

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Adults and Children’s Health and Wellbeing Policy Development and Scrutiny Panel	
MEETING/ DECISION DATE:	15 th September 2025	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Care Quality Commission (CQC) Local Authority Assessment – ASC Improvement Plan Progress Update	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Attachment 1: Adult Social Care Improvement Plan Update		
Attachment 2: Equalities Impact Assessment		

1 THE ISSUE

- 1.1 The Adult Social Care Improvement Plan outlines progress already made and the steps that are being taken to further enhance services. It reflects our own assessment of priority areas for improvement, alongside the key findings and areas for improvement against quality statement scores from the CQC Local Authority Assessment Report for B&NES (January 2025) with a Requires Improvement rating. By aligning our efforts with national expectations and local needs, we are driving forward a shared vision for a more responsive, effective, and sustainable Adult Social Care service which delivers better outcomes for the B&NES population who drawn upon adult social care support.
- 1.2 Due to the Requires Improvement rating, B&NES has been assigned a Care and Health Improvement Advisor (CHIA) from Partners in Care & Health (Southwest Region) who partner with the Local Government Association and Association of Directors of Adult Social Services.
- 1.3 This report will outline the progress that has been made towards the ASC Improvement Plan alongside key activity that the ASC Leadership Team is undertaking to enable sustainable improvement.

2 RECOMMENDATION

The Panel is asked to:

- 2.1 To note the summary of progress towards the Adult Social Care Improvement Plan which highlights main themes and action for achieving a good CQC rating.
- 2.2 Agree that a further update report on the progress against the ASC Improvement Plan is submitted to Panel in January 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 ensuring a clear and systematic approach to addressing identified improvement priorities. There are 9 improvement priorities across the four CQC Themes which are outlined in the table below. There are 15 projects/action plans to deliver the 9 improvement priorities.

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

- 3.2 The ASC Improvement Board commenced in April 2025 and is chaired by Suzanne Westhead, Director Adult Social Care. The board is held monthly to review progress made against the 9 priorities set out in the ASC Improvement Plan. Bath and North East Somerset Council's approach to improving Adult Social Care is structured around the Care Quality Commission (CQC) themes and quality statements. The Terms of Reference for the Improvement Board includes oversight that our improvements are aligned with national standards and best practices, providing a clear framework for delivering high-quality and person-centred care.
- 3.3 The governance arrangements for the ASC Improvement Plan are designed to foster comprehensive engagement beyond the ASC directorate, thereby establishing a robust framework for oversight and constructive challenge. The board, has had strong attendance since April and is attended by representatives from various departments within the local authority, including finance, legal, communications and marketing, public health. This broad participation facilitates the dissemination of information on a wide scale, enables the incorporation of diverse perspectives from across the organisation, and promotes effective collaboration in addressing challenges, assessing and mitigating risks. Such a collaborative 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.

- 3.4 The ASC Improvement Plan is making steady progress. Significant advancements have been achieved, with actions tracked through the monthly Improvement Board meetings and project oversight through robust highlight reporting including RAG rating on overall progress. The August 2025 Improvement Board was attended by the Lead Member. This approach ensures rigorous oversight, constructive challenge, and shared responsibility for required actions to achieve the desired outcomes. A detailed overview of Adult Social Care Improvement Plan Update (May-August) can be reviewed in Attachment 2.
- 3.5 The Improvement Plan and associated Board have already delivered notable progress. Improvement priority 2.1, which addresses waiting lists across all services, has yielded positive results. At the time of the CQC data return, 128 individuals were waiting for allocation for a Care Act Assessment; at the time of writing the report 71 people were waiting for allocation for a Care Act Assessment. The waiting time figures are reported in the context of adult social care receiving on average 255 requests for care assessments/reassessments per month. The number of people awaiting a Deprivation of Liberty (DoLs) authorisation has also decreased with a reduction from 509 in January to 469 at the time of writing the report. The Occupational Therapy (OT) waiting list has similarly reduced, supported by the opening of a new OT Assessment Centre on 29 July, which enables immediate provision of equipment and advice, and by the engagement of agency staff to eliminate backlogs. As a result, the OT waiting list fell from 229 in January 2025 to 80 in August 2025.
- 3.6 Ongoing collaboration with frontline staff is driving the development of our Social Care Practice Model, scheduled for introduction in September/October supported by a training and development plan. The Commissioning Hub has established a professional feedback form, which is being used already, enabling practitioners to formally share service insights, and practitioners are also closely involved in co-production initiatives to help shape commissioned services.
- 3.7 To enhance governance and risk management, a risk and RAG rating tool was implemented in Liquidlogic Adult Social Care System (LAS) in early July, with further risk assessment training planned. The new safeguarding pathway was collaboratively designed in three sessions and launched in mid-July. Regular staff briefings continue, with shared learning from Safeguarding Adult Reviews and ombudsman rulings to support ongoing professional development.
- 3.8 ASC are currently using a case audit tool which quality assures the work of our frontline operational teams. Part of this process includes seeking feedback from the individual receiving services, or in some cases their representative, regarding the experience of their contact with ASC. Of the 19 responses received so far, 89% rated their experience as positive. Areas of good practice from the feedback include people feeling listened to, supported and undergoing a positive review experience. All themes from the audits, both positive and where areas of improvement have been identified, will be discussed and fed back to teams for reflection and learning to drive best practice moving forward.
- 3.9 To date there have been three submissions (February, April and July) to the Department Health and Social Care (DHSC) via the Care and Health Improvement Advisor (CHIA). Future submissions are scheduled for October 2025 and January 2026. Feedback on our reports from the CHIA is positive regarding the level of robustness and assurance of the progress made against improvement priorities.

3.10 One West have been invited to undertake an internal audit (scheduled for late September start) of safeguarding pathways from point of referral through to completion of enquiry and risk mitigation. The audit will focus on providing assurance that our provider services uphold their duties in relation to safeguarding both for Care Quality Commission regulatory and quality assurance requirements.

3.11 Social Care Centre of Excellence (SCIE) will offer an independent review of co-production in B&NES. This includes a tailored review, a detailed audit of current practices, and support in building a robust co-production offer. The goal is to ensure that co-production is effectively integrated at all levels, leading to improved services and better results for those who draw on care and support. A planning meeting is being held mid September for the review to be undertaken late October.

3.12 Partners in Care & Health (PCH) have been invited to conduct a Peer Review (planned for January 2026) of the safeguarding pathway to enhance understanding and application of Making Safeguarding Personal. The review will document learning from Safeguarding Adult Reviews (SAR) and audits and highlight how practitioners continually promote improvements. The Peer Review will have 4 areas of focus:

- 1.Ensuring the data is being used to best effect
- 2.Ensure Making Safeguarding Personal is better understood and delivered, and we can evidence that we are listening and learning from what people tell us
- 3.Improve visibility of learning from audits and SARs demonstrated through improvements in practice
- 4.Improve approach to supporting people experiencing safeguarding risks who are on the “edge of care and support”

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 The April 2025 report to panel confirmed the allocation of a Care and Health Improvement Advisor (CHIA) being mandated for all Local Authorities that are either Requires Improvement or Inadequate. The Director for Adult Social Care meets with the CHIA from Partners in Care & Health (PCH) allocated to B&NES 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) as referenced in section 3.9 of the report.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

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

6 RISK MANAGEMENT

- 6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.
- 6.2 The ASC Risk Register has an entry for 'risk of capacity to deliver CQC improvement plan following September 2024 onsite inspection' which was entered on the Corporate Risk Register in December 2024. The ASC Risk Register was last reviewed for escalation to the Corporate Risk Register in July 2025.
- 6.3 Progress against ASC Improvement Plan milestones continue to be RAG rated for each project on a monthly basis and reported to the Improvement Board which commenced in April 2025. A summary of this can be reviewed in Attachment 1: ASC Improvement Board Summary.
- 6.4 The ASC Assurance Lead oversees the Improvement Plan Risk Register and this is reported at the monthly Improvement Board. The table below outlines key risks and mitigation activity.

Risk	Mitigation
Care Quality Commission (CQC) reinspection methodology and timescale is unknown	Assurance Lead for ASC attends regular Directors of Adult Social Services (ADASS) South West Assurance Leads forums and DASS holds regular meetings with Partners in Care & Health (PCH) Care and Health Improvement Adviser (CHIA) ensuring regular sector updates from CQC
Impact on future CQC rating of failure to deliver improvement priorities	ASC Improvement Board (15 projects delivering 9 improvement priorities) commenced April 2025 with RAG rated highlight reports Robust governance plan in place for progress reporting to Department Health and Social Care via Partners in Care and Health (PCH) Care - Health Improvement Adviser (CHIA) Robust governance plan in place for progress updates to CMT, Lead Member and Scrutiny Panel Robust communication and engagement plan in place for internal and external stakeholders
Capacity of corporate resource teams to lead on specific activity for delivery of improvement at pace	Continued engagement with Corporate Teams ensuring priorities are known an impact of delivery on corporate teams Effective utilisation of allocated improvement funding to address key resource requirements

Utilisation of the ASC reserve to fund additional resource to deliver improvement priorities	Funding allocation for improvement over 2 year period with monitoring oversight at ASC Improvement Board and by DASS and Senior Finance Manager Progress reporting to CMT for S151 officer oversight on utilisation of ASC reserve for resourcing improvement journey Effective utilisation of allocated improvement funding to address key resource requirements
Communication and engagement for internal and external stakeholders to update on key improvement activity	Assurance Lead for ASC oversees the communication and engagement plan (internal & external stakeholders) which is monitored at monthly ASC Improvement Board ASC workforce updated on progress at two weekly ASC Staff Briefing and regular progress reports to CMT Lead Member updated monthly at Lead Member Briefing & updated to scrutiny panel System partners updated via DASS, Assurance Lead and Assistant Directors through range of external meetings i.e. ICB, ICA, 3SG, Healthwatch & B&NES Community Safety and Safeguarding Partnership Executive Board Department Health & Social Care (DHSC) updated three monthly intervals via progress submissions from Partners Care & Health Care & Health Improvement Advisor
Operations staff capacity to engage and deliver on each improvement project whilst managing increased service demand and complexity	Monitored at ASC Improvement Board with highlight reports submitted for projects with RAG rating detailing potential impact on operational teams Effective utilisation of allocated improvement funding to address key resource requirements Funding allocation for improvement over 2 year period with monitoring oversight at ASC Improvement Board and by DASS and Senior Finance Manager
Some projects not fully aligned to Technology and Digital Strategy	Consolidation of capacity requirements of operational staff to determine projects being correctly prioritised and sequenced
Self Assessment Report for 2024/25 inclusive of improvement priorities with some projects not yet developed	Self Assessment is being updated as part of ASC annual Quality Assurance cycle to reflect outcome of CQC Inspection and reflect progress towards Improvement Plan CMT updated on development of 2024/25 Self Assessment report in June 2025 as the updated report will be finalised in Autumn and published
Leadership capacity to manage the multiple projects delivering the improvement priorities	ASC Improvement Board to inform capacity requirements of ASC leadership and management team in determining projects being correctly prioritised and sequenced Effective utilisation of allocated improvement funding over 2 year period to address key resource requirements

6.5 The Director Level Service Plan includes ASC Improvement journey to CQC Good as a key priority for 2025/26.

7 EQUALITIES

7.1 ASC are 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 Improvement Plan.

7.2 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’.

7.3 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. The EQIA can be reviewed in Attachment 2.

7.4 The Corporate Equalities and Diversity Officer will be attending the ASC Improvement Board as of September 2025 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.

7.5 The ASC Improvement Plan is underpinned by 4 overarching principles. 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.

7.6 The intention is for the ASC Improvement Plan EQIA to be published.

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 As part of our annual quality assurance process the Self Assessment is in the process of being updated to reflect the outcome of the CQC inspection report published in January 2025 and reflect progress towards the ASC Improvement Plan. The updated Self Assessment for 2024/25 will be finalised in Autumn 2025 and published.

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 will commence post in September 2025.

10.2 ASC staff continue to receive regular briefings in relation to the ASC Improvement Plan through team meetings with Assistant Directors and staff briefings led by the DASS, Assistant Directors and Quality Assurance Lead.

10.3 The ASC Leadership Team have provided 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, 3SG, Lead Member and Scrutiny Panel. The ASC Leadership Team will continue to provide assurance and oversight of progress throughout the improvement journey.

Contact person	<i>Suzanne Westhead, Director Adult Social Care</i>
Background papers	The full CQC report with an overview of the rating and scoring can be accessed at https://www.cqc.org.uk/care-services/local-authority-assessment-reports/bathandnortheastsomerset-0125

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