

Bath and North East Somerset Adult Social Care Self-Assessment

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September 2024 - May 2026



Local Demographics

Bath and North East Somerset (B&NES) is a thriving and diverse region with two thirds of the area lying in 'green belt', two areas of outstanding natural beauty, 37 conservation areas and 6,408 listed buildings.

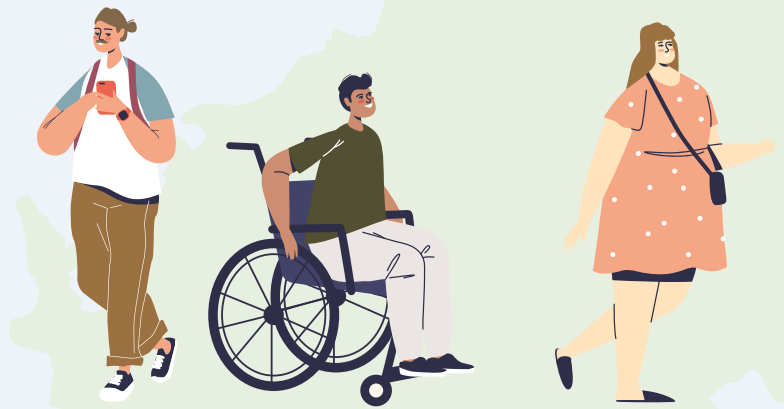
B&NES is home to an estimated population of 195,618, marking a 10% growth since 2012. The population structure is notably influenced by the presence of two campus-based universities, which contribute to a significant number of students in the area. Projections indicate that by 2032, the population will exceed 212,000 - an increase of 8.4%. By that time, one in five residents is expected to be aged 65 or older, while the proportion of those under 18 will decline. In 2030, it is projected there will be 3,670 older people (65+) with dementia in B&NES which is an increase of 36% since 2019. International migration is anticipated to be the primary driver of population growth, with more than 15,000 additional residents expected by 2032.

In December 2025, 2975 employees worked in B&NES Council and the Adult Social Care workforce was 546 (excluding casuals), which represented 18.35% of employees in the council.



If B&NES was a village of 100 people:

- 16 people would be aged 0 - 15
- 16 people would be aged 16 - 24
- 29 people would be aged 25 - 49
- 19 people would be aged 50 - 64
- 10 people would be aged 65 - 7
- 10 people would be aged 75+
- 2 people live in a deprived neighbourhood
- 11 children are in low income households
- 17 people are experiencing mental health issues
- 63 adults are overweight or obese
- Inequalities in life expectancy. 10 years for females, 7 for males
- The average life expectancy is 81 for males and 85 for females
- 12 households experiencing fuel poverty
- 10 adults smoke
- 4 people identify as LGBTQ+
- 9 people are unpaid carers
- English is a second language for 9 people
- 48 people have no religion, 42 are Christian
- 16 people have a disability
- 92 people identify as White British
- 3 people are veterans
- 14 people aged 66+ are living alone



Theme 1: Working with People

The Quality Statements for this theme include:

- 1. We maximise the effectiveness of people's care and support, including unpaid carers, by assessing and reviewing their health, care, wellbeing and communication needs with them.**
- 2. We support people, including unpaid carers, to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and, where possible, reduce future needs for care and support.**
- 3. We actively seek out and listen to information about people, including unpaid carers, who are most likely to experience inequality in experience and outcomes. We tailor care and support in response to this.**

Assessing Needs

Adult Social Care (ASC) is structured to effectively support people who come into contact with the service. Our 'front door' directs people to the right service, based on their needs. We have strong arrangements in place to support individuals to access information, advice, and guidance about adult social care through our 'Live Well' Service and Community Wellbeing Hub (CWH). The CWH triage offers personalised guidance and connects people to preventative community-based services before issues escalate.

Where it is identified an individual needs a Care Act Assessment, they are referred to the team most appropriate in supporting the individual. Our operational teams comprise of Social Workers, Occupational Therapists, Social Care Practitioners, Occupational Therapy Assistants or specialist roles. These roles promote strength-based practice as a collaborative, person-centred approach that emphasises an individual's strengths and resources and empowers people to achieve their goals and to lead happy, healthy lives and maintain choice and control over what matters to them. Our Mental Health Teams are integrated with the Avon and Wiltshire Mental Health Partnership Trust who also undertake Care Act duties and have adopted the national person-centred approach to care planning – 'Your team, Your Conversation, Your Plan'. This is a personalised, co-produced plan focused on what is important to the person, their strengths and goals for recovery.

“XX understood my situation and involved me and my wife. He gave a lot of time and effort to help me when I was feeling particularly low, gave me constructive advice and guidance”

“The Family “wanted to pass on that xx was amazing/brilliant/outstanding he could not speak more highly about her”

ASC has a fair and transparent charging policy and processes in place to support individuals through a financial assessment. Financial assessments are carried out with individuals with eligible care and support needs to determine if they can pay an assessed weekly care charge towards the cost of their care. For most individuals requiring a financial assessment, this is initiated within 10 days of the finance team being notified.

We have safeguards in place to support individuals who experience difficulty in engaging with the financial assessment or who have concerns after going through the financial assessment process.

Monthly Finance Forums give advice and guidance to practitioners working with individuals having a financial assessment, where there are complex concerns or legal advice is needed. ASC are working towards implementing an online financial assessment portal for care charges. This will provide 24/7 access for users, including family members or representatives to quickly estimate, calculate, and submit income/savings details to determine their assessed weekly care charge.

Direct Payments are used by 11% of people drawing on care and support in B&NES. In September 2025, ASC recruited a new Direct Payment Lead, to focus on reviewing our Direct Payment policy, processes and offer, with the aim of supporting more people to use a Direct Payment.

Supporting People, including unpaid carers, to live healthier lives

ASC work in partnership with Public Health to help people manage their health, promote independence, and increase choice and control. We work with partners and the community to offer services that encourage healthier living and reduce the need for care and support. Examples of these services include:

- The Wellness Service
- Primary Care and Pharmacy Smoking Cessation Services
- Health Checks (GP delivered and outreach)
- Drug and Alcohol Services
- Health in Pregnancy Services
- Sexual Health Services
- Health Protection Functions (including support for vaccination and screening)

The ASC Occupational Therapy (OT) Service strives to prevent people's needs increasing, promote independence, enable choice and control, and support carers. This is achieved through OT assessments, moving and handling risk assessments, postural and seating assessments, and supporting rehousing through OT housing assessment reports. The OT team visits people to assess their functional needs in their home environment. Equipment or adaptations may be primary interventions, necessary to enable people to live independently for longer. Where appropriate, people are assessed in the new OT Assessment Centre. OTs may refer eligible residents to the Housing Team for housing adaptations under a Disabled Facilities Grant (DFG). Residents with equipment needs and minor adaptations requirements are referred to the council's Community Equipment Service.



Equity in Experience and Outcomes

The B&NES Joint Health and Wellbeing Strategy 2023-2030 outlines a plan to improve resident health and reduce local inequalities. It focuses on four priority areas and follows four guiding principles for a comprehensive approach. The strategy was developed alongside a statutory group of leaders from local authorities, the NHS, and community representatives that formulate the Health and Wellbeing Board and promotes integrated commissioning and collaboration, while ensuring progress and monitoring over its duration.

To deliver on the health improvement ambitions of priority 3 of the Health and Wellbeing Strategy we have developed a Whole Systems Health Improvement Framework called 'Be Well B&NES', which focuses on 4 key areas:

- Good food for all
- Live free from harms of tobacco, drugs and alcohol
- Good emotional wellbeing for all
- Achievable active lifestyles

Improving outcomes for Carers is a key priority for ASC. Since September 2024 ASC has engaged with 383 carers across B&NES to co-produce a Carers Strategy and Activity Plan, which lays out the commitment to provide the best possible support for carers. As a result of this work ASC is working with the Carers Centre, and Carers Voice, to ensure Carers hold us accountable, and that we progress activity to deliver the aims of the Carers Strategy. ASC also meets with the Parent Carer Forum monthly and have held three in person themed events which are open to all parent carers with a young person aged 14-25. These forums provide an opportunity for parent carers to receive bespoke information and advice from ASC practitioners.

“xx has demonstrated one of the highest standards of professionalism and caring amongst the many people we have encountered over the months of Dad’s journey to date”

In February 2025 we implemented a new ASC Audit Framework which defines the purpose, method, and frequency of audits across the service, offering assurance over the quality of our practice, to ensure that strengths-based practice is at the forefront of our work and to seek feedback from individuals who are supported by ASC. Outcomes and learning from audits are reported to the Quality Assurance Board. Alongside this, ASC has recruited a dedicated Service User and Engagement Lead.

Adult Social care staff are proud of the outcomes they achieve, examples include:

“ I was able to get a stair lift installed as a matter of priority which was completed in a short time frame. It meant the individual and their carer were both able to access upstairs with more ease and access the bathroom and bedroom which had meant everything to them.

Adult Social care staff

“ I visited an individual at home and listened to their story as well as the their strengths and areas they find challenging. I advocated for their wishes on how they would like their needs met and signposted them to services that could provide support while promoting their independence.

Adult Social care staff

Key achievements that demonstrate commitment to Theme 1 Quality Statements include:

Good reduction of waiting lists across all operational teams: In January 2025, there were 156 people awaiting allocation for a Care Act assessment, in May 2026 there were 73 people waiting for allocation. In January 2025, there were 509 people awaiting a Deprivation of Liberty Safeguard Assessment and in May 2026 this has reduced to 382. ASC is committed to reducing the DoLs waiting list further and invited Partners and Care and Health to complete a Peer Review of our DoLs processes and practices.

Reduced assessment waiting times provide significant benefits to individuals, carers, and the wider health system by enabling quicker access to support, reducing the risk of crisis, promoting greater independence and enhancing overall quality of life.

Increased access to Information, Advice, Guidance and Prevention Offer: In 2025, the CWH received over 11,000 referrals for 4,517 residents, through effective partnership working and digital referral infrastructure. This is a 20% increase in people accessing services through this route compared to the previous year. ASC has implemented online portals and engaged with customer facing teams in libraries and GP surgeries as additional methods of providing residents with access to information and services.

The improved information, advice and guidance offer benefits individuals to get the right support quickly, preventing their health and wellbeing from getting worse. Our early intervention and prevention offer helps people stay independent and has improved our performance against the Better Care Fund National Metrics. Online portals benefit both the public and professionals to make referrals, access support or information, share concerns, or request an assessment from the council 24 hours a day.

Investment in Direct Payments: The Direct Payment Lead has been in post since September 2025 and undertaking an assessment of the current offer, reviewing policies/procedures and formulating a work plan. The DP Lead is an active member of the South West Direct Payment Network, enabling the Council to draw on peer support to accelerate improvement. 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. Direct Payments training has been developed which is available for staff to book on the Internal Learning Zone Intranet Pages. To date two training sessions have been delivered with 22 staff attending.

Practitioners now have a stronger understanding of Direct Payments, how they can be used, and the greater choice and control they can offer people in meeting their care needs. Increased confidence in drawing on the expertise of the Direct Payment Lead is enabling more creative, person-centred use of Direct Payments in practice. ASC also now has stronger oversight of how Direct Payments are being used by residents, creating a clearer picture of trends and themes and providing a firmer foundation for improvement. Plans are also in place to launch 'expert by experience' work, enabling people who receive Direct Payments to co-produce the new Direct Payment Policy.



New Occupational Therapy Assessment Centre: The OT Assessment Centre is the first of its kind in B&NES and opened in July 2025. 96% of people who have used the service rate their experience as excellent.

The centre benefits people to have an assessment and take equipment away with them to begin using straight away, reducing delays and contributing to a better experience of ASC.

Very friendly and great welcome. Made to feel very comfortable at all times. Very professional service 10/10 for help and advice. *User of OT Assessment Centre*

Very helpful, went through all my needs supported me, I felt really valued. *User of OT Assessment Centre*

Significantly reduced Occupational Therapy Waiting Lists: In January 2025 the number of people waiting for an Occupational Therapy Assessment was 229 and this has reduced to 59 in May 2026.

Reduced waiting lists benefits individuals because they do not have to wait as long for an assessment. ASC is maintaining the number of people waiting for an assessment and shorter wait times. Equipment and adaptations enable individuals to live independently, safely, and comfortably at home, while improving quality of life and dignity. The Community Equipment Service is joint funded by Health and ASC. During 2025, the service supported the whole local health and social care system by providing 17,036 pieces of equipment, enabling 4,129 people to benefit from sustained independence in their own home or return to their ordinary place of residence in a timely way following a hospital stay. Of this figure 1,214 residents received an equipment dependent hospital discharge. Similarly, 1,122 minor adaptations have been completed for 478 residents, to meet the same outcomes. Throughout 2025 the DFG team have enabled 135 residents to benefit from remaining independent in their own home or place of residence through effective use of the DFG.

Effective Co-Production with Carers: Carers supported ASC to re-commission Carers Community Support Services, which supported over 1,400 carers throughout 2025. Carers worked with us to set questions, develop question weightings and formed part of the tender evaluation panel. In response to carers' feedback, going forward, all new contracts ask community organisations to identify carers and refer them to the right support. We work with carers through the Carers Centre, to ensure carers' views are heard at all levels locally and regionally and inform decisions about support for carers.

"It was indeed interesting to be involved in the commissioning process. I learnt a lot more about the work you're all engaged in. And thank you for your work on our behalf". *Carer*

Working in partnership with carers has enabled us to commission services which reflects the needs and wishes of individuals those services are designed to support. Our continued efforts to provide good quality information, advice and guidance, ensure that carers know what support is available to them to support their wellbeing and sustain their caring roles.

"Thank you for the opportunity for co-production". *Carer*

Investment in a Service User Engagement Lead: This new post started in October 2025 to strengthen how ASC gathers and uses feedback from people with lived experience to inform how we improve, with activity focused on three core areas of:

- introducing and embedding consistent feedback mechanisms within operational teams, with ongoing monitoring
- engaging directly with people through existing groups and forums, including those with eligible needs and those likely to require services
- contributing to service improvement projects to ensure user feedback informs design and delivery.

This has increased the volume and consistency of service user insight, feedback and engagement across ASC. A simple, consistent survey has been introduced where gaps existed and is now included in letters to individuals/ carers (via QR codes) and staff email signatures, enabling ongoing and accessible feedback across teams.

Improved assurance over the quality of practice: The newly implemented Audit Framework provides assurance over the quality of our practice and importantly ensures that strengths-based practice is at the forefront of our work.

A review of the case audits undertaken show a positive experience for people with lived experience of ASC. Of the audits carried out where the individual/ representative was able to rate their experience of their interaction with ASC, 92.5% of feedback was positive.

2026/27 Improvement Activity will include:

- Develop a Direct Payment Policy that will contribute to increasing the number of people choosing to use a Direct Payment
- Implement Individual Service Funds to give individuals more choice in how to meet their needs
- Deliver the changes identified within the Carers Strategy to improve outcomes for carers



Theme 2: Providing Support

The Quality Statements for this theme include:

- 1. We understand people's diverse health and care needs, including unpaid carers, and the needs of our local communities, so that care is joined-up, flexible and supports choice and continuity.**
- 2. We understand our duty to collaborate and work in partnership, so our services work seamlessly for people, including unpaid carers. We share information and learning with partners and collaborate for improvement.**

Care provision, integration and continuity

The Adult Social Care Strategic Commissioning Hub leads commissioning across early help, children's and adults' social care, and interim care in B&NES. The team includes strategic commissioners and programme managers, contract managers, quality assurance specialists and brokerage officers, working with providers and partners to deliver sustainable, affordable services. The Hub works with Public Health, Housing, Social Care, Education, providers and third-sector partners to assess community care and support needs. Commissioning plans are informed by strategic reviews, population analysis, local strategies and specialist assessments.

Regular forums with providers, health partners and Skills for Care help us share best practice, tackle challenges and shape decisions. Through national and regional networks, we connect commissioners, providers and policymakers to meet priorities and support a sustainable market. Our 2024–2027 Commissioning Plan sets out these intentions. Our Market Position Statements for Children's and Adult's Services lay out our long-term ambition and priorities for the market. We are working to sustain the market and care continuity by adopting long-term contracting arrangements. In 25/26 ASC invested over £10m in 5-year grants and 7-year contracts for preventative support provided by the third sector partners and are developing new plans for current multi-year commissioning frameworks for statutory services. We collaborate with service providers to ensure that the cost of care is transparent and fair by considering ways to deliver public value in provider forums, through robust contract management in line with the council's framework and annual cycle of budget setting and fee uplifts.

Throughout 2025, the Commissioning Hub undertook an all-age respite review to assess how respite is delivered and ensure the offer was flexible, sustainable and equitable. The review outlined the essential role of building-based respite for people with learning disabilities and complex needs and prioritises securing stable provision so carers can take planned breaks and people can maintain skill. The review invited co-production with families who use respite services, to help shape the future respite model which highlighted the need for familiar staff, predictable routines, and support tailored to communication, sensory and emotional needs.

ASC are actively working in partnership with council housing teams to deliver the Englishcombe Lane Supported Housing development through the B&NES Homes Programme - 16 specialist, social rent homes for adults with learning disabilities and/or autism, designed around neurodiversity and accessibility, with a communal hub and overnight staffing facilities. Care provision planning will take place prior to building completion and allocations will be made through direct matching to people's needs. This example of a long term codesigned plan strengthens local supported living capacity, improves continuity by enabling people to live closer to home with the right model of support (including planned use of TEC and tailored staffing models), and supports our ambition for joined up pathways by aligning housing, care commissioning and operational practice around clearly defined and understood cohorts.

In 2025 we commissioned eight new community support services to strengthen prevention and increase accessibility to promote more joined up, timely and proportionate help. The new contracts include Independent Living Support, Sensory Support, Carers Support and other community-based services. Six contracts began in January 2026 and two in April and are designed to meet the diverse needs of B&NES residents, with a specific focus on improving equity of access for Core20plus5 groups and people living in areas of deprivation. The new services contracts require them to meet outcome-based objectives focused on independence, targeted uptake, including for unpaid carers, and prevention. Together, these preventative services are expected to support over 2,000 residents per year through Independent Living Support and accessing community enablement, sensory and carers support and targeted early-intervention services and promoting this for residents from the local Core20plus cohort.

ASC uses a Commissioning Quality Assessment Framework to monitor the quality and impact of care enabling a transparent, consistent, and collaborative approach to promote high-quality, person-centred care for adults, children, and families. We use established national standards and best practice from NICE, Skills for Care, and sector regulators to underpin expectations for providers. In 2025, 8 out of 10 providers operating in B&NES were rated by CQC as Good or Outstanding. For every service that has not received one of these ratings, Commissioners have supported providers to develop an action plan to improve care quality. As part of quality assurance and contract management process, we gather feedback from residents, families and advocates, provider care staff, and professionals about the quality of care they receive or observe.



Partnerships and Communities

ASC works closely with public, voluntary, community and private sector organisations, recognising their vital role in supporting people and communities. Commissioning actively promotes strengths-based and asset-based approaches, building on the capacity of communities, VCSE organisations and individuals. Together, we focus on prevention, early help and better outcomes for residents.

The Community Wellbeing Hub (CWH) exemplifies this model, enabling early identification of need, coordinated responses and community-led solutions that reduce demand on statutory services while improving outcomes. The partnership brings together 40 organisations delivering more than 85 services through a single access point for residents and professionals. The CWH strengthens collaboration across hospital discharge, primary care, community health, social care and prevention, including 22 commissioned partners, helping people get the right support at the right time. By sharing information, identifying needs early and responding together through approaches such as multidisciplinary reviews, partners reduce duplication, improve coordination and provide a more seamless experience. The CWH also enables providers to use community spaces, outreach and shared activities to respond flexibly to local need, build community resilience and target support where it will have the greatest impact.

ASC understands the current and future workforce needs and works in partnership with providers using the 'Adult Social Care Workforce Data Set' and local provider data to understand capacity in the care workforce across B&NES. We know that in April 2026, care homes employed 2,060 staff and home care agencies employed 823 staff. There has been an increase in the number of care workers in these services since 2024 and there has also been an increase in the number of hours of home care delivered to individuals, rising from 71,000 to 77,800. Workforce capability is high, with 75% of staff having over three years' experience and an average of 10.2 years, above the regional figure of 9.2, with 44% holding relevant qualifications. We recognise vacancy pressures, including 9.3% in nursing homes and 8.9% in home care and are working with system partners and providers to maximise every vacancy in local services to ensure people are supported closer to home and their communities. ASC supports providers to access the international recruitment, which has strengthened capacity and there are now 147 care home staff and 167 home care staff now on Skilled Worker Visas. This means B&NES residents benefit from a more experienced, better qualified and growing workforce that is increasingly able to meet rising levels of need, maintain continuity of care, and deliver safe, person-centred support.



Addressing inequalities is an ASC and shared system priority, with a strong focus on understanding how multiple and intersecting characteristics (including ethnicity, rurality, deprivation and disability) influence access to care and outcomes.

ASC ensures commissioning practices and services meet the Equality Act 2010 standards and actively support individuals with protected characteristics. We secure some services through grants designed to respond to this complexity, for example through culturally specific provision, targeted early intervention and rural outreach, ensuring services are equitable, accessible and responsive to our diverse communities. Examples of this include:

West of England Rural Network (WERN): WERN supports the 'Village Agents' network and development of micro-enterprises (small businesses and self-employed people). These are local people that are immersed in communities and connect residents to early help in rural or isolated areas and are the first-contact for residents at risk of isolation or when people need support unexpectedly.

Bath Ethnic Minority Senior Citizens Association (BEMSCA): BEMSCA maintains culturally specific support for minority ethnic older adults. Funding enables the delivery of day services, outreach, advocacy, cultural wellbeing activities and community learning. In 2025/2026 BEMSCA has 9,660 contacts with residents across around 10 programme areas. BEMSCA ensures minority ethnic older adults receive connection and support that reflects their culture and identity.

B&NES 3rd Sector Group (3SG): 3SG is a membership network of charities, social enterprises and community groups in B&NES. This funding sustains the Voluntary, Community Social Enterprise (VCSE) infrastructure that strengthens and connects more than 260 organisations that provide training, advocacy, peer support and system coordination, that contribute to our prevention and wellbeing offer. These organisations reach people who may not engage with statutory services and provide culturally appropriate, trusted support, allow partners to respond rapidly to issues such as rural hardship, digital exclusion and emerging needs in minority communities. This increases system resilience and enables earlier preventative action.

ASC uses the Better Care Fund to support new initiatives that align with the shared priorities of our organisation and system partners, focusing on integration, prevention, and enhancing care flow. We work closely with the local Integrated Care Board and other key stakeholders to jointly monitor, evaluate and oversee the Better Care Fund.

The BCF is fully embedded within our commissioning and financial planning, aligning with preventative priorities, neighbourhood models, and Section 75 governance.

Clear and transparent arrangements, including risk-sharing and robust information governance, underpin all BCF-funded schemes.



Key achievements that demonstrate commitment to Theme 2 Quality Statements include:

Co-Producing the Dementia Strategy: ASC are leading on a multi-agency dementia strategy for B&NES which will be structured around the 5 domains of the NHS Dementia Well pathway. Alongside engagement and consultation, an expert by experience is working as a core member of the strategy steering group, and a series of focus groups for people with dementia and carers are being facilitated to co-design the strategy vision and priorities.

The strategy will improve quality of life for people with dementia and their carers through earlier diagnosis, greater awareness, and consistent prevention messaging across health, social care and community services. Delivers integrated, person-centred care while reducing inequalities and improving access to services.

Robust Quality Assurance Processes: The percentage of CQC rated services within B&NES that are Outstanding or Good is strong at 81%. The purposefully designed team structure ensures effective feedback processes and that robust action is taken to support improvements.

Maintaining quality across care providers helps ensure residents receive safe, consistent and person-centred support that protects their wellbeing and dignity. Strong oversight and timely improvement support also give residents and families greater confidence in services, reduce the risk of poor care, and help people experience better continuity, outcomes and quality of life.



More people have benefitted from information, advice and guidance and targeted early intervention services: Following sustained investment from the council, VCSE reach across B&NES has expanded enabling more people to access services earlier and investment in new contracts is demonstrating positive outcomes.

In the first three quarters of 2025-26, 372 residents accessed the support of Village Agents, an increase in 279 from the previous three quarters. Community Catalysts has supported 46 small businesses or self-employed people in the past year, planned to increase to 66 in 2026-27. After the first quarter, outcomes-based KPIs for new contracts show positive impacts on independence, reduced isolation, access to services and financial support, and wellbeing.

Achievement of Better Care Fund metric ambition: ASC is delivering support to meet the BCF ambition to reduce emergency admissions through targeting prevention and outperforming peer comparators with 87% of individuals being discharged on discharge ready date. The long-term residential care home admissions rate has reduced in the last 12 months and consistently over time.

Residents benefit from better hospital flow and fewer delays. A strengthened system approach to collaborative BCF investments help people stay at home by delivering reablement, enabling prevention and connection infrastructure and supporting discharge to usual place of residence.

2026/27 Improvement Activity will include:

- Reviewing activity alongside Neighbourhood Health planning and continue to align investment, share risk management and work in partnership on the joint evaluation of outcomes
- Continue to work with housing colleagues as part of the local plan and housing plan 2025-2030 to ensure the needs of people who require housing with support are met
- Delivery and embedment of the co-produced, multi-agency Dementia strategy ensuring future proofing of provision

Adult Social care staff are proud of the outcomes they achieve:



I recently applied the principles of client-centred practice and co-production to meet the needs of a client. By working collaboratively, I was able to support their religious practices by facilitating access to prayer and religious washing. This included providing appropriate equipment such as perching stools and drop-down grab rails to enable safe and independent participation.

Adult Social care staff

Theme 3: How the Local Authority ensures safety within the system

The Quality Statements for this theme include:

1. We work with people, including unpaid carers, and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.
2. We work with people, including unpaid carers, to understand what being safe means to them, and work with our partners on the best way to achieve this. We concentrate on improving people's lives, including unpaid carers, while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Safe systems, pathways and transitions

Adult Social Care is part of the Bath and North East Somerset Community Safety and Safeguarding Partnership (BCSSP) which meets the legal requirement for a Safeguarding Adults Board and actively carries out all statutory functions expected of it. The BCSSP Strategic Plan for 2024-2027 aims to reduce serious violence, prevent harmful drug and alcohol use and improve the well-being of children and young people. The Police, Local Authority and Health Partners work together to make sure these goals are met for the community. The BCSSP provides welcome challenge to how effectively we operate and holds local partners to account.

ASC uses risk assessment and prioritisation tools in relation to some areas of work, such as Deprivation of Liberty Safeguards, Safeguarding and assessment/review waiting lists to ensure prompt support and action, particularly in cases of high risk or concern. New risk assessment tools have been developed and implemented throughout 2025 which ensure that risk continues to be reviewed regularly, cases are re-prioritised as needed, providing a "waiting well" approach and those with the greatest need are seen quickly. Teams review referrals a minimum of weekly and use the risk rating tool that assigns a numeric Red, Amber, Green risk value to each referral for prioritisation purposes. If new information is received, the risk score is updated. Additionally, training sessions have been delivered to frontline staff on risk management practices.

ASC ensures care is coordinated for individuals moving between services, involving people and partners to maintain safety and continuity. We do this through a variety of ways, depending on the needs of the individual, which includes:

Individuals transitioning from Children's to Adults Services: Individuals, parents, carers and professionals can request a Care Act Assessment by referring young people, likely to need ongoing support from ASC after turning 18 via an online Transitions Portal, in line with the transitions protocol between adults and children's services.

Changing Providers: Commissioning and Operational Teams coordinate with individuals and their carers when providers change to maintain continuity of care. A review or assessment is undertaken at this time if it is indicated that the person's needs have changed.

Trusted Assessors: Help speed up patient discharge by ensuring individuals transition to appropriate care or have existing support adjusted to new needs following hospital admission. In discharge planning, Trusted Assessors use a collaboratively developed assessment to give care home managers the details needed for informed admission decisions. This streamlines the process, lowers Infection Prevention and Control risks, and minimises discharge delays. In the year to April 26, 1858 residents have been supported, with 90% assessed on the day of referral.

Care Journey Coordinators: To facilitate continuity of care, ASC and Health partners have invested in roles called Care Journey Coordinators. These roles support people through their Reablement journey, for people who require an assessment for ongoing care, they will continue to support the individual until their assessment is completed, to ensure their needs continue to be met. In the interim period, individuals are supported to access any other services that might support them, including interim care and services provided by the CWH.

A key element of how we support people is through access to information, advice, and advocacy. Following the successful launch of the Safeguarding Portal for professionals in November 2024, we launched a public-facing portal in October 2025. ASC's new statutory advocacy program went live in April 2026 which offers responsive and consistent support. The new model was co-designed with 16 specialist practitioners and input from B&NES Healthwatch, leveraging feedback from compliments, complaints, and casework. Also included are two new forms of advocacy to address gaps identified during engagement, ensuring timely specialist support for diverse needs.

Safeguarding

Our primary objective is to ensure that every individual feels safe and is protected from bullying, harassment, avoidable harm, neglect, abuse, and discrimination. The local Safeguarding arrangements ensure that all safeguarding referrals go to our Safeguarding Triage and Urgent Response Service, which may include triage, urgent response, signposting or moving forward to an enquiry. We ask individuals what outcomes they want and keep their voice central to how we safeguard them, including whether they feel safe with the action taken. We involve people in enquiries in line with Making Safeguarding Personal to balance risk with choice and control. Information in relation to the outcomes of safeguarding enquires, is shared with relevant agencies, when it is required, for the continued safety of the individual concerned. Where a referral does not meet the threshold for an enquiry, we tell referrers the outcome, advising of any actions, services or signposting which may help reduce further risks.

A strong awareness of those most at risk of abuse, neglect, or whose needs are impacting on their wellbeing, is maintained throughout our work. This is accomplished by collaborating closely with key partners, including health services, the Police and the Bath and North East Somerset Community Safety and Safeguarding Partnership (BCSSP). Together, we work to ensure robust safeguarding practices are in place to protect individuals and promote their safety and wellbeing, which is achieved through forums such as the Multi Agency Risk Assessment Conference (MARAC) and Multi-Agency Public Protection Arrangement (MAPPA).

In December 2025, ASC worked with Partners for Care and Health to scope an independent Safeguarding Governance and Assurance review. The review was commissioned to examine local safeguarding pathways, policies, procedures and practice, including how consistently these were understood and applied across teams, risk management arrangements, performance, quality assurance, leadership oversight and the embedding of Making Safeguarding Personal principles.

The methodology combined a review of Adult Social Care safeguarding policies and procedures, an audit of case files, and a combination of online and face-to-face meetings with frontline staff. The draft report was provided by the independent consultant in early May, and the recommendations have been drawn into an action plan, with identified risks RAG rated. The Independent Peer Reviewer highlighted that "Staff present as motivated, committed, skilled and knowledgeable with excellent values and standards of practice"

Key achievements that demonstrate commitment to Theme 3 Quality Statements include:

Effective monitoring of risk through implementation of Risk Assessment

tools: The risk assessment allows us to prioritise people waiting for an intervention (assessment/ safeguarding/ unscheduled review) ensuring that risks are reviewed and responded to when people are waiting. They are supported by 'waiting well conversations' that happen routinely.

The new risk assessment tools give Service Leads and Team Managers oversight of people waiting, ensuring that people are allocated in line with risk and need. ASC can generate reports to monitor risk across different parts of the service and use this information to respond to risk and reduce it. Risk assessments on individual case records provide the opportunity to assess risks and mitigate against them.

Recommissioning Advocacy Services: This single contract approach, shaped through engagement and feedback described above, has addressed gaps in provision by introducing new forms of advocacy and strengthening specialist support. By adopting a flexible contracting model and increasing contract hours, we have expanded the service's capacity to respond to changing demand, market pressures and national policy, supporting continuity of care and timely access to advocacy.

Improvements to our advocacy services mean more people are supported to understand their rights, express their views and exercise greater choice and control. This helps ensure concerns are identified and shared appropriately, while protecting people from harm and supporting them to define what feeling safe means for them.



Safeguarding Adult Online Portal Implemented: The online portal enables us to gather relevant and necessary information earlier in the process, allowing us to triage referrals swiftly. It also provides renewed information advice and guidance to professionals and the public.

This benefits our population because it enables us to provide advice to the individual and referrer sooner, providing improved access to safeguarding information and help direct concerns to the right team more quickly thus reducing the risk posed to the individual.

Successful implementation of Safeguarding Adult Threshold Guidance: Throughout 2025 ASC worked with the BCSSP to develop Guidance for reporting Safeguarding Adult Concerns. This supports anyone who has concerns about an individual to better understand when a safeguarding adult referral is needed or if other steps should be taken and directs referrals to the right team at the earliest opportunity.

Professionals and individuals who a concern is relating to benefit from this because they are directed to the right team earlier, reducing risk to the individual.

Providing specialist support to strengthen co-production in Making Safeguarding Personal: During 2025, ASC worked with Bath University on a research project involving adults with learning disabilities and carers, who had experienced safeguarding processes, alongside the staff who supported them. This represents a significant piece of work, giving insights into how people experience safeguarding in practice and providing an important foundation for strengthening person-centred and co-produced safeguarding. The work is now complete and has generated findings that will be shared by Bath University, with staff across the ASC Directorate, at a staff briefing on 26 June.

Collaboration in this work and the identified findings, is integral in further improving our approach to involving people in their safeguarding enquiry.

Developed a Self-Neglect Policy: Launched in October 2025 and is a result of collaborative working within the Bath and North East Somerset Community Safeguarding and Safety Partnership.

The launch of the policy and procedure supports consistent practice and ensures assessments and offers of support are made to adults, where there is a concern they are self-neglecting. It strengthens the escalation of a concern into an enquiry, where required.



Embedded Making Safeguarding Personal Recording to LiquidLogic: ASC has refreshed our computer systems and processes to ensure that the principles of Making Safeguarding Personal are reflected in our recording.

It benefits individuals by making sure their voice, wishes and desired outcomes are clearly captured in the record, rather than the record focusing only on process or risk.

2026/27 Improvement Activity will include:

- Embed the recommendations from the independent Safeguarding Governance and Assurance Review to provide further assurance that ASC is doing everything in its power to provide good quality safeguarding processes and practice
- Embed the recommendations from the Deprivation of Liberty Safeguards review

Adult Social Care staff are proud of the outcomes they achieve, examples include:



I gave someone reassurance and a safe space to express their concerns. The safeguarding phone line is often used by the public who don't know what service we provide at a time when they are desperate for help. I was able to listen and provide comfort while proactivity making a plan and risk assessing with them to give them back control of their situation.

Adult Social care staff



To support someone with complex needs I worked collaboratively with the ward staff, the community team, the patient, family, and the assessing team, I conducted a MDT and held further consultations with everyone involved in the care of the patient. This allowed for all to voice their queries/concerns/views and to come up with a plan which all were in agreement with and put the patient's need at the centre to ensure he received the appropriate care and support.

Adult Social care staff



I coordinated a safeguarding that demonstrated excellent MSP, with the person very much at the centre of the process. The outcome was that the person felt safe and empowered and this was really evident in their presentation at the meetings. It really was an excellent piece of work by all involved.

Adult Social care staff

Theme 4: Leadership

The Quality Statements for this theme include:

- 1. We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care and support. We act on the best information about risk, performance and outcomes for people, including unpaid carers, and we share this securely with others when appropriate.**
- 2. We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people, including unpaid carers. We actively contribute to safe, effective practice and research.**

Governance, Management and Sustainability

The Leadership Team is responsible for maintaining a safe operating environment and ensuring that any organisational changes that may affect service delivery are properly assessed and mitigated. During 2024 and 2025, ASC implemented restructures across both the commissioning and operational teams of the directorate to better align services and functions with its strategic vision. This included the creation of the 'All Age' Strategic Commissioning Hub and the management of four operational service areas. Together, these changes have strengthened ASC's organisational structure and created a more robust service model to meet the needs of residents.

The Leadership Team are held accountable through established governance processes such as Corporate Management Team updates, Lead Member Briefings and the Children's and Adult's Health and Wellbeing Policy Development Scrutiny Panel and oversight of this is managed by a Governance Forward Planner. We have robust and effective strategic and operational budget oversight, accountability and governance arrangements in place. Bi-monthly finance meetings are in place and attended by the ASC Management Team and colleagues from Corporate Finance to monitor our spending budgets, demand on our services and evaluate the impact of savings plans on outcomes for people. In year budget statement and papers are reported with the lens of the financial impact on our services. All savings plans are subject to Equalities Impact Assessments and corporate assurance.

ASC has robust oversight of our practice and performance, which helps us to identify any learning and development needs. The arrangements include:

Supervision: Staff receive supervision monthly, as per the Supervision Policy. ASC launched a 'Supervision Survey' in April 2026 to gather feedback from staff on their experience of supervision. Of the responses received to date, 93% of staff feel supported by their supervisor and are able to raise any difficulties they are experiencing. Similarly, 91% of staff report their supervision is a worthwhile experience and contributed to their wellbeing and helped them to perform their role more effectively. In March 2026 staff in the Local Authority took part in the annual Local Government Association Health check Survey.

Practice Forums/Legal Surgeries: Give the leadership team effective oversight of the work being undertaken to promote good quality, legally compliant and consistent practice.

Quality Assurance and Performance Framework: Gives clarity on risks, performance metrics, outcomes, supports informed strategic planning, effective resource allocation and targeted actions to improve care and support for our local communities.

ASC consistently integrates the principles of equality, human rights and diversity into its core values, organisational culture, and leadership practices. Our leadership team possesses a comprehensive understanding of current challenges related to equality and human rights, supported by robust strategic plans to address these concerns.

Our Strategic Evidence Base offers valuable insights into the demographic profile of B&NES, informing both current service provision and anticipating future population needs.

We are committed to fostering a legally literate workforce that upholds human rights, prioritising the least restrictive options for meeting care needs and ensuring access to advocacy services. Legal surgeries and practice forums reinforce the application of appropriate legal frameworks to safeguard individuals. Equality, diversity and inclusion (EDI) is also promoted through:

- Collaborative processes with health partners enable access to nationally available resources that support the rights of individuals with complex needs
- Ensuring wherever possible individuals are protected by the relevant legal frameworks (e.g. Deprivation of Liberty Safeguards and Mental Health Act) that ensures their Article 5 rights are upheld
- We employ staff dedicated to supporting individuals with sensory impairments and maintain contracts with translation services to ensure equitable access to necessary support
- All staff are required to complete mandatory training in Equality, Diversity and Inclusion
- Human Rights and EDI principles are embedded within our practice standards
- All staff are required to complete the Oliver McGowan Mandatory Training on Learning Disability and Autism

Equality, diversity and inclusion is one of four core principles of the 2025/26 ASC Improvement Plan led by the Leadership Team. Developed after the 2024 CQC inspection, the plan responded to inspection feedback and identified improvement areas through nine priorities and 15 projects. Each project has been led by a project manager or Head of Service and reported to a monthly Improvement Board, bringing together delivery leads, Public Health, Equalities Officer and the Lead Member for Adult Social Care. To ensure transparency, the plan is supported by Equality Impact Assessments and subject to internal audit. The Equality Impact Assessments have also been discussed at the Children's and Adults Health Wellbeing and Policy Development Scrutiny Panel to share progress and achievements. Internal Audit rated management and governance of the Improvement Plan at Level 4 Substantial Assurance, its second-highest rating.



Learning, Improvement and Innovation

ASC is confident that our Improvement Priorities will continue to deliver against the Secretary of State Objectives. ASC has demonstrated commitment to continuous improvement and transforming our services through a series of targeted projects and initiatives and prioritising these areas according to risk. ASC is ambitious in testing and adopting new approaches that strengthen practice locally and contribute to sector improvement nationally. During 2025, this included several key initiatives:

- Working with Social Care Institute for Excellence (SCIE) on an independent review of co-production practices and processes, supporting one of the organisation's first reviews of this kind
- Review of Deprivation of Liberty Safeguards (DoLS)
- Independent Safeguarding Review

ASC has strengthened the learning and development offer, ensuring staff have access to opportunities that equips them with the knowledge and skills required for their daily work. Team managers monitor the training completed by their teams, and all practitioners working with people where a safeguarding concern has arisen have received safeguarding training. In April 2026, ASC carried out a training needs analysis across operational teams. This invited staff to identify the learning they would like over the next 12 months, helping to shape the future learning and development offer. The current learning and development offer includes:

Training Resources: We commission learning resources through Research in Practice for Adults (RiPfa) and all staff are able to access any learning material needed, or that they might be interested in. ASC monitors usage of RiPfa to understand workforce learning, three of the most utilised topics include safeguarding, strengths based working and mental capacity resources.

Time to Learn: Practitioners across mental health, safeguarding, operational and occupational therapy teams are now able to dedicate half a day per month, protected time for learning and development.

Feedback from Audits, Complaints and Ombudsman Rulings: ASC shares learning from audits, complaints and Ombudsman rulings with staff to improve the quality of the service we provide. We share learning through team meetings, fortnightly staff briefings and 7-minute briefings. Staff can access an internal resource page specifically for adult social care, where this information is also available.

Apprenticeships: B&NES is offering four Social Work Apprenticeships for Social Care Practitioners, with recruits due to start in September 2026. Our two OT apprentices are now in their second year.

Practice Week: This took place between the 26th-30th January 2026. They provide learning and development opportunities for adult social care staff through a variety of in person and online learning events and enable staff to attend interactive workshops and seminars, engage in thought-provoking discussions, reflect on practice with peers and network with colleagues. ASC staff have fed back the value of Practice Week:

“ Well organised, with useful sessions. Was a positive way to come together with colleagues, especially the self-neglect session”

“ 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”

“ 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”

Throughout 2024-2025, ASC supported improvement initiatives across the Bath and North East Somerset, Swindon and Wiltshire (BSW) region. The Principal Social Worker and Head of Service for Safeguarding have conducted multiple training sessions, such as Community Deprivation of Liberty Safeguards Training and a seminar covering Self Neglect and the Mental Capacity Act. Further to this, the Head of Service for Safeguarding took the lead in developing a comprehensive Modern Day Slavery Framework aimed at addressing the risks of modern day slavery within adult social care across the South West region. This work is being overseen in partnership with the Association of Directors for Adult Social Services, ensuring strong regional collaboration and a coordinated response. The framework was formally adopted as a practice support tool and became operational in October 2025.

Co-production is central to Adult Social Care’s vision, ensuring that people with lived experience are actively involved in shaping services, commissioning and decision-making. Monthly Community of Practice forums have been in place for over two years, enabling staff to meet to share learning, resources, and best practice, building awareness and processes to embed co production into our everyday practice. Over the past year, this has been strengthened through a structured programme of activity and the completion of an independent review by the Social Care Institute for Excellence (SCIE). The SCIE review and the recommendations have provided a clear framework to strengthen governance, embedding co-production in commissioning and procurement, improving training and developing consistent tools and evaluation methods across ASC.

“ 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..... observed a strong shared belief in the value of co-production and a genuine desire to shift power, strengthen relationships and elevate the voice of people with lived experience”

Technology Enabled Care (TEC) and digital development are key enablers of Adult Social Care’s transformation, supporting more personalised, preventative and efficient services. Our approach focuses on embedding technology into frontline practice. In Spring 2026, ASC published its first Adult Social Care Digital and Technology Strategy, developed through workshops and surveys with staff and residents, setting a clear direction for digital and TEC across the service. A TEC/Digital delivery group will provide oversight and operate as an innovation space.



Key achievements that demonstrate commitment to Theme 4 Quality

Statements include:

Skills for Care (SfC) Workforce Race Equality Standards (WRES): ASC's decision to participate in the three-year Workforce Race Equality Standards Programme reflects a strong and purposeful commitment to becoming a more equitable and anti-racist organisation. Participation in this programme provides a clear framework for driving sustained improvement in workforce equality.

ASC has submitted its data set and WRES self-assessment report to SfC. This provides a stronger evidence base for understanding workforce equality and places ASC in a good position to work with Human Resources on a focused action plan to address gaps, strengthen inclusion and ensure greater fairness across the workforce.

Successful delivery of the 2025/26 Improvement Plan: ASC has delivered exceptional transformation throughout 2025/26, achieving progress that has fundamentally reshaped performance across the directorate. ASC has seen some of the most significant challenges turned into tangible improvement, with teams delivering sustained dedication and commitment to improving people's lives.

The projects within the Improvement Plan have delivered clear and meaningful improvements for residents, demonstrating that ASC's improvement activity is translating into better outcomes in practice. This is evident through all of the achievements listed throughout this document. The 2026/27 Improvement Plan is now being developed and will be finalised in May/June once the Leadership Team has completed engagement with frontline staff and incorporated their feedback to ensure the plan is grounded in operational insight and continuous improvement.

Practice Framework and Standards: ASC has now written and published our own practice standards and practice framework which clearly defines the approach of ASC to supporting our residents. This significant development provides clear, measurable expectations of staff and in turn what staff can expect from ASC Leadership to perform their roles effectively. We are currently working with staff to deliver sessions on embedding the framework and standards across teams.

The practice standards and framework leads to positive outcomes for residents as they are supported by legally literate staff who work in a strengths-based, person-centred manner and all staff work to a consistent approach to achieve best outcomes for those we work with.

Modern Day Slavery Framework: The implementation of this framework represents a strong and important improvement in ASC's approach to safeguarding, strengthening our ability to identify and respond to risks of modern slavery while promoting higher ethical standards across care provision.

Commissioners actively collaborate with the council's strategic procurement team and local care providers to ensure that the core principles of the Modern Day Slavery Framework are fully embedded within contract management and procurement processes. This joint approach strengthens accountability and helps to mitigate the risks of modern-day slavery within adult social care services.

Magic Notes implementation: This AI-enabled tool is now fully embedded in practice and is supporting more efficient, consistent case recording. Staff feedback has been overwhelmingly positive, with practitioners reporting that it reduces the administrative burden of recording and enables them to complete documentation more efficiently.

Technology Pilots: Final system changes are now in progress to launch two pilots in June and July. 'Brain in Hand' and 'AutonoMe' apps, will support independence, particularly for people with learning disabilities and autism. We will also offer TEC through Access, Advice and Information and Occupational Therapy Assessment Centre teams.

TEC and digital development will improve outcomes by supporting independence and reducing reliance on traditional care. Digital tools are improving efficiency in practice, enabling more time with individuals. Planned TEC solutions are expected to increase choice, confidence and self-management.

Expanded Best Interests Assessor capacity: ASC has made a clear investment in strengthening its DoLS capability through additional Best Interests Assessor training. Eight further BIAs have been trained, with seven already passing the examination and one awaiting results. A further practitioner is due to begin training in Summer 2026, demonstrating sustained commitment to building specialist capacity.

Strengthened Approved Mental Health Professional (AMHP) workforce capacity: During 2025/26, ASC invested in Approved Mental Health Practitioner training, resulting in two additional practitioners qualifying. This represents a positive step in improving resilience and responsiveness within statutory mental health functions.

Improved practice education capacity: One practitioner has completed PEP 2 training, which strengthens ASC's ability to support, develop and quality assure practice learning across the workforce. It also enabled ASC to support the Social Work profession by working with universities to facilitate student placements.

By expanding our pool of Best Interest Assessors (BIAs) and Approved Mental Health Professionals (AMHPs), we have better resourced the teams fulfilling our vital statutory functions. This ensures our residents are better served by skilled staff, receive more timely assessments and are protected by the appropriate legal frameworks. Our offer to staff to gain their practice educator qualification allows us to help 'future-proof' our workforce by supervising students on placement with our teams, many of whom have subsequently gained employment with us after qualification.

2026/27 Improvement Activity will include:

- Continued engagement with frontline staff to define the 2026/27 Improvement Plan activity, ensuring it reflects staff's feedback for service improvement
- Continued improvements on how data is used to inform how we deliver services in the future
- Delivering the National Requirements for the Analogue to Digital switch over to minimise disruption to our population
- Further Embed TEC and Digital into practice to give individuals more choice and control
- Embed Practice Weeks into our learning and development approach, alongside the findings from the training needs analysis and host the second Practice Week in November 2026
- Take forward the recommendations highlighted by SCIE in the Co-Production Review to further improve our co-production offer