
Adult Social Care Improvement Plan Update (May 2025 to March 2026)

Attachment 2

20th April 2026

Bath & North East
Somerset Council

Improving People's Lives



Improvement Priority 1.1

| Key areas identified | Planned activity to address key areas identified | Commentary |
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| <p>CQC Theme 1: How the Local Authority works with people</p> <p>Improvement Priority 1.1: Improve public access to information, advice, guidance, and enhance our prevention services.</p> | <p>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.</p> <p>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.</p> <p>Highlight areas of work where co-production and co-design would benefit service users and the council.</p> | <p>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</p> |
| <p>Progress update</p> | <p>In May 2025 Adult Social Care (ASC) set out to complete a diagnostic assessment of its Information, Advice, and Guidance provision. The Local Government Association diagnostic tool was used to structure the work needed. Consultations were held with several key teams, including the Web Team, Directory Team, Customer Service Team, and Operational Staff. Simultaneously, engagement with external partners, such as Third Sector organisations and Social Prescribers, has also taken place through questionnaires.</p> <p>The diagnostic assessment of the adult social care information and advice offer is now complete. This has produced a scoring matrix and identified specific core areas for development. Four recommendations have been made to the management team, following the diagnostic. A plan of work will be developed by Corporate Colleagues with ASC and Healthwatch input, this is part of the council's transformation programme. Work on this has begun and ASC have been working with Public Health to define our prevention offer and looking at the different pathways for accessing preventative support. ASC is in the process of setting up a working group to formalise the approach to managing Web and Live Well sites and content, to ensure the pages are user friendly and guide viewers to the right pages easily, as well as ensuring the information on the pages is up to date.</p> <p>The outcomes of the Information, Advice and Guidance diagnostic are linked to other Improvement Priorities. As ASC progress the development of the 2026/27 Improvement Plan, the recommendations from the diagnostic, as well as the work described above, will be embedded in this moving forward.</p> | |

Improvement Priority 1.2

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| <p>CQC Theme 1: How the Local Authority works with people</p> <p>Improvement Priority 1.2: Reduce waiting times for all services areas ensuring that people are prioritised according to risk</p> | <p>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 Best Interests Assessors (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.</p> | <p>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.</p> |
| <p>Progress update</p> | <p>Care Act Assessments In January 2025, 201 individuals were waiting for allocation for a Care Act Assessment and data provided for the March Improvement Board showed 81 people waiting for allocation for a Care Act Assessment. Action plans on those with longest waits are discussed at the fortnightly operational performance meetings. People waiting for an assessment are supported to access information, advice and guidance at the point of contact to ASC. All referrals are given a priority rating based on the level of risk and each team has a 'duty worker' to respond to any questions or concerns. All referrals awaiting allocation are monitored daily.</p> <p>Mental Capacity Act/ Deprivation on Liberty Safeguards The number of people awaiting a Deprivation of Liberty (DoLs) authorisation has also decreased with a reduction from 509 in January 2025 to 405 as reported in the March Improvement Board. Since September 2024 ASC has invested in training additional Best Interest Assessor Resource to assist in reducing waiting lists. ASC has trained six existing staff from across the service, with two more staff currently undergoing training.</p> <p>Occupational Therapy The Occupational Therapy (OT) waiting list has reduced from 229 in January 2025 to 58 as reported in the March Improvement Board.</p> <p>Reviews In January 2025 71% of people who require an annual review, have had their review within the 1 year timescale. This is now 70% as reported in the March Improvement Board.</p> <p>Financial Assessments</p> <ul style="list-style-type: none"> • 110 assessments in process • Of which 99 are still awaiting returned information and 11 have information returned and in the process of being reviewed. • 46 cases exceeding 28 days • 19 cases exceeding 84 days, of which 3 are deputyship applications • 2 cases exceeding 6 months all are deputyship applications underway | |

Improvement Priority 1.3

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| <p>CQC Theme 1: How the Local Authority works with people</p> <p>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</p> | <p>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.</p> | <p>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.</p> |
| <p>Progress update</p> | <p>The PSW has established and embedded the Practice Development Group that meets on a bimonthly basis. Set up in April 2025, attendance at the Practice Development Group is good and these continue to run as planned. The PSW has collaborated with the Organisational Development Team to assess the training opportunities available from Research in Practice for Adults- an organisation that supports professionals in health and social care, through developing evidence-informed resources and learning opportunities. This is to focus on increasing knowledge of Care Act 2014 eligibility</p> <p>The Direct Payment Lead has been in post since September 2025. <u>The Lead</u> has begun assessing our current offer, reviewing policies/ procedures and formulating a work plan. The DP Lead has also joined the <u>South West</u> Direct Payment Network, enabling ASC to stay up to date with the latest developments in Direct Payments and supporting legislation, through attending conferences and organised workshops alongside other Local Authorities and DP recipients.</p> <p>Since being in post, a 'Direct Payment Café' has been set up for staff to get information, advice and guidance when working with individuals with an existing Direct Payment or considering using a Direct Payment to meet assessed eligible needs. The sessions continue to run with a variety in number of attendees and to date this has yielded good peer discussion and has identified future learning needs and consideration of resources for practitioners. The Direct Payment Lead has now developed Direct Payments training which is available for staff to book to the Internal Learning Zone Intranet Pages. To date, two training sessions have been delivered, with 22 attendees.</p> <p>The PSW and Assistant Director for Operations delivered the ASC Practice week which ran from 26th-30th January. The Practice Framework and Practice Standards, that were co-produced with staff, were formally launched during this week, and it was an opportunity for staff to attend events and training. Operational staff are mandated to take half a day per month for independent study for professional development. Alongside this, four operational staff have successfully completed the Social Work apprenticeship application process, with the apprenticeships beginning in September 2026. ASC is progressing the arrangements for the second practice week, which will be held at the end of October, coinciding with National Occupational Therapy Week.</p> | |

Improvement Priority 2.1

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| <p>Theme 2: Providing Support</p> <p>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</p> | <p>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.</p> | <p>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.</p> <p>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.</p> |
| <p>Progress update</p> | <p>Changes to the Quality Assurance Review and digital tools have been embedded in practice, strengthening quality assurance by making it simpler, more consistent, and more transparent, improving collaboration with providers, and building a stronger evidence base to inform commissioning and service improvement.</p> <p>Commissioners and social care practitioners continued to work together to shape recommissioning plans for homecare and care homes and the development of B&NES dementia strategy. This demonstrates strong information sharing and joined up working between commissioning and social care practice.</p> <p>The communication strategy for the Community Support procurement has been refreshed, strengthening dialogue with providers, including through the March workshop. The focus will now shift from contract mobilisation to service delivery and evaluating outcomes for residents and benefits for B&NES.</p> <p>All the work completed over the last year has enhanced collaboration and communication across commissioning, providers, service users, and professionals, creating clearer access routes and more resilient support structures.</p> | |

Improvement Priority 2.2

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| <p>Theme 2: Providing Support</p> <p>Improvement Priority 2.2 Introduce more innovative ways of supporting people, staff and stakeholders, through the use technology and digital solutions.</p> | <p>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.</p> | <p>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.</p> |
| <p>Progress update</p> | <p>Engagement has been conducted with residents and staff for the development of the Digital and Tech Strategy. B&NES partnered with Healthwatch to gather feedback from residents. ASC Commissioning led workshops with staff groups including managers and frontline workers across the directorate. All information has been written into a draft strategy and outline activity plan. This has been circulated for review to the senior management team.</p> <p>The analogue to digital switchover has been a key focus as we move into the final year before analogue infrastructure will be switched off across the nation. As well as reviewing and mitigating risks to known individuals, a communications piece has been developed to continue highlighting the changes to residents. The digital lead has engaged with corporate colleagues, aligning the approach across the local authority.</p> <p>Continuing a strategic approach to technology transformation, work progresses on the Technology Enabled Care Pilot for people who attend the OT Assessment Centre and Access, Information and Advice Hub. The route for residents to receive TEC has been developed, and a partner has been engaged to deliver the pilot. Additionally, members of the Learning Disability, Autism, hearing and Vision Service have attended demos with two LD and Autism app providers. Licenses will shortly be purchased, to test this digital approach with a pilot group of residents.</p> <p>The Adults Systems Expert & Service Lead responsible for coordinating LAS system developments to support practitioners. Over the last six months, the Adults Systems Expert and Service Lead have developed new Liquidlogic Adult's system processes and referral routes via the Adult Social Care Portal. Documentation was built to prepare for the implementation of the ASC Operational Team Restructure. The system restructure was tested and approved, and staff received the necessary training.</p> <p>Additional forms on the adult social care portal include professional access team referral form, public access team referral form, OT professional referral form and public OT referral form. This benefits individuals due to centralized access to information, streamlined process, ability to self-serve, easier accessibility and faster support.</p> | |

Improvement Priority 2.3

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| <p>Theme 2: Providing Support</p> <p>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</p> | <p>We will develop and implement a system that allows all individuals to provide feedback in a manner that meets their access needs.</p> <p>Determine the most appropriate ways to communicate to staff and individuals how the learning from the feedback has been implemented.</p> <p>Create more opportunities for residents to participate in the planning and development of local services through collaborative design, planning, and evaluation.</p> | <p>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.</p> |
| <p>Progress update</p> | <p>A Co-Production Plan for 2025-26 has been agreed and is embedded across the directorate. The Co-Production Community of Practice meetings have continued to take place monthly since February 2024, with good attendance. 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 and residents input into the development of B&NES Dementia Strategy. Carers have also been involved in the specification and question setting process for our carers support service tender, and formed part of the tender evaluation panel</p> <p>Social Care Institute 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 2025, 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. The final report from SCIE was received by ASC in March 2026 which highlighted a number of areas working well and recommendations, which will form part of the ASC Improvement Plan priorities for 2026/27.</p> <p>The Service User Development and Engagement Lead started October 2025, to focus on developing and implementing a <u>systems</u> that allows all individuals to provide feedback and develop ways of sharing feedback to contribute to staff learning and development. The Lead has been visiting community resources such as Age UK, Day services, the Carers Centre and the Swallows to meet with individuals who use the services, to gather feedback. This early stage of work will help to inform the priority areas for improving how we get feedback and acting upon it. Priority areas already highlighted include working with Learning Disability Provider Services and people who have lived experience of receiving a service from Adult Social Care.</p> <p>The Principal Adult Social Worker (PSW) developed and implemented a new audit tool in February 2025. Each audit incorporates a follow-up telephone call to service users or their representatives <u>in order to</u> obtain feedback regarding their experiences 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, are 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.</p> | |

Improvement Priority 3.1

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| <p>Theme 3: How the Local Authority ensures safety within the system</p> <p>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</p> | <p>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 Control 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.</p> | <p>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.</p> |
| <p>Progress update</p> | <p>ASC has made significant amendments to the documentation used to record safeguarding enquiry outcomes. These changes enable us to record whether the principles of Making Safeguarding Personal (MSP) have been adhered to and also allow for performance reporting on this. This is a big step forward in ensuring our safeguarding practices are both effective and transparent.</p> <p>In collaboration with Bath University, ASC has been conducting research to gain insights into the MSP experience of adults with a Learning Disability (LD) throughout their safeguarding journey. This research also gathers experiences from practitioners delivering safeguarding services, identifying any barriers or successes in MSP. The findings from this research will be invaluable in informing our future support offerings. The research has already been approved by both the university and council ethics boards, with staff sessions initiated in July and sessions for adults with LD launched in September with early findings being discussed and shared in December.</p> <p>Additionally, we have developed a new Safeguarding Pathway which was launched in October 2025 as part of the new ASC structure. To enhance our risk management capabilities, a new risk screening tool and RAG rating system have been developed within LAS (the system used to record ASC activity). This new system provides greater visibility for managers, serving as an effective reporting mechanism.</p> <p>In our continuous effort to learn and improve, we are now sharing learning outcomes from events such as Safeguarding Adult Reviews and Ombudsman rulings at fortnightly staff briefings. This ensures that we can collectively take forward these lessons into our practice. ASC has also reviewed the mandatory training requirements for staff working with safeguarding, which will be available both internally and through the B&NES Community Safety and Safeguarding Partnership (BCSSP). Alongside this, ASC has co-designed and developed new referral guidance with referrers, which replaces 'threshold' guidance. This guides referrers in making a decision as to whether and safeguarding referral is needed, or if an alternative referral is required i.e. a referral to commissioning due to quality concerns. This guidance has been consulted on with the BCSSP and agreed and is now being used and is published on the BCSSP website.</p> <p>As the new safeguarding pathway embeds, ASC has invited Partners for Care and Health to complete a peer review of our safeguarding pathway, process and practice. This will provide early feedback on how well the new pathway and guidance documents is being embedded. This review started on the 16th March.</p> | |

Improvement Priority 3.2

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| <p>Theme 3: How the Local Authority ensures safety within the system</p> <p>Improvement Priority 3.2: Refresh and implement a new pathway for people transitioning from children's services to adult services.</p> | <p>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.</p> <p>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.</p> | <p>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.</p> |
| <p>Progress update</p> | <p>The new Transitions Portal, which enables parent carers, young people and professionals to refer to ASC was launched in November 2024.</p> <p>The Preparing for Adulthood offer is a joint programme with Children's, Education and Adults. The Project is progressing, and workshops have been held to map current systems, processes and the different interactions between teams, the young people accessing the service and their families.</p> <p>A report with recommendations has been sent to the Directors of Adult Social Services and Director of Children's services on the 19th December.</p> | |

Improvement Priority 4.1

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| <p>Theme 4: Leadership</p> <p>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</p> | <p>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.</p> <p>We will conduct a diagnostic assessment to understand staff's current level of understanding regarding the data we collect and the reasons behind it.</p> <p>Our goal is to identify and address staff training needs to ensure effective use of BI Dashboards for performance understanding and improvement.</p> <p>We will ensure that the data resulting from LAS changes is prominently featured on the BI dashboard.</p> | <p>To measure the impact of these actions, we will implement several key evaluation methods. The Quality Assurance Board will use the BI Dashboards to provide a clear indication of how we are performing against our key performance indicators both national and local.</p> <p>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.</p> <p>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.</p> |
| <p>Progress update</p> | <p>The Adults Systems Expert & Service Lead has held Data Quality Workshops with managers across the directorate, focusing on the use of the Business Intelligence dashboards, to ensure understanding of the benefits of using data available as part of the management of caseloads and demand.</p> <p>ASC has been working collaboratively with the Business Intelligence (BI) Team to define a comprehensive suite of data reporting requirements. In addition to this, both teams have been working to define data needed to meet the new Department of Health and Social Care Client Level Data Set Requirements.</p> <p>Two additional dedicated Business Intelligence Officers were 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.</p> <p>As a result of the ASC Operational restructure, it has been necessary to develop new Power BI Dashboards for ASC to provide demographic, demand, waiting times and outcomes. During this period of development, Team Managers, Heads of Service and the Assistant Director for operations have been continually monitoring the incoming work trays in order to apply a risk rating and allocate work accordingly. Operations and Information Governance Team are working closely together to ensure the new Power BI Dashboards reflect the new pathways and to provide assurance and oversight of waiting lists.</p> | |