

## Bath & North East Somerset Council

MEETING/ DECISION MAKER:	<b>Adults and Children’s Health and Wellbeing Policy Development and Scrutiny Panel</b>	
MEETING/ DECISION DATE:	<b>20<sup>th</sup> April 2026</b>	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	<b>Care Quality Commission (CQC) Local Authority Assessment – ASC Improvement Plan Progress Update</b>	
WARD:	All	
<b>AN OPEN PUBLIC ITEM</b>		
<p><b>List of attachments to this report:</b></p> <p>Attachment 1: ASC 9 Improvement Priorities</p> <p>Attachment 2: Adult Social Care Improvement Plan Update (May 2025 to March 2026)</p> <p>Attachment 3: Social Care Institute for Excellence Report - Working Well and Recommendations</p> <p>Attachment 4: Risk and Mitigation Summary</p> <p>Attachment 5: Equalities Impact Assessment</p>		

### 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) with a Requires Improvement rating.
- 1.2 As reported in April 2025, B&NES was assigned a Care and Health Improvement Advisor (CHIA) from Partners in Care and Health (Southwest Region), who partner with the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS).
- 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

continues to undertake enabling sustainable improvement since the last report to Panel in January 2026 (deferred paper to April 2026).

## **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 Care Quality Commission rating.
- 2.2 Agree that a further update report on the progress against the ASC Improvement Plan is submitted to Panel in Autumn 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 Many of the projects in place have delivered the improvement priorities into business as usual through year 1 of the ASC improvement journey and have therefore closed, these include:
  - Occupational Therapy Assessment Centre
  - External agency support for Occupational Therapy assessment waiting list
  - Internal audit for Disabled Facilities Grant
  - Development and Implement Practice Standards and Framework
  - Embed risk assessment tools into Liquidlogic Adults Social Care System (LAS) to assist in managing waiting lists, as well as managing risks to individuals around their support needs
- 3.2.1 Section 3.11 provides further detail on closing down improvement priorities delivered into business as usual and improvement priorities that will continue onto year 2 2026/27. A detailed overview of the Adult Social Care Improvement Plan Update (May 2025 – March 2026) 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 chaired by the Executive Director (People). 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 March Improvement Board focussed on 3 projects through presentation of focussed highlight reports for:

- 2.3: Co-Production
- 3.1: Safeguarding Governance and Risk (Independent Review)
- 3.2: Preparing for Adulthood

3.4 The ASC Improvement Plan continues to progress steadily, with actions tracked at the 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 January 2026. Also, there is a quarterly submission to the ASC Quality Assurance Board which shows the waiting list trends, details of which are in the table below. Waiting lists numbers change throughout the course of weeks and months and we have recently seen a rise in the number of people waiting for an assessment and an increase in the number of referrals, along with staff vacancies which have now been recruited to. We are in the process of recruiting three specific review officers, which are new posts within the structure, with the intention to increase the number who have had an annual review.

<b>ASC Waiting List</b>	<b>January 2025</b>	<b>April 2025</b>	<b>July 2025</b>	<b>October 2025</b>	<b>January 2026</b>	<b>March 2026</b>
<b>Care Act Assessments</b>	201	130	94	65	73	81
<b>Occupational Therapy Assessments</b>	229	224	143	45	30	58
<b>Deprivation of Liberty Safeguarding (DoLS)</b>	509	490	452	445	432	405
<b>Reviews</b>	71%	70.2%	73%	74%	72.5%	70%

3.6 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 39 case audits to date, 83% of individuals receiving a service rated their experience as positive. All themes from the audits, both positive and where areas of improvement have been identified, continue to be discussed and fed back to teams for reflection and learning to drive best practice moving. The Principal Adult Social Worker is leading a review of this to improve consistency of audit responses and introducing a different approach to obtaining feedback from individual service users to increase the response rate. In development is a strengths-based conversation audit and safeguarding assurance audit tool.

3.7 ASC Practice Week was held from 26 – 30 January 2026 which provided the ASC workforce a focused week of learning and development opportunities featuring a range of in person and online learning events. Practice Week was purposely designed for staff to attend interactive workshops and seminars,

engage in thought provoking discussions, reflect on practice with peers, explore the latest in professional standards as well as providing the opportunity to network and connect with colleagues. The new Professional Standards and Practice Framework was also launched to staff during Practice Week.

3.7.1 The Principal Adult Social Worker has undertaken a survey with staff following Practice Week and the results demonstrate 86% staff attended a session, 100% staff that attended a session responded increased confidence, knowledge and understanding and a positive impact on practice, 95% staff aware of Practice Framework and Standards and staff proactively suggesting themes and topics for future Practice Weeks. Feedback from staff has been very positive, with some examples included below:

- "Good variety of topics and the session on Trauma Informed Practice was very good. Would like to see more exploration of what other services do and provide in future practice weeks."
- "As a commissioner and a registered social worker, I found this session very insightful and would welcome more opportunities for shared reflective practice with practitioners and commissioners."
- "Given the important and often complex work undertaken by frontline staff in adult social care practice, it feels good to know there are the right structures and people around to be guiding and supporting practice for the wellbeing of local people."
- "Really good to hear the voice of people with lived experience. It would be good to have more of that, (name) interview and (name) trauma informed practice session really made an impact and promoted further thinking and discussion."

3.8 Social Care Institute for Excellence (SCIE) were invited to undertake an independent review of our co-production offer, processes and practice. Between 1<sup>st</sup> – 5<sup>th</sup> December 2025, 24 staff were interviewed by SCIE as part of the review. A range of documentation was provided to SCIE to enable an understanding of ASC services and prior to interviews taking place a staff survey was completed to aid SCIE to assess current practice. A co-production self-assessment was also developed outlining what we are doing well and existing plans for improvement.

3.8.1 The final report from SCIE was received by ASC in March 2026 which highlighted a number of areas working well and recommendations (Attachment 3), which will form part of the ASC Improvement Plan priorities for 2026/27.

3.8.2 The report from SCIE concluded that the review of co-production in B&NES highlights strong intent and growing examples of good practice, such as embedding co-production in contracts, procurement scoring and strategies like the carers and dementia initiatives. Staff widely understand co-production as a shift in power toward equality and leadership demonstrates visible commitment. Engagement with under-represented groups and innovative approaches like community champions and interpreters show progress toward inclusivity. However, implementation is uneven, particularly at governance and strategic levels, with gaps in training, capacity and systematic integration of feedback. While trust and engagement are developing, co-production still feels aspirational for

many staff, requiring foundational work to translate principles into consistent practice. Moving forward, embedding people with lived experience in decision making, strengthening skills and confidence and ensuring sustainable resources will be critical to achieving meaningful and measurable impact, sustained over time.

3.8.3 Feedback from SCIE on their positive experience of undertaking the independent review of the co-production offer at B&NES included *“Consistently impressed by the openness, commitment and reflective spirit demonstrated by staff and senior leaders across the directorate. Their willingness to engage honestly with both strengths and challenges created the foundations for a meaningful and collaborative review. SCIE is confident that B&NES has the foundations, the ambition and the emerging practice needed to build a mature, sustainable culture of co-production. We look forward to seeing the impact of this commitment as the recommendations are taken forward and translated into everyday practice”*.

3.9 ASC has invited Partners for Care and Health (PCH) to conduct an independent review of the safeguarding adults pathway. This aims to support several areas, including the strengthening of safeguarding governance and assurance, enhancing consistency of practice, addressing delays within safeguarding pathways, and improving both reporting and multi-agency collaboration. For B&NES, the scope of this work includes:

- Are safeguarding processes clear and understood by all staff?
- Do teams consistently understand and apply risk management procedures?
- Are audits sufficient, and how is learning from them shared with staff, partners, and service users?
- Are there leadership gaps, and do staff know where to find guidance?
- Is Making Safeguarding Personal integrated into practice?
- Are partners and the public informed after a safeguarding referral?
- If concerns don't meet safeguarding thresholds, are other risk management mechanisms clearly understood?
- What training and development is available for managing complex cases and learning from safeguarding adult reviews?

3.9.1 PCH has partnered ASC with a specialist in safeguarding to undertake the independent review, and ASC has been collaborating with the reviewer during March to supply key information and supporting documentation, provide details of the individuals supported through B&NES safeguarding adults processes, that the reviewer may meet with, provide relevant processes and policies and access to Liquidlogic Adults Social Care System (LAS). LAS is the database that ASC uses to record information/assessments and support plans for individuals and the LAS pathways are the processes that practitioners follow to record information on the system.

3.9.2 The reviewer will begin meeting with identified individuals with lived experience of B&NES Safeguarding Adults Processes (via Teams) and will complete a review of LAS pathways week commencing 13<sup>th</sup> April and staff interviews will commence 23<sup>rd</sup> April and this will include a meeting with the safeguarding triage team to gain a better understanding of operational practice, as well as discussions with staff

from mental health, preparing for adulthood, hospitals, localities, and Safeguarding Chairs (a practitioner role key to the Safeguarding Adults process).

3.10 During February and March 2026 an internal audit was completed for ASC Improvement Plan with an audit outcome of Level 4 Assurance - The systems of internal control are good with a number of strengths evident and substantial assurance can be provided. The main findings from the audit report are:

- Established strong and transparent governance arrangements with clearly defined structure, governance timelines and reporting arrangements
- The ASC Improvement Board regularly convenes to oversee delivery of the programme providing monthly highlight reports along with a RAG-rated dashboard across all nine improvement priorities and risks are regularly reviewed and escalated to directorate and corporate risk registers
- The key recommendations in the report relate to enhanced project planning and risk management at individual project-level with observations to strengthen delivery assurance, governance transparency and preparation for future Care Quality Commission (CQC) inspection as ASC move into year two of the improvement journey and delivery of 2026/27 improvement priorities

3.11 The ASC Improvement Programme and its corresponding Board were established in May 2025, following a formal notification to the Department of Health and Social Care on 20<sup>th</sup> April 2025. During 2025, significant progress has been made in several areas, while others continue to develop and be delivered. As ASC approaches the conclusion of its first year delivering targeted improvement outcomes, the ASC Leadership Team and Assurance Lead have initiated work to define priorities for the 2026/27 Improvement Plan. The intention is to launch the new priorities in May 2026, thereby completing a full year cycle of service improvement.

## **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 five submissions (February, April, July, October and January 2026) 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. We are awaiting confirmation from our CHIA on the continued requirement for submissions to DHSC as of April 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. All information obtained from attendance at these meetings, or from any other network or Local Government Association correspondence is feeding into the 2026 CQC Preparedness Plan. The Preparedness plan lays out the methodology for managing CQC Information Returns, maintaining an evidence library, oversight of the case tracking exercise and communication plan.

## **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).
- 5.3 A cohort of 4 staff are due to commence their Level 6 Social Worker Degree Apprenticeship in September 2026 demonstrating our ongoing commitment to career progression and development for Adult Social Workers in B&NES and upon successful completion apprentices earn a degree enabling registration with Social Work England.

## **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 in Attachment 4 outlines key risks and mitigation activity and the risk register will be reviewed as part of the closure of year 1 improvement and setting of the year 2 ASC Improvement Plan.

## **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 5.
- 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 outlines the progress made by ASC from September 2024 (CQC on-site inspection) to December 2025 and was finalised in March 2026. It is expected that the Self-Assessment 2024/25 will be published in April 2026. 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 Assurance Lead. Alongside this, operational and commissioning staff are actively involved in doing the work that has enabled ASC to deliver on the improvement priorities. Notably, the development of the Practice Standards and Framework, which was developed in collaboration between the Principal Social Worker and frontline practitioners, is an example of this.
- 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 The ASC Leadership Team are planning a series of staff briefings across the ASC directorate to update and engage with staff on the self assessment report and future plans ASC Improvement Plan in 2026/27.



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

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