Progress Update

Adult Social Care
Care Quality Commission
Improvement Plan

September 2025

Bath & North East
Somerset Council

Improving People's Lives

Improvement Priority 1.1

CQC Theme 1: How the Local Authority works with people **Improvement Priority 1.1:** 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
Progress update	ASC has made good progress in completing a diagnostic assessment of its Information, Advice, and Guidance provision. Consultations and questionnaires have been held with several key teams, including the Web Team, Directory Team, Customer Service Team, and Operations Staff, all of whom have now completed their contributions. Engagement with external partners, such as Third Sector organisations and Social Prescribers, has also taken place. Members of the Directorate Management Team have also participated in the process. A resident questionnaire is underway in collaboration with Healthwatch, which is expected to provide valuable insight once the diagnostic is concluded. This aspect may require ethics panel approval before further steps can be taken. This structured approach ensures broad input from staff, partners, and residents, and will help shape future improvements in public access to information and support services.	

Improvement Priority 1.2

CQC Theme 1: How the Local Authority works with people **Improvement Priority 1.2:** 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 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 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, 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.
Progress update	At the time of the CQC data return, 128 individuals were waiting for allocation for a Care Act Assessment. On 18th August 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. ASC has recruited 10 agency staff to help reduce the waiting list and have action plans in place for individuals who have the longest wait. The number of people waiting for an authorisation of a Deprivation of Liberty (DoLs) has decreased with a reduction from 509 in January to 469. 4 practitioners were undergoing BIA training, 2 started in March have now passed, 2 practitioners are awaiting the outcome of their assessment, due in September. Additional to this, there has been successful recruitment to 0.8 FTE BIA post which has been a long-standing vacancy. The Occupational Therapy (OT) waiting list has reduced, from 229 in January 2025 to 80 in August 2025 as a result of successful recruitment of 2 OT's and external support from an agency to reduce the waiting list. The new OT Assessment Centre opened on 29th July, which enables immediate provision of equipment and advice, and by the engagement of agency staff to eliminate backlogs. 74% of people who require an annual reviews, have had their review within the 1 year timescale.	

Improvement Priority 1.3

CQC Theme 1: How the Local Authority works with people **Improvement Priority 1.3:** Implement a practice model that will support our staff to deliver an equitable and legally compliant offer to people who are in contact with adult social care	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.	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.
Progress update	Since the Principal Adult Social Worker (PSW) was appointed, the new Practice Framework and Practice Standards have been co-produced with practitioners. Practice Frameworks and Standards provide a structured approach for guiding professional practice, ensuring quality, and promoting continuous improvement. A new Practice Development Group has been established and meets on a bi monthly basis. A new Direct Payment Lead has been recruited and will commence in post in September 2025.	

Improvement Priority 2.1

Theme 2: Providing Support **Improvement Priority 2.1** Work collaboratively with practitioners and partners to ensure we commission services that meet the needs of our population to ensure diversity and sufficiency in the local market	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&NES.	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.
Progress update	The Quality Assurance Review Plan for 25/26 is established with a target of completing a Quality Assurance Review on each commissioned regulated service within B&NES every two years. A new professional feedback form has been developed and launched, which is now generating more feedback from practitioners.	

Improvement Priority 2.2

Theme 2: Providing Support **Improvement Priority 2.2** Introduce more innovative ways of supporting people, staff and stakeholders, through the use technology and digital solutions.	The Technology Enabled Care Strategy has been developed over the last 12 months. Significant work has been done to understand different models and assess readiness for innovative ways of working. The strategy is now ready to be turned into a Programme of work, clearly defining the necessary tasks and involving the right staff and stakeholders to develop a service that meets the needs of the population. The B&NES Safeguarding Adults Portal went live in November 2023, and there are plans to expand online portals to promote equity in experience.	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.
Progress update	Drawing on the work done to develop the TEC strategy, ASC have developed a pilot project to implement innovative TEC solutions. Adopting a phased approach, we will first roll out TEC in the OT Assessment Centre and First Response Team, with a view to then phasing TEC into additional operational services. This targeted approach enables us to refine our offer and ensure we use the right approach during this time, where there is much activity happening to deliver the improvement priorities and while the ASC restructure is underway. The scope of the TEC Strategy has broadened to include digital tools to support the ASC workforce in delivery of services. As a result, the Digital and TEC Strategy is undergoing development with engagement from staff and managers across the directorate. We are also engaging with corporate colleagues to ensure alignment with priorities and strategies outside of ASC. To ensure we develop a service that will meet the needs of our residents, we have developed a resident survey, which is currently with the Ethics Panel. We will expand resident engagement opportunities, enabling them to shape future services.	

Improvement Priority 2.3

Theme 2: Providing Support	We will develop and implement a system that allows all individuals to provide feedback in a manner that meets their access needs.	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.
Improvement Priority 2.3 Giving residents a bigger say in local services and develop how we gather feedback on people's experience of Adult Social Care	Determine the most appropriate ways to communicate to staff and individuals how the learning from the feedback has been implemented. Create more opportunities for residents to participate in the planning and development of local services through collaborative design, planning, and evaluation.	
Progress update	An ASC Co-production Plan for 2025-26 has been developed, agreed and embedded across the directorate. Examples of how we are promoting co-production include: • Involving people in strategic reviews, such as the family's involvement in reviewing B&NES's respite offer • Carers have also been involved in the specification and question setting process for our carers support service tender, and form part of the tender evaluation panel • Collaborating with Bath University in researching how we Make Safeguarding Personal. Interviewing adults with Learning Disabilities, who have had safeguarding involvement, and the staff that support them will be integral in our approach to people's involvement in their safeguarding enquiry A Service User Development and Engagement Lead will start in October. The focus will be on developing and implementing a system that allows all individuals to provide feedback and how this is shared with staff within the directorate. The Principal Adult Social Worker (PSW) has developed and implemented a new audit tool, which quality assures the work of our frontline operational teams. From 19 responses received so far, 89% rated their experience as positive.	

Improvement Priority 3.1

Theme 3: How the Local Authority ensures safety within the system **Improvement Priority 3.1:** Ensure our governance and risk management processes are used consistently to ensure safeguarding procedures are followed in accordance with making safeguarding personal principles	A safeguarding action plan is established to manage risk, detailing required steps. Some actions are currently in progress, while others will commence shortly based on urgency. The LAS and Controcc Development Group holds monthly meetings and has initiated discussions on a risk assessment tool. These efforts are ongoing and incorporated into the LAS Development Lead's Workplan.	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.
Progress update	ASC has made amendments to the documentation used to record safeguarding enquires, to now record whether the principals of Making Safeguarding Personal have been adhered to, which now allows performance reporting. A risk screening tool and new RAG rating system has been developed in LAS (the system used to record ASC activity). This provides more visibility for managers as a reporting mechanism, enabling greater management of risk. The Safeguarding Adults Collection and Bath Community Safety and Safeguarding Partnership Annual Report was completed and shared with staff in July, to celebrate the positive work carried out by ASC staff, as well as giving key highlights and planned improvements.	

Improvement Priority 3.2

Theme 3: How the Local Authority ensures safety within the system **Improvement Priority 3.2:** 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. Live well B&NES and the public facing website will be updated to reflect the ASC transitions offer. A dedicated ASC transitions team will be recruited. 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.	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.
Progress update	The new Transitions Portal, which enables parent carers, young people and professionals to refer to ASC was launched in November 2024. The Preparing for Adulthood offer is a workstream within the programme and will be developed as part of a longer-term transformation programme, taking place of the next 6-12 months.	

Improvement Priority 4.1

Theme 4: Leadership **Improvement Priority 4.1:** Improve the quality of our data to ensure better oversight of individuals journeys through the use of the performance BI dashboard	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. We will conduct a diagnostic assessment to understand staff's current level of understanding regarding the data we collect and the reasons behind it. Our goal is to identify and address staff training needs to ensure effective use of BI Dashboards for performance understanding and improvement. We will ensure that the data resulting from LAS changes is prominently featured on the BI dashboard.	To measure the impact of these actions, we will implement several key evaluation methods. The Quality Assurance Board will us the BI Dashboards to provide a clear indication of how we are performing against our key performance indicators both national and local. 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. 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.
Progress update	There is now a dedicate Adults Systems Expert & Service Lead responsible for coordinating LAS system developments to support practitioners. This enables both accurate and new requirements for reporting to be implemented, via the BI Dashboard. ASC has been working collaboratively with the Business Intelligence Team to define a comprehensive suite of data reporting requirements. 2 additional dedicated Business Intelligence Officers were re 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. 3 Data Quality Workshops have been held with managers across the directorate, focusing on the use of the BI dashboard, to ensure understanding of the benefits of using data available as part of the management of caseloads and demand.	