

<h2 style="text-align: center;">Bath & North East Somerset Council</h2>				
MEETING/DECISION MAKER:	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel			
MEETING/DECISION DATE:	19th January 2026	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: ASC 9 Improvement Priorities				
Attachment 2: Adult Social Care Improvement Plan Update (May to December)				
Attachment 3: 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.
- 1.2 As reported in April 2025, 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 since the last report to Panel in September 2025.

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 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. 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 There currently 13 live projects/action plans in the ASC Improvement Plan. Since the last report to Panel, 3 projects have successfully completed (Occupational Therapy Assessment Centre, external agency support for Occupational Therapy assessment waiting list and internal audit for Disabled Facilities Grant) and a new project for finance assessment has commenced. A detailed overview of the Adult Social Care Improvement Plan Update (May-December) 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 is chaired by the Executive Director Operations. 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 December Improvement Board focussed on 3 projects through presentation of focussed highlight reports for:
 - 2.1 Collaborative commissioning
 - 3.1: Safeguarding governance and risk
 - 4.1: Improved data quality
- 3.4 The ASC Improvement Plan is progressing steadily, with actions tracked at monthly 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 October 2025. Also, there is a quarterly submission to the ASC Quality Assurance Board which shows the waiting list trends, the details of which are in the table below. The waiting list figures are reported in the context of adult social care receiving on average 255 requests for Care Act assessments/reassessments per month and 237 safeguarding concerns per month.

ASC Waiting List	January 2025	April 2025	July 2025	October 2025
Care Act Assessments	201	130	94	65
Occupational Therapy Assessments	229	224	143	45
Deprivation of Liberty Safeguarding (DoLS)	509	490	452	445
Reviews	71%	70.2%	73%	74%

3.7 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 35 responses received so far, and feedback from 75% of people who were able to rate their experience, 92.5% 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.

3.7 ASC Practice Week is being held from 26 – 30 January which provides the ASC workforce a focused week of learning and development opportunities which feature a range of in person and online learning events. Practice Week has been designed for staff to attended interactive workshops and seminars, engage in thought provoking discussions, reflect on practice with peers, explore the latest in professional standards as well as providing an opportunity to network and connect with colleagues. The new Professional Standards and Practice Framework will also be launched to staff during Practice Week.

3.8 Social Care Centre of Excellence (SCIE) were invited to undertake an independent review of our co-production offer, processes and practice in B&NES. Between 1st – 5th December, 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. It is anticipated that the draft report will be received from SCIE late January 2026. The agreed scope for the review included:

- An evaluation of how well ASC is incorporating the perspectives and contributions of individuals who have direct experience with their services
- To review co-production practices, both strategically and operationally, to serve as a check and challenge mechanism to ensure that our approaches to co-production are effective, aligned with best practice and is implemented at different levels within the organisation
- Provide ASC with any recommendations on how to build a robust co-production offer and ensure people with lived experience are able to contribute to the development of our services

3.9 Partners in Care & Health (PCH) have been invited to conduct a Peer Review of ASC's safeguarding adult pathway (at the time of writing the report the dates were not yet confirmed for when this work will commence). The review will evaluate safeguarding practices within the local authority. It will cover whether safeguarding procedures are clearly established and understood by staff, the achievement and explanation of safeguarding key performance indicators, and the use of safeguarding data to guide priorities. The review will determine if staff consistently understand and apply risk management, the extent and learning from audits and how staff, partners, and service users are involved. The review will identify any gaps in leadership, staff access to guidance and embedding Making Safeguarding Personal. A review of communication with partners and the public post-referral and alternative risk management mechanisms when thresholds aren't met. Staff views on training and development in managing complex cases and learning from Safeguarding Adults Reviews (SARs) will also be evaluated.

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 four submissions (February, April, July and October) 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. The next submission is scheduled for 30th January 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.

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 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 below outlines key risks and mitigation activity.

Risk	Mitigation
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 improvement at pace	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.
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	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

progress and improvements	<p>(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&NES Community Safety and Safeguarding Partnership Executive Board.</p> <p>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.</p>
Operational staff capacity to engage and deliver on Improvement Plan, whilst managing increased demand on services and complexity of work	<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>
Leadership capacity to manage the multiple projects delivering the improvement priorities	<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>

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 3.

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 will outline the progress made by ASC from September 2024 (CQC on site inspection) to September 2025 and is expected to be finalised in January 2026. Once finalised the Self Assessment 2024/25 will be published. 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 Quality Assurance Lead.

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

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	