

# **Bath and North East Somerset Adult Social Care Self-Assessment**



**September 2024 - December 2025**

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## What is the Annual Self-Assessment Report

Bath and North East Somerset Council has produced this self-assessment report to tell people about our Adult Social Care services. It describes how we operate and the improvements we have made to our services since the Care Quality Commission carried out an inspection in September 2024.

This report is focused on the period 1 September 2024 – 31st December 2025.

## Accessing the Self-Assessment Report

This report has been designed to be as accessible as possible, for individuals that use assistive technology to help them read digital documents.

For individuals who are reading a printed version of this report, the full website details can be found at the end of this report.

The Self-Assessment Report can be read and downloaded from our website at:  
[www.bathnes.gov.uk/document-and-policy-library/our-adult-social-care-self-assessment](http://www.bathnes.gov.uk/document-and-policy-library/our-adult-social-care-self-assessment)

For anyone that does not have online access, you can request a printed copy by:

Telephone: 01225 396140

Email: [director\\_asc@bathnes.gov.uk](mailto:director_asc@bathnes.gov.uk)

## Foreword

As Director of Adult Social Services, I am pleased to present this self-assessment of adult services for Bath and North East Somerset Council.

Since services returned to the council in April 2024 and following our CQC inspection, we have made significant improvements for current and future service users.

The in-depth review of our service has given our team important insights and constructive challenges, guiding us as we continually improve and transform Adult Social Care.

Over the past two years, we have evolved significantly and our Adult Social Care strategy, reflects our commitment to co-production and the voice of those we support. We have established strengths-based, personalised approaches and work closely with residents, carers, and partners to design services that promote independence, dignity, and choice. This is underpinned by our Strengths based model, enabling more holistic and responsive care.

I am immensely proud of the dedication shown by our staff and managers every day. Their compassion, professionalism, and resilience especially through the number of changes they have experienced and the continual pressures in the health and care system. We continue to be instrumental in delivering high quality outcomes for people and communities across Bath and North East Somerset.

The dedication of social care staff continues to inspire me every day. As the DASS, I am aware of the challenges we face, such as rising demand, workforce strains, and the complexities of working within an evolving NHS, coupled with funding issues. Despite these obstacles, I remain optimistic about our future. Looking ahead, we are adopting digital innovations to enhance support for young people transitioning into adult social care and strengthening our collaboration with the NHS, Voluntary, Community, Faith and Social Enterprise (VCFSE), and our providers.

Our strong partnerships and proven record of successful transformation position us well to tackle these challenges and further strengthen Bath and North East Somerset services. Most importantly, we take pride in the culture we have developed in Adult Social Care — one that truly values individuals, listens carefully, and is dedicated to creating a positive impact on people's lives.



**Suzanne Westhead, Director of Adult Social Care**

# Bath and North East Somerset Corporate Strategy

The Corporate Strategy is the Council's overarching strategic plan. We adopted the [Corporate Strategy 2023-2027 \(pdf\)](#) on 20 July 2023.

This builds on our previous Corporate Strategy, retaining our purpose, values, core policies and principles, whilst also introducing an extended outcomes framework to further refine our priorities.

We have one overriding purpose – to improve people's lives. This brings together everything we do, from cleaning the streets to caring for our older people. It continues to be the foundation for our strategy and ensures that it drives our commitments, spending and service delivery.

## Our core policies

We have two core policies – tackling the climate and nature emergency and giving people a bigger say. These will shape our work and we have expanded these policies with the following ambitions:

1. To lead the UK in climate and nature action, building a sustainable future for Bath and North East Somerset - net zero, nature positive by 2030
2. To listen to and work with residents to act on their concerns

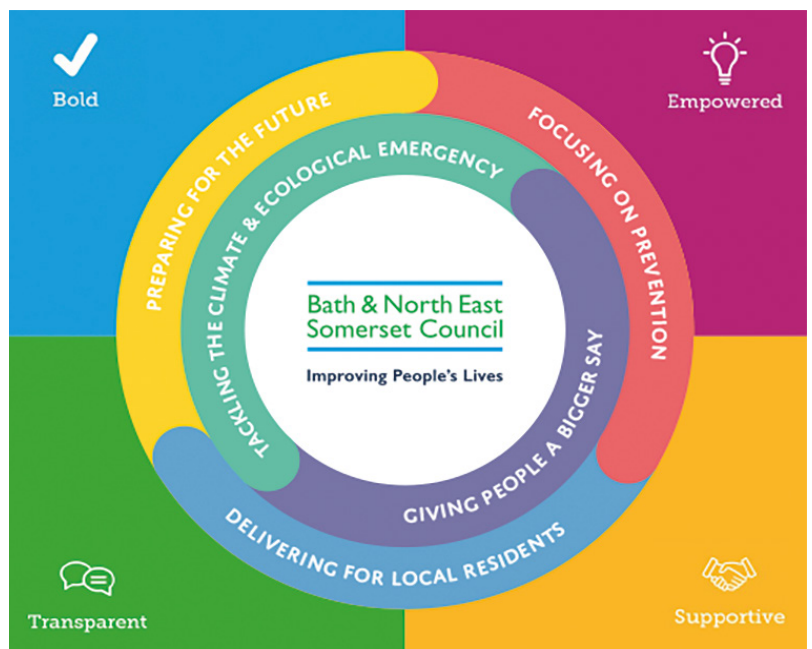
## Core ambitions and priorities

To continue to translate our purpose into commitments, we have retained and adapted our three principles with extended ambitions:

1. Preparing for the future - we will work towards a resilient, sustainable economy that is fair, green, creative and connected
2. Delivering for local residents - we will continually improve frontline services across our communities, whilst protecting the most vulnerable
3. Focusing on prevention - we will invest in prevention across all services to tackle inequalities and improve local areas

Within this framework, the Strategy also contains nine priorities which set out how we will improve people's lives through its delivery. They are:

- The right homes in the right places
- More travel choices
- Clean, safe and vibrant neighbourhoods
- Support for vulnerable adults and children
- Delivering for our children and young people
- Healthy lives and places
- Good jobs
- Skills to thrive
- Cultural life



## Adult Social Care Vision and Strategy



People who draw on care and support will live in the place they call home, with the people and things they love, in communities where they look out for each other, doing the things that matter to them.



### Our 3 Adult Social Care Commitments

#### Internal/Practice Offer:

We deliver a service focused on empowerment to deliver the support that's required, and that's right for the individual. We have a Quality Assurance framework for the ASC offer that delivers the highest professional standards and looks at all opportunities to collate feedback to monitor and manage outcomes.

#### External/Community Offer:

We recognise the value of the communities, assets and resources available locally to support residents to be active and fulfilled citizens, including the vital role played by the [Community Wellbeing Hub](#). We use our organisational influence to support the fair and equitable access to opportunities for residents.

#### Provider/Marker Offer:

We are focused on the delivery of a quality provision that helps people to progress and to lead enjoyable and meaningful lives. We will be bold, ambitious, innovative and adaptable to support people to live the lives they want to lead.

Our Adult Social Care Vision and Strategy 2024-2027 describes how we meet the needs of the B&NES Population. The Vision and Strategy is built up of five pillars:

**Safe:** Our goal is for staff to be empowered and supported to voice concerns and feel confident in situational decision making. We will build on this through ensuring an environment which encourages individuals to challenge, question, and feel supported when issues are highlighted, to ensure the continued safe delivery of ASC services.

**Effective:** We will follow strength-based practice with person centred assessments, care planning and service delivery. We will support staff to deliver effective and appropriate solutions through listening to service users needs to ensure a consistent and equitable provision of care, services and support. We are committed to co-planning, co-designing, co-delivering with our providers and co-evaluating future services in response to population needs.

**Caring:** Our core focus is on ensuring people live the lives they want to live. ASC staff in all roles will draw from a caring and compassionate value base, where we see people as people, and focus on residents and the impact on their lives in everything we do.

**Responsive:** We will support our staff and partners to deliver services that deliver the right care in the right place. This will enable a flexible and responsive approach to service provision that allows our residents to build on their existing capacity and strengths, in a way that seeks to manage rather than eliminate risks.

**Well led:** We will build on the strengths highlighted through our ASC Local Government Association Peer Review to continue to embed our positive workforce culture built on mutual respect and shared values. We have a clear corporate purpose with strong political and corporate leadership in supporting Adult Social Care.



# 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.

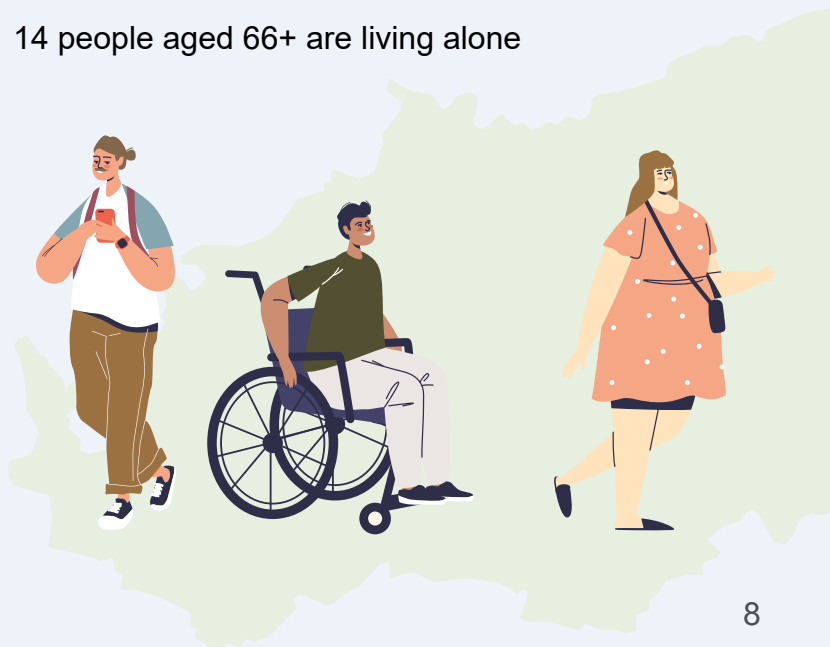
B&NES is home to an estimated population of 195,618, marking a 10% growth since 2012. The population structure is notably influenced by the presence of two campus-based universities, which contribute to a significant number of students in the area. Projections indicate that by 2032, the population will 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



## Key Achievements

Reduced waiting lists across operational teams

Embedding our Quality Assurance and Performance Framework

Collaborating with Community Catalysts to support people by their local communities

Implement a new Safeguarding Adults Pathway

Developing our Practice Standards and Practice Framework

Commissioning with residents and stakeholders to shape new services

Trained more Best Interest Assessors

Opening of the Occupational Therapy Assessment Centre

# Our Improvement Journey

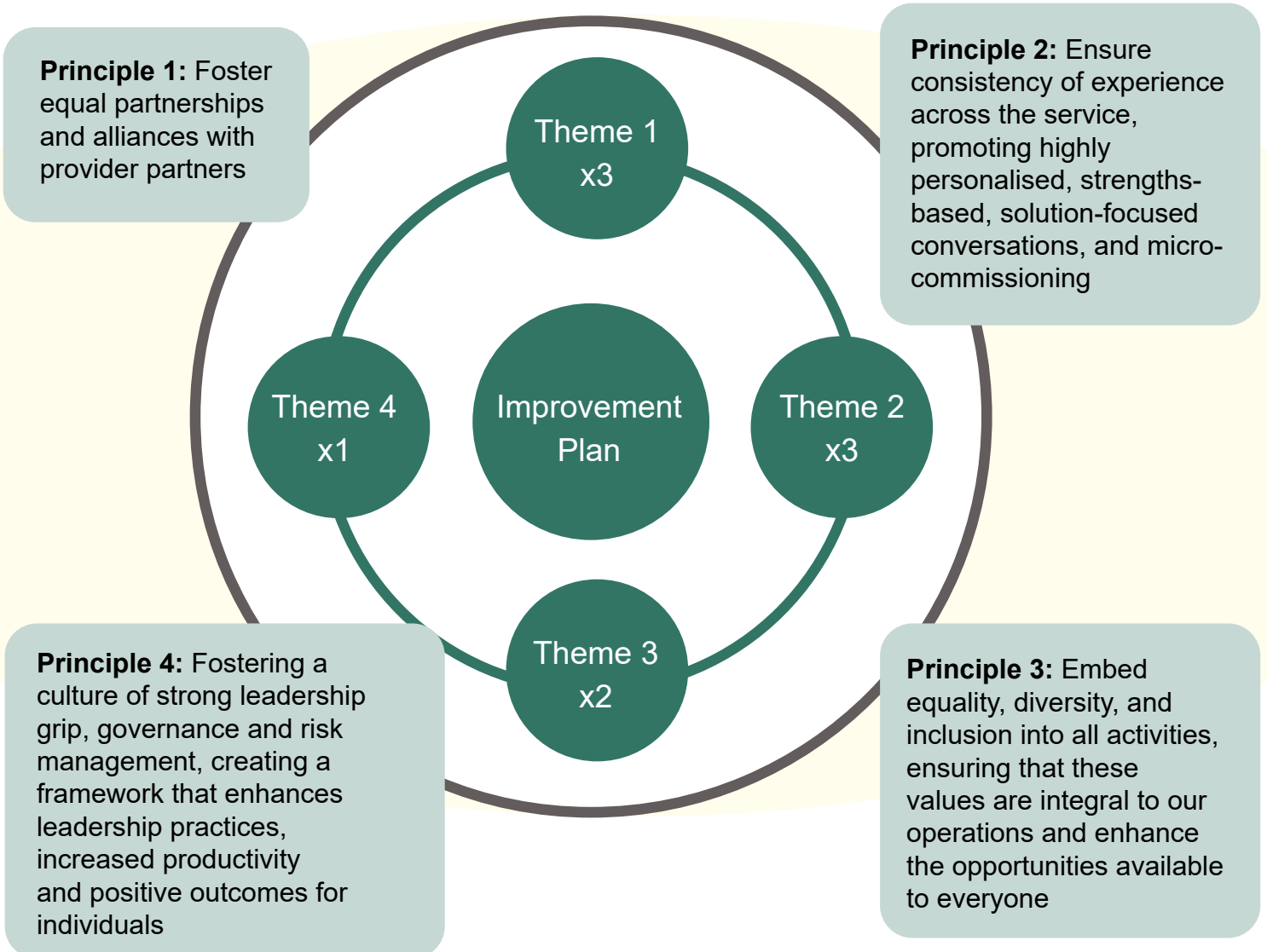
The Care Quality Commission (CQC) is a government regulator that inspects Adult Social Care. Their role is to assess how well Local Authorities deliver their Care Act 2014 duties. ASC were notified of the inspection in April 2024. The inspection followed a two-stage process; Stage one involved submitting an information return comprising nearly 200 pieces of evidence and stage two consisted of an onsite inspection, which was carried out in September 2024.

In January 2025, [the Care Quality Commission published their report of B&NES ASC](#) with a rating of 'Requires Improvement'. ASC have spent much time throughout 2025 to transform our services to upgrade our CQC Rating from 'Requires Improvement' to 'Good', in the section inspection. ASC are proud of the achievements made since September 2024, and are particularly proud of the staff who have contributed to the improvements, enabling us to deliver positive outcomes for our residents and improve people's lives.

## The Adult Social Care (ASC) Improvement Plan

ASC reviewed the areas of improvement highlighted the ASC 2024 self-assessment and feedback from the CQC inspection to develop a 2025-2026 Improvement Plan. The Improvement Plan has nine priorities that will enable ASC to provide better services, experiences and outcomes for people accessing ASC.

### Overarching Principles of each Improvement Priority



## Priority Areas of improvement

Improve public access to information, advice, guidance, and enhance our prevention services.  
Reduce waiting times for all services areas ensuring that people are prioritised according to risk  
Enhance the quality offered to Social Care staff by implementing a new practice model.  
Establish a Practice Development Group focused on legal compliance, outcome-oriented practice, and enhanced recording and data output.

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  
Introduce innovative ways of supporting people, staff & stakeholders, through the use of technology and digital solutions  
Giving residents a bigger say in local services and develop how we gather feedback on people's experience of Adult Social Care

Ensure our governance and risk management processes are used consistently to ensure safeguarding procedures are followed in accordance with making safeguarding personal principles  
Refresh and implement a new Preparing for Adulthood Pathway

Improve the quality of our data to ensure better oversight of individuals' journeys through the use of performance BI dashboard

## How we monitor progress

Launched in May 2025, the Improvement Plan is managed by a monthly Board led by the Executive Director for Operations. Staff delivering Improvement Priorities provide progress updates and assurance, while corporate services members attend to support communication, share knowledge, and manage risks. These regular updates and collaborative efforts drive changes that improve outcomes for people.

All Local Authorities rated as Requires Improvement are assigned an Improvement Advisor from Partners in Care and Health (PCH). PCH are commissioned by the Department of Health and Social Care to provide support to Local Authorities to help improve services.

## **Adult Social Care**

10,739 requests were received into adult social care

Of the requests , 4055 did not need any further action from Adult Social care

441 people were provided with information, advice or guidance

1996 people were referred to reablement following a request for support from ASC

1378 Care Act assessments/ reassessments were completed

1847 people are in receipt of long term services

1052 received a short term service

61.3% people were supported to live in their own home

1626 reviews were undertaken by adult social care teams

17.4% people (including carers) received a direct payment during 24/25

## **Safeguarding**

2399 safeguarding concerns Relating to 1604 individuals were received by the council of which 616 concerns progressed to a s42 enquiry

## **Approved Mental Health Professional (AMHP) Team**

673 requests for AMHP Involvement

535 full Mental Health Act assessments

360 of these assessments resulted in admission to a Psychiatric hospital

## **Occupational Therapy**

818 Occupational Therapy/Occupational Therapy Assistant referrals

471 Occupational Therapy assessments were completed

63 Assessments were referred for a Disabled Facilities Grant

## **Deprivation of Liberty Safeguards**

(Framework for the lawful deprivation of liberty of those people who lack capacity to consent to arrangements made for their care or treatment)

1,701 new deprivation of liberty applications were received,

694 applications were granted

Approximately 1/3 of requests come from hospitals

# Theme 1: Working with People

## This theme covers:

- Assessing needs
- Planning and reviewing care
- Arrangements for direct payments and charging
- Information and advice
- Supporting people to live healthier lives
- Prevention
- Wellbeing
- Understanding and removing inequalities in care and support
- People's experiences and outcomes from care.

## Quality statements - I Statements

I have care and support that is co-ordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

## Quality statements - We Statements

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

We support people 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.

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.



## What are we proud of?

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### Our workforce

In October 2025 we restructured the adult social care (ASC) operational and safeguarding teams into four distinct service areas. These teams support individuals to access the care and support they need to lead happy, healthy lives and maintain choice and control over what matters to them. Each service area comprises of either Social Workers, Occupational Therapists, Social Care Practitioners, Occupational Therapy Assistants or specialist roles. Assessment and care planning arrangements are person-centred, strengths-based, and focus on achieving the best outcomes for individuals. Assessments and care and/or support plans are co-produced, support is coordinated across different agencies and services, and decisions and outcomes are transparent.

The ASC operational structure allows us to better support individuals who need care and support by directing them to the most appropriate team sooner and stops people having to tell their story more than once.

### Our approach to strengths-based practice

We approach strength-based practice as a collaborative, person-centred approach that emphasises an individual's strengths and resources. Our aim is to empower people to achieve their goals, build independence, and enhance well-being. The Care Act 2014 outlines the framework for eligibility, and we use 'Practice Forums' as a method of ensuring we meet our legal duties consistently and fairly. The forums support practitioners get specialist practice advice around care planning and options to meet an individual's needs. We also have a weekly 'Legal Surgery' available to all staff including Children's Services, supporting young people through transition.

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 and importantly to ensure that strengths-based practice is at the forefront of our work. Outcomes and learning from audits are reported to the Quality Assurance Board. The Principal Adult Social Worker (PSW) has been working with teams to design a new Practice Model and Practice Standards which will be formally launched during Adult Social Care Practice Week in January 2026 (see Theme 4 for more information). We are proud of our front-line staff who have worked hard to develop these.

Our Mental Health staff work in an integrated model with the Avon and Wiltshire Mental Health Partnership Trust (AWP) and we delegate our Care Act Statutory functions to the integrated services. AWP Mental Health Service 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.

The Practice Framework and Practice Standards outline the expectations of our adult social care workforce in promoting strength-based, person-centred practice, with the aim of positively shaping the experiences of individuals using our services, to achieve the outcomes that are important to them. For individuals supported by mental health teams that use the 'Your team, Your Conversation, Your Plan', this stops people having to share their story more than once, and is a joined up approach across health and social care that aims to ensure easier access to holistic care and support and creates greater continuity of care.

## Reduced waiting lists

Throughout 2025, ASC made significant strides in reducing the number of individuals awaiting to be allocated for an assessment. Despite the increased number of people requesting an assessment, ASC have continued to make steady progress in this area through investing in additional agency workers as a short-term measure, whilst introducing other new initiatives to sustain reduced waiting lists. In January 2025 there were 201 people waiting for an assessment, in December 2025 this has reduced to 73. Alongside this, 73% of people who have had an annual review of their care and support, which remains higher than the England average.

ASC has also reduced the number of individuals awaiting a Deprivation of Liberty Safeguards (DoLS) assessment. In January 2025, there were 509 people on the waiting list, and in December 2025, this figure had decreased to 432. This reduction has been achieved through a series of targeted actions aimed at increasing our assessment capacity and improving our processes. One of the key initiatives has been the investment in Best Interests Assessor (BIA) training for practitioners already working within ASC. Additionally, a rota system has been implemented for new BIAs, ensuring that assessments are distributed effectively and efficiently across the team. ASC have increased the DoLS Team capacity by successfully recruiting two additional members who will start in 2026. Managing the waiting lists remains a priority, and we ensure that all lists are regularly reviewed in line with the Association of Directors of Adult Social Services (ADASS) Guidance. This helps us to continually assess and reduce risks for those still awaiting assessment.

Looking ahead, ASC will be collaborating with Partners in Care and Health (an agency commissioned by the Department of Health and Social Care) to review our current DoLS practice and processes. This review will start in January 2026, aims to identify alternative supportive measures that could further reduce the waiting list. Any recommendations arising from this collaborative review will inform and drive future improvements, ensuring that the number of people waiting for a DoLS assessment continues to decline.

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. By equipping more practitioners with the BIA Training, ASC has been able to expand the pool of professionals who can undertake DoLS assessments, to drive a continued reduction in the number of people awaiting an assessment.



## Our early help and prevention offer

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 identifies needs at the earliest opportunity, offers personalised guidance, and connects people to preventative community-based services before issues escalate. In 2025, the CWH received over 11,000 referrals for 4,517 residents. This is a 20% increase in people accessing services compared to the previous year. Between April 2025 and December 2025, the CWH carried out 526 triage assessments, supported 51 complex cases through multi-disciplinary team meetings, and provided wellbeing coaching to 109 people. This helped individuals get the right support quickly, preventing their health and wellbeing from getting worse. The CWH was praised nationally for its innovative partnership working, receiving a judges' commendation in the "Innovation in Public-Private Partnerships" category at the Municipal Journal awards.

ASC is dedicated to ensuring that all individuals are able to access comprehensive information, advice, and guidance, with a focus on early intervention and preventative support. To further this commitment, one of the key developments has been the introduction of new online portals, which allow residents to easily access relevant information and services. These portals are designed to improve accessibility and ensure users can find support quickly and efficiently.

Recognising that not everyone is able to access information online, ASC also provides a direct telephone number for both the safeguarding service and the access, advice, and information team. This ensures that all residents, regardless of their preferred communication method, can obtain the support they need. Ensuring residents have access to high-quality information, advice, and guidance remains a central priority for ASC. We are committed to maintaining and enhancing these services, so that all individuals can benefit from timely and effective support.

Our early intervention and prevention offer helps people stay independent, reduces unnecessary use of GP's and other services, and has improved our performance against the Better Care Fund National Metric 1 Emergency Admissions for the age 65+ per 100,000 of population. The new ASC portals enable the public and professionals to make a referral, access support or information, share concerns, or request an assessment from the council. The new portals are available 24 hours per day, seven days a week, enabling people to access information when they need it.



**Working in partnership with carers:** Since September 2024 we have worked with 383 carers across B&NES to co-produce a Carers Strategy and Activity Plan. These documents describe the changes ASC are making to provide the best possible support for carers. As a result of this collaborative working, we are:

**Coordinating a Carers 'working group':** This group hold us accountable, to ensure that we progress activity to deliver the aims of the Carers Strategy.

**Working with local and regional partners:** Partners include the Association of Directors of Adult Social Services, the local Integrated Care Board and the CWH Partnership. We are working together to achieve a whole system approach to improving outcomes for carers.

**Working with the Parent Carer Forum:** ASC meet with Children's Social Care and Parent Carers monthly at the Parent Carer Forum. We 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.

In 2025 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 review tender responses and also took part in selecting the new provider. In response to carers' feedback, going forward, for all new contracts we now ask community organisations to identify carers and refer them to the right support. We work independently with carers, as well as the Carers Support Centre, making sure carers' views are heard at all levels locally and regionally and inform decisions about support for carers.

As part of our ASC Improvement Plan, we have been evaluating our current information, advice, and guidance offer, with a view to enhancing these to better support individuals and carers. Throughout 2025 we have been developing a number of online portals and throughout 2026 we will work alongside Carers to develop a Carers Portal, with a particular focus on creating a Carers Self-Referral Form and reviewing the quality of the information provided by the portal, all of which is detailed in the Carers Strategy. Further to this, we commission a carer's support service through the Carers Centre, who provide a digital advice and information service available 24/7. Until the Carers Portal is live, Carers are able to make a self-referral for a carers assessment using the Adult Social Care Portal.

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, will ensure that carers know what support is available to them to support their wellbeing and sustain their caring roles.





## **Our financial assessments**

Adult Social Care (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, and hold a monthly Finance Forum. These Forum's give advice and guidance to practitioners working with individuals having a financial assessment, where there are complex concerns or legal advice is needed.

We 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.

Online calculators allow users to estimate their potential assessed weekly care charge for residential, nursing, or home care is, almost immediately. Having a clear charging policy, processes and Finance Forums in place ensures that individuals with eligible care and support needs are informed how much their assessed weekly care charge is, at the earliest opportunity, enabling them to be fully informed about their care. Further to this, where there are complex or legal concerns identified, individualised and person-centred support is given.

## Our Public Health services

Public Health aims to help people in B&NES 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 Public Health team also supports activity on food insecurity and disseminates information through a public health newsletter.

[The B&NES Joint Health and Wellbeing Strategy](#) (JHWS, 2023-2030) outlines a seven-year 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.

### Priority areas

- Ensure that Children and young people are healthy and ready for learning and education
- Improve skills, good work and employment
- Strengthen compassionate and healthy communities
- Create health promoting places

### Underpinning principles

- Tackle inequalities
- Adapt and build resilience to climate change
- Share responsibility and engage for change
- Deliver for all life stages



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](#) (pdf) 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

[Core20Plus5](#) is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level and is integral to the delivery plan of the B&NES Health Inequalities Group (BHIG). The BHIG is Chaired by the Associate Director of Public Health with engagement from partners across the local system representing primary, secondary, community health and social care services along with Third Sector and local authority colleagues.

This forum enables practitioners and experts to exchange insights and best practices on tackling inequalities. We use this learning about the local population to inform service design and delivery, applying current advice to improve commissioned services. A guide was developed to help understand population inequalities and commission effective solutions.





## **How we support people with Intermediate Care and Reablement**

We understand that people's needs can change, particularly after being unwell or after a hospital admission, and we work closely with our health partners to support people, where possible, to regain their abilities and independence. Reablement and Intermediate Care in B&NES are integrated and non-chargeable services, for a period of up to 6 weeks, allowing time to assess whether longer term care and support is needed. Reablement service is provided by the HCRG Care Group. Interim Care services are provided by a wide range of care providers and third sector partners. In 2025, 930 people returned home after a stay in a hospital, with support from interim care and third sector.

## **Our Hospital Social Care Service**

A key change within the 2025 Adult Social Care (ASC) Operational restructure was reinstating a dedicated adult social care hospital team and a community pathways team. These teams focus on planning individuals' discharges from hospital and following support from Reablement and Intermediate Care Services. As part of the BSW integrated care coordination pathway, the teams work with individuals to gather information to write person-centred, strengths-based assessments and co-produce support plans, tailored to enable the individual to achieve the outcomes that are important to them. During the assessment and support planning process we provide support to family and unpaid carers and carry out carers assessments when needed.

## **Our Occupational Therapy Service**

The ASC Occupational Therapy (OT) Service visits people at home to assess what equipment or adaptations are necessary to enable people to live independently. Where necessary the OT Team will refer individuals on to the right team for any adaptations needed to a property, under a Disabled Facilities Grant. Across 2024 and 2025 we saw an increase in the number of referrals for OT assessments and had difficulties recruiting staff, which resulted in high number of people on the waiting list. We have addressed this by successfully recruiting more OT's and commissioning external agency support. In addition to this, in July 2025 we opened a new OT Assessment Centre. Located at the Combe Lea Community Resource Centre, it is the first of its kind in B&NES. The service helps people to live more independently by assessing needs, providing advice and equipment or home adaptations. Due to the measures put in place to reduce the waiting list, we have seen the number of people waiting for an OT/ OTA assessment decrease from 229 in January 2025 to 41 in October 2025.

The investment made in our Occupational Therapy Service benefits individuals because they do not have to wait as long for an assessment, and we have stabilised the waiting list, which means we are in a stronger position to maintain the number of people waiting for an assessment and shorter wait times.

## The Equipment and Minor Adaptations Service

Equipment is provided to individuals by the council's Equipment and Minor Adaptations Service, which is funded by ASC and Health. During 2025, the service provided 17,036 pieces of equipment, enabling 4,129 people to sustain 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.

The Equipment and Minor Adaptations Service also manages the [Disabled Facilities Grant \(DFG\) pathway](#). The team have enabled 135 residents to remain independent in their own home or place of residence through using a DFG.

Equipment and adaptations enables individuals to live independently, safely, and comfortably at home, while improving quality of life and dignity.



## Theme 2: Providing Support

### This theme covers:

- Market shaping
- Commissioning
- Workforce capacity and capability
- Integration
- Partnership working

### Quality Statements - I Statement

I have care and support that is co-ordinated, and everyone works well together and with me.

### Quality Statements - We Statements

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.



## Commissioning Data

- 2,500 people received early preventative support
- 1052 people received a short term service from commissioned and other partners
- 1847 people are in receipt of long term services from commissioned and other partners
- 930 people supported to return home after a stay in a hospital by commissioned reablement and interim care services
- 46 micro-enterprises are enabling people to have choice and control over their support arrangements
- 8 out of 10 services inspected by CQC were rated Outstanding or Good
- 9.3 out of 10 providers publicise vacancies in their services, enabling people to access local care.
- 7.5 out of 10 providers have digitised social care records, enabling more efficient and joined-up care delivery.
- More residents who received long term support are living in their home or with family than in South West or England; age group 18-64 and 65 and over.
- More adults with a learning disability are living in their home or with a family than in South West, age group 18-64.
- 8 out of 10 people had their home care arranged within 24 hours (October-December 2025).
- 6 out of 10 people had their residential care arranged within 24 hours and 9 out of 10 people within 72 hours (October-December 2025).

## What are we proud of?

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### Our Strategic Commissioning Hub

In October 2024, all commissioning functions were consolidated into a single team known as the Strategic Commissioning Hub. This Hub oversees commissioning activities across early help, children's and adults' social care, as well as interim care for B&NES. The team comprises strategic commissioners and programme managers, contract managers, quality assurance specialists, and brokerage officers.

The Strategic Commissioning Hub partners with providers and stakeholders to maintain sustainable, affordable services for users. We developed a four-year commissioning plan (2024-2027) and set intentions for 2024-26. Collaborating locally with third sector partners, we identified priorities for preventative and advocacy support, recommissioned in 2025. Regionally, we worked with Care and Support West Care Association to represent local providers in the national Fair Pay consultation. Regular forums with providers, Health partners, and Skills for Care, help us share best practices, address challenges, and inform decisions. Through national and regional networks, we connect commissioners, providers, and policy makers to meet priorities, promote best practice, and ensure market sustainability.

### How we commission services

The Strategic Commissioning Hub collaborates with Public Health, Housing, Social Care, Education, providers, and third-sector partners to assess care and support needs for communities. Our commissioning plans use strategic reviews, population analyses, local strategies, and specialist assessments. We also continually update our insights with refreshed profiles of adults with learning disabilities, autistic people, and neurodiverse residents in partnership with the council's Insights Team.

An All Age Respite Review that took place throughout 2025. This was a systemwide programme assessing how respite is delivered by the Commissioning Hub to ensure B&NES has a flexible, sustainable and equitable offer. 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. Three co production sessions were held which highlighted the need for familiar staff, predictable routines, and support tailored to communication, sensory and emotional needs. This work identified five key priorities:

- compassionate practice
- predictable bookings
- consistent skilled staff
- meaningful personalised activities
- alignment with care plans

The next stage is a series of Quality Conversations with the provider to embed these priorities into daily practice, ensuring the future respite model remains collaborative, strengths based and grounded in families' lived experience.

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. These contracts will begin in January 2026 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 certain objectives focused on independence, targeted uptake and prevention. Together, these preventative services are expected to support over 2,400 residents per year through:

- 300+ households receiving Independent Living Support
- 1,000+ residents accessing community enablement, sensory support and targeted early-intervention services
- 400+ residents from the local Core20plus cohort

## How we quality assure our services

Adult Social Care (ASC) monitors the quality and impact of care and support services being commissioned for B&NES residents. ASC uses the Quality Assessment Framework for Commissioned Services which provides a transparent, consistent, and collaborative approach to promote high-quality, person-centred care for adults, children, and families. This framework applies to all services commissioned by the Strategic Commissioning Hub and is also offered as guidance to regulated providers operating in the area.

ASC believes that quality assurance is built on the principles of person-centred care, transparency, continuous improvement, co-production, and equity. 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, we have supported providers to develop an action plan to improve care quality. All action plans have been completed and will inform the next CQC inspection, frequency of which is determined by the regulator.

As part of quality assurance and contract management process, we proactively seek feedback from residents, families and advocates, provider care staff, and professionals about quality of care they receive or observe. This feedback is analysed by commissioners and shared with social care practitioners and providers to promote good practice and implement care improvements where required.

This approach offers residents tailored, high-quality care by following person-centred principles and national standards. Established benchmarks like NICE and Skills for Care ensure consistent, safe support. With 8 in 10 B&NES providers rated Good or Outstanding by the CQC, residents can trust they will receive reliable care, while action plans for others show a focus on improvement. Inclusive feedback from residents, families, staff, and professionals helps identify and resolve concerns early, driving effective changes and sharing best practices. The quality assurance process guarantees care that is safe, respectful, responsive, and continually improving.

## Our Partnerships

ASC works in partnership with local organisations from the public, voluntary, community and private sectors. ASC recognises the unique contribution of the community and voluntary sector in the provision of care and support and actively promotes their involvement as equal partners. Together, we have a shared commitment to prevention and early intervention, with the vision that these are key to improving outcomes for our population. This vision is brought to life through the Community Wellbeing Hub (CWH) which has 40 partners that deliver over 85 different services. The CWH provides a coordinated access point for professionals and residents seeking practical, social and emotional support.

Partnerships within the CWH create a coordinated, multi agency approach that improves information sharing and enables faster, more coherent responses to people's needs. This joined up model strengthens community cohesion, reduces duplication between services, and ensures residents experience seamless support. It also helps the system identify trends earlier, especially in underserved areas, so preventative support can be targeted more effectively. A collaborative culture across providers fosters shared problem solving and consistent practice, enabling a quicker, whole system response to emerging challenges. Through the use of community venues, outreach initiatives, and co-located activities, the Hub enables 40 partners, 22 of whom are commissioned, to work together effectively within a unified system.

This partnership structure means residents benefit from an integrated front door, with clear pathways that link professionals, hospital discharge, primary care, community health care services and preventative support to the Hub. By embedding the newly commissioned community support services within the CWH infrastructure, we have improved the consistency of triage, navigation and follow-up for thousands of residents each year.

## Our Market Shaping Practices

We shape the market by making our long-term ambition and priorities clear in evidence-based [Market Position Statements \(pdf\)](#) for children's and adults and collaborating with housing and education partners. We assess our population needs and are developing new housing pathways, for example for care experience people, young people preparing for adulthood and for neurodiverse people.

We are working to sustain the market and care continuity by adopting long-term contracting arrangements. We 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 also 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.

These market shaping practices benefit residents by ensuring that care and support services are designed to meet their evolving needs, with clear priorities and ambitions guiding development. By working closely with partners in housing and education and developing targeted pathways for specific groups, residents are better able to access the right support at the right time. Transparent and fair cost arrangements promote value for money, while robust contract management safeguards quality and responsiveness. Overall, this approach creates a resilient, adaptable care system that is focused on delivering safe, person-centred support for all residents.

## The Local Care Workforce

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 December 2025, care homes employed 2,085 staff and home care agencies employed 840 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 79,000. Providers in B&NES strengthened capacity in B&NES to meet increased demand for services, through international recruitment, with 124 care home staff and 159 home care staff now on Skilled Worker Visas. 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.

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. The strengthened staffing base, supported by targeted international recruitment and higher workforce retention, improves service resilience and helps ensure timely and consistent care. At the same time, our continued focus on addressing vacancy pressures enables us to collaborate with providers and system partners to safeguard quality and future capacity.



## **Promoting Equality, Diversity and Inclusion through Commissioning**

We ensure our commissioning practices and services meet the Equality Act 2010 standards and actively support individuals with protected characteristics. We use money from grants given to the Local Authority to secure services that promote diversity, equality and inclusion to support residents who may be less like to access support from statutory services. 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. Following sustained investment from the council, WERN's reach across B&NES has expanded and they supported 372 residents to access the CWH in the first three quarters of 2025-26, an increase in 279 from the previous three quarters. ASC has also worked with Community Catalysts which has supported 46 small businesses or self-employed people in the past year, planned to increase to 66 in 2026-27. A therapy dog, women's walking football and support for people leaving hospital are among a growing list of small businesses providing care and wellbeing services to residents, under this council-backed programme.

### **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 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. 3SG has supported over 40 organisations via its annual Volunteer Fair to recruit new Volunteers into the third sector. Over 400 residents visited this event, 60 charities and businesses have been connected for volunteering opportunities and Trustee support.

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.

## Supporting innovation through Commissioning

The Better Care Fund supports new ideas 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. We manage this through sharing governance and information systems to ensure that BCF plans are agreed, reviewed and monitored against national metrics such as avoidable admissions and timely discharge. 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, enabling enhanced support for carers, improved hospital discharge models, trusted assessments, and community-based preventative services.

BCF funding supports improvement across our local health and care system. Residents benefit from better hospital flow and fewer delays with discharge and non-elective metrics closely monitored and B&NES on track to meet targets for 25/26. BCF investments help people stay at home by boosting reablement and supporting discharge to usual residence. Preventative services are developed according to national requirements including major infrastructure support for CWH. System accountability is strengthened via joint governance, pooled budgets, and integrated monitoring for greater transparency and shared ownership.



## Theme 3: Safety within the system

### This theme covers:

- Section 42 safeguarding enquiries
- Reviews
- Safe systems
- Continuity of care

### Quality statements - I Statements

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.

I feel safe and am supported to understand and manage any risks.

### Quality Statements - We Statements

We work with people 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.

We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives 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.



## What are we proud of?

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### Our Safeguarding Partnership

Adult Social Care is part of the Bath 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 \(pdf\)](#) 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.

### Our Safeguarding information, advice and guidance offer

Enabling people to have access to clear, good quality information about safeguarding information, our roles and responsibilities and processes is important to us. These documents and information and advice regarding safeguarding can be found on the BCSSP webpages and Live Well website. In November 2024, we launched an online safeguarding portal to support professionals to access information about a safeguarding concern, enabling them to reach the most appropriate team more efficiently. Further to this, we launched a public-facing safeguarding portal in October 2025.

Our website has been updated to improve accessibility of information, and we are consistently developing our information, advice, and guidance through non-digital platforms as a fundamental aspect of our 2025-2026 Improvement Plan. Recognising that some individuals may not be able to access the internet, we are actively exploring alternative methods to support these individuals.

Advocacy is another way we deliver information, advice, and guidance. We commission tailored advocacy services to uphold individuals' rights and support informed decision-making, in line with the Care Act 2014. Our statutory advocacy program will relaunch in April 2026, offering responsive, 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. We're also adding two new forms of advocacy to address gaps identified during engagement, ensuring timely specialist support for diverse needs. The flexible contract will provide more than 5,500 hours of advocacy annually.

**The developments made across our information, advice and guidance, as well as via our advocacy offer, have improved the service we can provide to individuals in several ways. For example, the online portal enables us to gather relevant and necessary information earlier in the process, allowing us to triage referrals swiftly and provide advice to the individual and referrer sooner, thus reducing the risk posed to the individual. Advancements made to our advocacy services means that more people will be supported to understand their rights, enable greater self-determination and ensure their voice heard.**

## How we manage safeguarding concerns

The Care Act 2014 requires Local Authorities to investigate any concerns about possible abuse or neglect. Staff follow established multi-agency policies and procedures when such concerns arise.

ASC receives safeguarding referrals from professionals and members of the public, by phone, email and through the online portal. Throughout 2025 ASC has worked with the BCSSP to develop Guidance for reporting Safeguarding Concerns relating to adults at risk. This supports anyone who has concerns about an individual to better understand when a SGA referral is needed or if other steps should be taken and directs referrals to the right team at the earliest opportunity. Referrals are received directly by the Safeguarding Triage and Urgent Response Service. This service considers the information available, and where possible, speaks to the individual whom the concern is about and completes a risk assessment. ASC works with partner agencies, for example Police, housing associations, Domestic Violence support services, to gather information to determine if a safeguarding enquiry is needed. We will follow internal processes to support individuals, which might include:

**Triage and Urgent Response:** This is where information is gathered after a concern is raised, to decide if a safeguarding enquiry is needed. Where a concern is received, and after information gathering and completing a risk assessment, where it is deemed sufficient and appropriate action has been taken, the concern may be closed. If the nature of the concern is such that immediate safety action needs to take place, ASC will undertake an urgent visit to the person, putting in place the necessary actions to mitigate the immediate risk.

**Signposting:** This might be because the concern raised does not meet the criteria but the individual might benefit from support from another agency, for example, the Community Wellbeing Hub.

**Enquiry:** If it is felt further information/ actions are required, this will be transferred to a community-based team to undertake a safeguarding enquiry. The aim is to establish facts, assess risks, take protective actions, and support the person's wishes. The process varies in complexity and must be person-centred, proportionate and preventative.

**Throughout 2025 there has been significant change to our safeguarding pathways which positively impacts individuals in a variety of ways. This includes the newly developed guidance for safeguarding concerns resulting in quicker decision making and timely support for providers, a responsive and flexible front door service and reduced risk to individuals. The new safeguarding pathway ensures that there is oversight provided at every decision stage, giving individuals assurance that our decisions are in line with our Care Act 2024 duties, reduces risk and protects people from harm.**

## How we manage risk

Our primary objective is to ensure that every individual feels safe and is protected from bullying, harassment, avoidable harm, neglect, abuse, and discrimination. We are equally committed to safeguarding individuals' liberty, ensuring that no unnecessary restrictions are placed upon them.

We achieve this by conducting thorough assessments of individuals' needs and providing annual reviews to monitor their circumstances. Preventative safeguarding measures are implemented to identify risks early and to intervene before issues escalate. Our approach centres on delivering person-centred care and support, tailored to the unique requirements and wellbeing of each individual.

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. Together, we work to ensure robust safeguarding practices are in place to protect individuals and promote their safety and wellbeing, which is achieved in a variety of ways, including:

**Regular meetings:** Such as Disrupt and Anti-Social Behaviour Reviews, used to address concerns and coordinate solutions.

**Partnership to Reduce Exploitation and Violence (PREV):** These multi agency meetings are held monthly, considering those who are at risk of involvement in violence or exploitation including adults with support needs, children and those who may be at a transition stage or care leavers.

**Monthly Care Quality Commission meetings:** To review care provider quality and agree actions.

**Multi-Agency Discharge Event events:** With health partners to support hospital discharges and minimise re-admission risks.

**Multi Agency Risk Assessment Conference (MARAC):** These are held fortnightly and focus on adults who are at risk of or who are experiencing domestic abuse, with the aim of providing a coordinated support network to reduce the risk to the individual and promote a change in behaviours.

**Multi-Agency Safeguarding Hub (MASH):** To consider referrals for those who may not be known, the situation is unclear or where information from partners will help to inform the level of risk.

**Multi-Agency Public Protection Arrangement (MAPPA):** Meetings providing support and oversight across a range of agencies to manage high risk offenders.

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/action, particularly in cases of high risk or concern. These priorities continue to be reviewed regularly, and cases are re-prioritised as needed. This provides ongoing risk assessment, a "waiting well" approach and ensures those with the greatest need are seen quickly. We use a risk assessment tool that is embedded in LAS (the system used for work documentation) record and review the risks of people waiting for a care assessment. 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. This enables us to monitor the risk levels of individuals on waiting lists and informs appropriate responses aimed at minimising those risks. Additionally, training sessions have been delivered to frontline staff on risk management practices.

Adult Social Care (ASC) has responded to the National Guidance provided to prepare for the Analogue to Digital switchover, which is currently taking place and scheduled for completion by January 2027. ASC has identified risks and worked to mitigate these that are linked to analogue assistive technology systems (such as pendant alarms) during and after the transition to digital. This work has included carrying out an internal audit of assistive technology users, where it is funded by B&NES and within internally provided services, and engaging with assistive technology and telecoms providers to share data in line with national guidance. Awareness raising activity has included speaking at provider forums, surveys and public facing communications to support preparedness across services and residents.



## Policies, Procedures and Guidance

Adult Social Care works alongside the BCSSP ensuring that we have appropriate policies, procedures and guidance for staff to follow and ensure quality. Many policies that guide our work are agreed as part of a multi-agency system and are published on both the BCSSP website and council intranet. There is ongoing review of all policy, procedure and guidance as well as specific reviews associated with changes in pathway or process. In recent months, due to changes and improvements in process, many documents have been updated including the [self-neglect policy and procedure and Safeguarding Referral guidance](#).

Guidance and Support in relation to Making Safeguarding Personal is available on the Intranet and BCSSP website including the LGA Toolkit and National Guidance regarding this vital approach. This ensures that when safeguarding concerns are received, we ask the individual what their preferred outcomes are. We ensure the voice of the individual is at the forefront of the steps we take to safeguarding them and ask them if they feel safe with the steps taken to protect them. Access to advocacy is considered as an additional way to engage with the person.

We are committed to involving individuals in safeguarding enquiries, adhering to the principles of Making Safeguarding Personal, benefitting individuals because risks are appropriately balanced with individual choice and control. When a safeguarding enquiry is closed, we request feedback from the individuals, and we continue to refine this process to effectively demonstrate and enhance our performance in this area. Adult social care has been working with Bath University, interviewing adults with Learning Disabilities who have had safeguarding involvement and the staff that support them, which is integral in improving our approach to people's involvement in their safeguarding enquiry.

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. Disagreements regarding decision making or requests for escalation are considered carefully in line with the BCSSP policy.



## How we promote continuity of care

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, parent 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. Through the adult social care restructure we have invested additional resource into the Transitions Team.

**Changing Providers:** Commissioning and Operational Teams coordinate with individuals and their carers when providers change to maintain continuity of care. Regular reviews (74% completed within a year) help prevent unplanned transitions and identify and resolve potential issues early.

**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 minimizes discharge delays.

**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.

**The coordinated approach ensures that individuals experience seamless transitions between services, which is key to maintaining their safety and wellbeing. By involving people themselves and engaging with partner organisations, ASC tailors support to individual needs that meet the outcomes that are important to them.**

**These approaches not only maintain safety and continuity but also empower individuals, respect their preferences, and ensure their voices are central to decision-making. People can be assured that care is responsive, person-centred, and effective, leading to better health and wellbeing.**

# Theme 4: Leadership

## This theme covers:

- Strategic planning
- Learning
- Improvement
- Innovation
- Governance
- Management
- Sustainability

## Quality statements - We Statements

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

## What we are proud of

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### The management of our services

Our Adult Social Care (ASC) Leadership Team is stable, having been in place for almost four years, with clearly defined roles, responsibilities and accountabilities. Suzanne Westhead is the Director of Adult Social Services and is supported by three Assistant Directors; Ann Smith (Assistant Director for Operations, Safeguarding and Learning Disability Services), Natalia Lachkou (Assistant Director for Commissioning), Claire Thorogood (Assistant Director for Adults Regulated Services and Governance).

The Leadership Team are responsible for ensuring a safe operating environment and managing any organisational changes that may affect business, are assessed and mitigated. 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. Oversight of this is managed by a Governance Forward Planner.

**The management team has fostered a robust culture of continuous improvement, demonstrating commitment and dedication. Our population benefit from having a leadership team that is deeply invested in driving our improvement journey forward and implementing effective measures to enhance our services to improve people's lives.**

## Our Governance arrangements

Adult Social Care has strong governance arrangements in place and invites external challenge on how the directorate manages resources to meet demand.

**Cabinet:** Progress update reports are received by Cabinet to ensure oversight of the progress being made on the ASC Improvement Plan.

**Scrutiny Panel:** This is a meeting held approximately 6 times a year and is attended by councillors, members of the public and the press. The panel ask Adult Social Care to attend and present on different topics and is an opportunity for anyone present to ask questions relating to the directorates management of its statutory functions.

**Lead member briefings:** The ASC leadership team meet with the Lead Member for Adult Care monthly, to give an update on pertinent issues. A standing agenda item in a progress update on the ASC Improvement Plan. These briefings invite questions, challenge and consider the impact on the population for improved outcomes.

**Corporate Management Team Updates:** The executive leadership team at the council receives regular progress updates from the Director of Adult Social Services, on the progress and milestones achieved of the ASC improvement journey.

**Oversight and challenge, both at the corporate and political levels, hold the ASC leadership team accountable for fulfilling their responsibilities in delivering the ASC improvement plan to benefit the residents of B&NES.**



## How we manage quality and performance

There are governance arrangements in place at all levels that provide good oversight of our practice and performance, and these help us to identify any learning and development needs. The arrangements we have in place to assure ourselves of the quality of our service includes:

**Supervision:** Staff receive supervision monthly, as per the Supervision Policy which was launched in April 2024. Managers undertake supervision with staff to review caseloads, give advice and guidance, and work with practitioners to assess any learning or development needs.

**Practice Audits:** The new Practice Audit Procedure was launched in February 2025. This focusses on how practitioners are utilising a strengths-based approach to their practice. The audit procedures lay out ASC's expectations for the frequency of audits to be carried out and includes seeking feedback from individuals or their representatives.

**Practice Forums/ Legal Surgeries:** Introduced in November 2023, Practice Forums and legal surgeries give the leadership team good oversight of the work being undertaken to promote good quality, legally compliant and consistent practice. They provide an opportunity for practitioners to access specialist advice and guidance from senior managers to progress their work and learn from the discussion to take forward in their work.

**Quarterly Quality Assurance and Performance Framework:** The Quality Assurance and Performance Framework was introduced in July 2024 with a vision of integrating information from various assurance meetings into a centralised place, offering senior management comprehensive oversight of directorate activity, assurance over our services and practice, and how this combined with performance measures, holding us to account for 'improving peoples' lives'. This Framework, together with the corresponding Board, enhances our ability to serve individuals in B&NES by facilitating a clearer understanding of risks, performance metrics, and outcomes. Such insight supports informed strategic planning, effective resource allocation, and the implementation of targeted actions to improve care and support for our local communities. ASC has recently reviewed the Quality Assurance and Performance Framework to ensure it still provides the right degree of oversight, and to ensure it works in parallel with the Improvement Board.

**The quality assurance and performance measures in place benefit residents because it gives us assurance over our practice. For example, an early review of the audits undertaken have shown a positive experience for people with lived experience of ASC. In December 2025, of the audits carried out where the individual/ representative was able to rate their experience of their interaction with ASC (75%), 92.5% of feedback was positive and 7.5% was neutral.**

## **Delivering sustainable services**

We have robust and effective strategic and operational budget oversight, accountability and governance arrangements in place. Bimonthly finance meetings are in place and attended by the ASC Management Team and colleagues from Corporate Finance to monitor our spending budgets, the demand on our services, and evaluate the impact of savings plans on both outcomes for people. In year budget statement and papers reported, from the lens of the financial impact on our services. All savings plans are subject to Equalities Impact Assessments and corporate assurance.

## **Promoting Equality Diversity and Inclusion (EDI)**

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.

Equality, diversity, and inclusion are underpin the 2025-26 Improvement Plan. To facilitate effective implementation, ASC has conducted two Equality Impact Assessments: one focusing on the management of the improvement plan and another evaluating its effects on residents.

Our Strategic Evidence Base offers valuable insights into the demographic profile of B&NES, informing both current service provision and anticipating future population needs. ASC have signed up for the three-year Workforce Race Equality Standards (WRES) programme with Skills for Care, a continuous improvement programme aimed at addressing workforce inequality through rigorous data collection and analysis against nine key metrics. As a result, we are currently developing our first action plan in conjunction with our relevant network groups.

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 surgery and practice forums reinforce the application of appropriate legal frameworks to safeguard individuals. 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. DoLs & 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

## Exploring innovative ways to support people

Magic Notes is a form of artificial intelligence which records conversations and turns the spoken word into text. After a successful trial in December 2024, the Council invested in Magic Notes for a two-year period. Approximately 140 Adult care staff have been fully trained in using Magic Notes. The Council also uses another form of AI called Co-Pilot. This is Microsoft product that works across different computer software and supports staff to reduce the number of administrative tasks needed such as writing meeting minutes.

Over the last year ASC has progressed delivery of Technology Enabled Care (TEC) by developing pilots for key priority areas, developing and securing agreement on pilot business cases and mapping individuals' journeys through ASC. Senior managers and operational colleagues have been engaged in this process to ensure the pilots align with policies and procedure. ASC has also engaged with staff and residents to develop it's first Social Care Digital & Technology Strategy. This aligns regional and corporate priorities, as well as workforce and resident needs.

Staff report that the tools save time when writing up notes and assessments, increases productivity, and helps create concise meeting records efficiently. Magic Notes enables better focus during sessions, allowing staff to be fully present with clients and improving the accuracy and completeness of records. The templates are particularly valued, making note-taking easier and encouraging broader usage, especially for care and support assessments and case notes.



## Our Learning and Development offer

Since September 2024 we have transformed our learning and development offer to ensure staff have access to quality learning and development opportunities that equips them with the knowledge and skills required for their daily work. All staff are supported to complete their mandatory training each year, as well as any other training relevant to their role. Team managers monitor the training their teams have completed, and all practitioners that work with people where a safeguarding concern has arisen, have been trained in safeguarding. We support staff to continue their professional development through:

**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. Alongside this, the Principal Adult Social Worker provides ad hoc training sessions with staff through seminars and team meetings, examples include Community DoL's training and Mental Capacity Act Training.

**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.

**Best Interests Assessor Training:** In 2025 ASC offered practitioners the opportunity to complete Best Interests Assessor Training. Throughout 2025 eight staff were supported to complete the training and enrolling two more staff onto the training. There has been further staff interest to do the training and this will continue throughout 2026.

**Apprenticeships:** B&NES is offering four Social Work Apprenticeships for Social Care Practitioners and are currently recruiting employees to start the apprenticeship in September 2026. Our two OT apprentices are in the second year of the programme.

**Time to Learn:** following the restructure of operational staff, 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.

**Practice Week:** These are held twice a year, with the first week taking place on 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.

**Commissioning Training** B&NES commissioners maintain effective, evidence-based practices by joining professional development at local, regional, and national levels. Managers participated in the Ignite training programme, enhancing senior commissioning skills and collaborating with colleagues from eight of ten English local authorities. Insights gained informed improvements to advocacy and respite services for better outcomes. Some team members are pursuing the Highfield Level five Certificate in Principles of Commissioning for Wellbeing, supporting commissioning that enhances wellbeing. All hub commissioners routinely use resources from the King's Fund, RiPfa, and the Institute of Public Care to combine theory, tools, and practical approaches through a strengths-based, person-centred method.

**Individuals who receive support from ASC can be reassured that all staff have completed relevant training tailored to their roles. This commitment to professional development ensures that practitioners possess the necessary skills and knowledge to deliver high-quality care and support. The sharing of learning and best practice across the directorate strengthens our service, fostering a culture of continuous improvement.**

## Embracing improvement opportunities

ASC recognises that contributing to National and regional sector-led improvement activity can support individuals to achieve the outcomes important to them because ASC teams deliver better services by keeping them up to date with best practices, evidence, innovations, and regulations.

**Addressing Local Training Needs:** Throughout 2024-2025, we have supported improvement initiatives across the 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.

**Modern Day Slavery:** In 2025, 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. Its implementation marks a significant step forward in safeguarding vulnerable adults and promoting ethical standards in care provision.

Commissioners are actively collaborating 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.

**Alcohol use and mental capacity:** In 2025 the Head of Service for Safeguarding worked alongside Dr Bruce Thrathen to write a paper on alcohol use and the Mental Capacity Act 2005. This paper paved the way for delivering best practice training.

**Thematic Reviews:** Quarterly thematic sessions with carers from the parent carers forum. The topics are chosen in advance with parent carers and are specifically focussed on young people transitioning into adult social care.

National and regional sector-led improvement contributes to supporting individuals to achieve the outcomes important to them because ASC teams deliver better services by keeping them up to date with best practices, evidence, innovations, and regulations. Staff benefit from shared learning and expertise, which strengthens their ability to design effective care. This involvement encourages a culture of ongoing improvement, as practitioners continuously adapt and apply lessons learned. Ultimately, residents receive more responsive, person-centred, and high-quality support that meets their changing needs.



## Whats next for Adult Social Care in 2026/2027?

This self-assessment document reflects on how we have delivered services and service improvements defined by the 2025/26 Improvement Plan to create better outcomes for people. As the first year of improvement planning draws to a close, the ASC Leadership team will continue the work started throughout the last year and engage with colleagues across ASC to refocus the Improvement Priorities needed for 2026/27, to improve people's lives.

### Direct Payments

Improving our Direct Payment offer will enable more people to have greater choice and control over how and individuals needs and outcomes are met. In B&NES only 11% of people drawing on care and support arrange and manage their support via a Direct Payment. This number is lower than the national average, highlighting the need to refresh our processes, policy, and support for individuals choosing Direct Payments to meet their eligible needs. In September 2025, we 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. Since being in post, the Lead has provided expert advice and guidance through new fortnightly Direct Payment 'cafés' and in person visits, and has joined the South West Direct Payment Leads network to learn about best practice both regionally and nationally. Further to this, the Direct Payment Lead has completed a full analysis of current practices and key improvements identified will be implemented throughout 2026.

### Progressing our Technology Enabled Care and Digital Offer

Introducing digital and technological solutions to meet assessed, eligible needs, is a key feature of the ASC Improvement Plan. During October and November 2025 ASC carried out significant engagement with staff and residents to inform the TEC and Digital strategy. This was drafted in December 2025 and incorporates feedback from engagement with residents and staff, through surveys and workshops. It outlines our vision for the use of TEC and Digital, over the next two years. Through the strategy development work, key areas for improvement were identified and these will form the basis of 'test and learn' activity throughout 2026.

### Co-Production

ASC aims to improve adult care services by involving individuals and carers with lived experience in service design and delivery. We prioritise co-production through our commissioning and development, shaping services with input from people, families, and communities. For example, those with ASC experience contribute to strategic reviews, service specifications, and staff interviews, ensuring services better meet local needs.

To strengthen our co-production approach, ASC collaborated with the Social Care Institute for Excellence (SCIE) to conduct SCIE's first Local Authority Independent Review of Co-Production. Throughout November and December 2025, SCIE examined documents provided by ASC, surveyed staff, and interviewed 24 team members as part of the independent review. SCIE's written report is due in January 2026, which will evaluate their findings of how well ASC works with service users and offer recommendations for building a strong co-production model.

## Reference Documents and Full Web Addresses

Bath and North East Somerset Council, Ageing Well Market Position Statement 2024-2027, pdf:  
[www.bathnes.gov.uk/market-position-statement-2024-2027](http://www.bathnes.gov.uk/market-position-statement-2024-2027)

Bath and North East Somerset Council, Apply for a Disabled Facilities Grant:  
[www.bathnes.gov.uk/apply-disabled-facilities-grant](http://www.bathnes.gov.uk/apply-disabled-facilities-grant)

Bath and North East Somerset Council, ASC, Care and Support Charging and Financial Assessment Framework: [www.bathnes.gov.uk/adult-social-care-charging-policy](http://www.bathnes.gov.uk/adult-social-care-charging-policy)

Bath and North East Somerset Council, Bath and North East Somerset Carers Strategy:  
[www.bathnes.gov.uk/carers-strategy](http://www.bathnes.gov.uk/carers-strategy)

Bath and North East Somerset Council, Corporate Strategy 2023-2027, pdf:  
[www.bathnes.gov.uk/corporate-strategy](http://www.bathnes.gov.uk/corporate-strategy)

Bath and North East Somerset Council, Joint Health and Wellbeing Strategy:  
[www.bathnes.gov.uk/joint-health-and-wellbeing-strategy](http://www.bathnes.gov.uk/joint-health-and-wellbeing-strategy)

Be Well B&NES: Bath and North East Somerset (B&NES) Whole Systems Health Improvement Framework 2024–2034, pdf: [www.bathnes.gov.uk/whole-systems-health-improvement-framework](http://www.bathnes.gov.uk/whole-systems-health-improvement-framework)

BCSSP: <https://bcssp.org.uk/>

BCSSP, Report a concern: <https://bcssp.org.uk/p/report-a-concern>

BCSSP, Self Neglect: <https://bcssp.org.uk/p/safeguarding-adults/self-neglect>

BCSSP, Strategic Plan 2024-2027, pdf:  
[https://bcssp.org.uk/assets/7a7eb990/bcssp\\_strategic\\_plan\\_incl.\\_trng\\_2024\\_-\\_2027\\_vf.pdf](https://bcssp.org.uk/assets/7a7eb990/bcssp_strategic_plan_incl._trng_2024_-_2027_vf.pdf)

Care Quality Commission, Bath and North East Somerset Council: local authority assessment:  
[www.cqc.org.uk/care-services/local-authority-assessment-reports/bathandnortheast Somerset-0125](http://www.cqc.org.uk/care-services/local-authority-assessment-reports/bathandnortheast Somerset-0125)

Community Wellbeing Hub: <https://communitywellbeinghub.co.uk/>

Live well, Bath and North East Somerset: <https://livewell.bathnes.gov.uk/>

NHS England, Core20PLUS5 (adults):  
[www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/](http://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/)