Housing officers with regard to SEND pupils expected through new housing developments.

Councillor May replied that this was a matter for the Local Plan to consider alongside other factors such as roads, health, social care and more. He added that the Health & Wellbeing Board has also raised this as an issue to be considered.

The Chair, on behalf of the Panel, thanked Councillor May for his update.

## **95 B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE**

Lucy Baker, BANES Place Director, BSW ICB addressed the Panel. She announced that a 45 day consultation would commence on March 18<sup>th</sup> 2026 regarding restructuring proposals within the ICB.

### BSW Integrated Care Board Five Year Strategic Commissioning Plan

BSW ICB has developed a new five year -year plan setting out how we will further transform health services over the next five years, working as part of a new cluster with Dorset and Somerset Integrated Care Boards.

The plan takes forward the work previously set out in the BSW Integrated Care Partnership strategy, and articulated in our BSW Care Model, and now incorporates the ambitions articulated in the last year's national NHS Ten Year Plan.

### Kingfisher Unit update

This is a new ten bed specialist learning disability and autism inpatient and outreach service located at the Blackberry Hill Hospital site in Fishponds, Bristol. The service is a key part of regional plans to increase specialist inpatient capacity and improve admission pathways across the South West.

Recently, there was a flood at The Kingfisher which has caused significant damage to the building. This is going to delay the completion of the build, its handover and ultimately its opening to patients. This is really disappointing for everyone who has been involved in the project so far, and those who have been preparing to commence work within the new service.

The project team have been working with construction partners since the flood was discovered to get a clearer understanding of how much damage has been caused, and the remedial work required. It is essential that this assessment is detailed and

thorough and when finalised, it should give us the clarity required to help us plan a revised completion, handover and opening timetable.

#### Oral health and dental update

BSW 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.

Our Big Brush Club supervised toothbrushing scheme is commissioned by the ICB and supported by BSW's three local authorities and delivered in schools by professionals. It aims to tackle deteriorating rates of oral health among disadvantaged young people. We are awaiting information on current activity and will offer an update at the next meeting.

We can confirm that there is no contractual requirement for promotion in dental practices as per a previous query but this will be reviewed with public health colleagues moving forward to explore any opportunities.

#### Termination of Pregnancy information

The update in the agenda pack summarised activity across BSW and included the British Pregnancy Advisory Services (BPAS) and Marie Stopes International. It focussed on the use of early medical abortion (EMA) through telemedicine/pills by post, a service allowing people to receive medication for an early medical abortion (up to 10 weeks gestation) via mail, after a phone or video consultation with a provider. It also included the number of patients requiring treatment beyond 10 weeks' gestation, and the age profile of people accessing termination services.

Councillor Joanna Wright asked how the pregnancy termination figures for the BSW ICB area compares with other areas.

Lucy Baker replied that it was just below the national average.

Councillor Wright noted that the age bracket of 25 – 36 was the highest for using these services and asked if that cohort specifically would have access to relevant information on this matter.

The Consultant in Public Health replied that there was good awareness and access to these services throughout BANES.

Councillor Wright asked if it was known how much funding NHS Dentists within BANES had returned within the past financial year.

Lucy Baker replied that she did not have that information to hand but would seek it for the Panel.

Councillor Michael Auton commented that he understood the need to provide a 'consistent digital offer' but was concerned that older residents should not become disenfranchised.

Lucy Baker replied that support will be provided to residents that may struggle with digital access and said that as part of the Neighbourhood Plan a number of workshops would be held in April / May.

Councillor Auton asked if any further cohorts have been considered for public engagement with regard to Neighbourhood Health.

Lucy Baker replied that they were in the process of working with the Community Wellbeing Hub to establish which groups to next involve.

Councillor Auton asked if it was known which schools did or did not take part in the 'Big Brush Club' and whether there was anything the Council / Councillors could do to encourage participation.

Lucy Baker replied that she would attempt to find out this information and reply to the Panel.

Councillor Auton asked if individual carers were offered any support in terms of access to vaccinations.

Lucy Baker replied that a broad level of support was available and would enquire if any specific measures were available.

Councillor David Harding asked if there were plans to bring the Blood Pressure Roadshows to the rural areas of BANES.

Lucy Baker replied that there are plans to expand the project into a whole Local Authority offer in the long term.

Councillor Harding asked if the North East Somerset areas of the Council would be part of the review to ascertain which areas would benefit most from mobile dental clinics.

Lucy Baker replied that they would and said that this remained a priority for the ICB.

Councillor Bharat Pankhania said that it was important that the Panel knows the state of play in terms of what access residents have to emergency contraceptives.

The Consultant in Public Health replied that there was a local contract in place for EHC (Emergency Hormonal Contraception) and that this would be available through most pharmacies, their local doctor or the Riverside Clinic.

Councillor Pankhania stated that it was very important for all children to have dental provision provided to them through the NHS.

Lucy Baker replied that this was acknowledged as a top priority on a national level and would provide regular updates to the Panel.

Councillor Eleanor Jackson asked if any update could be provided on the recent norovirus cases in the local area.

Lucy Baker replied that she was aware of the recent incident at the RUH and said that the hospital was open and operating on a business-as-usual basis.

The Chair, on behalf of the Panel, thanked Lucy for the update provided.

## **96 FUTURE OF BSW LONG COVID SERVICE**

Lucy Baker, BANES Place Director, BSW ICB addressed the Panel and highlighted the following areas from the report.

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) is reviewing the future of its long Covid service in response to significantly declining demand and increasing financial pressures. This paper sets out the context, options considered, preferred approach, and proposed engagement with local communities and scrutiny committees. It seeks the views of the committee on the scale of the proposed change and the approach to engagement.

The committee is asked to consider and comment on:

1. Whether the proposed changes constitute a substantial variation to services.
2. Whether the proposed engagement approach is proportionate.

She also offered to bring a further report to a subsequent Panel.

Councillor David Harding said that he would query whether people who have Long Covid or feel that they might have it know how to access the current support service.

Lucy Baker replied that she would take that point back to the ICB. She added that a meaningful engagement will be carried out to assess the future of the service.

Councillor Bharat Pankhania said that he wished to emphasise that the country was still in unknown territory with regard to its knowledge of Long Covid and said that there some emerging trends relating to disabilities and other health consequences. He stated that a degree of watchfulness must be retained.

Councillor Eleanor Jackson suggested that GP's could seek to assign a specialist on Long Covid within their practices.

Lucy Baker replied that she would take these comments back to the ICB.

The Chair stated that she did not feel that the Panel, at this time, could determine whether the proposed changes constitute a substantial variation to services and asked that they be updated as the engagement process continues.

## 97 THE EDUCATION ATTAINMENT GAP

The Director of Education & Safeguarding addressed the Panel and highlighted the following points to the Panel.

- The report provides the Panel with an overview of early years and school education performance in the academic year 2024-25, and the work underway to address inequalities in educational attainment. He said that the Council were committed in their attempts to achieving improved performances.
- A slight improvement in KS2 educational outcomes for Free School Meal (FSM) eligible children, however, the attainment gap between FSM pupils in B&NES and nationally is significant: 36% of B&NES FSM pupils achieve the expected standard in reading, writing, and maths, compared to 48% nationally.
- Children with SEN Support and an EHCP perform better in all key stages than regional and national averages.
- The Local Authority remains committed to delivering initiatives with education settings to enhance outcomes for Free School Meal (FSM) pupils. Our efforts focus on the early years, where the LA can have the most impact. This year's budget includes additional funding to expand the delivery of our Language for Life programme, now extended to more early years settings, and to provide targeted support for transitions from nursery to school.
- Pupils in B&NES attained higher grades than regional and national figures at all stages of education, except at Key Stage 2 (KS2), where attainment remained in line with national averages.
- In the Early Years Foundation Stage (EYFS), the percentage of children reaching a good level of development increased to 73%, higher than regional and national averages.
- Key stage 2 performance for all pupils in the combined reading, writing and maths (RWM) was higher this year, rising from 60% to 63%, higher than the southwest average of 60% and in line with the national average of 63%.
- Key stage 4 attainment in grades 9 -5 English and Maths and in Attainment 8, though slightly down from 2023/2024, is once again higher than regional and national averages. This is to be commended.
- Girls performed better in Key Stage 2 than boys and in the KS4 Attainment 8 measure, but for the first time since 18/19, boys did marginally better than girls in KS4 grades 9 -5 English and Maths.
- Attainment in B&NES is lowest in the Black and Other ethnic groups at all stages of education and remains below national levels at KS2 and KS4. In KS2, 53 % of Black pupils achieved the expected standard in RWM,

compared to 63% nationally. The gap reduces in KS4, with 39% of black pupils attaining grades 9-5 in english and maths, compared to 43% nationally.

- When in secondary school, our FSM cohort does make much better progress. Whilst outcomes for this group of pupils in KS4 have previously been in line with national outcomes, this year they have fallen slightly below the national average. However, the progress this group makes in our secondary group is significant.

The Consultant in Public Health highlighted the following further areas from the report.

- Addressing the attainment gap is a shared responsibility and B&NES Council has an important role in leading a whole-systems approach to addressing the attainment gap by addressing the root causes across Council services, coordinating place-based action with partners, and aligning resources.
- Public Health presented a previous report that set out why a whole systems approach to reducing the attainment gap is important and key findings of research undertaken to better understand the drivers – outside of education settings - for the attainment gap in B&NES. Research included exploring the data, published evidence, and conversations with over 60 professionals working with young people in B&NES and young people themselves.
- The research identified ten core drivers outside of education settings that are contributing to the attainment gap.
- A B&NES Council action plan is currently being implemented, which takes action to address the core drivers identified. Actions are led by Heads of Service and action leads across the Council, including in teams within the Place, People and Resources directorates. The Be Well B&NES Steering Group currently monitors progress made against the action plan.
- Public Health developed a business case to recommend investment in key areas that will help to address the education attainment gap. A growth request has subsequently been included in the 2026/27 budget which would enable the recruitment of a post to help drive forward action on education inequalities, funding to sustain and strengthen projects already delivering measurable progress (e.g. action learning sets with education settings and Language for Life), and funding for low cost pilots designed for rapid testing.
- Action on education inequalities needs to take place across the wider system and so working with our system partners is crucial. The Multi Academy Trusts have established a B&NES Disadvantaged Network Group to focus MAT efforts, particularly in relation to early years and transition.
- A Mayor of Bath research residency is also being undertaken with the University of Bath, with two PHD students undertaking a 3-month research project on education attainment inequalities.

- There is clear alignment between a whole systems approach to reducing the attainment gap and the Best Start in Life Strategy, Best Start Family Hubs, the Family First Partnership Programme and wider system work on neighbourhood health and prevention.
- During 2026/27 the focus will be on continuing to implement the B&NES Council Action Plan, maximising use of additional investment, and aligning the capacity of system partners so that we are making best use of our resources to address education inequality collectively. Another event will be held to support the coming together and mobilisation of wider system partners.

Councillor Bharat Pankhania, the current Mayor of Bath, said that he was pleased that the University of Bath had agreed to explore the topic further in an attempt to find the determinates that will make a difference. He added that he hoped to share further details of the research with the Panel in the future.

Councillor Paul Crossley asked if the figures for trends relating to Black and Other ethnic groups were broken down into further details.

The Director of Education & Safeguarding replied that this information was available from the Strategic Evidence Base ( <https://www.bathnes.gov.uk/strategic-evidence-base-education> ).

Councillor Joanna Wright commented that she was concerned that the subjects of Art and Music were not being considered as important as they used to be. She added that she believed this was a poverty related issue and that the Council has limited resources to make a change.

The Consultant in Public Health said that they use the resources they do have sensibly and work with their partners, which include WECA and their involvement in the Child Poverty Action Plan.

The Director of Education & Safeguarding added that BANES carries out a lot of positive work with Public Health and uses the levers it has to attempt to influence change. He added that finances remain a challenge to work within.

Councillor Paul May said that he welcomed the research that was taking part in conjunction with the Mayor of Bath, but said that it must be supported by an evidence base.

Councillor Pankhania replied that he acknowledged that the work will need to be evidenced and that the intention is to address the educational experience for all our children. He added that he had discussed with Voices for Life a proposed longitudinal study that would take place over a number of years.

Councillor Eleanor Jackson asked if there were any minority clusters within BANES that need additional support.

The Consultant in Public Health replied that there are steps within the Action Plan to ensure that we are reaching communities appropriately and that some groups were identified in the preparation of the plan.

The Panel **RESOLVED** to note the report.

## 98 PLACEMENT SUFFICIENCY

The Assistant Director for Children and Young People Services introduced the report to the Panel and highlighted the following areas.

- 228 Children in Care
- Three children are currently in residential care as a result of there being no suitable, available foster placements. The Alternative Care team continue to actively search for a suitable foster carer for these children and remains a key priority for the team.
- The Sufficiency Programme Board was established in Quarter 3 of 2025/26 to provide governance in addressing four key areas of sufficiency in children's services: fostering, residential children's homes, provision for disabled children and accommodation for young people aged over years.

### Fostering

- The project aims to review the existing cohort of children and young people in foster care to understand their needs and their reasons for being in foster care. It will also review existing foster care provision, including geographical location, costs, accessibility, needs it can meet, capacity and availability of carers. Finally, it will look at the current offer to foster carers, how this offer compares across our neighbouring authorities and how this could be maximised to improve recruitment and retention.
- The project will use this analysis to forecast needs for foster care in the future, and will support, if indicated, the delivery of a business case to further support the recruitment of in-house foster carers for looked after children in B&NES. It will also develop a policy, process and business case for housing alterations for foster carers, to increase the number of children and young people they can support.

### Residential Children's Home

- This workstream aims to review the existing cohort of children and young people in residential care to understand their needs and their reasons for being in residential care. It will also review the existing residential care provision, including geographical location, costs, accessibility, needs it can meet, capacity and available free capacity.
- The workstream will use this analysis to forecast projected needs for residential care, and will support, if indicated, the delivery of a business case to develop and deliver in-house residential capacity for children in care in B&NES.

## Resources for disabled children

- This workstream focuses on ensuring that disabled children and their families have access to appropriate, high-quality short breaks and direct payment support. Local authorities have a statutory duty under the Children Act 1989 and the Breaks for Carers of Disabled Children Regulations (2011) to provide a sufficient short breaks offer for eligible families. A strategic needs assessment will be completed over the next six weeks to set out the current position in B&NES and identify future requirements.

## 16+ support and care leavers accommodation

- This workstream aims to review the existing cohort of children and young people aged 16 years plus, to understand their needs and equalities profile. It will also review 16+ accommodation provision, including geographical location, costs, accessibility, needs it can meet, capacity and available spaces. The workstream will consider improvements in recruitment and retention of supported lodgings carers. Finally, it will look at the current accommodation offer to young people who are care experienced, working closely with colleagues in Housing.

B&NES is generally providing good-quality care for its looked-after children. Ofsted (June 2025) rated services “Good” across all domains, confirming safe, suitable placements and timely permanence planning. However, the overall cohort continues to grow, with the number of children in care increasing at a slightly faster rate than that of our statistical neighbours. Unaccompanied Asylum Seeking Children (UASC) make up 10% of the cohort, rising to one third of all care leavers in the post-16 cohort.

There is a strong focus on supporting children in care to return to live with their families when it is safe and appropriate to do so. This process, known as reunification, involves carefully assessing whether a child can move back home and ensuring the right support is in place for both the child and their family. B&NES has an established Reunification Framework, based on National Society for the Prevention of Cruelty to Children (NSPCC) guidance.

The Government has set out a national ambition to create 10,000 additional foster homes over the next decade. This is intended to reduce reliance on residential care, improve outcomes for children, and stabilise local authority budgets. The plan forms part of a wider programme of reform to modernise fostering services. As part of this, the government are advocating for a regional delivery model which will provide a shift towards regional delivery of fostering recruitment and assessment.

Regionalisation is part of a longer-term shift toward creating Regional Care Cooperatives (RCCs), with the new end-to-end fostering hubs acting as an interim step. While current hubs focus mainly on early recruitment, RCCs will ultimately plan, commission, and deliver a full range of children’s care services, including fostering, residential, and secure care, on behalf of all local authorities in a region. Their purpose is to reduce competition between councils, stabilise the care market, and secure better value for money.

Councillor Paul Crossley asked what work is carried out prior to children returning to their homes following incidents of domestic violence.

The Assistant Director for Children and Young People Services replied that robust tools are used to analyse the level of risk and whether there has been a change in home circumstances / dynamics. She added that risks are assessed on an individual basis and that children would normally return under a care order and retain the support identified within that.

Councillor Crossley asked if the decision is made to develop and operate an in-house children's home that it addresses the specific needs of BANES young people.

Councillor Wright added that it be worth this issue being discussed at a meeting of the Corporate Parenting Group.

The Director of Children's Services & Education replied that the intention is for this matter to be discussed further at a future meeting of the Corporate Parenting Group.

The Panel **RESOLVED** to note the work of the Sufficiency Programme Board.

## **99 SEND / EHCP UPDATE**

The Head of SEND introduced the report to the Panel, she was accompanied by Rachel Hale, Chair and a Director of B&NES Parent Carer Forum.

Councillor Joanna Wright asked what the Council is doing to ensure children and young people are assessed properly when they apply for an EHCP to reduce the number of appeals due to a refusal to assess.

The Head of SEND replied that this is an area that they have been focussing on and that by increasing the quality of needs assessments received, alongside the robust scheme of delegation, has seen a significant decrease in the number of appeals lodged due to refusal to assess across the year.

She added that the assessment process is a difficult thing to get right and that it was a balance of resources and ensuring that you are not disadvantaging young people who need an assessment.

She explained that work was ongoing to promote mediation between the Council and families prior to an appeal being made.

Councillor Wright noted that 11 complaints have already been received across Q1 & Q2 of 2025/26 relating to provision not being delivered. She asked what the reasons for this are and what is the Council doing to resolve this.

The Head of SEND replied that this often due to school avoidance / non-attendance by the young person, normally due to mental health reasons. She added that if this

situation should occur it can then take time to transfer the provision from a school setting to home or another location.

Councillor Wright asked what the average delay was in delivering paperwork for an EHCP Annual Review.

The Head of SEND replied that this was slightly tricky to measure and that they have been looking at how data can be improved. She added that every child has a phased transfer review when moving between schools or at key stages, which is every three years, and that is always carried out in time.

Councillor Wright said that she was disappointed to see that work needs to be done to improve adherence to statutory timescales and said that this matter should be additionally highlighted as it is a real factor for the families concerned.

The Head of SEND replied that only 35 plans at present were over 20 weeks out of around 250 and that it was likely that these figures were comparable on a national level. She added that they always intend to finalise plans as quickly as possible.

She said she believed that communications between the Council and families on the timescales of finalising a plan are improving and stressed that it is also important to have a degree of quality to the plan.

Rachel Hale explained that it was the role of the Parent Carer Forum to act as a strategic voice to its 1,700 members and that a great deal of work is ongoing regarding communication from the Council to the public. She added the planned SEND reforms are interesting as they address hearing the voices of all families. She said that in the main most would welcome a good quality, robust plan even if it takes slightly longer than 20 weeks to finalise.

The Panel **RESOLVED** to;

- i) Note the national, regional and local picture regarding the increase in applications for Education, Health and Care Needs Assessments (EHCNA) and the increase in issued plans.
- ii) Be assured that Local Authority Officers continue to work strategically with social care, health, settings and other partners in order to work within statutory guidelines and support settings in delivering the very best outcomes for our children and young people.
- iii) Note the improving picture within the service regarding statutory compliance.
- iv) Be assured as to the quality of EHC needs assessments and plans, as evidenced by multi agency quality assurance.
- v) Be assured as to the commitment of officers to resolve disputes quickly and without the need for formal appeals process, noting the reduction in appeals for refusal to assess children and young people.

**100 PANEL WORKPLAN**

The Panel reviewed the workplan, noting items to be brought forward, including:

- Children’s Services Sufficiency Programme Update
- Future of BSW Long COVID service
- Connecting Families Update
- DfE Regional Office attendance / MATs performance update

The Panel **RESOLVED** to note their current workplan and these proposals for future updates / reports.

The meeting ended at 1.10 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

## Lead Member (Adult Services and Public Health) report for Scrutiny – April 2026

### A. Adult Social Care Update

#### 1. Dementia strategy

##### **Background and October 2025 Position (Recap)**

As reported to the Scrutiny Panel in October 2025, work has commenced on developing a new Dementia Strategy for B&NES, structured around the five domains of the NHS Dementia Well Pathway: *preventing well, diagnosing well, supporting well, living well, and dying well*. A draft strategy scope, project plan and Steering Group Terms of Reference has been completed, with the aim of producing the full strategy within 12 months. A multi-agency Steering Group is established, including representatives from B&NES Council, ICB, AWP, Alzheimer's Society, ReMind, CMHT, carers, care-home and home-care providers, and local VCSE organisations. The approach is rooted in co-production, with focus groups and surveys planned to ensure lived-experience shapes priorities.

##### **Progress Since October 2025**

- **Steering Group** - The Dementia Strategy Steering Group met for the first time on 27 November 2025 and for a second time on 26 February 2026. There are now with 24 members of the group from a broad range of health, care, community and voluntary sector organisations. The NHS Dementia 100 Self-Assessment Toolkit is being used to benchmark current pathways and processes and to identify areas of good practice, variation and gaps requiring improvement. This work will help inform priorities to be addressed through the strategy.
- **Engagement Activity**

Early engagement activity has been taking place, this includes:

- Informal visits to groups to gather insight into the lived experience of people with dementia and carers.
- Frontline staff engagement through surveys and attendance at team meetings
- Engagement conversations with RUH, Ambulance Service, Police and VCSE organisations
- Identification of people with dementia and carers willing to participate in formal focus groups.
- Formal Engagement (March onwards)
- A series of 5 focus groups with people living with dementia, carers, and practitioners has been planned between April and September, to co-design the strategy vision, structure and priorities under each domain
- A wider public survey was launched in March.

- The B&NES ASC Communications Lead is supporting development of communications materials to promote the survey and maximise participation.
- A special meeting for the Older People's Voice Forum is planned for late April to test emerging priorities

### **Next Steps**

- Completion of mapping, gap analysis and identifying priorities from the Dementia 100 tool by the end of April
- Analysis of feedback from staff surveys and informal visits by end of May to inform priorities.
- Delivery of formal engagement (focus groups and public survey) from March onwards.
- Analysis of dementia data and alignment with other local strategies and priorities by end of April

## **2. Sensory Impairment Support Service**

The new service was successfully mobilised on 1 January 2026 under a new partnership between Sight Support West and the Royal Association of the Deaf. Providers and commissioners continue to raise awareness of the service with residents, partner organisations, and local services through practitioner communications, social media, the Live Well B&NES resource, the One Stop Shop and the Community Wellbeing Hub. This activity led to an increase in referrals in March, supporting residents to access the information and support they need.

## **3. Advocacy Services**

The new contract for advocacy services in B&NES went live on April 1<sup>st</sup>, with The Advocacy People (TAP) as the newly commissioned provider, replacing POhWER. Transition arrangements were carefully managed and progressed smoothly, with no disruption to people receiving advocacy support. The new, streamlined service brings all statutory and agreed discretionary advocacy into one independent, rights-based contract. It will support residents to understand their rights, express their views, participate in decisions, and have their statutory rights met.

## **4. Re-commissioning of LD, care home and home care contracts**

Commissioning activity across these three work programmes is currently focusing on pre-procurement activity, including baselining of current arrangements, developing needs and gaps analysis, and engagement with a range of stakeholders, such as residents, practitioners, and ICB commissioners. Information and insights generated by this activity will directly inform commissioning intentions and formal market engagement planned in spring. Commissioners and procurement colleagues are also developing procurement timelines for each programme, which will be included in the next update.

## 5. Learning Disability Provider Service

Work continues to review the services delivered by the in-house learning disabilities teams in B&NES. This includes working closely with SEND and Children's Social Care, introducing structured transition frameworks to ensure smoother journeys for young people as they progress into adult services. The changes reflect our commitment to promoting independence, inclusion, and choice for everyone accessing Adult Social Care.

Plans include increasing the diversity of day opportunities available to provide more meaningful community engagement and skill-building for service users. We are proposing that, our two day services (Carrswood and Connections) will in future be complemented by a hub-and-spoke model that will create increased community-based options for our service users. We are growing partnerships across the council, including Victoria Park, Keynsham Re-use Shop, Radstock Town Council, and Heritage Services to increase the work placements available. We are also expanding our offer and services will be available for individuals aged 16 and above, not just 18+, introducing a non-educational SEND option. This will offer alternatives to college or residential placements, targeting young people whose needs are not currently met locally.

In addition, we are developing a short-term (6–12 weeks) enablement service (as outlined in the MTFs) to support individuals living in residential services to build skills and progress towards independence and we are continuing to expand our Shared Lives offer to enable more people to live independently with support.

We will be holding a series of engagement events with service users and families throughout May and June to seek feedback on our plans, a separate consultation will take place with staff.

## 6. Update on Combe Lea CQC Inspection

The Care Quality Commission (CQC) undertook an unannounced inspection of Combe Lea on 11<sup>th</sup> December 2025 and the assessment closed on 9<sup>th</sup> January 2026. The CQC report was published on 30<sup>th</sup> January 2026 with a rating of Good and a score of 75%. The domains inspected included Safe, Effective and Well Led as these were rated as Requires Improvement in the previous inspection conducted in October 2022.

The CQC report for Combe Lea is summarised below:

**Service overview and improvements:** Since the last inspection, the service has addressed breaches in fire safety, medicines management, consent, and governance. Systems for safeguarding and fire safety are now effective, and medicines management has improved with safe administration protocols in place. Mental Capacity Assessments comply with legislation, though documentation consistency is still being improved. Staff are adequately trained and sufficient in number to meet residents' needs.

**Positive experiences from relatives:** Relatives expressed satisfaction with the care, noting safety, good staffing levels, and excellent communication. They are involved in care planning and kept informed about health changes. Comments highlighted the home's caring environment, quality of food, and engaging activities such as bingo and quizzes.

**Safety improvements and culture:** The service is rated good for safety, reflecting protection from abuse and avoidable harm. A positive safety culture emphasizes openness and learning from incidents, with measures like "do not disturb" aprons during medicine administration to reduce errors.

**Safe systems and transitions:** Care systems ensure continuity and safety, with comprehensive sharing of key information such as hospital passports and pre-admission assessments. Referrals to healthcare professionals are timely to meet changing needs.

**Safeguarding and consent:** Safeguarding incidents are managed and recorded effectively, with trained staff aware of procedures. Deprivation of Liberty Safeguards (DoLS) are appropriately applied and monitored. Consent processes comply with the Mental Capacity Act, with ongoing improvements to documentation consistency.

**Risk management and environment safety:** Risks to residents are assessed and managed holistically, involving residents and relatives. The environment is generally safe and well maintained, with regular safety checks including fire safety and infection control. Some minor issues like unsecured wardrobes were promptly addressed during inspection.

**Staffing and infection control:** Staffing levels are sufficient with qualified and trained staff, supported by regular supervision and competency checks. Infection prevention is well managed with clean facilities, staff training, audits, and use of personal protective equipment.

**Effective care delivery and health support:** Care plans are comprehensive and evidence-based, with regular assessments and referrals to health professionals such as mental health teams and district nurses. Daily activities promote physical and mental wellbeing, and meals are nutritious and varied. Collaboration among care staff and health services ensures coordinated care.

**Leadership and governance:** The service is well-led with stable, experienced management fostering a culture of openness, inclusivity, and continuous improvement. Staff feel supported and encouraged to develop. Governance includes clear accountability, regular audits, and compliance with reporting requirements. Partnerships with local organisations enhance community involvement. Learning from incidents and innovation are promoted, including participation in pilot schemes for dementia diagnosis support.

The published report for Combe Lea features some fantastic praise from residents' relatives and health professionals:

*“It’s absolutely wonderful. It’s a lovely home - so caring, the quality of the food and care is head and shoulders above anything else we have been to.”*

*“I cannot say a bad word about Combe Lea, it is welcoming and the support workers and staff are great. My relative is well looked after, the bed is made and clean, they provide entertainment and give 100% in giving them good quality of life.”*

*“I feel the care in Combe Lea to be exceptional, and this would be the only residential home in the area that I would be happy for members of my family to live in.”*

Combe Lea hosted a celebration event on 12<sup>th</sup> February for residents, family members and staff to recognise the achievement in moving to a CQC rating of Good.

## **B. Public Health Update**

**7. Drug and Alcohol Conference** - In February, Bath & North East Somerset Council hosted its first local Drug and Alcohol Conference, bringing together nearly 100 professionals from over 20 organisations across health, social care, enforcement, academia and the voluntary sector. The event combined lived-experience testimonies, expert presentations on emerging drug trends and enforcement challenges, and practical workshops on harm reduction, treatment access and support for people with complex needs. The conference was well-received, strengthened partnership working across the system, and has helped shape local priorities for preventing drug- and alcohol-related harm in B&NES.

## **8. Good Food Local Benchmarking Survey and Food Strategy**

B&NES Council has completed a submission to the Sustain Good Food Local Benchmarking Survey which all local authorities in the South West agreed to complete during January 2026. The results of the survey are now published on the Sustain website <https://www.sustainweb.org/good-food-local/> .

Our response to the survey was informed by evidence gathered from colleagues across the Council, and signed off for publication by Amy McCullough, Consultant in Public Health, Jackie Clayton, Head of Place Shaping and Cllr Sarah Warren.

In a regional press release and blog following publication, B&NES Council Food Waste recycling was highlighted as an example of good practice. Press Release <https://www.sustainweb.org/news/mar26-good-food-local-south-west/> Blog <https://www.sustainweb.org/blogs/mar26-south-west-celebrates-good-food/>

The SW Office for Health Improvement and Disparities (OHID) will be co-ordinating a regional Good Food network which will bring together representatives from local

authorities to share priorities, good practice, support and guidance to progress this agenda both regionally and locally.

In addition, the Council has developed a Food Strategy for B&NES that will be published this Summer. The Strategy has been developed in collaboration with partners and community groups and with engagement with communities. The Strategy celebrates the people, projects and local food assets we already have, and sets a clear shared vision for the next five years. It also sets out the key needs and gaps that must be addressed to make the local food system healthier, fairer and greener, whilst supporting the conditions for local food growers and businesses to thrive.

### **9. The Active Way**

The active way social prescribing initiative, based in the Somer Valley has featured in a recent UWE blog published to mark National Social Prescribing Day. The link to the blog is: [blog link](#)

### **10. Changes to Public Health Leadership**

We were sorry to say goodbye to Becky Reynolds when she retired at the end of March. She has been an excellent DPH and will be missed. Paul Scott has been appointed to the interim DPH role and backfill is being arranged to cover his previous position in public health while a permanent appointment is made. We are very grateful to Paul for his willingness to take on the interim DPH role.

**Alison Born – Cabinet Lead Adult Services and Public Health**

## **Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board update for BaNES Council Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel**

**20 April 2026**

### **Answers to issues raised during March meeting:**

#### **Dentistry services and supervised toothbrushing initiative**

We are happy to provide answers to the following questions, asked by Councillors at the March meeting of the Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel

**Following national press coverage, does BSW hold data on how much funding has been returned to the NHS by dental services?**

Financial updates on the level of underspend are reported through PCEG and BSW ICB is sighted on these figures.

**Is there any update on the dental bus as there is still a lot of interest among residents and Councillors in this, particularly in terms of providing more dental services for rural communities?**

Public health colleagues are working as part of a Task and Finish Group to review evidence and agree a cross BSW approach to identifying the population cohorts that would benefit most from a mobile dental unit. We will be in a position to offer further updates on this later in the year.

**Is there a BSW dental strategy to try to address the known access issues in dental services? If there is a strategy, how can elected members support it?**

BSW ICB does not currently have a standalone local dental strategy. Commissioning of NHS dental services continues to operate through the national NHS dental contract, within the policy and financial framework set by NHS England. This includes the ongoing national programme of dental reform, which aims to improve access, workforce sustainability and value within the existing contract model.

There have been numerous improvements made to the contract from April 2026, with further in-year changes planned. Locally, we are planning to support dental providers contractors in neighbourhood collaborations through the new contractual mechanism.

**Do we have any information on which schools have declined to participate in the supervised brushing scheme ?**

BSW ICB maintains an up-to-date record of schools participating in the supervised toothbrushing scheme. This information is routinely shared with local authority public health colleagues on a monthly basis to support operational oversight and joint working.

Currently, 20 schools and early years settings in B&NES are participating in the Supervised Toothbrushing Scheme funded by the ICB, representing 57% of all eligible settings.

A further eight schools/settings have declined the offer of participation. Reasons cited include staff capacity constraints, time pressures within a stretched curriculum, or, in some cases, no reason

provided. The delivery team remains in regular contact with these settings and continues to offer alternative forms of support, including oral health education sessions and oral health packs for children to use at home.

Following additional funding provided by central government, B&NES has extended the scheme to other priority populations. Childminders were identified as the first additional group to receive training, and the most up-to-date data indicate that 60% of eligible childminders are now participating.

In relation to home oral health packs, a total of 187 packs have been distributed to eight settings, including a number of childminders.

The supervised toothbrushing scheme was originally commissioned by NHS England and is now commissioned by BSW ICB through delegated commissioning arrangements. The ICB has recently agreed to extend the current contract for a further one-year period.

## Termination of Pregnancy Data: Women Aged Over 35 and Foetal Abnormality

Following our update on Termination of Pregnancy figures during the last committee meeting, there was a request for further information on the number of older women who are choosing termination of pregnancy (TOP) due to foetal abnormalities. The following information is provided in response.

This data should be read within the context that the majority of terminations of pregnancy for women residing in BSW take place in the NHS funded independent providers, with the exception of the Royal United Hospitals Bath (RUH) who undertake a relatively higher number of procedures compared with other local acute providers.

This data for 2023, the most recent year available, indicates the following numbers of NHS-funded terminations for women aged over 35:

- Great Western Hospital (GWH): 10
- Royal United Hospitals Bath : 20
- Salisbury NHS Foundation Trust (SFT): 5

All recorded terminations at GWH and Salisbury NHS Foundation Trust for women aged over 35 were undertaken on the grounds of foetal abnormality.

Unlike GWH and SFT, the data for RUH does not specify if the women who sought terminations for foetal abnormality were over 35.

## Blood pressure roadshows in BaNES and rural outreach

In last month's report, committee members were informed about a series of drop-in blood pressure checking clinics held across BaNES. In response to a question raised during the meeting, we can provide a further update.

We have now partnered with the local VCSE umbrella organisation 3SG to support the delivery of these clinics over the coming months. Work is currently underway to explore opportunities to extend this activity beyond Bath city centre, including potential locations in more rural communities across BaNES such as the Somer Valley and surrounding areas.

This approach aims to improve reach and accessibility, particularly in areas where residents may experience barriers to routine health checks.

## Neighbourhood Health Planning: Progress in BaNES

BSW ICB and BaNES partners are actively developing a locality Neighbourhood Health Plan, led through the Integrated Care Alliance (ICA) and Health and Wellbeing Board (HWB). The Plan will set out how services are organised around defined neighbourhoods of approximately 30,000 to 50,000 people, with Integrated Neighbourhood Teams (INTs) bringing together general practice, community health services, social care, VCSE partners and local community assets.

Community INT mobilisation commenced from April 2026 under the ICBC contract with HCRG. In BaNES, the initial focus is on high priority cohorts: people with moderate to severe frailty, care home residents, and those who are housebound or approaching end of life. A joint ICA and HWB development workshop has been completed, with the Neighbourhood Health Plan working group meeting weekly to progress content.

### Digital Enablement and Inclusive Access

BSW's approach to neighbourhood health is designed on the principle of "digital first where appropriate, but not digital by default." This reflects a clear commitment that digital transformation must not create or deepen inequalities of access. Practically, this means:

- Neighbourhood services will be accessible through multiple routes, including in-person, telephone and community-based contact, alongside digital channels. The BSW vision explicitly frames neighbourhood support as having "multiple routes, no single front door."
- Population health management tools are used to identify communities and individuals with higher levels of deprivation, digital exclusion or language barriers, so that targeted outreach and non-digital support can be directed where it is most needed.
- VCSE partners, community pharmacies and community assets play an active role in connecting people to neighbourhood support, including those who are least likely to self-navigate digital services.
- Digital inclusion is embedded as a design requirement in commissioning, with providers expected to demonstrate how non-digital access routes are maintained and promoted.

Work is ongoing across BaNES to ensure that as neighbourhood health services develop, engagement and communication planning specifically addresses communities at risk of digital exclusion, including older residents, people in rural areas, and those with lower digital literacy or connectivity.

### Next Steps

The BaNES Neighbourhood Health Plan is expected to reach full draft stage by September 2026/27, with formal HWB oversight. Further updates on INT mobilisation and the equity dimensions of neighbourhood planning can be provided to HOSC as the programme develops.

## New Interim Call Handling Arrangement

- Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) are engaging an external partner under a PSR (provider selection regime) direct award contract for up to 12 months to undertake the NHS 111-2 call handling function for Bath, Swindon, and Wiltshire.
- This arrangement enables us to stabilise the service, strengthen governance, and apply established, evidence-based processes to clinical decision-making.
- The revised model provides enhanced oversight and assurance regarding the quality and safety of care delivered via additional and more structured clinical audit processes. Furthermore, the new model will provide better data quality to help inform future decision-making.
- The added functionality provided by engaging with an external partner will also allow for wider integration into the physical health 111 service and other emergency response processes. This will support professional callers to access the right advice and guidance in a timely manner, but also service users to get the right response for their needs at the right time.

## Clinical Delivery and Staffing

- The change in call handling is supported by adjustments to staffing provision within the BSW Urgent Care Service.
- This ensures that clinical decision-making remains robust, timely, and aligned with national standards.

## Public Access

- There is **no change** to how the public access urgent mental health support.
- The public will continue to dial **111 and select option 2**, and the information we provide to the public remains unchanged. Our previous 0800 response line is now stood down however an answerphone message advising callers to dial 111-2 is in place
- More information on options for people who need urgent or emergency help is online: [Need urgent help and support now :: Avon and Wiltshire Mental Health Partnership NHS Trust](#)

## Out-of-Hours ED Assessments and Intensive Team Calls

### Operational Review and New Model of Service Delivery

- The OOH operational process for ED assessments and calls to Intensive Teams has been reviewed in detail.
- A new delivery model is now being trialled to strengthen clinical oversight and improve consistency across the system.

### Revised Staffing Model

- Between **10pm and 8am**, staff will be physically based at:
  - **Royal United Hospitals Bath (RUH)**
  - **Great Western Hospital (GWH)**
- A **virtual offer** will be provided to **Salisbury NHS Foundation Trust (SFT)** during these hours. On the occasions where a virtual assessment is not clinically appropriate and a face-to-face assessment is required, the team will support access to a clinician to enable this to take place in a timely manner.
- This approach ensures:
  - More robust oversight of clinical delivery
  - Greater consistency in the assessment offer across EDs
  - Improved support to system partners during peak OOH periods

## What This Means for System Partners

### Operational Impact

- Partners may notice changes in how OOH assessments are coordinated and delivered, with clearer lines of responsibility and improved responsiveness. Contact details remain unchanged.
- The NHS 111-2 changes should result in more consistent clinical decision-making and improved flow into community and crisis pathways.
- The NHS 111-2 service is all age. Children and Young Adult (CAMHS) services are delivered by Oxford Health Foundation Trust, and we are working closely with them to ensure alignment to their offer so callers under 18 get the support they need.
- There is no change to how GPs refer into services
- We will be in touch in due course to provide a further briefing to acute colleagues in regard to the Out of Hours process.

### Assurance and Oversight

- These changes are designed to strengthen governance, improve safety, and ensure a more resilient urgent mental health response across BSW.
- Ongoing monitoring and evaluation will inform further refinements to the model.

## Kingfisher Unit - Revised opening date

BSW ICB offered committee members an update on the Kingfisher specialist learning disability and autism inpatient and outreach service located at the Blackberry Hill Hospital site in Fishponds, Bristol in last month's report and would like to offer a further update:

Earlier this year, AWP reported a significant flood within the building which caused extensive damage on the ground floor. This required detailed investigation and specialist assessments to understand the long-term implications. This work has now been completed, with all damaged materials removed and the drying process underway.

AWP's contractor has now confirmed that they expect to hand the completed building over on 17 August.

Following this, AWP will begin the necessary preparations for operational use and anticipates that the building will open and receive its first patient on 5 October 2026.

AWP is pleased to be moving forward again and appreciate the continued support of partners, service users, carers and wider stakeholders during this time. AWP remains committed to delivering a high-quality facility that will provide excellent care for the communities it serves.

## Vaccinations update

Following our update on health and care staff vaccinations stats in last month's report and a request for more information on vaccinations delivered in private homes, we are happy to provide the following information.

During the Autumn/Winter 2025/2026 vaccination programme, BSW ICB worked with GP Federation BaNES Enhanced Medical Services (BEMS) to deliver vaccinations to housebound patients at home.

BEMS contacted 1804 housebound residents registered with Bath and North East Somerset GPs that were referred to the federation. BEMS vaccinated 1466 of group with both flu and COVID. The rest were split between COVID only, flu only, declined or unavailable (i.e. in hospital)

BSW ICB is working with BEMS to deliver the Spring 2026 vaccination campaign which will run from 13th April 2026 to 30<sup>th</sup> June 2026. It is primarily focussed on delivering COVID vaccinations to eligible individuals.

COVID vaccinations will be available to people over the age of 75 or anyone over the age of 6 months with a weakened immune system.

Any resident (any age) living in a care home which is registered to provide care to people over the age of 65 will also be eligible to receive a Covid vaccine.

Care homes that are not being served by their GP practices will be visited by the BEMS Vaccination Hub team.

For eligible people who are housebound and acknowledged as such by their GP practice, a home visit will be arranged to enable vaccination. This will either come directly from the GP practice themselves or from BEMS Vaccination Hub.

In addition to the COVID vaccination, some individuals will be offered a vaccine to protect against the Respiratory syncytial virus (RSV).

This will be co-administered to those eligible alongside the COVID vaccine. An RSV vaccine has been available since Autumn of 2024 for a limited cohort of people and this offer has now been extended to include anyone over the age of 75 years and to those living in a care home registered to provide care to older people.

## Report on future of BSW long COVID service

Following our update and paper on proposal for engagement on the long COVID services submitted to the Committee in March, we would like to provide further information and answers to queries raised at the meeting by Scrutiny Panel members.

### Engagement approach

Committee members asked if the 'targeted engagement' referenced in the paper would be sufficient. We can confirm that in addition to the targeted engagement with current and past patients, our plans also include wide-reaching promotion of the opportunity to share views via our website, social media and other communication channels such as newsletters and stakeholder organisations. There will be a survey that will be open to anyone who wishes to respond.

### Do the proposals impact on long COVID services for children

We can confirm that the proposals only relate to adult services. Currently, children and young people under the age of 18 with symptoms that could indicate long COVID are referred to a paediatrician and there are no plans to change this.

### How will surveillance/ monitoring long COVID trends be undertaken

There is no national or formal local surveillance of long COVID. However, the ICB does monitor the number of referrals to the long COVID service, and as set out in the paper to the committee these have fallen rapidly over the past two years. Looking ahead, referral activity and patient needs will continue to be captured through HCRG's Single Point of Access (SPA) and through team-level activity data, including the volume of referrals presenting with symptoms commonly associated with Long COVID, and recording of a Long COVID diagnosis where this is identified or clinically relevant.

### Is there/could there be a specialist GP for long COVID

This is not something that is currently in place, and as we briefly described in the last meeting, this is not an area we are looking to develop. However, under the proposed changes to the long COVID service, GPs would still be able to refer patients for a range of support and further investigations depending on their symptoms and needs, as well as offering patients access to the Healthy Futures programme.

We hope this information is helpful. To reiterate our comments during the last meeting, at this stage the ICB is focused on engaging with local people about the proposed change to the long COVID service. We will carefully consider the feedback we receive before making a decision about how to proceed. We will be very happy to bring the outcome of the engagement back to the Scrutiny Panel once completed so members have the opportunity to review it and inform final decision-making.

## **Additional items:**

### **New service identity for BSW Community Health**

HCRG Care Group has launched a new service identity for Bath and North East Somerset, Swindon and Wiltshire Community Health, alongside a series of key improvements to how people and professionals access care. This includes the introduction of a Single Point of Access, Integrated Neighbourhood Teams, and a Digital Front Door. Together, these changes are designed to make services easier to navigate, support earlier intervention, and deliver more coordinated, person-centred care closer to home.

HCRG Care Group has supported this launch through a comprehensive, multi-stakeholder communications approach to ensure both the public and partners are well informed and able to access services confidently. This has included engagement with local media, political stakeholders, local authorities, Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board and wider system partners. HCRG has also worked closely with referring organisations - including primary care, acute providers, hospices, care homes, schools (via local authorities), community pharmacy and VCSE partners - to ensure awareness of the new referral routes and access points. In Bath and North East Somerset specifically, this work has been supported by Jane Williams, Corporate Communications Manager at Bath & North East Somerset Council, helping to ensure strong local alignment and visibility.

This is an ongoing programme of engagement, and HCRG are continuing to work closely with stakeholders to communicate these changes. The provider will maintain a sustained communications effort over the coming weeks to build awareness, support adoption and ensure that both residents and partners are confident in accessing and referring into services.

### **Response to Meningitis outbreak in Kent**

While there were no cases in Bath or North East Somerset, health services in the area were fully briefed and part of a general response to the outbreak of meningococcal disease in Kent.

GP services were able to offer MenB vaccinations upon request to eligible patients who could not access vaccination at local vaccination clinics at the University of Kent, for example, because they had returned home from campus for the Easter holidays.

Parents were also urged to keep an eye out for symptoms of meningococcal disease and septicaemia among children and to seek urgent medical attention if symptoms were identified.

Meningococcal disease can progress rapidly, so it's essential that students and parents are alert to the signs and symptoms of meningococcal meningitis and septicaemia, which can include a fever, headache, rapid breathing, drowsiness, shivering, vomiting and cold hands and feet.

Information on eligibility for the MenB vaccine can be found on the UK Health Security Agency website here: <https://ukhsa.blog.gov.uk/2026/03/20/who-is-eligible-for-the-menb-vaccine-and-do-i-need-it-myself/>

## **BSW Hospitals Group appoint Group Chair**

Royal United Hospitals Bath NHS Foundation Trust, Great Western Hospitals NHS Foundation Trust in Swindon and Salisbury NHS Foundation Trust have appointed Paul von der Heyde as their Joint Chair. This marks a significant milestone in the formal collaboration between the three hospitals as BSW Hospitals Group.

Paul took up the position on 1 April 2026 and brings with him a wealth of experience gained over 40 years of working at Board level in both the commercial sector and NHS. He was most recently Chair of NHS Somerset Integrated Care Board from 2021 and Chair of Yeovil District Hospitals NHS Foundation Trust from 2012.

Throughout his career Paul has developed a strong reputation for building effective partnerships to support transformation which enhances the experience of patients, colleagues and wider population.

In taking on the role, Paul will oversee a combined budget of £1.6 billion and workforce of over 17,600 colleagues, providing care to over 1 million people across Bath and North East Somerset, Wiltshire, Swindon and beyond.

<b>Bath &amp; North East Somerset Council</b>		
<b>MEETING/ DECISION MAKER:</b>	<b>Adults and Children’s Health and Wellbeing Policy Development and Scrutiny Panel</b>	
<b>MEETING/ DECISION DATE:</b>	<b>20<sup>th</sup> April 2026</b>	<b>EXECUTIVE FORWARD PLAN REFERENCE:</b>
<b>TITLE:</b>	<b>Care Quality Commission (CQC) Local Authority Assessment – ASC Improvement Plan Progress Update</b>	
<b>WARD:</b>	All	
<b>AN OPEN PUBLIC ITEM</b>		
<p><b>List of attachments to this report:</b></p> <p>Attachment 1: ASC 9 Improvement Priorities</p> <p>Attachment 2: Adult Social Care Improvement Plan Update (May 2025 to March 2026)</p> <p>Attachment 3: Social Care Institute for Excellence Report - Working Well and Recommendations</p> <p>Attachment 4: Risk and Mitigation Summary</p> <p>Attachment 5: Equalities Impact Assessment</p>		

**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 Care Quality Commission (CQC) Local Authority Assessment Report for B&NES (January 2025) with a Requires Improvement rating.
- 1.2 As reported in April 2025, B&NES was assigned a Care and Health Improvement Advisor (CHIA) from Partners in Care and Health (Southwest Region), who partner with the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS).
- 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

continues to undertake enabling sustainable improvement since the last report to Panel in January 2026 (deferred paper to April 2026).

## **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 Care Quality Commission rating.
- 2.2 Agree that a further update report on the progress against the ASC Improvement Plan is submitted to Panel in Autumn 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 Many of the projects in place have delivered the improvement priorities into business as usual through year 1 of the ASC improvement journey and have therefore closed, these include:
  - Occupational Therapy Assessment Centre
  - External agency support for Occupational Therapy assessment waiting list
  - Internal audit for Disabled Facilities Grant
  - Development and Implement Practice Standards and Framework
  - Embed risk assessment tools into Liquidlogic Adults Social Care System (LAS) to assist in managing waiting lists, as well as managing risks to individuals around their support needs
- 3.2.1 Section 3.11 provides further detail on closing down improvement priorities delivered into business as usual and improvement priorities that will continue onto year 2 2026/27. A detailed overview of the Adult Social Care Improvement Plan Update (May 2025 – March 2026) 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 chaired by the Executive Director (People). 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 March Improvement Board focussed on 3 projects through presentation of focussed highlight reports for:

- 2.3: Co-Production
- 3.1: Safeguarding Governance and Risk (Independent Review)
- 3.2: Preparing for Adulthood

3.4 The ASC Improvement Plan continues to progress steadily, with actions tracked at the 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 January 2026. Also, there is a quarterly submission to the ASC Quality Assurance Board which shows the waiting list trends, details of which are in the table below. Waiting lists numbers change throughout the course of weeks and months and we have recently seen a rise in the number of people waiting for an assessment and an increase in the number of referrals, along with staff vacancies which have now been recruited to. We are in the process of recruiting three specific review officers, which are new posts within the structure, with the intention to increase the number who have had an annual review.

<b>ASC Waiting List</b>	<b>January 2025</b>	<b>April 2025</b>	<b>July 2025</b>	<b>October 2025</b>	<b>January 2026</b>	<b>March 2026</b>
<b>Care Act Assessments</b>	201	130	94	65	73	81
<b>Occupational Therapy Assessments</b>	229	224	143	45	30	58
<b>Deprivation of Liberty Safeguarding (DoLS)</b>	509	490	452	445	432	405
<b>Reviews</b>	71%	70.2%	73%	74%	72.5%	70%

3.6 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 39 case audits to date, 83% of individuals receiving a service rated their experience as positive. All themes from the audits, both positive and where areas of improvement have been identified, continue to be discussed and fed back to teams for reflection and learning to drive best practice moving. The Principal Adult Social Worker is leading a review of this to improve consistency of audit responses and introducing a different approach to obtaining feedback from individual service users to increase the response rate. In development is a strengths-based conversation audit and safeguarding assurance audit tool.

3.7 ASC Practice Week was held from 26 – 30 January 2026 which provided the ASC workforce a focused week of learning and development opportunities featuring a range of in person and online learning events. Practice Week was purposely 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 the opportunity to network and connect with colleagues. The new Professional Standards and Practice Framework was also launched to staff during Practice Week.

3.7.1 The Principal Adult Social Worker has undertaken a survey with staff following Practice Week and the results demonstrate 86% staff attended a session, 100% staff that attended a session responded increased confidence, knowledge and understanding and a positive impact on practice, 95% staff aware of Practice Framework and Standards and staff proactively suggesting themes and topics for future Practice Weeks. Feedback from staff has been very positive, with some examples included below:

- "Good variety of topics and the session on Trauma Informed Practice was very good. Would like to see more exploration of what other services do and provide in future practice weeks."
- "As a commissioner and a registered social worker, I found this session very insightful and would welcome more opportunities for shared reflective practice with practitioners and commissioners."
- "Given the important and often complex work undertaken by frontline staff in adult social care practice, it feels good to know there are the right structures and people around to be guiding and supporting practice for the wellbeing of local people."
- "Really good to hear the voice of people with lived experience. It would be good to have more of that, (name) interview and (name) trauma informed practice session really made an impact and promoted further thinking and discussion."

3.8 Social Care Institute for Excellence (SCIE) were invited to undertake an independent review of our co-production offer, processes and practice. Between 1<sup>st</sup> – 5<sup>th</sup> December 2025, 24 staff were interviewed by SCIE as part of the review. A range of documentation was provided to SCIE to enable an understanding of ASC services and prior to interviews taking place a staff survey was completed to aid SCIE to assess current practice. A co-production self-assessment was also developed outlining what we are doing well and existing plans for improvement.

3.8.1 The final report from SCIE was received by ASC in March 2026 which highlighted a number of areas working well and recommendations (Attachment 3), which will form part of the ASC Improvement Plan priorities for 2026/27.

3.8.2 The report from SCIE concluded that the review of co-production in B&NES highlights strong intent and growing examples of good practice, such as embedding co-production in contracts, procurement scoring and strategies like the carers and dementia initiatives. Staff widely understand co-production as a shift in power toward equality and leadership demonstrates visible commitment. Engagement with under-represented groups and innovative approaches like community champions and interpreters show progress toward inclusivity. However, implementation is uneven, particularly at governance and strategic levels, with gaps in training, capacity and systematic integration of feedback. While trust and engagement are developing, co-production still feels aspirational for

many staff, requiring foundational work to translate principles into consistent practice. Moving forward, embedding people with lived experience in decision making, strengthening skills and confidence and ensuring sustainable resources will be critical to achieving meaningful and measurable impact, sustained over time.

3.8.3 Feedback from SCIE on their positive experience of undertaking the independent review of the co-production offer at B&NES included *“Consistently impressed by the openness, commitment and reflective spirit demonstrated by staff and senior leaders across the directorate. Their willingness to engage honestly with both strengths and challenges created the foundations for a meaningful and collaborative review. SCIE is confident that B&NES has the foundations, the ambition and the emerging practice needed to build a mature, sustainable culture of co-production. We look forward to seeing the impact of this commitment as the recommendations are taken forward and translated into everyday practice”*.

3.9 ASC has invited Partners for Care and Health (PCH) to conduct an independent review of the safeguarding adults pathway. This aims to support several areas, including the strengthening of safeguarding governance and assurance, enhancing consistency of practice, addressing delays within safeguarding pathways, and improving both reporting and multi-agency collaboration. For B&NES, the scope of this work includes:

- Are safeguarding processes clear and understood by all staff?
- Do teams consistently understand and apply risk management procedures?
- Are audits sufficient, and how is learning from them shared with staff, partners, and service users?
- Are there leadership gaps, and do staff know where to find guidance?
- Is Making Safeguarding Personal integrated into practice?
- Are partners and the public informed after a safeguarding referral?
- If concerns don't meet safeguarding thresholds, are other risk management mechanisms clearly understood?
- What training and development is available for managing complex cases and learning from safeguarding adult reviews?

3.9.1 PCH has partnered ASC with a specialist in safeguarding to undertake the independent review, and ASC has been collaborating with the reviewer during March to supply key information and supporting documentation, provide details of the individuals supported through B&NES safeguarding adults processes, that the reviewer may meet with, provide relevant processes and policies and access to Liquidlogic Adults Social Care System (LAS). LAS is the database that ASC uses to record information/assessments and support plans for individuals and the LAS pathways are the processes that practitioners follow to record information on the system.

3.9.2 The reviewer will begin meeting with identified individuals with lived experience of B&NES Safeguarding Adults Processes (via Teams) and will complete a review of LAS pathways week commencing 13<sup>th</sup> April and staff interviews will commence 23<sup>rd</sup> April and this will include a meeting with the safeguarding triage team to gain a better understanding of operational practice, as well as discussions with staff

from mental health, preparing for adulthood, hospitals, localities, and Safeguarding Chairs (a practitioner role key to the Safeguarding Adults process).

3.10 During February and March 2026 an internal audit was completed for ASC Improvement Plan with an audit outcome of Level 4 Assurance - The systems of internal control are good with a number of strengths evident and substantial assurance can be provided. The main findings from the audit report are:

- Established strong and transparent governance arrangements with clearly defined structure, governance timelines and reporting arrangements
- The ASC Improvement Board regularly convenes to oversee delivery of the programme providing monthly highlight reports along with a RAG-rated dashboard across all nine improvement priorities and risks are regularly reviewed and escalated to directorate and corporate risk registers
- The key recommendations in the report relate to enhanced project planning and risk management at individual project-level with observations to strengthen delivery assurance, governance transparency and preparation for future Care Quality Commission (CQC) inspection as ASC move into year two of the improvement journey and delivery of 2026/27 improvement priorities

3.11 The ASC Improvement Programme and its corresponding Board were established in May 2025, following a formal notification to the Department of Health and Social Care on 20<sup>th</sup> April 2025. During 2025, significant progress has been made in several areas, while others continue to develop and be delivered. As ASC approaches the conclusion of its first year delivering targeted improvement outcomes, the ASC Leadership Team and Assurance Lead have initiated work to define priorities for the 2026/27 Improvement Plan. The intention is to launch the new priorities in May 2026, thereby completing a full year cycle of service improvement.

## **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 five submissions (February, April, July, October and January 2026) 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. We are awaiting confirmation from our CHIA on the continued requirement for submissions to DHSC as of April 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. All information obtained from attendance at these meetings, or from any other network or Local Government Association correspondence is feeding into the 2026 CQC Preparedness Plan. The Preparedness plan lays out the methodology for managing CQC Information Returns, maintaining an evidence library, oversight of the case tracking exercise and communication plan.

## **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).
- 5.3 A cohort of 4 staff are due to commence their Level 6 Social Worker Degree Apprenticeship in September 2026 demonstrating our ongoing commitment to career progression and development for Adult Social Workers in B&NES and upon successful completion apprentices earn a degree enabling registration with Social Work England.

## **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 in Attachment 4 outlines key risks and mitigation activity and the risk register will be reviewed as part of the closure of year 1 improvement and setting of the year 2 ASC Improvement Plan.

## **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 5.
- 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 outlines the progress made by ASC from September 2024 (CQC on-site inspection) to December 2025 and was finalised in March 2026. It is expected that the Self-Assessment 2024/25 will be published in April 2026. 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 Assurance Lead. Alongside this, operational and commissioning staff are actively involved in doing the work that has enabled ASC to deliver on the improvement priorities. Notably, the development of the Practice Standards and Framework, which was developed in collaboration between the Principal Social Worker and frontline practitioners, is an example of this.
- 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 The ASC Leadership Team are planning a series of staff briefings across the ASC directorate to update and engage with staff on the self assessment report and future plans ASC Improvement Plan in 2026/27.

10.5 In November 2025 Cabinet received a progress report on the ASC Improvement Plan and there will be a further progress report to Cabinet in Autumn 2026.

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

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# Adult Social Care Improvement Plan

## Attachment 1

### ASC Improvement Priorities

April 2026

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Bath & North East  
Somerset Council

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Improving People's Lives



Theme & Reference		Priority Areas of improvement
<b>Theme 1. How the Local Authority Works with People</b>	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.
Page 50 <b>Theme 2: Providing Support</b>	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
<b>Theme 3: How the Local Authority Ensures Safety Within the System</b>	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
<b>Theme 4: Leadership</b>	4.1	Improve the quality of our data to ensure better oversight of individuals journeys <u>through the use of performance BI dashboard</u>

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# Adult Social Care Improvement Plan Update (May 2025 to March 2026)

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## Attachment 2

20<sup>th</sup> April 2026

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Bath & North East  
Somerset Council

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Improving People's Lives



# Improvement Priority 1.1

Key areas identified	Planned activity to address key areas identified	Commentary
<p><b>CQC Theme 1: How the Local Authority works with people</b></p> <p><b>Improvement Priority 1.1:</b> 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 <a href="#">Project</a> 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><b>Progress update</b></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 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. Work on this has begun and ASC have been working with Public Health to define our prevention offer and looking at the different pathways for accessing preventative support. 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> <p>The outcomes of the Information, Advice and Guidance diagnostic are linked to other Improvement Priorities. As ASC progress the development of the 2026/27 Improvement Plan, the recommendations from the diagnostic, as well as the work described above, will be embedded in this moving forward.</p>	

# Improvement Priority 1.2

<p><b>CQC Theme 1: How the Local Authority works with people</b></p> <p><b>Improvement Priority 1.2:</b> 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><b>Progress update</b></p>	<p><b>Care Act Assessments</b> In January 2025, 201 individuals were waiting for allocation for a Care Act Assessment and data provided for the March Improvement Board showed 81 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><b>Mental Capacity Act/ Deprivation on Liberty Safeguards</b> The number of people awaiting a Deprivation of Liberty (DoLs) authorisation has also decreased with a reduction from 509 in January 2025 to 405 as reported in the March Improvement Board. 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><b>Occupational Therapy</b> The Occupational Therapy (OT) waiting list has reduced from 229 in January 2025 to 58 as reported in the March Improvement Board.</p> <p><b>Reviews</b> In January 2025 71% of people who require an annual review, have had their review within the 1 year timescale. This is now 70% as reported in the March Improvement Board.</p> <p><b>Financial Assessments</b></p> <ul style="list-style-type: none"> <li>• 110 assessments in process</li> <li>• Of which 99 are still awaiting returned information and 11 have information returned and in the process of being reviewed.</li> <li>• 46 cases exceeding 28 days</li> <li>• 19 cases exceeding 84 days, of which 3 are deputyship applications</li> <li>• 2 cases exceeding 6 months all are deputyship applications underway</li> </ul>	

# Improvement Priority 1.3

<p><b>CQC Theme 1: How the Local Authority works with people</b></p> <p><b>Improvement Priority 1.3:</b> 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><b>Progress update</b></p>	<p>The PSW has established and embedded the 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 as planned. 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 Direct Payment Lead has been in post since September 2025. <u>The Lead</u> has begun assessing our current offer, reviewing policies/ procedures and formulating a work plan. The DP Lead has also joined the <u>South West</u> 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 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. The Direct Payment Lead has now developed Direct Payments training which is available for staff to book to the Internal Learning Zone Intranet Pages. To date, two training sessions have been delivered, with 22 attendees.</p> <p>The PSW and Assistant Director for Operations delivered the ASC Practice week which ran from 26<sup>th</sup>-30<sup>th</sup> January. The Practice Framework and Practice Standards, that were co-produced with staff, were formally launched during this week, and it was an opportunity 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, four operational staff have successfully completed the Social Work apprenticeship application process, with the apprenticeships beginning in September 2026. ASC is progressing the arrangements for the second practice week, which will be held at the end of October, coinciding with National Occupational Therapy Week.</p>	

# Improvement Priority 2.1

<p><b>Theme 2: Providing Support</b></p> <p><b>Improvement Priority 2.1</b> 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 market accordingly; enabling us to support more people in B&amp;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><b>Progress update</b></p>	<p>Changes to the Quality Assurance Review and digital tools have been embedded in practice, strengthening quality assurance by making it simpler, more consistent, and more transparent, improving collaboration with providers, and building a stronger evidence base to inform commissioning and service improvement.</p> <p>Commissioners and social care practitioners continued to work together to shape recommissioning plans for homecare and care homes and the development of B&amp;NES dementia strategy. This demonstrates strong information sharing and joined up working between commissioning and social care practice.</p> <p>The communication strategy for the Community Support procurement has been refreshed, strengthening dialogue with providers, including through the March workshop. The focus will now shift from contract mobilisation to service delivery and evaluating outcomes for residents and benefits for B&amp;NES.</p> <p>All the work completed over the last year has enhanced collaboration and communication across commissioning, providers, service users, and professionals, creating clearer access routes and more resilient support structures.</p>	

# Improvement Priority 2.2

<p><b>Theme 2: Providing Support</b></p> <p><b>Improvement Priority 2.2</b> 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&amp;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><b>Progress update</b></p>	<p>Engagement has been conducted with residents and staff for the development of the Digital and Tech Strategy. B&amp;NES partnered with Healthwatch to gather feedback from residents. ASC Commissioning led workshops with staff groups including managers and frontline workers across the directorate. All information has been written into a draft strategy and outline activity plan. This has been circulated for review to the senior management team.</p> <p>The analogue to digital switchover has been a key focus as we move into the final year before analogue infrastructure will be switched off across the nation. As well as reviewing and mitigating risks to known individuals, a communications piece has been developed to continue highlighting the changes to residents. The digital lead has engaged with corporate colleagues, aligning the approach across the local authority.</p> <p>Continuing a strategic approach to technology transformation, work progresses on the Technology Enabled Care Pilot for people who attend the OT Assessment Centre and Access, Information and Advice Hub. The route for residents to receive TEC has been developed, and a partner has been engaged to deliver the pilot. Additionally, members of the Learning Disability, Autism, hearing and Vision Service have attended demos with two LD and Autism app providers. Licenses will shortly be purchased, to test this digital approach with a pilot group of residents.</p> <p>The Adults Systems Expert &amp; Service Lead responsible for coordinating LAS system developments to support practitioners. Over the last six months, the Adults Systems Expert and Service Lead have developed new Liquidlogic Adult's system processes and referral routes via the Adult Social Care Portal. Documentation was built to prepare for the implementation of the ASC Operational Team Restructure. The system restructure was tested and approved, and staff received the necessary training.</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

<p><b>Theme 2: Providing Support</b></p> <p><b>Improvement Priority 2.3</b> 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><b>Progress update</b></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 Involving people in strategic reviews, such as the family's involvement in reviewing B&amp;NES's respite offer and residents input into the development of B&amp;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> <p>Social Care Institute of Excellence (SCIE) were invited to undertake an independent review of our co-production offer, processes and practice in B&amp;NES. Between 1<sup>st</sup> – 5<sup>th</sup> December 2025, 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. The final report from SCIE was received by ASC in March 2026 which highlighted a number of areas working well and recommendations, which will form part of the ASC Improvement Plan priorities for 2026/27.</p> <p>The Service User Development and Engagement Lead started October 2025, to focus on developing and implementing a <u>systems</u> that allows all individuals to provide feedback and develop ways of sharing feedback to contribute to staff learning and development. The Lead has been visiting community resources such as Age UK, Day services, the Carers Centre and the Swallows to meet with individuals who use the services, to gather feedback. This early stage of work will help to inform the priority areas for improving how we get feedback and acting upon it. Priority areas already highlighted include working with Learning Disability Provider Services and people who have lived experience of receiving a service from Adult Social Care.</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. Of the 39 case audits to date, 83% of individuals receiving a service 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. The Principal Adult Social Worker is leading a review of this to improve consistency of audit responses and introducing a different approach to obtaining feedback from individual service users to increase the response rate. In development is a strengths-based conversation audit and safeguarding assurance audit tool.</p>	

# Improvement Priority 3.1

<p><b>Theme 3: How the Local Authority ensures safety within the system</b></p> <p><b>Improvement Priority 3.1:</b> 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 <del>Control</del> 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><b>Progress update</b></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. 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&amp;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. This review started on the 16<sup>th</sup> March.</p>	

# Improvement Priority 3.2

<p><b>Theme 3: How the Local Authority ensures safety within the system</b></p> <p><b>Improvement Priority 3.2:</b> 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&amp;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><b>Progress update</b></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 <u>19<sup>th</sup></u> December.</p>	

# Improvement Priority 4.1

<p><b>Theme 4: Leadership</b></p> <p><b>Improvement Priority 4.1:</b> 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><b>Progress update</b></p>	<p>The Adults Systems Expert &amp; Service Lead has held 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>As a result of the ASC Operational restructure, 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>	

# Adult Social Care Improvement Plan

## Attachment 3

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### Social Care Institute for Excellence Report – Working Well and Recommendations

April 2026

Bath & North East  
Somerset Council

Improving People's Lives



## What is working well

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- There is a strong and widespread understanding of co-production as a fundamental shift in power towards equality, underpinned by honesty, transparency, respect, empowerment and diversity. Staff consistently reference Think Local Act Personal (TLAP) and Making It Real principles within practice frameworks, emphasising dignity and human connection in their engagement
- Co-production is starting to be embedded in the directorate's approach, with requirements written into contracts and key performance indicators (KPIs) and procurement processes scoring tenders on co-production. This commitment is reflected in practice through initiatives such as the Carers Strategy, the development of the Dementia Strategy, peer-led quality assurance reviews and advocacy, and community support contracts that specify co-production methods
- Trust and engagement were reported to have improved, with communities feeling powerful and genuinely heard. B&NES has recently appointed a service user development and engagement lead to ensure residents have a stronger and more influential voice in shaping ASC by developing effective and inclusive mechanisms for gathering feedback. The service user development and engagement lead attends established groups and forums across the community, building on existing engagement work, particularly with people whose voices are often under-represented, to understand their experiences of services and to expand the feedback mechanisms available to residents
- There is a strong and active focus on engaging under-represented groups, including rural communities and the boating community, using interpreters, flexible methods and community champions to ensure accessibility
- There is clear aspiration to embed lived experience at every level. Some projects and initiatives are currently supported by the Better Care Fund, and there are emerging remuneration approaches that enable engagement

## Recommendations

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- Embed lived experience in governance by formalising roles, establishing co-chairs and ensuring people with lived experience are part of strategic decision-making, not only engagement activities
- Strengthen the policy framework, establishing a clear co-production policy, shared terminology and practical tools to ensure consistency across teams
- Expand training and skill development, including facilitation skills, inclusive engagement and practical application of co-production in commissioning and service improvement
- Standardise feedback and evaluation, introducing clear metrics, reporting mechanisms and systematic “We said/We did” processes across all services
- Increase capacity and resourcing, including time, tools, consistent remuneration and support from the Service User Development and Engagement Lead
- Promote inclusive practice, ensuring that under-represented voices are actively supported and removing structural barriers to participation

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# Adult Social Care Improvement Plan

## Attachment 4 Risk and Mitigation

April 2026





Risk	Mitigation
<ul style="list-style-type: none"> <li>Care Quality Commission (CQC) new inspection methodology and timescale is unknown</li> </ul>	<p>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 &amp; Health (PCH) Care and Health Improvement Adviser (CHIA) ensuring regular sector updates from CQC.</p> <p>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.</p>
<ul style="list-style-type: none"> <li>Impact of enacting the Improvement Plan without achieving a 'good' CQC rating</li> </ul>	<p>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.</p> <p>A robust communication and engagement plan is in place to cover both internal and external stakeholders.</p>
<ul style="list-style-type: none"> <li>Capacity of corporate resource teams to deliver on specific activity for delivery of improvement at pace</li> </ul>	<p>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.</p> <p>This process enables cross-council collaboration on improvement actions and the use of allocated improvement funding to meet resource needs.</p>
<ul style="list-style-type: none"> <li>Optimisation of the ASC Reserve to fund additional resource to deliver improvement priorities</li> </ul>	<p>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.</p>

Risk	Mitigation
<ul style="list-style-type: none"> <li>If a Communication and Engagement Plan is not implemented, stakeholders may not receive updates on our progress and improvements</li> </ul>	<p>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.</p> <p>Updates for the ASC Operations Team are provided through fortnightly team meetings. Progress is regularly reported to the Corporate Management Team (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&amp;NES Community Safety and Safeguarding Partnership Executive Board.</p> <p>The Department of Health &amp; Social Care (DHSC) receives updates at three-month intervals through progress submissions from Partners Care &amp; Health and the Care &amp; Health Improvement Advisor.</p>
<p>Operational staff capacity to engage and deliver on Improvement Plan, whilst managing increased demand on services and complexity of work</p>	<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>
<ul style="list-style-type: none"> <li>Leadership capacity to manage the multiple projects delivering the improvement priorities</li> </ul>	<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>

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

<b>Item name</b>	<b>Details</b>
<b>Title of service or policy</b>	Adult Social Care, Care Quality Commission Improvement Plan
<b>Name of directorate and service</b>	Adult Social Care (ASC)
<b>Name and role of officers completing the EqIA</b>	Suzanne Westhead, Director of Adult Social Services Nicola Pope, ASC Assurance Lead
<b>Date of assessment</b>	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 (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
<p>1.1 Briefly describe purpose of the service/policy e.g.</p> <ul style="list-style-type: none"> <li>● How the service/policy is delivered and by whom</li> <li>● If responsibility for its implementation is shared with other departments or organisations</li> <li>● Intended outcomes</li> </ul>	<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&amp;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&amp;NES ASC on 30th January 2025, assigning a rating of Requires Improvement.</p> <p>Due to the Requires Improvement rating B&amp;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"> <li>● Theme 1: How the Local Authority Works with people</li> <li>● Theme 2: Providing Support</li> </ul>

	<ul style="list-style-type: none"> <li>• Theme 3: How the Local Authority ensures safety within the system</li> <li>• Theme 4: Leadership</li> </ul> <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&amp;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>
<p>1.2 Provide brief details of the scope of the policy or service being reviewed, for example:</p>	<p>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</p>

<ul style="list-style-type: none"> <li>● Is it a new service/policy or review of an existing one?</li> <li>● Is it a national requirement?).</li> <li>● How much room for review is there?</li> </ul>	<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: 13<sup>th</sup> February 2025, 30<sup>th</sup> April 2025, 30<sup>th</sup> July 2025 and 30<sup>th</sup> 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:  <a href="https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance">https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance</a></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 is 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><b>2.1</b> What equality focussed training have staff received to enable them to understand the needs of our diverse community?</p>	<p>All B&amp;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><b>2.2</b> What is the equality profile of service users?</p>	<p>The B&amp;NES Council Strategic Evidence Base provides the equality profile for the B&amp;NES Population: <a href="https://www.bathnes.gov.uk/sites/default/files/SEB%20Population%20%26%20Demography%20Apr25.pdf">https://www.bathnes.gov.uk/sites/default/files/SEB%20Population%20%26%20Demography%20Apr25.pdf</a></p>
<p><b>2.3</b> 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><b>2.4</b> 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><b>2.5</b> 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
<p><b>3.1 Issues relating to all groups</b> and protected characteristics</p>	<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&amp;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"> <li>• empowerment</li> <li>• prevention</li> <li>• proportionality</li> <li>• protection</li> <li>• partnership</li> <li>• accountability</li> </ul> <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&amp;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>	
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	There are robust governance arrangements in place to foster accountability across the service through our existing framework for assuring quality.	
<b>3.2 Sex</b> – 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>
<b>3.3 Pregnancy and maternity</b>	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>

		<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.</p>
<p><b>3.4 Gender reassignment</b> – identify the impact/potential impact of the policy on transgender people</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 based on their gender identity.</p>	<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&amp;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>
<p><b>3.5 Disability</b> – identify the impact/potential impact of the policy on disabled people (ensure consideration of physical, sensory and mental health needs/differences)</p>	<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"> <li>• Older People’s Services</li> <li>• Physical Disability and Sensory Services</li> <li>• Mental Health Services</li> <li>• Learning Disability Services</li> </ul>	<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"> <li>Occupational Therapy Services</li> </ul>	
<b>3.6 Age</b> – 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>
<b>3.7 Race</b> – 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>
<b>3.8 Sexual orientation</b> – 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>
<b>3.9 Marriage and civil partnership</b> – 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>
<b>3.10 Religion/belief</b> – 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>
<b>3.11 Socio-economically disadvantaged*</b> – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances <b>(this is not a legal requirement, but is a local priority).</b>	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>
<b>3.12 Rural communities*</b> 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><b>3.13 Armed Forces Community **</b> 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><b>3.14 Care Experienced ***</b> This working definition is currently under review and therefore subject to change:  In B&amp;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.
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\*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.

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#### 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](mailto:equality@bathnes.gov.uk)), who will publish it on the Council's website. Keep a copy for your own records.

**Signed off by:**

(Divisional Director or nominated senior officer)

**Date:**

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<b>Bath &amp; North East Somerset Council</b>		
<b>MEETING/ DECISION MAKER:</b>	<b>Children, Adults, Health and Wellbeing Panel</b>	
<b>MEETING/ DECISION DATE:</b>	<b>20<sup>th</sup> April 2026</b>	<b>EXECUTIVE FORWARD PLAN REFERENCE:</b>
<b>TITLE:</b>	<b>Complaints and Feedback Annual Report for Adult Social Care 2024 – 2025</b>	
<b>WARD:</b>	All	
<b>AN OPEN PUBLIC ITEM</b>		
<b>List of attachments to this report:</b>		
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

<b>Contact person</b>	Sarah Watts, Complaints and Data Protection Team Manager <a href="mailto:Sarah_watts@bathnes.gov.uk">Sarah_watts@bathnes.gov.uk</a> 01225 477931
<b>Background papers</b>	None

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

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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

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## **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 1<sup>st</sup> April 2024 to 31<sup>st</sup> 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.

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

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
<b>Assessment and care planning</b> <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%
<b>Charging</b> <i>includes all issues relating to the assessed weekly charge and decisions about funding</i>	39 (46%)	13 (33%)	81%
<b>Safeguarding</b> <i>includes all complaints relating to safeguarding procedures. It excludes complaints which raise safeguarding concerns.</i>	3 (4%)	0	63%
<b>Home Care</b> <i>Includes all complaints about the quality of home care provision</i>	5 (6%)	1 (20%)	89%
<b>Residential</b> <i>Includes all complaints about the quality of residential care</i>	1 (2%)	1 (100%)	83%
<b>Total</b>	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
<p><b>22 017 440</b></p> <p><b>Residential Care – CRC</b></p> <p><b>Complaint received:</b> January 2023</p> <p><b>Referred to the LGSCO:</b> May 2023</p>	<p>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</p> <ul style="list-style-type: none"> <li>• the actions of an Occupational Therapist,</li> <li>• her father’s catheter care,</li> <li>• Urinary Tract Infection management; and</li> <li>• poor record keeping</li> </ul> <p>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.</p>	<p><b>Upheld</b></p> <p>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.</p> <p>The Council agreed to apologise to Miss Y and agreed to make systemic improvements and pay a financial remedy.</p>
<p><b>23 019 700</b></p> <p><b>Adult Social Care</b></p> <p><b>Complaint received:</b> December 2023</p> <p><b>Referred to the LGSCO:</b> April 2024</p>	<p>Mrs X complained that following a review of her eligible care needs, the Council reduced her care package.</p>	<p>The LGSCO will <b>not investigate</b> 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.</p>
<p><b>24 002 922</b></p> <p><b>Adult Social Care</b></p>	<p>Mrs B complained the Council:</p> <ul style="list-style-type: none"> <li>• wrongly recorded that she and Mrs C attended a meeting in July 2023, arranged by an Integrated</li> </ul>	<p><b>Upheld – fault by the Council caused injustice to Mrs B.</b></p> <p>We upheld her complaint,</p>

<p><b>Complaint received:</b> April 2024</p> <p><b>Referred to the LGSCO:</b> 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"> <li>• 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;</li> <li>• its social worker inappropriately pressured Mrs B and Mrs C to sign a declaration on a financial assessment form during the August 2023 meeting.</li> </ul>	<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><b>24 006 464</b></p> <p><b>Adult Learning Disability</b></p> <p><b>Complaint received:</b> May 2024</p> <p><b>Referred to the LGSCO:</b> 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 <b>not investigate</b> 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><b>24 001 607</b></p> <p><b>Adult Learning Disability</b></p> <p><b>Complaint received:</b> October 2023</p> <p><b>Referred to the LGSCO:</b> 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><b>Upheld: Fault causing injustice</b> 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><b>24 011 514</b></p> <p><b>Adult Social Care/Care Finance Team</b></p> <p><b>Complaint</b></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 <b>not investigate</b> 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>

<p><b>received:</b> August 2024</p> <p><b>Referred to the LGSCO:</b> <b>March 2025</b></p>		
<p><b>24 017 522</b></p> <p><b>Adult Social Care</b></p> <p><b>Complaint received:</b> December 2023</p> <p><b>Referred to the LGSCO:</b> March 2025</p>	<p>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.</p>	<p>We will <b>not investigate</b> Ms X's complaint about the Council's decision to withdraw her direct payments. There is insufficient evidence of fault to warrant an investigation.</p>

## 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)**

<b>Item name</b>	<b>Details</b>
<b>Title of service or policy</b>	Adult Social Care Services Complaints and Feedback Policy and Procedure
<b>Name of directorate and service</b>	One West, Complaints and Data Protection Team
<b>Name and role of officers completing the EqIA</b>	Sarah Watts, Complaints and Data Protection Team Manager
<b>Date of assessment</b>	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
<p>1.1 Briefly describe purpose of the service/policy e.g.</p> <ul style="list-style-type: none"> <li>● How the service/policy is delivered and by whom</li> <li>● If responsibility for its implementation is shared with other departments or organisations</li> <li>● Intended outcomes</li> </ul>	<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"> <li>● Is it a new service/policy or review of an existing one?</li> <li>● Is it a national requirement?).</li> <li>● How much room for review is there?</li> </ul>	<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><b>2.1</b> 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><b>2.2</b> 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&amp;NES Strategic Evidence Base <a href="https://www.bathnes.gov.uk/strategic-evidence">https://www.bathnes.gov.uk/strategic-evidence</a></p> <p>The number of complaints received on an annual basis is available in the Complaints and Feedback Annual Report.</p>
<p><b>2.3</b> 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><b>2.4</b> 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><b>2.5</b> 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
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		<b>steps have been or could be taken to address this</b>
<b>3.1 Issues relating to all groups</b> 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 1<sup>st</sup> April 2026.</p>
<b>3.2 Sex</b> – 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.
<b>3.3 Pregnancy and maternity</b>	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.
<b>3.4 Gender reassignment</b> – 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.
<b>3.5 Disability</b> – 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.
<b>3.6 Age</b> – 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.
<b>3.7 Race</b> – 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.
<b>3.8 Sexual orientation</b> – 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.
<b>3.9 Marriage and civil partnership</b> – 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.
<b>3.10 Religion/belief</b> – 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.
<b>3.11 Socio-economically disadvantaged*</b> – 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 <b>(this is not a legal requirement, but is a local priority).</b></p>	<p>and their carers, and anyone who has requested a service.</p>	
<p><b>3.12 Rural communities*</b> 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><b>3.13 Armed Forces Community **</b> 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><b>3.14 Care Experienced ***</b> This working definition is currently under review and therefore subject to change:  In B&amp;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.  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.	
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\*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 <sup>st</sup> 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](mailto: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:** 8<sup>th</sup> January 2026

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## 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.*



<b>Ref Date</b>	<b>Decision Maker/s</b>	<b>Title</b>	<b>Report Author Contact</b>	<b>Director Lead</b>
<b>20TH APRIL 2026</b>				
20 Apr 2026	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Adult Social Care Improvement Plan</b>	Suzanne Westhead	Director of Adult Social Care
20 Apr 2026	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Adult Social Care Annual Complaints Report</b>	Sarah Watts Tel: 01225 477931	Director of Adult Social Care
<b>18TH MAY 2026</b>				
18 May 2026	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Schools White Paper / SEND Reform Plan</b>		Director of Children's Services & Education
18 May 2026	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Regional Care Cooperatives</b>		Director of Children's Services & Education

<b>Ref Date</b>	<b>Decision Maker/s</b>	<b>Title</b>	<b>Report Author Contact</b>	<b>Director Lead</b>
18 May 2026	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Regional Fostering Hubs</b>		Director of Children's Services & Education
<b>22ND JUNE 2026</b>				
22 Jun 2026 Page 114	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Residential Care Services</b>		Director of Adult Social Care
<b>12TH OCTOBER 2026</b>				
12 Oct 2026	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>B&amp;NES Community Safety &amp; Safeguarding Partnership Annual Report 2025/26</b>	Natalie Keely  (B&NES Community Safety and Safeguarding Partnership Business Manager)	Director of Adult Social Care

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
<b>FORTHCOMING ITEMS</b>				
	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Dementia Strategy Update</b>	Suzanne Westhead	Director of Adult Social Care
Page 115	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Covid 19 - Impact of Long Covid across our communities</b>		Director of Adult Social Care, Director of Public Health and Prevention, Director of Children & Young People
	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Community Services Transformation - Community Health Services offer from April 2025</b>	Laura Ambler, Natalia Lachkou	Director of Adult Social Care
The Forward Plan is administered by <b>DEMOCRATIC SERVICES:</b> Democratic_Services@bathnes.gov.uk				

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