

Subject: Adult Social Care Improvement Plan

Date of meeting: Thursday, 12 February 2026

Report of: Cabinet Member for Adult Social Care

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Ward(s) affected: All

For general release

1. Purpose of the report and policy context

1.1 In response to the recent Care Quality Commission (CQC) report on Adult Social Care in Brighton & Hove City, the Council have written Adult Social Care Improvement Plan to enhance outcomes for residents requiring care and support. The Improvement Plan is designed to fulfill statutory obligations arising from the regulatory judgement and to set targets for additional areas of improvement.

2. Recommendations

2.1 Cabinet notes the report, outcome of the inspection and endorses the Adult Social Care Improvement Plan.

3. Context and background information

3.1 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

Score 1 – shows significant shortfalls (inadequate), Score 2 shows some shortfalls (Requires Improvement), Score 3 shows a good standard (good). Score 4 shows an exceptional standard (outstanding)

3.2 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 The Council 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.

Since the CQC Inspection on-site visit there has been improvement in the key areas, specifically Annual Reviews and wait times in teams explained further below.

3.2 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.

3.3 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. Adult Social Care will continue to monitor this and engage with consultation.

3.4 Brighton & Hove City Council – Learning Organisation Framework

3.4.1 Adult Social Care Improvement Plan will;

- **be connected** – Adult Social Care 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** – Adult Social Care 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** – Adult Social Care are pleased to have a diverse workforce that reflects the diversity of Brighton & Hove. The diversity of our workforce is monitored 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** – Adult Social Care 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.

3.5 Areas of Improvement

3.5.1 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).

3.5.2 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.

3.5.3 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.”

Looking back to Spring 2024 our performance for completed annual reviews was 29%. This has improved and 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 Adult Social Care have set a target to get to 55% which is above the median score for comparator authorities for 25/26.

3.5.4 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.

3.5.5 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.

3.5.6 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

3.5.7 Action Plan is attached as Appendix 1

3.5.8 Appendix 2 gives a summary of the expectations by CQC between Requires Improvement and Good

4. Analysis and consideration of alternative options

4.1 CQC Inspection has highlighted areas of improvement for Adult Social Care in Brighton & Hove that match our self-assessment completed at the start of the Inspection Framework. In identifying and addressing those areas there has been improvement in key metrics explained in this report. If performance had continued on a similar trend (e.g. low performance on annual reviews, under utilized re-ablement and high residential admissions) there would have been a deterioration in resident outcomes and compliance with statutory duties.

5. Community engagement and consultation

5.1 The CQC Inspection in Brighton and Hove involved internal and external stakeholders. There was also regular communication throughout the process, both summarized below;

- Email communication on key updates from the introduction of the new Regulatory Framework, to the on-site Inspection and to the release of

- the completed report. Sent to partners (NHS, Community Organisations) and all Internal Stakeholders (Staff, Leaders).
- Support from Local Government Association (LGA) in preparation for on-site visit, delivering workshops with frontline teams and managers. The LGA also support benchmarking with neighbouring authorities and troubleshooting questions as the framework developed.
- All staff briefing's chaired by Director of Adult Social Services, explaining the Inspection process, scope and how they will be involved.
- Other communication – video's, briefing notes and attendance at team meetings to ensure everyone understood the Inspection, the result and the plan for improvement

5.2 Engagement on the Improvement Plan has continued following the Inspection result, shared with Head's of Service, Operations Managers and frontline staff to help shape the aims, objectives and opportunities.

6. Financial implications

6.1 There are no direct financial implications as a result of this report. The Adult Social Care Improvement Plan will inform budget development and the Medium-Term Financial strategy of the Council. Any changes in service delivery will be subject to recommissioning processes and will need to be delivered within the available budget.

Name of finance officer consulted: Jane Stockton Date consulted 22.01.26

7. Legal implications

7.1 The Health and Social Care Act 2022 and associated regulations provide CQC with statutory powers to independently assess how well Local Authorities deliver their responsibilities under Part 1 of the Care Act 2014. Where one or more of the quality statements is given a score of 1 by CQC, pursuant to Section 50 of the Health and Social Care Act 2008 (as amended), CQC must inform the Secretary of State for Health and Social Care.

Name of lawyer consulted: Sandra O'Brien Date consulted: 13/01/26

8. Risk implications

- **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, there has been a 3.2% increase since April 25 from 3754 to 3880 service users in November 25. Additionally, there is an

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 there is a shortage of experienced practitioners that are able to respond to complex case work in annual reviews and assessments. As the complexity of cases increase the workforce needs to respond to the increased needs of individuals, particularly in specialist services.

9. Equalities implications

9.1 The implementation of Adult Social Care Improvement Plan has several key equality implications given the CQC findings and Council's Statutory Duties under Care Act and Public Sector Equality Duty.

The Improvement Plan will positively impact groups with protected characteristics, ensuring that they have equity in access, assessment and when in receipt of services. By addressing key improvement areas in wait times, reablement and residential admissions outcomes will improve for those individuals and their families.

10. Other Implications

10.1 As mentioned in the above report when issues with a Section 50 notice, as a result of a score of 1 or below, notification is sent to Department of Health & Social Care. As a result of the oversight Minister for Health & Social Care has sent a letter to Brighton & Hove City Council, appointing an Improvement Advisor to offer additional support and line of sight of the improvement work.

11. Conclusion

11.1 Brighton & Hove City Council have developed Adult Social Care Improvement Plan to improve outcomes for residents with care & support needs in Brighton & Hove. The plan will address high priority areas identified through Care Quality Commission (CQC) Inspection Process. Targets have been set for 2026/27 and will be closely monitored as well as setting targets for future years.

Supporting Documentation

1. Appendices

1. Action Plan
2. Summary of judgements between gradings

1. Appendix 1 Action Plan

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

Objective	What does it achieve	Actions	Who	When	Progress
800	Improving an individual's independence, well-being and quality of life. Individual would have reduced care & support needs.	Appoint a Senior Programme Manager for reablement	Director of Adult Social Services	December 25/ January 26	On track
		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
800	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
		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
		Setup pilots within Operational Teams	Principal Social Worker (Adults)	January 26	On track
A service wide waiting well framework that; <ul style="list-style-type: none"> Ensures safety and fairness for individuals awaiting intervention Standardises prioritisation using agreed timescale and review procedures 	Proactive contact to individuals who are waiting for a service will identify safeguarding concerns and ensure that individuals needs are not escalating. Will maintain an accurate reflection of people waiting for a service in each team.				

<ul style="list-style-type: none"> Supports effective risk management through a shared framework 		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	<p>Addressing needs would help reduce reliance on costly packages of care</p> <p>Support savings programmes for 4-year financial strategy</p> <p>Better utilisation of community assets</p>	Improved Information, Advice & Guidance offer at ASC front door	General Manager ASC	June 2026	On track
		Implementation of new pilots for Adult Social Care	Director Adult Social Care	December 2026	On track

		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 Assurance that the Local Authority is meeting the needs of all residents in the city including under-represented groups	Improved equalities data collection from individuals with care and support needs	General Manager ASC	December 2026	On track
		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
Expanded offer for specialists placements in the City	Improved choice for individuals, families and carers. Supporting independence and reducing reliance on long-term packages of care Reduce discharge wait times for specialist placements	Complete placement plans for new Support Living Accommodation in the City	Director Commissioning & Partnerships	September 2026	On track
		Complete Market Position Statement for Adult Social Care in Brighton & Hove	Director Commissioning & Partnerships	February 2026	On track
		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 Assurance on safeguarding principles Successful pathways will maximise multi-agency response to complex cases	Implement Safeguarding Pilot to improve pathways	General Manager ASC	July 2026	On track
		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

2. Appendix 2 – summary of judgement 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.

		<ul style="list-style-type: none"> Models of care and support are commissioned in line with best practice.
3. How the Local Authority ensures safety in the system	<ul style="list-style-type: none"> Immediate action is not always taken to keep people safe from abuse and neglect. Safeguarding partners are not always worked with collaboratively. 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"> Independent oversight, scrutiny and auditing of safeguarding activity. Findings are shared to improve practice. 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.