

## Care Quality Commission Local Authority Improvement Plan – Theme 1: How the Local Authority works with people

Key areas identified	Planned activity to address key areas identified	Commentary	Timeline/ key dates
<b>Improvement Priority 1.1:</b> Improve public access to information, advice, guidance, and enhance our prevention services.	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. 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. Highlight areas of work where co-production and co-design would benefit service users and the council.	A full diagnostic report will outline where there are shortfalls and make recommendations on how to remedy them. The recommendations will be drawn up into a Project and the work will be managed through the project. Evidence of the impact of the work might be evidenced through customer satisfaction surveys, website analytics and feedback, call logs, social media engagement	Commence April 2025
<b>Improvement Priority 1.2:</b> Reduce waiting times for all services areas ensuring that people are prioritised according to risk	A single triage and prioritisation system will be in place, so people are allocated based on the level of risk. A training program is underway to broaden the Best Interest Assessor (BIA) staff resource, enabling the wider staff group to become BIAs. Establishing a shared manager rota to approve BIA assessments to reduce wait times for Deprivation of Liberty Team waiting lists. Conducting an Occupational Therapy (OT) diagnostic exercise over a 3-month period to identify potential new processes. Implementing a waiting list backlog project while simultaneously developing a new OT clinic for in-person consultations.	The impact of this work will be measured using Power BI (Business Intelligence), specifically tracking the reduction in waiting lists in operational team and in the length of time from referral to assessment. 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	Work has begun to reduce to the waiting lists.
<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	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 (PASW) to identify training needs, share insights from audits and complaints, and promote best practices in outcome-focused work and documentation.	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.	An initial meeting with staff took place on the 19 <sup>th</sup> March.

## Care Quality Commission Local Authority Improvement Plan – Theme 2: Providing Support

Key areas identified	Planned activity to address key areas identified	Commentary	Timeline/ key dates
<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>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.</p> <p>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>	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. 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.	Commenced March 2025
<b>Improvement Priority 2.2</b> Introduce more innovative ways of supporting people, staff and stakeholders, through the use of technology and digital solutions.	<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>	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	Commence April 2025
<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 (ASC)	<p>We will develop and implement a system that allows all individuals to provide feedback in a manner that meets their access needs. 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>	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.	April- planned recruitment of communication resource.

## Care Quality Commission Local Authority Improvement Plan – Theme 3: How the Local Authority ensures safety within the system

Key areas identified	Planned activity to address key areas identified	Commentary	Timeline/ key dates
<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	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 LiquidLogic Adults Social Care System (LAS) and Controcc (finance system) 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.	Progress in this area will be indicated by various reporting methods. Compliance with Making Safeguarding Personal (MSP) principles will be verified through the BCSSP (B&NES Community Safety & Safeguarding Partnership) 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.	This work started before the publication of the CQC report, it is an ongoing programme of reviewing and reporting.
<b>Improvement Priority 3.2:</b> Refresh and implement a new pathway for people transitioning from children's services to adult services.	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. Livewell B&NES and the public facing website will be updated to reflect the ASC transitions offer. A dedicated ASC transitions team will be recruited. ASC will form part of the multi-agency Preparing for Adulthood (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 transitions policy which has been started but not concluded.	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.	Commence April 2025.

## Care Quality Commission Local Authority Improvement Plan – Theme 4: Leadership

Key areas identified	Planned activity to address key areas identified	Commentary	Timeline/ key dates
<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 business intelligence dashboard	<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>	Commence April 2025