## CABINET 2 DECEMBER 2025

## **Adult Services Report: Working Age Adults Transformation Project**

# Responsible Cabinet Member Councillor Anne Marie Curry, Adults Portfolio

## Responsible Director James Stroyan, Executive Director of People

#### SUMMARY REPORT

## **Purpose of the Report**

 To seek approval to allocate financial resources for a transformation project for Working Age Adults (WAA) services in Adult Social Care (ASC), in partnership with IMPOWER, aimed at improving outcomes, reducing costs, and embedding sustainable change.

#### **Summary**

- 2. The ASC sector is facing unsustainable financial pressures, particularly within the WAA cohort, which includes individuals with learning disabilities, autism, neurodiversity, mental health conditions, physical disabilities, and other complex needs. This group represents a growing proportion of the care system in Darlington.
- 3. IMPOWER will work collaboratively alongside the service and partners e.g. Finance, Performance, Transformation, Commissioning and Adult Social Care teams to deliver the project.
- 4. The proposed transformation project with IMPOWER will be delivered in three phases:
  - a) Phase 1: Diagnostic (6 weeks) Analysis of demand and cost drivers, benchmarking, and identification of priority groups.
  - b) Phase 2: Test and Learn (6 weeks) Trial interventions, co-production with stakeholders, and evaluation.
  - c) Phase 3: Scale-Up Subject to gateway decision, development of a strategic business case and system-wide transformation.
- 5. The total investment is £247,287 (excl. VAT), with a minimum expected ROI of 3:1. This will provide actionable savings in year one to at least cover the cost of the investment, with estimated savings in subsequent years of £0.750m per annum.

6. Learning from the project and practice model with be shared with all Adult Service Teams to bolster the person centred, strength based practice.

#### Recommendations

- 7. It is recommended that:
  - a) Cabinet agrees the allocation of financial resources to enable the WAA transformation project to proceed.
  - b) Delegated authority is granted to the Executive Director of People to oversee implementation and approve progression to Phase 3, subject to gateway review.

#### **Delegations**

- 8. Delegated To: Executive Director of People.
- 9. Terms of Delegation: Authority to manage project delivery and approve progression to Phase 3 based on gateway criteria.

#### Reasons

- 10. The recommendations are supported by the following reasons:
  - a) Rising demand and costs in WAA services, with ASC spend increasing to gross £48.6m in 2024/25.
  - b) Increasing numbers of high-cost support packages and residential placements.
  - c) Opportunity to invest in preventative and strengths-based best practice approaches to improve outcomes and reduce long-term costs.
  - d) IMPOWER's proven track record of supporting Local Authorities to deliver significant savings and improved outcomes.

## James Stroyan, Executive Director of People

### **Background Papers**

No background papers were submitted with this report.

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Council Plan	This supports the aims of the council plan in relation to reducing health		
	inequalities, promoting wellbeing and effective use of resources.		
Addressing inequalities	This proposal aims to address inequalities within working age adults with		
	care and support needs who are disadvantaged within the Borough.		
Tackling Climate Change	These changes have a positive impact and aims to promote independence		
	across the Borough.		

Efficient and effective use	This proposal aims to support the development of a strategic business case		
of resources	and system wide transformation resulting in tangible savings.		
Health and Wellbeing	Positive impact on residents enabling improved independence and		
	wellbeing.		
S17 Crime and Disorder	No impact		
Wards Affected	All wards		
Groups Affected	Working age adults with care and support needs which includes individuals		
	with learning disabilities, autism, neurodiversity, mental health conditions,		
	physical disabilities, and other complex needs.		
Budget and Policy	There is a requirement for an invest to save and therefore an impact initially		
Framework	on the budget, with the purpose of a greater return within the Medium		
	Term Financial Plan (MTFP). There is no change to the policy framework.		
Key Decision	This is a key decision.		
Urgent Decision	This is not an urgent decision.		
Impact on Looked After	There is no identified impact however this proposal will apply to young		
Children and Care Leavers	people with care and support needs as they reach 18.		

#### **MAIN REPORT**

#### **Information and Analysis**

- 11. The WAA cohort is experiencing increasing complexity and demand. The transformation project will use IMPOWER's INDEX tool and evidence-based methodology to identify opportunities for increased independence and cost savings. The phased approach ensures robust diagnostics, stakeholder engagement, and scalable interventions.
- 12. Proposal of the service provided by IMPOWER will include:
- 13. Phase 1: Diagnostic (6 weeks)
  - a) In-depth analysis of current demand and cost drivers in WAA services.
  - b) Identification of up to three priority groups with the greatest potential for increased independence and cost savings. This will primarily be working age adults with learning disabilities, neuro-diversity and or experiencing enduring mental health illnesses.
  - c) Benchmarking against other councils using IMPOWER's INDEX tool.
  - d) Development of baseline and alternative trajectories for cost, demand, and outcomes.
  - e) Recommendations for short-term and medium-term interventions.
- 14. Phase 2: Test and Learn (6 weeks)
  - a) Trial of up to three targeted interventions with selected WAA groups.
  - b) Formation of a small internal change team from Darlington ASC staff.
  - c) Delivery of strengths-based practice training and behavioural change support.
  - d) Co-production of interventions with citizens, providers, and VCSE partners.
  - e) Evaluation of outcomes, cost savings, and scalability of interventions.
- 15. Phase 3: Scale-Up (subject to gateway decision)
  - a) Development of a high-level "invest to save" business case for further investment.
  - b) Strategic recommendations for scaling successful interventions across ASC systems.
  - c) Market analysis and reshaping of provider and accommodation options.
  - d) Support for embedding strengths-based practice and data integration across the system.
  - e) Planning for long-term sustainability and system-wide transformation.
- 16. Overall Deliverables
  - a) Evidence-based business case with projected savings and outcomes.
  - b) Real-time data dashboards and trajectory models.
  - c) Locally tailored training materials and standard operating procedures.
  - d) Recommendations for strategic commissioning and place-shaping.
  - e) Ensure that strength based working is embedded with WAA, adhere to best practice approaches to improve outcomes while achieving efficiencies

- 17. Strategic Rationale: Why We Should Do This Project
  - a) Rising Demand & Costs: ASC spend increased to gross £48.6m in 2024/25, with gross spend on Learning Disabilities rising yearly:

Year	Gross Spend £m	People with Learning Disabilities Supported	Net Spend £m
2024/25	18.192	292	15.644
2023/24	16.921	293	14.468
2022/23	13.905	258	11.556

- b) High-Cost Support Trends: Increasing numbers of WAA entering residential care and receiving high-cost packages, including individuals previously supported in the community.
- c) Preventative Services Under Pressure: The Council aims to shift towards asset-based community development and strengths-based practice, but implementation is challenging due to market capacity and lack of skilled workers to support people with complex needs.
- d) Demographic Shifts: More individuals with learning disabilities are ageing, and carer breakdown is expected to rise.
- e) Opportunity for Change: Whilst the current ASC budget is unsustainable in the long term, there is a short-term opportunity to invest in transformation.

#### **Financial Implications**

18. The Project Costs are:

a) Phase 1 (Diagnostic): £130,000 (excl. VAT)b) Phase 2 (Test & Learn): £117,287 (excl. VAT)

c) Total Investment: £247,287 (excl. VAT)

- 19. The above phases will provide savings between £0.700m-£0.750m per annum. These will be savings that will be mutually agreed as actionable within 6 months of the end of Phase 1 and 2 (delivery of the savings will be phased in the first year but would be expected to be delivered in full in 2027/28).
- 20. A further Phase 3, would further increase the potential savings. Typically, this is the stage at which the project would demonstrate the most significant savings and previously identified savings begin to be delivered at speed.
- 21. The total cost of £247,287, will be covered by savings in the first year of the programme, additional savings may accrue in the first year dependent on the phasing of the savings.
- 22. Following full implementation, savings of £0.750m are projected to be achieved and have been built into the MTFP from 2027/28. This equates to approximately 5% saving of net expenditure of Learning Disabilities (WAA) budget.

23. In comparison to scale, currently packages of care and support for some adults with learning disabilities can exceed gross £600,000 per annum and an average of £53,000 per annum.

#### **Benchmark Comparisons**

- 24. IMPOWER's past projects, with other Local Authorities, have delivered:
  - a) Manchester City Council: £39m cost avoidance (13:1 ROI).
  - b) Wolverhampton Council: £1.4m annual savings (2:1 ROI).
  - c) Tameside Council: £2.2m in-year savings and increased independence (3:1 ROI).

#### Risks

- 25. While the transformation project introduces change, the associated risks are manageable and typical of any major improvement initiative:
  - a) Financial: Initial investment and slower-than-expected realisation of savings may occur, but these are short-term challenges with clear plans for phased implementation.
  - b) Operational: Workforce capacity and adapting to new ways of working require careful planning, but the council already has strong engagement structures in place.
  - c) Cultural: Change can feel disruptive, yet the council's commitment to co-production and communication reduces this risk significantly.
  - d) Strategic: Integration with partners will require continued communication, but existing collaborative frameworks position the council well for success.
- 26. The council is well-prepared to deliver this transformation through:
  - a) Strong Foundations: Previous successful projects with IMPOWER and a clear Adult Services vision provide a solid base.
  - b) Engaged Workforce: Staff are already familiar with strength-based approaches and digital tools.
  - c) Robust Governance: Established performance frameworks and partnership networks support effective implementation.
  - d) Alignment with Priorities: The project directly supports the Council Plan and longterm sustainability goals.
- 27. While there are short-term risks in implementing the transformation, these are mitigated by the council's readiness and experience.

### **Legal Implications**

28. Procurement will follow Council procedures. Legal advice will be sought to ensure compliance with contractual obligations.

#### **HR Implications**

29. A small internal change team will be formed. HR advice will be sought regarding capacity and training implications.

### **Estates and Property Advice**

30. Not applicable at this time.

#### **Procurement Advice**

31. Procurement will be managed in line with Council policy. Advice will be sought to ensure value for money and compliance.

### **Carbon Impact and Climate Change**

32. Indirect benefits may arise from reduced reliance on residential care and increased community-based support.

## **Equalities considerations**

33. The project will support individuals with complex needs, promoting independence and inclusion. An Equalities Impact Assessment will be completed.

#### Consultation

34. Co-production with citizens, providers, and VCSE partners is embedded in Phase 2.

### **Outcome of Consultation**

35. To be reported following Phase 2.