

ADULTS SCRUTINY COMMITTEE
8 SEPTEMBER 2026

ASC TRANSFORMATION PLAN UPDATE

SUMMARY REPORT

Purpose of the Report

1. To provide Members with an update on progress against the Adult Social Care (ASC) Transformation Plan 2023–2026, including achievements delivered to date, current actions and service improvement activity, emerging priorities for 2026/27, and the proposed approach to refreshing the transformation plan for the next phase.

Summary

2. Adult Social Care has made good progress against the 2023–2026 transformation priorities, including prevention and early help, front door arrangements, safeguarding governance, CQC assurance, commissioning, market oversight, digital improvement and outcomes-focused practice. Darlington's 2025 CQC assessment rated Adult Social Care as Good, recognising strengths in practice, leadership, safeguarding, partnership working and learning, while also identifying areas for further improvement including timeliness, unpaid carers, equity of experience, transitions and stronger evidence of impact.
3. The service is now moving into a refreshed phase of transformation because demand, complexity and cost pressures continue to increase. The refreshed plan will support delivery of the Medium Term Financial Plan by targeting recurrent, attributable savings of £750k in each remaining year of the plan, alongside cost avoidance, demand management, income maximisation from appropriate sources including NHS Continuing Healthcare, Funded Nursing Care and joint funding arrangements, and reduced escalation into higher-cost support.

Recommendation

4. It is recommended that:
 - (a) Members note the progress made against the Adult Social Care Transformation Plan 2023–2026 and the associated service improvement activity.
 - (b) Members endorse the proposed refresh of the transformation plan for 2026 onwards, with a sharper focus on outcomes-focused practice, preparation for adulthood, digital access, data-led decision-making, market sustainability, prevention, independence and financial sustainability.
 - (c) Members receive future updates on delivery milestones, performance, financial benefits, savings, cost avoidance, income maximisation and areas for improvement through the Adults Scrutiny Committee.

ASSISTANT DIRECTOR
Joss Harbron – Adult Social Care

Background Papers

5. Adult Social Care Transformation Plan 2023–2026 / Our Vision for Adult Social Care in Darlington 2023–2026: <https://www.darlington.gov.uk/media/q4couxmc/vision-for-adult-social-care-in-darlington.pdf>
6. CQC Assurance Framework update and inspection information: <https://democracy.darlington.gov.uk/ieDecisionDetails.aspx?ID=1833>
7. Market Position Statement and Commissioning Strategy 2024–2027: <https://www.darlington.gov.uk/media/j4bppx0u/market-position-statement-and-commissioning-strategy.pdf>
8. Adult Social Care Prevention Strategy 2024–2028: <https://www.darlington.gov.uk/media/m12hpe3k/adult-socail-care-prevention-strategy-2024-2028.pdf>
9. Darlington Adult Services Digital Strategy: <https://www.darlington.gov.uk/adult-social-care/what-is-adult-social-care/darlington-adult-services-digital-strategy/main-priorities/>

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Council Plan	The report supports the Council Plan by contributing to the THRIVE ambitions, particularly helping people to live well, remain independent, be safe, be included and access support at the right time.
Addressing inequalities	The transformation plan includes a specific focus on equity of experience, reducing inequalities, improving access, strengthening co-production and using data to understand outcomes for different groups.
Tackling Climate Change	There are no direct climate change implications arising from this update. Future commissioning and service redesign will continue to consider social value, local provision and sustainable use of resources.
Efficient and effective use of resources	The transformation programme is central to improving outcomes and making best use of resources. It focuses on prevention, independence, right-sized support, digital improvement, effective commissioning and better use of performance intelligence. The refreshed programme will be expected to deliver recurrent, attributable savings

	of £750k in each remaining year of the Medium Term Financial Plan, supported by clear tracking of cashable savings, cost avoidance, demand management, maximising income from appropriate funding sources including CHC, FNC and joint funding, and avoiding non-recurrent underspend being counted as transformation savings.
Health and Wellbeing	The plan supports improved health and wellbeing by strengthening prevention, reablement, community support, unpaid carer support, preparation for adulthood, safeguarding and partnership working with health and voluntary sector partners.
S17 Crime and Disorder	There are no direct Section 17 Crime and Disorder implications arising from this report.
Wards Affected	All wards in Darlington.
Groups Affected	Adults with care and support needs, unpaid carers, young people preparing for adulthood, providers, staff, partners and residents who may need information, advice, prevention or support from Adult Social Care.
Budget and Policy Framework	This report does not change the budget and policy framework. The refreshed transformation plan will support delivery of agreed savings, demand management and sustainable use of resources. Savings will need to be recurrent, attributable to specific interventions and evidenced at case or cohort level. The plan will distinguish between cashable savings, cost avoidance, income maximisation, debt avoidance, debt recovery and non-recurrent underspend. This will include reviewing costs and charging arrangements where appropriate and lawful.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.

MAIN REPORT

Information and Analysis

10. The Adult Social Care Transformation Plan 2023–2026 brought together the Council's vision for adult social care, commissioning intentions, quality assurance, workforce development, service redesign and CQC assurance activity into one coherent programme. It was developed in response to national reform, local demand and financial pressures, and the need to deliver care and support that is more preventative, strengths-based, person-centred and sustainable.
11. The original plan was aligned to the Adult Social Care Vision 2023–2026 and the Council's THRIVE ambitions. It focused on amazing practice, strength-based working, co-production, market shaping, safeguarding, continuity of care, workforce development, digital improvement, intelligence-led planning and efficient use of resources.
12. Good progress has been made. Adult Social Care has strengthened quality assurance and audit arrangements, improved CQC readiness, developed clearer evidence of improvement, progressed digital and data work, improved commissioning specifications, continued market engagement, and strengthened the focus on prevention, independence and outcomes. The 2025 CQC assessment rated Darlington Adult Social Care as Good, while also identifying areas where further improvement is needed, particularly timeliness, carers, equity of experience, transition arrangements and evidence of impact.

Key Achievements, Assurance and Evidence

13. The transformation plan has moved Adult Social Care from a collection of separate improvement projects to a more coherent programme focused on prevention, independence, safeguarding, quality, market sustainability, responsible financial management and evidence-led leadership. The refreshed Adult Social Care Vision 2026–2029 confirms that the next phase must retain this direction while placing greater emphasis on impact, consistency and measurable outcomes.
14. Prevention, early help and independence have become a stronger thread through adult social care activity. The direction of travel is to prevent, reduce and delay the need for formal care by improving information and advice, strengthening reablement and short-term support, making better use of community assets, supporting unpaid carers earlier, and working with health, housing and voluntary sector partners closer to where people live. Evidence from the transformation work shows that prevention is most effective when it is embedded in assessment, review, brokerage, commissioning and provider conversations, rather than treated as a separate service offer.
15. The front door has continued to develop as a key point for early help, advice, triage, safeguarding contact and short-term intervention. The Adult Contact Team provides information, advice and signposting, reviews self-assessments submitted through the website, responds to urgent adult social care requests, supports unscheduled reviews, links with the Emergency Duty Team and works closely with safeguarding colleagues. The front door focus is increasingly on wellbeing, prevention, safety and proportionate support, with the aim of resolving needs earlier where possible and transferring people promptly to the most appropriate team where ongoing support is required.

16. Safeguarding remains a central achievement and a continuing priority. Darlington has strengthened safeguarding governance, updated procedures, improved links between the front door and safeguarding team, developed risk notification arrangements to identify patterns and themes, and maintained Practice Support Forums and risk prioritisation arrangements for complex or high-risk decision-making. Safeguarding activity is supported by Making Safeguarding Personal, partnership oversight through Darlington Safeguarding Partnership, learning from self-neglect and hoarding practice, and quality assurance of safeguarding closures. This provides assurance that safeguarding is embedded as everyone's business, while recognising that ongoing work is needed to evidence impact, strengthen transitions, and respond to changing legal requirements including deprivation of liberty and mental capacity developments.
17. The CQC assessment provides an important external marker of progress. Darlington Borough Council Adult Social Care was rated Good in 2025. This recognised positive practice, leadership, safeguarding, partnership working, learning and feedback from people and carers. The rating gives Members assurance that the service has a strong foundation, but it should not be seen as the end point of improvement. The CQC findings also highlighted the need to improve fairness of experience and outcomes, waiting times and key processes, support for unpaid carers, transition arrangements, co-production and the evidence base showing how activity is improving people's lives.
18. Evidence gathered through self-assessment, staff briefings, service improvement work and IMPOWER test-and-learn activity shows that outcomes-focused practice can improve both quality of life and use of resources. The IMPOWER work identified that a very high proportion of reviewed people had opportunities to be more independent, with significant potential savings identified through outcomes-led reviews, stronger brokerage and clearer progression planning. This supports the case for scaling the approach across assessment, review, support planning, provider relationships and commissioning.
19. Areas for improvement are clear and will shape the refreshed plan. These include reducing avoidable waiting and improving flow across assessment, financial assessment, support planning and review; strengthening carers' identification, assessment and support; improving equality data and targeted engagement to evidence equity of experience; improving preparation for adulthood and post-19 transitions; developing a clearer digital front door; improving dashboards and real-time performance intelligence; and ensuring that safeguarding, quality assurance, complaints, feedback and lived experience are used consistently to drive learning and improvement.

Area	Evidence of progress	Impact and next step
CQC assurance	Adult Social Care was rated Good in 2025, with strengths recognised in practice, leadership, safeguarding, partnership working and learning.	Use the rating as a platform for continuous improvement, with stronger evidence of impact, timeliness, carers, equity and transitions.
Prevention and front door	The Adult Contact Team provides advice, triage, urgent response, self-assessment review and links with safeguarding and emergency duty arrangements.	Develop a clearer prevention and digital front door model to resolve needs earlier and reduce avoidable escalation.

Safeguarding	Safeguarding governance, risk notifications, Making Safeguarding Personal, Practice Support Forums and quality assurance of closures have been strengthened.	Continue to evidence impact, strengthen learning from themes and maintain assurance on complex risk, mental capacity and deprivation of liberty issues.
Outcomes-focused practice	IMPOWER test-and-learn activity identified opportunities to improve independence through reviews, brokerage and progression planning.	Scale outcomes-led reviews across assessment, support planning, commissioning and provider conversations.
Financial sustainability	The programme is linked to a £750k recurrent annual savings target, alongside cost avoidance, CHC/FNC income maximisation and debt recovery.	Introduce a monthly benefits tracker reconciled with Finance to distinguish cashable savings, cost avoidance, income and non-recurrent underspend.

Financial Impact and Benefits Tracking

20. A key achievement has been the development of a stronger outcomes-focused approach to practice and commissioning. Work with IMPOWER and local test-and-learn activity has shown that many people have opportunities to be more independent when reviews, brokerage, provider conversations and decision-making are focused on outcomes, progression and the right level of support. This learning is now shaping the refreshed transformation priorities.
21. Preparation for Adulthood has become a major area of improvement. A draft strategy has been developed, the former transition arrangements are being reshaped into a clearer multi-agency approach, and work is underway to improve early planning from Year 9, strengthen Care Act transition assessments, improve EHCP contributions, support independence skills and provide clearer information for young people and families. With support from Partners in Care and Health there will be further analysis and guidance to provide further evidence and recommendations during autumn 2026.
22. Service redesign has also progressed. The in-house Day Opportunities and Short Breaks review has identified the need to modernise provision, increase flexibility, improve community access and better meet the needs of people with learning disabilities, autistic people, people with physical support needs and young people preparing for adulthood. The emerging preferred direction is a phased hub-and-spoke model, supported by targeted consolidation where appropriate and longer-term consideration of future building requirements.
23. Digital and data-led improvement is an increasingly important part of the programme. Work is progressing on digital access, portals, DocuSign, brokerage improvement, better dashboards and improved use of intelligence to understand demand, cost, quality and outcomes. This will support better operational grip, clearer performance reporting and more timely decision-making.
24. The programme has also supported improvements in commissioning and market development. Updated service specifications, provider engagement and contract monitoring are placing greater emphasis on prevention, independence, social value, quality, safeguarding, inclusion, workforce development and measurable outcomes. This

is particularly important given pressures in domiciliary care, supported living, specialist provision and services for people with complex needs.

25. Despite progress, the operating context remains challenging. Working age adult expenditure is rising, with previous analysis identifying growth of £2.4m between 2023/24 and 2024/25. This reinforces the need for a focused transformation programme that improves outcomes while also addressing the sustainability of care and support.
26. The financial impact of the refreshed transformation plan will be monitored through a clear benefits framework. The current planning assumption is that the programme will contribute £750k recurrent savings in each remaining year of the Medium Term Financial Plan, with savings recorded only where they are cashable, sustainable and attributable to specific transformation activity rather than one-off underspends, timing differences, vacancies or delayed demand.
27. The strongest immediate financial opportunity is within Working Age Adults transformation. IMPOWER analysis identified opportunities to improve independence and reduce costs through outcomes-led reviews, better brokerage, stronger prevention, preparation for adulthood and more effective commissioning, with test-and-learn activity identifying £476k of potential savings and cost avoidance over 12 months from reviewed individuals.
28. A further financial priority is to maximise appropriate income and ensure the correct organisation pays for the right care. Continuing Healthcare (CHC) is NHS-funded care for people with a primary health need, while Funded Nursing Care (FNC) contributes to the nursing element of care in nursing homes. Local CHC business case work has identified that Darlington's CHC conversion rate has been significantly below national and regional benchmarks despite high assessment activity, creating a risk that residents do not always access NHS-funded support when eligible and that the Council carries avoidable health-related costs. Strengthening CHC leadership, evidence preparation, challenge at Decision Support Tool meetings, review of triaged-out checklists, scrutiny of downgrades and oversight of joint funding arrangements will therefore form part of the refreshed transformation plan.
29. This work is both a fairness issue and an issue of responsible financial management. Where a person's needs are primarily health-related, the NHS should meet the relevant costs and the individual should not be charged for care that should be free at the point of delivery. Where joint funding is appropriate, the Council will need to ensure that funding splits are lawful, evidence-based and regularly reviewed. Where FNC applies, the Council will need to ensure that the nursing element is identified correctly and that care costs are not duplicated or incorrectly attributed to the local authority.
30. The refreshed plan will also include a stronger focus on income, charging and debt management. This will include timely and accurate financial assessments, earlier communication with people and families about charging, clearer links between assessment, care planning and finance, review of Disability Related Expenditure where appropriate, improved oversight of direct payments, and review of costs and charging arrangements where these can lawfully be updated. The aim is to reduce avoidable debt, prevent incorrect charging, improve recovery of legitimate charges, and ensure that people receive clear information before debt builds up.

31. Debt avoidance and recovery will be treated as part of the wider transformation benefits framework. Existing budget and outturn work has identified significant aged debt across residential, nursing and non-residential care, with delays linked to mental capacity, appointeeship or deputyship, probate, complaints, safeguarding, direct payments and legal recovery. The next phase will strengthen early identification of financial capacity issues, referrals to the Financial Protection Team, proactive engagement with families, clearer billing and reminders, flexible payment arrangements, prioritisation of high-value and older debt, and regular reporting through finance and operational dashboards.
32. Early delivery has provided evidence that this approach can release tangible financial benefit. Case reviews completed during the IMPOWER project period from January to May 2026 identified realised savings equivalent to the cost of the project, with member briefing material reporting £330k of saving. This demonstrates the importance of maintaining a disciplined benefits-tracking approach so that reported savings are reconciled with Finance and clearly separated from assumptions, cost avoidance or non-recurrent underspend.
33. The refreshed plan will use a simple financial benefits framework. Cashable savings will require an intentional intervention, an attributable reduction in package cost or spend, and a sustainable impact beyond the current year; cost avoidance will be recorded where intervention prevents future escalation; income maximisation will be recorded separately where CHC, FNC, joint funding, charging, debt recovery or other legitimate funding routes reduce the net cost to the Council; and underspend will be reported separately where it arises from timing, vacancies, delayed placements, provider capacity or other non-recurrent factors.
34. The main routes to financial impact will be: reducing escalation into high-cost care through prevention and early help; improving the front door so that people receive advice, information and proportionate support earlier; increasing reablement and short-term recovery; undertaking targeted outcomes-led reviews of high-cost and high-risk packages; strengthening preparation for adulthood so that young people move into adult life with independence plans and the right first support; improving brokerage and commissioning challenge; expanding community, housing and technology-enabled alternatives; redesigning day opportunities and short breaks to support independence, inclusion and value for money; maximising appropriate CHC, FNC and joint funding; improving financial assessment and charging accuracy; preventing avoidable debt; and strengthening recovery of legitimate outstanding charges.

Refresh Priorities and Delivery

35. At the Adult Leadership Team away day on 9 June 2026, leaders reviewed the transformation and service improvement portfolio and agreed that the next phase should distinguish more clearly between continuous service improvement and a smaller number of time-limited, programme-managed transformation priorities. The common priorities identified were outcomes-focused conversations, adult social care dashboards, preparation for adulthood, digital projects, in-house day opportunities redesign and high-cost/high-risk working age adult support.

36. The refreshed plan will therefore be built around a clearer delivery framework for 2026 onwards. The proposed priorities are: embedding outcomes-focused conversations across assessment, review, support planning, brokerage, commissioning and quality monitoring; strengthening preparation for adulthood; improving digital access and self-service; developing real-time dashboards and evidence-led decisions; redesigning in-house day opportunities and short breaks; improving support for working age adults; strengthening prevention, reablement and community support; and maintaining CQC assurance readiness.
37. Delivery will require clear governance, ownership, milestones, performance measures and programme management capacity. A monthly benefits and savings tracker will be developed, reconciled with Finance, and reported through transformation governance so that Members can see progress against savings targets and understand whether benefits are cashable, avoided cost, income, efficiency, capacity release or quality improvement.

Next Steps

38. Next steps are to finalise the refreshed Adult Social Care Vision and Transformation Plan, confirm priority workstreams and leads, agree delivery milestones for 2026/27, align the programme with the Medium Term Financial Plan and CQC self-assessment, and provide future updates to Members through the Adults Scrutiny Committee. The refreshed plan will include a stronger focus on prevention, early help and independence; the front door and digital access; safeguarding and wellbeing; preparation for adulthood; unpaid carers; equity of experience; evidence-led dashboards; income maximisation through CHC, FNC and joint funding; lawful charging and cost review; debt avoidance and recovery; and demonstrating impact through outcomes, experience, quality and financial sustainability. It will also include a delivery plan showing the £750k annual savings target, the planned contribution from each workstream, the expected timing of benefits, and the evidence required to confirm whether savings, cost avoidance or income benefits have been realised.

Consultation

39. The transformation plan and related service improvement work have been informed by engagement with people who draw on care and support, unpaid carers, providers, staff, operational teams and partners. This includes learning from Healthwatch engagement on day opportunities, CQC feedback, provider forums, staff engagement, preparation for adulthood working groups, IMPOWER test-and-learn activity and leadership workshops. Further co-production and public engagement will be built into the refreshed plan, particularly around preparation for adulthood, day opportunities, digital access, prevention and market development.