

<b>Report to:</b>	<b>People Scrutiny Committee</b>
<b>Date of meeting:</b>	<b>20 November 2025</b>
<b>By:</b>	<b>Director of Adult Social Care and Health</b>
<b>Title:</b>	<b>Care Quality Commission (CQC) Assessment of Adult Social Care</b>
<b>Purpose:</b>	<b>To provide the Committee with information regarding the outcome of the CQC assessment and next steps.</b>

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## **RECOMMENDATIONS:**

- 1) The People Scrutiny Committee is recommended to consider the outcome of the Care Quality Commission's (CQC) Assessment of Adult Social Care in East Sussex, which was published on Friday 3 October 2025 with an overall rating of 'Good'.**
  - 2) Agree that the CQC Reference Group, a sub-group of the People Scrutiny Committee, should monitor and review the development and implementation of departmental actions in response to the CQC report.**
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## **1. Background**

1.1 The Health and Care Act 2022 granted the Care Quality Commission (CQC) new powers to assess local authorities' compliance with the Care Act 2014. The 'return of the regulator' was a significant development for adult social care departments who had not been assessed by statutory, external bodies for approximately 15 years.

1.2 The CQC developed a new assessment framework for adult social care assessments as these differed significantly from their existing assessment regimes. This first round of assessments has been a learning process for all parties and the CQC adjusted their methodology throughout this first round of assessments and have indicated that they will undertake future assessments differently. Details of any new approach have not yet been shared.

1.3 The CQC were clear that, whilst they understand the pressures faced by adult social care departments and their partners nationally, they would not take this into account when assessing our delivery of the Care Act.

1.4 In East Sussex, a significant amount of preparatory work was undertaken in advance of the CQC assessment. This included an extensive self-evaluation process using the industry standard Local Government Association (LGA) and Association of Directors of Social Services (ADASS) self-assessment tool. We produced a Self-assessment document which was promoted by the LGA as good practice. We commissioned an LGA Peer Review in February 2024 as a way of providing further assurance and insights into our key strengths and areas for development. Our preparation for assessment was reviewed by the People Scrutiny Committee CQC Reference Group.

1.5 East Sussex were notified of the official start of our CQC assessment on 12 August 2024. Stage one of the assessment was to supply the CQC with around 250 pieces of evidence, including performance data, policies, strategic plans and our Self-assessment. Following the submission of this evidence, we focussed on preparation sessions for Members and staff who would meet with the CQC, and in providing summary case file information to support the CQC in conversations with adults and carers who had used our services.

1.6 We were notified on 2 December 2024 that the on-site element of the assessment would take place between the 11 and 13 of February 2025. We ran mock interview sessions and additional preparation sessions in the lead into the site visit.

1.7 The second phase of the CQC assessment included:

- Interviews with adults and carers who had used ASCH services.
- Interviews with Members, including the Leader of the Council, the Lead and opposition Lead Members for ASCH and cross party representatives from the People Scrutiny Committee, including the Chair.
- Interviews with ASCH officers including the Chief Executive, Director of ASCH, Director of Public Health and staff from across the department.
- Drop in sessions for ASCH staff
- Questionnaires and interviews with key external stakeholders and partners including the NHS, the voluntary community and social enterprise sectors and the independent chair of the Safeguarding Board.
- Preparing a three hour pre-assessment on-line presentation for the CQC which highlighted our key strengths and areas for development.

1.8 The CQC published its assessment of East Sussex Adult Social Care and Health's delivery of the Care Act on 3 October 2025. The full report can be found at Appendix A. Key findings from the assessment are summarised in Section 2 below. Proposed next steps are set out in Section 3.

## **2. Key findings from CQC Assessment**

### **Overall rating**

2.1 Adult Social Care and Health achieved a rating of 'Good'. This means that the CQC consider the service to be performing well and meeting their expectations.

### **Areas of strength and areas for improvement**

2.2 The CQC framework is set out using four overarching themes. Each of these themes are outlined below with the key strengths and areas for development identified by the CQC.

### **Theme 1: Working with people - Strengths**

#### Adult Social Care and Health is easily accessible

2.3 The report identified that Adult Social Care and Health is easily accessible through Health and Social Care Connect (HSCC) and information and advice was available as well as onward referrals to relevant support and services.

#### Person centred care planning

2.4 The approach to assessment and care planning was person-centred and strength based. The CQC stated *'The approach reflected people's right to choice, built on their strengths and assets and reflected what they wanted to achieve and how they wished to live their lives. People told us they felt listened to throughout their Care Act assessment and that their views were heard and respected.'*

#### Development of an integrated offer through Integrated Care Teams (ICTs)

2.5 There was recognition of the work being undertaken with partners such as, primary and community health services, borough and district councils, mental health, the NHS Sussex

ICB and Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations to develop an integrated offer of health, care and wellbeing throughout the ICTs.

#### Prevention offer that includes the use of technology and OT clinics

2.6 The report acknowledged the preventive offer including Occupational Health clinics that people could attend and telecare which is technology that enables people to remain independent and safe in their own homes. The CQC reported that *'The local authority works with people, partners and the local community to make available a range of services, facilities, resources and other measures to promote independence, and to prevent, delay or reduce the need for care and support.'*

2.7 The report recognised the significant impact of the Joint Community Reablement and Rehabilitation (JCR) service in preventing on-going care needs, by stating *'In 2023/24 72% of adults did not require on-going care after receiving JCR support.'*

#### Effective delivery of Direct Payments

2.8 The report outlined that Direct Payments were well managed, and staff were supported to ensure they are offered to all adults and contained the following, *'People told us they received direct payments from the local authority. The direct payment process was easy to understand, and payments were received on time and as planned.'*

#### Effectively reducing inequalities

2.9 The report outlined that there is a good understanding of local demographics, and this information is used to reduce inequalities in people's care and support experiences and outcomes. There is an Equality Diversity and Inclusion strategy and action plan in place. It acknowledged the Accessible Information Standard policy and how staff would consider people with a disability, impairment or sensory loss, and ensured they were able to get information in a format they understood.

### **Theme 1: Working with people - Areas for development**

#### Waiting lists for Care Act assessments and reviews

2.10 The report outlined that Adult Care Act assessments and reviews, Carers, Occupational Therapy and Financial Assessments were not always completed in a timely manner. The CQC noted that there were waiting lists in place.

2.11 The CQC however, recognised the work that has been undertaken on waiting times and the implementation of an enhanced standard process for managing waiting lists which includes: better communication with people, better management of waiting lists by monitoring risk and the management of performance.

#### Inconsistent information about Financial Assessments

2.12 The CQC found that information around Financial Assessments was not consistently made clear to people but noted the project to improve waiting times and communication regarding financial assessments including working with the Citizen Panel and People Bank to design and test new versions of written communications.

#### Limited information on the effectiveness of signposting

2.13 Although the report recognised information and advice was provided by HSCC to East Sussex residents; it identified that there was not a systemic approach to monitor whether signposting had been effective for people.

### **Theme 2: Providing Support - Strengths**

#### Effective JSNA and Market Position Statement

2.14 The report noted that the Joint Strategic Needs Assessment (JSNA) and Market Position Statement are used well to identify and plan for local care and support services. The

CQC refer to clear plans to improve local people's health and wellbeing and reduce health inequalities in East Sussex.

#### Good oversight of commissioned services

2.15 The report indicated commissioning teams had good oversight of commissioned services and provided on-going management, overview of quality and service delivery, and held providers to account for the contract and contained the following: *'Partners told us the local authority's model of commissioning was accessible and supportive of all providers.'*

#### Effective Market Support to monitor provider quality.

2.16 The Market Support Team maintained knowledge of the provider markets and risk, utilising risk assessment tools to provide effective market support including in business continuity situations.

#### Strong co-production with people who are experts by experience

2.17 The report outlined the many good examples of co-production including work completed by the Involvement Matters Team who are made up of people with Learning Disabilities and are directly involved in service development and staff training, for example *'People told us they had a lot of interaction with the local authority and had been involved with a co-production group who supported with staff training, interviews and produced easy read documents.'*

#### Effective partnership working

2.18 The report highlighted that partners participated in developing local authority strategies through their involvement in the ASC Strategy Steering Group, Community Oversight Board, Health and Care Partnership Board and the Financial Inclusion Group and indicated that *'Partners told us the local authority valued them, and they had strong links with adult social care and public health'*

2.19 The report referenced our Commissioning Excellence Programme as a good example of developing excellence in local authority / VCFSE commissioning.

### **Theme 2: Providing Support – Areas for development**

#### Gap in provision for people with complex and challenging conditions

2.20 The report reflected that there is a gap in provision in the county for people with particularly complex and challenging conditions. It is acknowledged that this is not a sole responsibility of ASCH and is being addressed with partners across the system by planning a strategic approach to respond to this challenge.

### **Theme 3: How the Local Authority ensures safety within the system – Strengths**

#### Effective case risk management policy with triage by risk level

2.21 The CQC noted that there is an effective case risk management policy which is used by all operational staff where referrals are triaged by level of risk. This was supported by practice standards, case monitoring documentation and training.

#### Good quality assurance oversight of the independent care sector

2.22 The report described our Market Oversight Panel (MOP) which is a multi-agency two-weekly forum. The forum shares information about the care sector to identify potential risks to people, and risks and impacts on the wider market and providers, and was identified as a good source of coordinated support to the market.

#### Effective transitions charter and pathway for young people to adult services

2.23 The CQC concluded that there are suitable processes in place to support young people and their families with the transition to adult social care services. There is a Transitions

Charter in place which informs young people and families what they can expect from the process.

#### Effective safeguarding

2.24 The CQC noted that safeguarding concerns are responded to appropriately, in a timely manner and that there are effective processes for quality assurance oversight of safeguarding. The report referred to the close links with the Safeguarding Adults Board (SAB) and how learning from Safeguarding Adult Reviews (SARs) was included in relevant staff training.

### **Theme 3: How the Local Authority ensures safety within the system – Areas for development**

#### Delays in hospital discharge

2.25 The report noted that hospital discharge was not always completed in a timely manner for people, mainly due to Discharge to Assess (D2A) capacity. The report acknowledged that the number of D2A beds had reduced due to reductions in NHS funding and capacity was being discussed with system partners.

#### Inconsistent sharing of safeguarding enquiry outcomes with providers

2.26 The CQC noted that some partners felt that they could be kept better informed about the outcome of safeguarding concerns that they had raised.

#### Sharing Safeguarding Adult Review (SAR) themes with partners.

2.27 Although SAR themes are shared with partners, the report suggested this could be done more systematically, however, noted that this is a planned action moving forward.

### **Theme 4: Leadership – Strengths**

#### Clear governance and accountability structures at all levels

2.28 The report outlined the effective use of adult case file audits and our Quality Practice and Assurance Framework (QPAF) to provide information and assurance on the quality of practice in ASCH.

#### Effective leadership

2.29 The report noted that there is a stable adult social care leadership team with clear roles, responsibilities and accountabilities and indicated that *'Leaders were visible, capable and compassionate' and 'The local authority's political and executive leaders were well informed, and the scrutiny process was effective.'*

#### Effective risk management framework and escalation processes

2.30 The CQC noted that there are effective risk management and escalation arrangements in place.

#### Strategic planning informed by performance, risk, and EDI data

2.31 The CQC report stated, *'The local authority uses information about risks, performance, inequalities and outcomes to inform its adult social care strategy and plans.'*

#### A culture of learning and development

2.32 The CQC report stated, *'There was an inclusive and positive culture of continuous learning, improvement and development.'*

#### Strong training and development offer for staff

2.33 The report highlighted the bespoke training that is aligned with Care Act duties and professional needs; the strong emphasis on reflective practice, peer learning, and legal

literacy; and emotional resilience support for staff handling crisis calls. *‘Staff told us about the numerous opportunities for career progression and staff development.’*

2.34 The report noted that a strengths-based practice (SBP) model is promoted with a strong emphasis on wellbeing, choice and self-direction.

#### Learning from complaints drives service improvement

2.35 The CQC noted *‘The local authority learned from people’s feedback about their experiences of care and support, and feedback from staff and partners. This informed strategies, improvement activity and decision making at all levels.’*

### **Theme 4: Leadership – Areas for development**

#### Prevention strategy still in development

2.36 At the time of the assessment in February 2024, the Prevention Strategy, *‘which has a clear focus on prevention and wellbeing to reduce care and support needs’*, was still in development. The CQC noted this was yet to be implemented.

### **3. Next steps – response to the key findings**

3.1 We will use the key findings from the CQC assessment to review and update our existing development and improvement plans, aligning these with our overarching vision and agreed priorities.

3.2 As many of the development areas highlighted by the CQC were self-identified, there is a close alignment with our current Portfolio Plan priorities of Prevention, Waiting Times, Safeguarding, Quality and Value for Money.

3.3 Improvement actions will be delivered through our existing strategies (eg: Waiting Lists Project, Safeguarding Hub in HSCC, etc.) and wider health and care system initiatives (eg: Complex commissioning and market development, delayed discharge reduction) and monitored on a quarterly basis as part of the regular Council Plan progress reporting.

### **4. Conclusion and reasons for recommendations**

4.1 The strengths outlined in the report show that, overall, East Sussex is in a good position and is delivering well against the challenges and pressures faced by adult social care and our key partners, both locally and nationally.

4.2 As was the case with the LGA Peer Review, our strengths and areas for development were known to us and had been documented in our Self-assessment and / or highlighted in our pre-assessment presentation to the CQC, and most importantly, largely already included within our existing plans and priorities.

4.3 The People Scrutiny Committee, through its CQC Reference Group, assisted in our preparation for the assurance process and, as such, are well placed to monitor the development and implementation of our response to the CQC report as part of our wider improvement plan.

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### **Appendices**

Appendix A - ESCC CQC Assessment