

| Bath & North East Somerset Council | | |
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| MEETING/ DECISION MAKER: | Cabinet | |
| MEETING/ DECISION DATE: | 13 th November 2025 | EXECUTIVE FORWARD PLAN REFERENCE: |
| | | E3656 |
| 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 | | |

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). 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 CQC 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 undertake to enable sustainable improvement since the publication of B&NES CQC inspection report in January 2025.

2 RECOMMENDATION

The Cabinet is asked to:

- 2.1 Note the summary of progress towards the Adult Social Care Improvement Plan which highlights the 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 Cabinet in May 2026.

3 THE REPORT

- 3.1 The ASC Improvement Plan is aligned to specific CQC feedback and structured according to the CQC Local Authority Assessment themes, 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 | |
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| 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 has been chaired by the Director Adult Social Care. As of December 2025, the board will be chaired by the new Executive Director Operations. 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 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 council, including finance, legal, communications and marketing and 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-September) can be reviewed in Attachment 1.

- 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. In January 2025 201 individuals were waiting for allocation for a Care Act Assessment; at the time of writing this report 65 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 2025 to 469 at the time of writing this report and this is within the context of receiving 25% increase in requests for authorisations than the previous year. The Occupational Therapy (OT) waiting list has similarly reduced, supported by the opening of a new OT Assessment Centre on 29 July 2025, 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 41 in October 2025.
- 3.6 Ongoing collaboration with frontline staff is driving the development of our Social Care Practice Model, revised Practice Standards and Audit Framework. These new documents that support our practice were launched alongside the new structure for Adult Social Care operational teams which went live on 6th October 2025. In addition, the Strategic Commissioning Hub has established a professional feedback form which enables practitioners to formally share service insights and practitioners are closely involved in co-production initiatives to help shape commissioned services. Feedback received last quarter is informing conversations with providers to ensure services promote and enable independence and uphold good standards of communication and quality.
- 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, all staff have been trained on the use of the tool. The new safeguarding pathway was collaboratively designed with staff in three sessions and launched mid-July. Regular staff briefings continue, with shared learning from Safeguarding Adult Reviews (SARS) and ombudsman rulings to support ongoing professional development. Assurance is provided on learning from SARS to the B&NES Community Safety and Safeguarding Partnership (BCSSP).
- 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 21 responses received so far (6th October 2025), 90% 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 service and practice improvement. The Communication and Marketing Officer began in post in

September with a focus on keeping residents updated about the improvements in ASC. The Service User Engagement Lead commenced in post early October 2025 with a remit to continuous improvement in this area.

- 3.9 To date there have been four submissions (February, April, July & October) to the Department Health and Social Care (DHSC) via the Care and Health Improvement Advisor (CHIA). The next submission is scheduled for 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 To ensure there is an independent assessment of improvement the Social Care Centre of Excellence (SCIE) has offered a review of co-production in B&NES. This includes a tailored review and assessment of current co-production 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 was held on 30th September, to be followed by a core group meeting on 14th October for the review to be undertaken from late October 2025.
- 3.11 Similarly, Partners in Care & Health (PCH) have been invited to conduct a Peer Review (planned for January/February 2026) of the safeguarding pathway to increase understanding and implementation of Making Safeguarding Personal, with evidence that feedback is being considered and enhance awareness of learning from audits and Safeguarding Adult Review (SAR) as shown by changes in practice and develop approaches to assist individuals experiencing safeguarding risks who are at the boundary of needing care and support. 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

- 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 As referenced in section 1.2, B&NES has been assigned a Care and Health Improvement Advisor (CHIA) which is 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 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.

6 RISK MANAGEMENT

- 6.1 A risk assessment related to the issues 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 reviewed for escalation to the Corporate Risk Register in July 2025 and last reviewed in October 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.
- 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. The last review of the risk register took place on 16th October 2025 by the ASC Leadership Team and ASC Assurance Lead.

| Risk | Mitigation |
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| Care Quality Commission (CQC) new inspection methodology and timescale is unknown | The ASC Assurance Lead attends regular Directors of Adult Social Services (ADASS) South West Assurance Leads forums and DASS holds regular meetings with Partners in Care & Health (PCH) Care and Health Improvement Adviser (CHIA) ensuring regular sector updates from CQC. The ASC Assurance Lead monitors all known aspects of the CQC inspection process, enabling the Directorate to be as prepared as possible for future inspections. Key aspects of the CQC Inspection process such as Data Returns, Evidence Library, Self-Assessment and Case Tracking all have oversight from the ASC Assurance Lead. |
| Impact of enacting the Improvement Plan without achieving a 'good' CQC rating | The ASC Improvement Board launched in April 2025 with 15 projects focused on 9 priorities, tracked by RAG highlight reports. A clear governance framework ensures progress reporting to DHSC, PCH, and Care and Health Improvement Adviser (CHIA), as well as regular updates to CMT, Lead Member, Scrutiny Panel and Cabinet. A robust communication and engagement plan is in place to cover both internal and external stakeholders. |
| Capacity of corporate resource teams to deliver on specific activity for delivery of | Corporate Teams continue to engage through the Improvement Board to communicate Improvement Priorities and identify early how delivering the Improvement Plan may impact corporate teams. This process enables cross-council collaboration on improvement actions and the use of allocated improvement funding to meet resource needs. |

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| improvement at pace | |
| Optimisation of the ASC Reserve to fund additional resource to deliver improvement priorities | Funding has been allocated for two years, with the impact of the funding monitored by the ASC Improvement Board, DASS, and the Senior Finance Manager. Progress and use of ASC Reserves is reported to CMT for S151 officer oversight. The funding will be optimised to achieve intended benefits and may be repurposed as priorities change during the improvement process. |
| If a Communication and Engagement Plan is not implemented, stakeholders may not receive updates on our progress and improvements | The Assurance Lead for ASC is responsible for the communication and engagement plan for both internal and external stakeholders, in coordination with the ASC Communications and Marketing Officer. Updates for the ASC Operations Team are provided through fortnightly team meetings. Progress is regularly reported to the Corporate Management Team (CMT), with monthly updates to the Lead Member and periodic reports to Scrutiny Panel. System partners receive updates from the DASS, Assurance Lead and Assistant Directors via various external meetings, including those with ICB, ICA, 3SG, Healthwatch and the B&NES Community Safety and Safeguarding Partnership Executive Board. The Department of Health & Social Care (DHSC) receives updates at three-month intervals through progress submissions from Partners Care & Health and the Care & Health Improvement Advisor. |
| Operational staff capacity to engage and deliver on Improvement Plan, whilst managing increased demand on services and complexity of work | 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. 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. 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. 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. |
| Leadership capacity to manage the multiple projects delivering the improvement priorities | 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. |

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 will 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. Following feedback from Children’s and Adults Health and Wellbeing Policy Development Scrutiny

Panel held in September 2025 the EQIA will continue to be reviewed and updated.

7.4 The Corporate Equalities and Diversity Officer commenced 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 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 Self Assessment report will therefore outline the progress made by ASC from September 2024 (CQC on site inspection) to September 2025. Once finalised the Self Assessment 2024/25 will be 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 commenced post 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 and 3SG. The ASC Leadership Team will continue to provide assurance and oversight of progress throughout the improvement journey.

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| Contact person | Suzanne Westhead, Director Adult Social Care |
| 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 | |