

Document Title	Adult Social Care Improvement Plan
Senior Responsible Owner (SRO)	Steve Hook, Director of Adult Social Care (DASS)
Programme Manager	Edd Yeo, Homes & ASC Business Improvement Manager

1. Executive Summary & Recommendations

In response to the recent Care Quality Commission (CQC) report on Adult Social Care in Brighton & Hove, we have established this programme to enhance outcomes for residents requiring care and support. The Improvement Plan is designed to fulfil statutory obligations arising from the regulatory judgement and to set targets for additional areas of improvement as detailed in the accompanying document.

Strategic Vision for Adult Social Care in Brighton & Hove

Brighton & Hove will be a city where every adult needing care receives the right support to live safely and with dignity, either independently or with specialist help. We will work with staff, leaders, and residents to design services that address inequalities, strengthen communities, and use innovation and technology to provide high-quality, person-centred care.

The Adult Social Care Improvement Plan will be separated into phases;

- Phase 1 – to deliver on high priority actions identified by CQC on Assessing Needs theme.
- Phase 2 – to deliver improvement actions on areas identified by CQC in the other themes, with targets to move scores from 2 (Requires Improvement) to 3 (Good).
- Phase 3 – to deliver improvement actions on areas identified by CQC as score of 3 (Good).

2. Background/context

Care Quality Commission (CQC) Inspection Framework

A new regulatory framework for Local Authorities with responsibilities for Adult Social Care was announced in 2022, first pilot inspections were completed by early 2024. Brighton & Hove was notified of the Inspection Process starting in November 2024, with onsite inspection completed in April 2025.

The Regulatory Framework measures how well Local Authorities deliver their responsibilities under Part 1 of the Care Act 2014.

A report has been completed by CQC and has given the overall rating for Brighton & Hove City Council as 'Requires Improvement', with a score breakdown below

Quality Statement	Score
Assessing Needs	1

Supporting people to live healthier lives	2
Equity in experience and outcomes	2
Care provision, integration and continuity	2
Partnerships and communities	2
Safe pathways, systems and transitions	2
Safeguarding	2
Governance, management and sustainability	2
Learning, improvement and innovation	2

Section 50 notice

The CQC has issued Brighton & Hove a section 50 notice for score of 1 in Assessing Needs, which means that they will give formal notice of the judgement to the Secretary of State for Health & Social Care. As a result of this we will work closely with Local Government Association to complete a response plan, which will then be shared with Department for Health & Social Care.

The Section 50 notice highlighted 2 main areas of concern; Waiting times for assessment including waiting well procedures and completion of annual reviews. The Adult Social Care Improvement Plan will address these areas of concern and include other performance areas as explained in the document.

Current Performance and benchmarking

Community Support:

71.76% of adults in receipt of long-term services are supported in the community, in line with benchmarking medians and just below the local target (72%).

Safeguarding Outcomes:

84.78% of adults able to express desired outcomes fully or partially achieved them, well above the benchmarking median (65.59%) and within the top quartile nationally.

Permanent Admissions:

Older Adults (65+): Admissions to nursing/residential care are at 618.31 per 100,000, better than the benchmarking median (672.8) and below the local target (660).

Younger Adults (18–64): Admissions are at 23.81 per 100,000, above both the target (18.40) and benchmarking median (16.75), ranking lowest among comparator authorities.

Annual Reviews:

40.33% of long-term clients were reviewed within the year, below the target (45%) and benchmarking median (52.5%). This area is a key focus for improvement.

Future Inspections/Engagement with CQC

The CQC is currently consulting on the future of the Inspection Framework, they are unlikely to inspect Local Authorities in the same way that they have at the introduction of the framework. They are exploring options such as an annual meeting with each Local Authority, shorter more focussed inspections and a new model of inspection. We will continue to monitor this. We have recently seen a document

demonstrating the difference between scores (Outstanding, Good, Requires Improvement & Inadequate) and how we can use that to inform the areas of improvement.

3. Learning Framework

Brighton and Hove City Council is transforming to be a Learning Organisation, as a council, we want to:



Adult Social Care Improvement Plan will;

- be connected – we are working closely with support from external stakeholders (e.g. Department for Health & Social Care, Local Government Association, Benchmark authorities) and Internal Stakeholder with experience of regulation (Children’s Social Care and Housing Regulation). This will ensure we identify best practice examples and can build from shared experiences.
- be confident – the areas identified by regulation for Adult Social Care and national benchmarking have given a clear indication of improvement areas, and we know that improvement in those areas will lead to improved outcomes for residents and results in future regulation.
- be innovative and creative – we have identified opportunities to introduce new ways of working and new technology to support delivery of key actions. E.g. use of digital tools to support case work and speed up processes around reviews and contact whilst individuals wait for a service.
- be diverse and inclusive – we are pleased that we have a diverse workforce that reflects the diversity of Brighton & Hove. We monitor the diversity of our workforce as part of a national programme, and have an established infrastructure to ensure we continue to hear from minority groups in the city.
- be healthy and psychologically safe – we have recognised that our staff played an important part in the CQC Inspection and will continue to monitor responses by Adult Social Care staff in Staff Surveys and engagement opportunities.

4. Objectives

Waiting Times

- *CQC Report* “People often experienced extended delays to having their needs met. Recent changes had not yet led to sustained improvement in waiting times and demand was increasing.”
- As of November 2025 the median wait time from request received until completed across all worklists was 32 days. The median time from request allocated to a worker and completion was 6 days (see OMT Waiting Lists chart in Data section for a breakdown of Service Areas and Worklists).

Waiting Well

- *CQC Report* “People gave us examples of waiting for significant periods of time without any contact from the local authority.”
- *CQC Report* “Performance relating to the local authority’s ‘waiting well’ processes were not fully visible to senior leadership, which meant there was limited oversight of this risk.”
- As of November 2025, there were 447 people awaiting allocation across all Care Assessment worklists (see OMT Waiting Lists chart in Data section for a breakdown of Service Areas and Worklists). Although this marks an overall improvement compared to November 2024 a year ago, there has been a growing trend in recent months, with figures climbing from the low point of 309 reached in February 25.

Annual Reviews

- *CQC Report* “People faced delays to having their needs reviewed. There was a backlog in reviews which was increasing. Plans to address this had not yet been fully implemented but had started to reduce review waiting lists.”
- Our current performance is 40.26% of long-term clients were reviewed within the year, below the target (45%) and benchmarking median (52.5%).
- For 26/27 we have set a target to get to 55% which is above the median score for comparator authorities for 25/26.

Residential Admissions

- For those in receipt of a service, 14% of younger adults were in residential care settings during 2023/24 - this is above the England (12%) and regional (13%) averages. For older adults (65+), 22% were placed in nursing care, significantly above the England average (13%) and above the regional average (19%)
- Our current performance is:
 - Older Adults (65+): Admissions to nursing/residential care are at 618.31 per 100,000, better than the benchmarking median (672.8) and below the local target (660).
 - Younger Adults (18–64): Admissions are at 23.81 per 100,000, above both the target (18.40) and benchmarking median (16.75), ranking lowest among comparator authorities.
- 2026/27 Targets will be set as part of service planning

Reablement

- *CQC Report* “National data showed people were significantly less able to access reablement compared to national averages but the effectiveness of reablement interventions were consistent with outcomes nationally.”
- Latest ASCOF Data (April 2024 – March 2025):
 - Access: 2.9% of people aged 65+ discharged from hospital received local authority-managed reablement, below the SEADASS regional average of 5.7%.

- Outcomes: Of those receiving reablement, 74.2% remained in the community 12 weeks after discharge—above the regional average (65.5%) and the third highest in the region.
- 26/27 targets have been set through budget setting process with an identified target of £888k. The saving will be delivered through an earlier intervention, with more independence and reduced care & support needs.

Prevention

- Prevention is a strategic priority for Adult Social Care, with a focus on diverting individuals from entering the Care Act pathway by offering robust non-statutory support at the front door.
- The current position includes leveraging the Ageing Well contract and third sector partnerships to provide alternatives to formal care, with plans to better align these resources with Access Point processes.
- Previous preventative funding has been reduced, but opportunities exist to repurpose existing budgets, particularly through collaboration with Public Health and commissioning colleagues.
- The future direction involves developing a more visible and integrated prevention offer, including potential use of predictive analytics to identify at-risk individuals earlier, and exploring innovative models such as direct referral pathways and spend-to-save initiatives.
- The plan is to phase this work, starting with immediate improvements to front door diversion and longer-term engagement with wider council services to broaden the scope of prevention.

5. Risks

- **Capacity within Operational Teams** – Brighton & Hove City Council is currently facing a really tough financial situation and has tightened spending controls including management of vacancies and recruitment. For Adult Social Care operational teams this has had an impact on management of waiting lists including reviews across all teams. Reduced capacity in services has reduced the opportunities for allocation of cases meaning that individuals will need to wait longer for an allocated social worker and assessment
- **Increasing Complexity of Need** – Overall number of service users with a Care & Support Plan in Brighton & Hove has been relatively stable for the last few years. However, we have seen a 3.2% increase since April 25 from 3754 to 3880 service users in November 25. Additionally, we are seeing a continued increase in the complexity of those cases matching the increasing needs within the city e.g. rising mental health needs, increased substance misuse and risk of homelessness.
- **Shortage of Experienced practitioners** – linked to both risks above, we are experiencing a shortage of experienced practitioners that are able to respond to complex case work in annual reviews and assessments. As we see complexity of cases increase we need a workforce that can respond to the increased needs of individuals, particularly in specialist services.

6. Roles & Responsibilities

Summary of Roles		
Role	Description	Key responsibilities
Corporate Leadership Team (CLT) Sponsor – Genette Laws	Strategic oversight and responsibility. Member of CLT, to maintain Council Oversight of Programme.	Ensures programme is aligned to organisation's strategic direction. Leads engagement with Councillors
Senior Responsible Owner (SRO) – Steve Hook	Accountable for the success of Adult Social Care Improvement Plan	Provides leadership and direction in partnership with Sponsor
Business Improvement manager – Edd Yeo	Responsible for leading and managing Adult Social Care Improvement Plan from set up to closure	Plans and designs the programme Co-ordinates workstreams and their dependencies Point of contact to CQC

7. Governance

Summary of Roles		
Board/Meeting	Description	Regularity of Updates
Cabinet & Informal Cabinet	Chaired by Leader of Council. Making significant decisions on how the Council is run, proposing budget and overall policy framework. Adult Social Care Improvement Plan will report to Cabinet to maintain oversight of progress against the key objectives.	Quarterly
Corporate Leadership Team (CLT)	Chaired by Chief Executive. Working closely with Leader of Council, Cabinet leads and Councillors to set the organisations strategic direction. Adult Social Care Improvement Plan will report bi-monthly to CLT, as preparation for Cabinet and for opportunities for cross-Council working.	Bi-monthly
Directorate Leadership Team	Chaired by Corporate Director. Weekly meeting to ensure that services within a directorate are successfully delivered	Bi-monthly in line with CLT & Cabinet
Performance & Improvement Board	Chaired by Director of Adult Social Services. Monthly progress reports tracking specific planned actions that	Monthly

	support both directorate objectives and outcomes in individual service plans	
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Service Plans 26/27 – Reporting & Monitoring

All 26/27 Service Plan(s) will include actions for Tier 4 Managers to deliver improved performance, contributing to Adult Social Care Improvement Plan. The service plans will include targets for the key outcomes; all monitored through Performance & Improvement Board on a monthly basis.

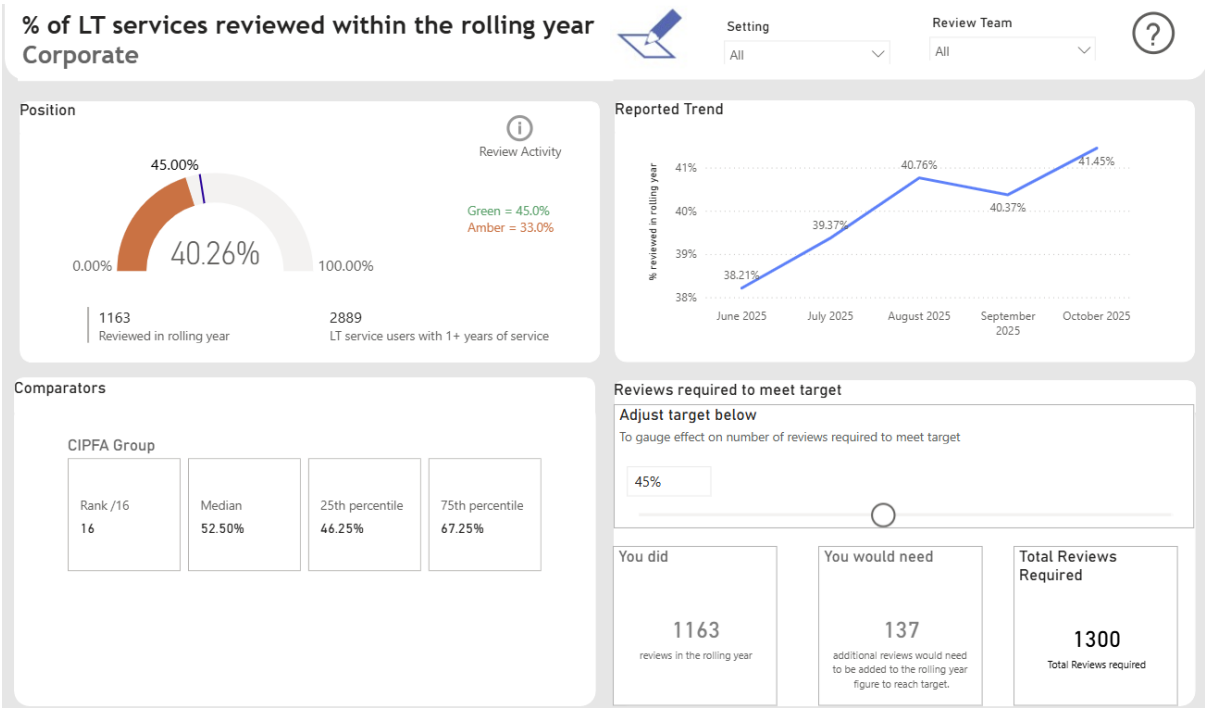
8. Data

Brighton & Hove City Council were notified of CQC Inspection Process starting in November 2024, with later notice for the on-site Inspection starting in April 2025 and then the finalised report being released November/December 2025. Areas for improvement have been listed below with a short narrative to describe that journey through those milestones.

Data used for benchmarking is sourced from the CIPFA Nearest Neighbour Model and the most recent Adult Social Care Outcomes Framework (ASCOF) results. These sources will be re-examined as new national statutory return publications become available.

Reviews –% of those in receipt of a long-term service over a year, reviewed within the year.

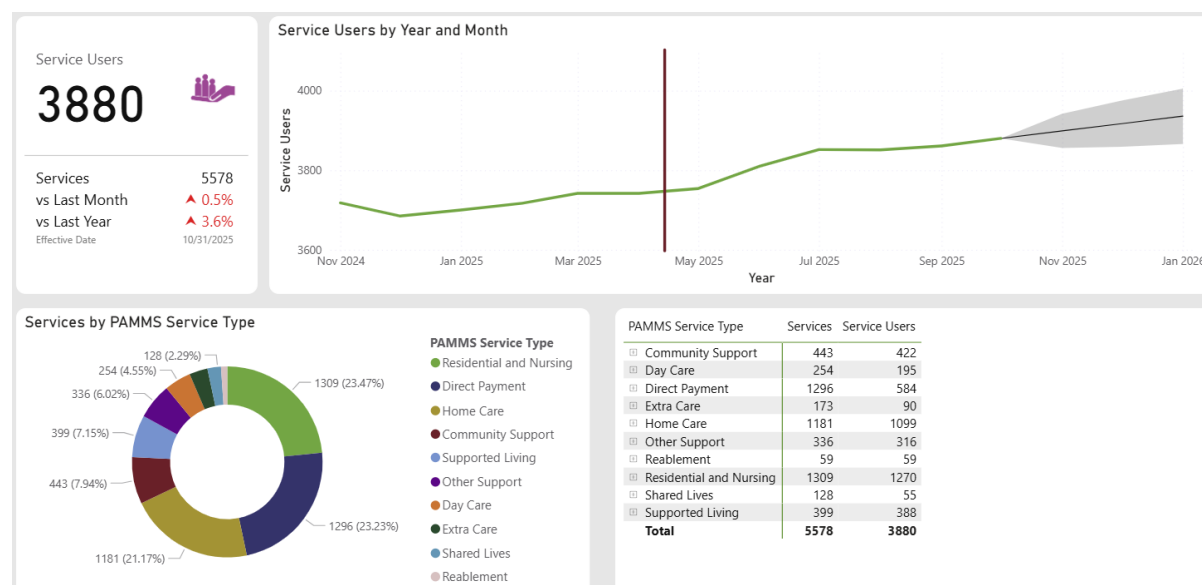
The data indicates that 40.26% of long-term clients received reviews within the year, which falls short of both the target (45%) and the median benchmark (52.5%). However, recent trends since June 2025 show an upward improvement.



Service Users

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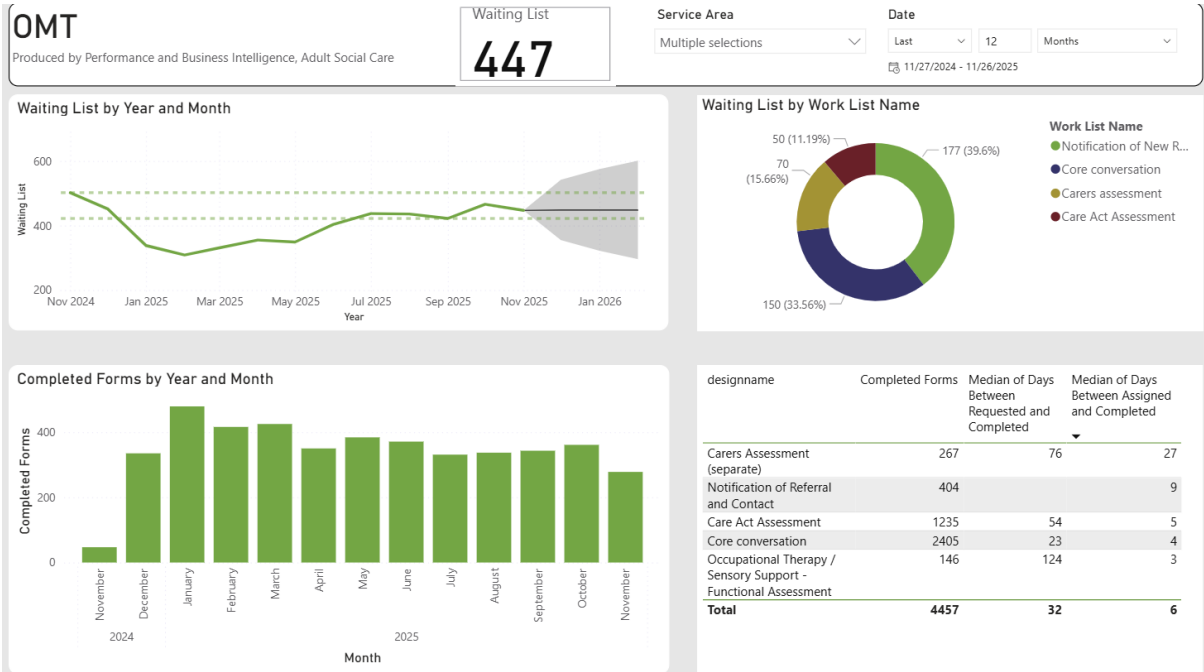
The total number of service users with a Care & Support Plan in Brighton & Hove has remained relatively stable in recent years. However, there has been a 3.6% rise since Nov 24.



Waiting Lists and Times by Team and Work Lists

As of November 2025, the median wait time from request receipt to completion across all worklists was 32 days. The median duration from allocation of a request to a worker through to completion was 6 days (refer to the OMT Waiting Lists chart in the Data section for detailed breakdowns by Service Areas and Worklists). In the same month, 447 individuals remained awaiting allocation across all Care Assessment worklists. While this represents an improvement over November 2024, recent months have shown an upward trend, with the number rising from a low of 309 in February 2025.

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Reablement Data – ASCOF 2D – the % of people aged 65+ discharged from hospital into reablement who remained in the community within 12 weeks of discharge

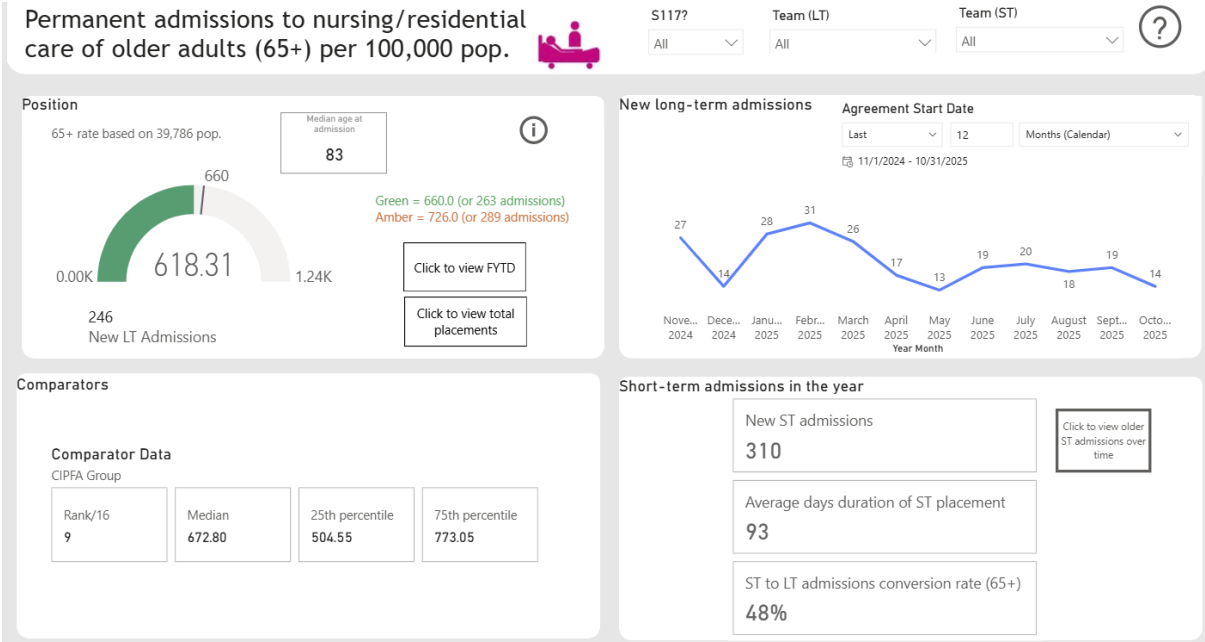
Access: 2.9% of people aged 65+ discharged from hospital received local authority-managed reablement, below the SEADASS regional average of 5.7%.

Outcomes: Of those receiving reablement, 74.2% remained in the community 12 weeks after discharge—above the regional average (65.5%) and the third highest in the region.



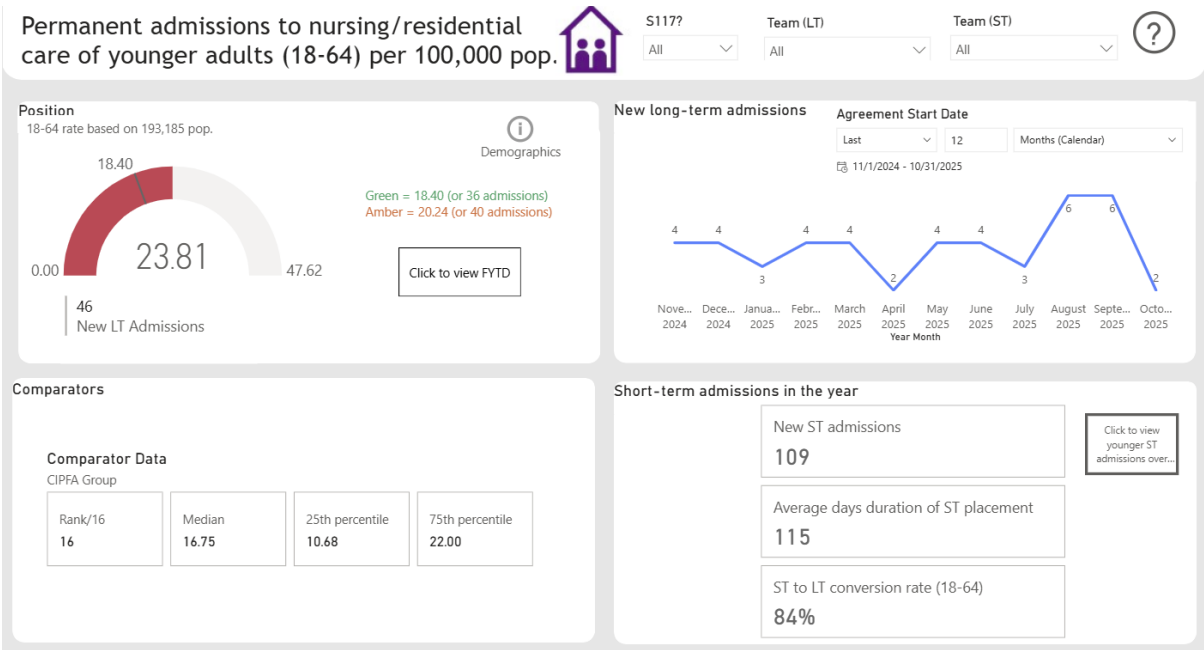
Residential Admissions

Older Adults (65+) - there are 618.31 admissions to nursing or residential care per 100,000 people. This rate is lower than both the benchmarking median of 672.8 and the local target of 660.



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Younger Adults (18–64): The admission rate is 23.81 per 100,000, which exceeds both the target of 18.40 and the benchmarking median of 16.75, placing this group at the lowest ranking among comparator authorities



9. Action Plan

Phase 1 – High Priority Actions on Assessing Needs Theme & other key areas

Objective	What does it achieve	Actions	Who	When	Progress
Expanded Reablement Offer	Improving an individuals independence, well-being and quality of life.	Appoint a Senior Programme Manager for reablement	Director of Adult Social Services	December 25/ January 26	On track
	Individual would have reduced care & support needs.	Start a reablement task & finish group	Senior Programme Manager	January/ February 26	Yet to start
		Engage with Health colleagues to work on share opportunities and outcomes	Senior Programme Manager	January/ February 26	Yet to start
		Create a Reablement Plan for Brighton & Hove	Senior Programme Manager	March 2026	Yet to start
Reduced number of placements in Residential & Nursing Homes	More residents with care and support needs would remain in their own home, with greater independence and control over their daily lives.	Create Task & Finish Group to review current performance and identify actions	ASC General Manager	November 2025	Complete
		Progress Report to Performance & Improvement Board	ASC General Manager	Ongoing	Ongoing

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		Set targets using a modelling tool for 26/27	ASC Head of Service	November/December 25	On track
		Create Action Plan for reduced Residential & Nursing Home Admissions	ASC Head of Service	January 26	On track
Reduced Wait Times for assessment	Meeting that individuals' needs at the earliest opportunity when their care and support needs are at their lowest. Earlier intervention prevents the deterioration of conditions	Create Business Case for use of new digital tools as pilots	Business Improvement Manager	November 25	Complete
		Review waiting list management plans by service incl survey for Operations Managers	General Managers/ Director of ASC Operations	January 26	On track
		Confirm performance targets for 26/27	Director of ASC Operations	January/February 26	On track
		Design support offer for all Operations Managers including practice support and training	Principal Social Worker (Adults)	March 26	On track

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<p>A service wide waiting well framework that;</p> <ul style="list-style-type: none"> Ensures safety and fairness for individuals awaiting intervention Standardises prioritisation using agreed timescale and review procedures Supports effective risk management through a shared framework 	<p>Proactive contact to individuals who are waiting for a service will identify safeguarding concerns and ensure that individuals needs are not escalating.</p> <p>Will maintain an accurate reflection of people waiting for a service in each team.</p>	Setup pilots within Operational Teams	Principal Social Worker (Adults)	January 26	On track
		Track progress of pilots and agree next steps	Principal Social Worker (Adults)	January 26	On track
Increased annual reviews completed within 12 months	<p>Will ensure that care plans continue to meet the individuals needs and are person centred.</p> <p>If an individuals needs have reduced then identify opportunities for a reduced package of care</p>	Recruit and establish new Dedicated Review Team	General Manager ASC	October 25	Complete
		Dedicated Review Team fully operational	General Manager ASC	January 26	On track
		Pilot for use of new digital tools	Business Improvement Manager	January 26	On track
		Progress Reports to Performance and Improvement Board	General Manager ASC	Ongoing	On track

Phase 2 & 3 – Improvement actions for areas scored by CQC at 2 or above

Objective	What does it achieve	Actions	Who	When	Progress
Improved and expanded prevention offer/approach	Addressing needs would help reduce reliance on costly packages of care	Improved Information, Advice & Guidance offer at ASC front door	General Manager ASC	June 2026	On track
	Support savings programmes for 4-year financial strategy	Implementation of new pilots for Adult Social Care	Director Adult Social Care	December 2026	On track
	Better utilisation of community assets	Review of opportunities to work with partnership organisations including Health	Director Adult Social Care	Ongoing	On track
Equity in experience and outcomes – ensuring people receive personalised care regardless of their background, circumstances or protected characteristics	High satisfaction from service users and better wellbeing outcomes	Improved equalities data collection from individuals with care and support needs	General Manager ASC	December 2026	On track
	Assurance that the Local Authority is meeting the needs of all residents in the city including under-represented groups	Review and circulate JSNA information updated in 2026	Director Adult Social Care	April 2026, October 2026	On track
		Continued engagement with representative groups, including information collected by partner organisations	Director Adult Social Care	December 2026	On track

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Expanded offer for specialists placements in the City	Improved choice for individuals, families and carers.	Complete placement plans for new Support Living Accommodation in the City	Director Commissioning & Partnerships	September 2026	On track
	Supporting independence and reducing reliance on long-term packages of care	Complete Market Position Statement for Adult Social Care in Brighton & Hove	Director Commissioning & Partnerships	February 2026	On track
	Reduce discharge wait times for specialist placements	Review out of city placements, identifying opportunities for people to return to the city	Director Commissioning & Partnerships	September 2026	On track
Review of pathways and customer journey including safeguarding processes	Reduced delays and wait times for individuals	Implement Safeguarding Pilot to improve pathways	General Manager ASC	July 2026	On track
	Assurance on safeguarding principles				
	Successful pathways will maximise multi-agency response to complex cases	Refreshed partnership working between agencies in Safeguarding Adults Board	Head of Safeguarding ASC	September 2026	On track
		Delivery of Safeguarding Adults Board priorities for 2026/27	Head of Safeguarding ASC	December 2026	On track

10. Quality Statements – summary of judgements between gradings

The table below demonstrates some examples of how the CQC have rated Brighton & Hove as a 2 (Requires Improvement), how that is explained in their framework and then what we would need to achieve to be scored a 3 (good)

Theme	Requires Improvement – CQC expectation	Good – CQC expectation
1. How the Local Authority works with people	<ul style="list-style-type: none"> Some assessments and reviews are out of date. There are waiting lists for assessments, care planning and reviews, but there is a system in place to monitor and manage any risks to people's wellbeing. Actions are taken to manage, risk assess and reduce waiting times, but improvements are slow or have not been sustained. 	<ul style="list-style-type: none"> Assessments are up-to-date and staff understand people's current needs. Waiting times for assessments, care planning and reviews are kept to a minimum. They are also equitable, and inequalities are addressed. System in place to monitor and manage any risks to people's wellbeing if there is a waiting list. Actions are taken to manage and reduce waiting times, with improvements clearly evident. Clear and effective triage processes are in place which result in time
2. Providing Support	<ul style="list-style-type: none"> Commissioning strategies at early stage & not embedded. Some known gaps in provision. Plans to address have had limited impact. Partners and providers are involved in commissioning decisions. Inequalities in care and support that people can access. Commissioning decisions not routinely overseen by leaders. 	<ul style="list-style-type: none"> Commissioning strategies are aligned with the strategic objectives of partners and support delivery of preventative approaches. Coproduced commissioning strategies, with people, communities, housing and providers. They focus on what matters to people, address inequalities and improve outcomes. Specific consideration for provision of services to support unpaid carers. Understanding of market challenges and mitigations inform strategic planning. Provider engagement mechanisms enable the LA to be a strong and influential partner. Models of care and support are commissioned in line with best practice.
3. How the Local Authority ensures	<ul style="list-style-type: none"> Immediate action is not always taken to keep people safe from abuse and neglect. Safeguarding partners 	<ul style="list-style-type: none"> Independent oversight, scrutiny and auditing of safeguarding activity. Findings are shared to improve practice.

safety in the system	<p>are not always worked with collaboratively.</p> <ul style="list-style-type: none"> • Training available to staff across the local authority and partner agencies to support them to raise concerns effectively. • Understanding of safeguarding risks and issues in the area. 	<ul style="list-style-type: none"> • Learning from SARs is shared and embedded across partner agencies to reduce risk and prevent similar occurrences. • Proactive work with providers, with evidence of open and supportive culture to keep people safe.
4. Leadership	<ul style="list-style-type: none"> • Positive performance culture is not yet in place. Performance information is not always available or used well to monitor and improve the quality of care. • Governance frameworks are not always robust, leading to poor oversight of some areas. • Some plans in place to address issues, but they are not yet having an impact. • Clear lines of accountability and escalation process with partners. • Elected members are aware of challenges in the service, but they are not always supported to scrutinise effectively. 	<ul style="list-style-type: none"> • Elected leaders have confidence in the scrutiny role and relationship with the DASS. Good cross-party working allows for scrutiny of ASC plans. • Principal Social Worker and Occupational Therapist work together to enable focus and support on practice, with networks to share practice models and ideas. • Culture of learning, transparency and accountability is embedded, driven by leaders who have a clear vision of how to meet future need. • Actions to address shortfalls are having a positive impact on performance and are sustainable.