

Living Better Lives in Lancashire

Adult Social Care
Self-Assessment 2026



Our improvement journey
since our 2025
CQC assessment

lancashire.gov.uk



Foreword from Helen Coombes, Executive Director of Adults, Health and Wellbeing



This self-assessment tells the story of Lancashire Adult Social Care's improvement journey from the Care Quality Commission assessment in February 2025 to September 2026. It is deliberately shaped around the experiences, feedback and outcomes of people who draw on care and support and unpaid carers. It sets out what had to change, what we have done, the difference this is making, and where we know further improvement is needed.

In its final report, published on 15 August 2025, CQC rated Lancashire as "Requires Improvement". The report highlighted committed and compassionate staff, strength-based practice, safeguarding foundations, and examples of effective partnership work. It also found that some people wait too long for assessments, reviews, and occupational therapy. People did not always experience continuity of support or receive accessible information, and there was variation in support, co-production, partnership working, governance and learning.

We accepted those findings because delays, fragmented support, and having to repeat a story have a real impact on people's lives. They can make it harder for people to get the right help at the right time and undermine confidence in their services. This can leave people anxious, reduce independence, place additional pressure on unpaid carers, and allow risks to escalate. Our response has therefore been to connect operational improvement, transformation and quality assurance around one question: **what difference does this make to the lives of people in Lancashire?**

Since the assessment, we have strengthened leadership, brought services together, improved oversight, reviewed our performance, and strengthened key partnerships. These changes are now being brought together through a wider transformation approach focused on improving people's experience, promoting independence, and delivering better outcomes.

Improvement has not been viewed solely as an Adult Social Care responsibility. It has been supported through a whole-council approach, bringing together Adult Social Care, Public Health, Corporate Services and elected Members to strengthen governance, improve access to information, support workforce development, enhance data and performance insight and deliver sustainable improvement.



We have also responded to the Southport Public Inquiry while continuing to manage wider system change and uncertainty, including developments relating to Local Government Reorganisation. These changes are important, but they must lead to better outcomes for people. That means getting help sooner, receiving safer and more joined-up support, having greater choice and control, and being able to live independently for as long as possible.

There is clear evidence of progress. The number of people awaiting a Care Act assessment reduced from 2,089 at the time of the previous CQC assessment to 956 by September 2026. Assessment productivity increased by 32% over the preceding six months.

Alongside improving access, quality and safety, we have also strengthened our work with partners, providers and communities and are developing a clearer understanding of differences in experience and outcomes across Lancashire's diverse populations.

First-contact resolution increased from 49.26% to 64.30%. In 2024/25, 79.4% of people receiving short-term support needed no ongoing Adult Social Care support afterwards. Safeguarding data shows risk was reduced or removed for 93.3% of people following a Section 42 enquiry. Workforce turnover reduced from 15.5% in June 2025 to 13.5% at the latest 2026 reporting point.

While this represents significant progress, some people continue to wait too long for support and reducing these waits remains a priority.

We are equally clear about what remains to be done. Planned reviews, occupational therapy and DoLS waits remain too high. People do not yet experience equal timeliness, continuity, and access across all communities and pathways. We need stronger and more systematic evidence of people's experiences, the outcomes they achieve, and whether improvements are sustained. This assessment is therefore both an account of distance travelled and our commitment to the next stage of improvement.

Executive summary: how far we've come

Lancashire has moved from a collection of improvement actions to a clearer, people-focused system of improvement. Access is earlier, waits are lower, safeguarding oversight is stronger, leadership is stable, and people's voices are more visible in what we do. This progress is increasingly being shaped through our new model of care, Better Care, Better Lives, co-produced with people who draw on care and support, carers, providers, partners and staff, which provides a shared vision for how adult social care will support people to live good lives. We are now working to make this progress consistent and to evidence outcomes at scale.

What CQC found in 2025	Why change was needed	What has changed	What people should notice
Long waits and difficulty navigating access.	Delays increased uncertainty, could postpone support and placed pressure on people and unpaid carers.	Redesigned Front Door, clearer web information, digital tools, specialist sensory access and stronger triage. Care Act assessment waits reduced from 2,089 to 956 by September 2026; first-contact resolution rose to 64.30%. (See Theme 1)	Quicker advice and resolution, less unnecessary referral and a clearer route to further assessment when needed.
Assessments and records did not always show what mattered to the person.	Process-led practice can miss strengths, aspirations, rights and the outcomes a person wants.	The Living Better Lives in Lancashire three-stage model, Quality Assurance and Improvement Framework, revised audit tool, Shared Learning in Practice and strengthened professional leadership. (See Theme 1)	More conversational, strengths-based support with the person's voice, choices and goals more visible.

What CQC found in 2025	Why change was needed	What has changed	What people should notice
People could experience hand-offs, repeat their story or lack a named contact.	Fragmented journeys reduce trust and can create gaps in support at times of change.	A Named Worker Model in learning disability and autism, trusted reviews, multidisciplinary working and earlier preparation for adulthood. (See Theme 2)	A clearer point of contact, fewer repeated conversations and better planned transitions.
Safeguarding foundations were strong, but timeliness and consistency needed improvement.	Slow or inconsistent responses can leave risk insufficiently addressed and people uncertain about what is happening.	Live monitoring, weekly allocation oversight, safety planning, stronger partner working and an improvement programme following the March 2026 peer review. (See Theme 3)	Concerns are picked up sooner, responsibility is clearer and the person is more central to decisions about safety.
Co-production was inconsistent and evidence of influence was limited.	Services may not reflect lived experience or remove barriers if people are not equal partners.	Co-production Board, framework and lived-experience leadership; more than 700 people generated 185 ideas for the future Model of Care. (See Theme 1)	More opportunities to shape services and clearer evidence that feedback is influencing design.



Lancashire context and why change was needed



Lancashire serves around 1.3 million people across 12 coastal, rural, and urban districts. Population growth, increasing numbers of older people, complex needs, poverty, transport, housing, digital access and health inequalities create different patterns of need and access. Adult Social Care supported almost 23,000 people in 2025/26, within a wider social care workforce of around 33,000.

The 2025 CQC findings aligned with our own understanding: the core challenge was not a lack of commitment, but inconsistency. Strong practice and positive experiences existed, yet they were not reliably experienced by every person, in every place or at every point in their journey. Change was needed to improve timeliness, continuity, accessible information, equity, safeguarding consistency, market and system relationships, workforce stability and the use of learning.



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Theme 1: Working with people, including unpaid carers

What needed to change

- People waited too long for some Care Act assessments, planned reviews, and occupational therapy assessments.
- Information and advice were not always easy to find or available in a suitable format.
- The person's voice, strengths, goals, and preventative options were not consistently visible in records and decisions.
- Co-production and evidence about equity were not systematic enough.
- Support for unpaid carers needed to be more consistent and more clearly shaped by carers.



What has changed

The redesigned Front Door uses strength-based, solution-focused conversations to understand what matters to people and resolve issues at the earliest appropriate point. Improved webpages, digital tools, Convo Now British Sign Language access and specialist Sensory Team support are intended to reduce barriers. People should notice a clearer first response, better information, and less need to move through formal assessment where advice, community support, or early help can safely resolve the issue.

The number of people awaiting a Care Act assessment reduced from 2,089 at the time of the previous CQC assessment to 956 by September 2026. This improvement has been supported by a 32% increase in assessment productivity over the preceding six months, helping reduce waiting lists while maintaining a focus on strengths-based and person-centred practice.

First-contact resolution increased from 49.26% to 64.30%. Median assessment waits reduced from 37 days in April 2025 to 28 days in June 2026 and stood at 22 days at the latest reporting point. Annual review performance has improved only modestly, and the number of people waiting for a planned review remains too high, making this a significant improvement priority. This means more people are receiving a response sooner, but some people continue to wait too long, and performance is not yet consistently sustained.

Improving timeliness has been a core focus for us over the last 12 months, but we have also focused on improving how people experience Adult Social Care. Building on improvements already made through our Front Door redesign, Waiting Well arrangements and increased assessment activity, implementation of the Customer Journey approach began in September 2026. This next phase of improvement is focused on reducing complexity, strengthening continuity, and helping people and carers receive the most appropriate response at the earliest opportunity.



The Living Better Lives in Lancashire three-stage practice model provides a clearer route from promoting independence, through short-term help to regain independence and safety, to proportionate, longer-term support.



79.4% people



receiving short-term support **needed no ongoing Adult Social Care support,** compared with **78.5% regionally** and **77.1% nationally.**

Strengths-based practice and co-production are increasingly being embedded across Lancashire through workforce development, supervision, quality assurance and Think Local Act Personal (TLAP) learning. Feedback from people involved in service design and improvement suggests they feel more listened to, valued and able to influence decisions that affect their lives, reinforcing our ambition to support people as active partners in their care and support rather than passive recipients of services.

We recognise the need to strengthen our understanding of equity and variation in access, experiences and outcomes across different communities and localities. While this is not yet embedded consistently across Adult Social Care, several areas of work are helping us build our approach. These include using co-production methods that reflect people's individual communication and accessibility needs, brokerage arrangements that identify gaps in local provision, and targeted commissioning activity, such as our specialist support for South East Asian carers. We are continuing to develop how we use data, feedback and engagement to better understand inequalities and inform future service improvement.

Access to independent advocacy has improved, with 92% of referrals progressing to advocacy support. Demand has increased while the advocacy waiting list reduced from 254 to 90, representing a reduction of almost 68%, helping more people participate in assessments, planning and decisions about their support. We still need to ensure that the need for advocacy, the offer made, and its impact on people's involvement and outcomes are recorded consistently.

Alongside assessment improvement, we continue to strengthen information and support relating to direct payments, financial assessments and charging so people can make informed decisions about their care and support. This includes our financial eligibility calculator, which helps people understand whether they may need to contribute towards the cost of their care and support before a formal financial assessment takes place, reducing uncertainty and helping people plan ahead.

Our Working Better Together co-production framework is helping to embed a more consistent approach across Adult Social Care. More than 700 people contributed 185 ideas to the future Model of Care, supported by strong lived-experience leadership through the Co-production Board, co-chaired by the Executive Director and a young person with lived experience, alongside more than nine lived-experience groups and networks.

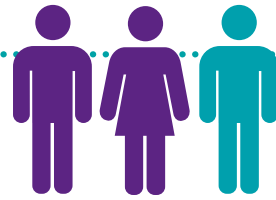
People and carers are helping to shape major areas of work including the Model of Care, Customer Journey redesign, Housing with Care, Direct Payments, community support, workforce development, preparation for adulthood and support for unpaid carers. This work is being developed jointly with health partners, providers, VCFSE organisations and people with lived experience, helping ensure services are shaped by both professional expertise and lived experience.

Carers' workshops are informing recommissioning of the Lancashire Carers Service and a new Carers Partnership Board, developed in response to feedback from unpaid carers, will be implemented from October 2026. It will provide a structured route for carers to influence strategic priorities, service design, and commissioning decisions. The Co-production Board has also agreed to provide lived experience oversight and challenge for the directorate's improvement programme. A co-production framework, toolkit, training offer and participation policy are supporting teams to involve people, unpaid carers and communities more meaningfully in the design, delivery and review of services.



Lancashire knows of

17,107 unpaid carers



12,170 received an assessment, review or reassessment during the year,
equivalent to



71.4% of known carers

People and carers should increasingly see their voices reflected in service design, although an influence log and stronger outcome follow-up are still needed to demonstrate the impact of our co-production more consistently.

Alongside this, all carers referred to the service were contacted within five working days during the reporting period, providing a timely first response while longer-term support and assessment arrangements were explored.

The service also supports people who choose not to be formally recorded by Adult Social Care. The redesign aims to offer more preventative, flexible and joined-up carer-led support, but feedback shows that early identification and consistent involvement of carers remain priorities.

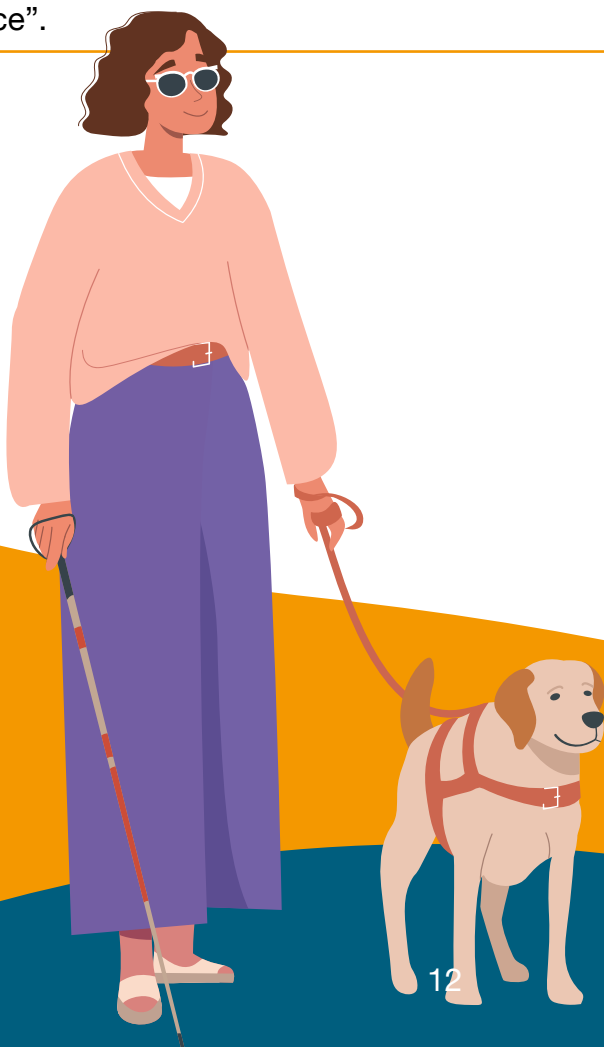


Evidence of outcomes

- A person supported by the Sensory Team said: “He provided practical suggestions, demonstrated equipment for increased safety and connected me with other useful organisations. The service was excellent. It increased my hope.”
- An occupational therapy intervention identified rehabilitation potential for a young woman with progressive MS, supporting improved standing, transfers and independent steps after more than two years, while avoiding potentially unnecessary major adaptations.
- One carer said: “He was the first person to ask about me and focus on me, the carer. The information he provided has fundamentally changed my caring role for the better, and Mum is thriving on the support that is now in place.”

Where we still need to improve

- Reduce waits for planned reviews and occupational therapy assessments, improve the timeliness and quality of annual reviews and better understand the impact delays have on people’s safety, independence and unpaid carers.
- Record outcomes, advocacy, strengths, community assets and multidisciplinary input consistently.
- Demonstrate equitable access, experience and outcomes across different communities, identify disparities and take targeted action where required.
- Close the feedback loop so people can see “you said, we did and this is the difference”.



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Theme 2: Providing support

What needed to change

- People could experience fragmented pathways, inconsistent partnership working and gaps in housing, supported living, autism-specific and crisis provision.
- Market stewardship and our relationships with providers needed to become more collaborative and strategic.
- Prevention, community support and commissioning needed a clearer shared direction.



What has changed

Strengths-based practice and co-production are increasingly being embedded across Lancashire through workforce development, supervision, quality assurance and Think Local Act Personal (TLAP) learning. Feedback from people involved in service design and improvement suggests they feel more listened to, valued and able to influence decisions that affect their lives, reinforcing our ambition to support people as active partners in their care and support rather than passive recipients of services.

We recognise the need to strengthen our understanding of equity and variation in access, experiences and outcomes across different communities and localities. While this is not yet embedded consistently across Adult Social Care, several areas of work are helping us build our approach. These include using co-production methods that reflect people's individual communication and accessibility needs, brokerage arrangements that identify gaps in local provision, and targeted commissioning activity, such as specialist support for South East Asian carers. We are continuing to develop how we use data, feedback and engagement to better understand inequalities and inform future service improvement.

People in Lancashire are supported by a strong care market, with the vast majority of residential and community-based services rated Good or Outstanding. This includes 14 Outstanding residential services and 11 Outstanding community-based services. Corporate oversight of market sustainability has also been strengthened through the Commercial Board, Commercial and Contract Management Service and Lancashire Supplier Charter. These arrangements have strengthened commissioning and market management whilst improving relationships with providers.

We have redesigned the commissioning function to support a shift toward a strategic market stewardship model. By bringing together strategy, market shaping, contract management, quality assurance, brokerage and intelligence and with a deeper understanding of the market in Lancashire, the Council has strengthened its ability to create a sufficient, sustainable, higher quality and more equitable market.



The Named Worker Model is being introduced to provide people and carers with a consistent point of contact and clearer ownership of support. Alongside trusted reviews and earlier preparation for adulthood from age 14, these changes aim to improve continuity, reduce repeated hand-offs and help people tell their story once. We will continue to evaluate the impact of these changes on people's experiences and outcomes.

Partnership working with health partners has also been a key enabler of improvement. Through joint work on hospital discharge, Home First, intermediate care and care coordination, we are developing more integrated pathways that support prevention, independence and recovery, reflecting the ambitions of our Better Care, Better Lives Model of Care and helping people experience more seamless support across organisational boundaries.



**VCSFE Alliance
and LCC colleagues**

Evidence of outcomes

- One resident told us: “I feel comfortable and I’ve lost my fear of falling downstairs. I think it’s the best move I’ve made. I’ve met more people since coming here than I have in the past 10 years.”
- One registered care home manager using Nobi lamps told us: “The system has helped enormously with ruling out serious injury to residents who have been discovered on the floor, as people living with dementia can place themselves on the floor. When an incident is being communicated to loved ones, it reassures them that there was not a fall, but they placed themselves there, so are not hurt in any way.”
- A Village Agent described how the service aims to identify difficulties early: “People want to be independent and stay independent in their own homes. However, sometimes people won’t reach out for help until a problem is too big to be ignored. Being able to notice signs early, such as a cold or damp home, can stop them escalating into greater issues that can affect other areas of their life such as their independence.”

Where we still need to improve

- Expand suitable local housing, supported living, autism-specific and crisis options.
- Complete brokerage redesign so people can access a broader range of strengths-based and community support.
- Make pathways reliable across organisational boundaries, rather than dependent on individual relationships.
- Evidence whether prevention investment is reducing escalation, supporting unpaid carers and improving outcomes across different population groups.

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Theme 3: Ensuring safety

What needed to change

- Safeguarding was a recognised strength, but timeliness, consistency, Making Safeguarding Personal and partner feedback needed improvement.
- Transitions and information sharing were not always seamless.
- DoLS waits remained high and required stronger legal and operational oversight.



What has changed

- Recorded waiting for allocation reduced from the 67 lower-risk Section 42 enquiries identified by CQC to 19 in August 2026 and 0 in September 2026. All safeguarding concerns are risk assessed through the safeguarding triage process. Where the Section 42 duty is met, the enquiry is allocated to a council practitioner or arranged with another organisation, with Lancashire retaining statutory oversight.
- In 2024/25, risk was reduced or removed for 93.3% of people following a Section 42 enquiry. More recent data shows that between 96% and 99% of relevant enquiries recorded fully or partially achieved Making Safeguarding Personal outcomes throughout the reporting period. These indicators are encouraging, but they do not by themselves demonstrate that every person experienced safeguarding as personal, timely and empowering. We are therefore strengthening assurance through audit, case tracking, advocacy information, and direct feedback.
- An independent safeguarding peer review in March 2026 led to a whole-system improvement programme. This connects safeguarding with commissioning, assessment, market quality and transitions, reflecting that prevention and safety are shared responsibilities. The improvement programme is overseen jointly with safeguarding partners and informs shared priorities across the wider system.



Members of our Safeguarding team

- DoLS waiting-list volumes have reduced, but median and longest waits have increased compared with the 2025 assessment. The Supreme Court ruling affected referral patterns and required time to understand the judgment, issue guidance and support Best Interests Assessors and signatories to understand their responsibilities. Performance is beginning to improve as the revised arrangements become embedded, but DoLS remains a significant legal and operational priority because delays may affect people's rights, wishes and freedoms.
- Preparation for adulthood has been shaped by feedback from more than 500 parent carers and 130 children and young people. Earlier planning and named-worker relationships should mean that young people and families know what will happen next and have support agreed before adulthood wherever possible.

Evidence of outcomes

- One system partner said they could "feel that practice is improving and working relationships feel so much better."
- A parent whose son was supported through preparation for adulthood said: "I'd never had any contact with the council before, but I wanted to plan for X's future. Our social worker has been brilliant. She took the time to get to know us and meet X before he turned 18. She's helped arrange four hours a week with a Personal Assistant, which means he can get out, build confidence and socialise without us. It was a big decision to let someone else support him, but it's been really reassuring."
- Someone whose mum we supported said: "X's knowledge, what was possible and my Mum's rights / sources of other support were all on point and extremely helpful and timely provided."
- A residential care home manager said: "Your presence in care homes can have a huge impact on the people who live and work there... clearly you have achieved this partnership working."

Where we still need to improve

- Reduce DoLS waits while maintaining lawful, high-quality and person-centred decisions.
- Demonstrate that people feel safer, achieve the outcomes they want, and experience less repeat harm.
- Improve information sharing and continuity across hospital, mental health, prison, provider and transition pathways.
- Assure that learning from Safeguarding Adults Reviews changes practice and is sustained through audit and re-audit.



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Theme 4: Leadership



What needed to change

- Leadership turnover and workforce pressures affected stability, confidence and improvement capacity.
- Governance needed clearer ownership, stronger use of data and more visible links between oversight and outcomes for people.
- Learning from audits, complaints and experience needed to be more accessible and embedded in day-to-day practice.



What has changed

A stable leadership team and closer working between Adult Social Care and Public Health are helping to create a stronger and more joined-up service. Better oversight of performance, risks and improvement means problems can be spotted and addressed more quickly. For people and families, this should lead to more consistent support, quicker action when things go wrong, and greater confidence that concerns will be followed through.

Governance and accountability have been strengthened through a reshaped Directorate Leadership Team, regular oversight through the Executive Leadership Team, an independently chaired Adult Improvement Board, enhanced programme governance, cross-party Member scrutiny and clearer benefits reporting. The 2025 CQC assessment and subsequent improvement programme have been treated as a whole-council priority, with progress, risks and performance subject to corporate challenge, support and oversight alongside Adult Social Care governance arrangements. The Executive Director of Adults, Health and Wellbeing is also the council's Caldicott Guardian, supporting effective information governance and appropriate information sharing.

The workforce programme is strengthening recruitment, retention and workforce development across Adult Social Care. Staff turnover has reduced from 15.5% in June 2025 to 13.5% at the latest reporting point in 2026, while recruitment routes for students and return-to-practice social workers have been expanded. While challenges remain, workforce stability is improving.



Left to right: **Matt Emerson, Helen Coombes, Dr Sakthi Karunanithi, Mairéad Gill-Mullarkey, John Williams**

Professional leadership has been strengthened through the Principal Social Worker, Adult Social Care Academy and Assessed and Supported Year in Employment arrangements. Learning has become shorter, more practical and easier to access for staff. Monthly visits to the Adult Policy Portal increased from around 7,800 in February 2025 to more than 33,000 in July 2026, suggesting substantially greater engagement with practice guidance, policies and learning resources across the workforce.

The Quality Assurance and Improvement Framework and redesigned Living Better Lives audit tool shift attention from process compliance towards the person's journey, voice, safety, choice and outcomes. During 2025/26, 780 compliments were received and 1% of active cases resulted in a complaint. Complaints have informed improvement in communication, assessment quality, transitions, discharge, financial processes, recording and workforce development.

Audit, complaints, peer review and feedback are tracked through improvement plans, re-audit and oversight arrangements to test whether changes have improved practice and people's experiences. For example, learning from the March 2026 safeguarding peer review has informed a whole-system improvement programme, with progress monitored through governance and assurance arrangements to understand whether improvements are becoming embedded in practice and contributing to better experiences and outcomes for people.

These arrangements are helping leaders identify variation more quickly and target improvement activity where people are waiting longer, experiencing poorer outcomes or facing greater barriers to support. While this provides stronger assurance and line of sight to improvement activity, we recognise that we still need to demonstrate more consistently how these changes are improving people's experiences, outcomes and consistency of practice across all services and localities.

Where we still need to improve

- Explain how improvements in leadership, governance and workforce development are making a difference to the support people receive and the outcomes they experience.
- Bring together performance, quality, feedback, workforce, finance, market and equality information in one benefits view.
- Protect supervision, learning, co-production and prevention during operational pressure and Local Government Reorganisation.
- Continue to test whether improvements are sustained and consistent across teams and localities.

People's experience	What should feel different	Evidence and caveat
Finding information and getting in touch	Clearer webpages, accessible routes and a more solution-focused first conversation.	First-contact resolution increased from 49.26% to 64.30%; direct feedback on sensory support is positive.
Waiting for assessment	More people assessed sooner, with prioritisation of risk and need.	People awaiting assessment reduced from 2,089 at the previous CQC assessment to 956 by September 2026. The median wait reduced from 37 days in April 2025 to 22 days at the latest reporting point, although longer waits remain.
The conversation and plan	Greater focus on strengths, relationships, goals, rights and independence.	The revised Quality Assurance and Improvement Framework, updated audit tool and workforce learning are strengthening the focus on people's voices, strengths, rights and outcomes; consistency across practice and recording remains an improvement priority.
Continuity	Clearer ownership through named workers, trusted reviews and multidisciplinary working.	Positive staff and family feedback; scale and consistency still require measurement.
Safety	Stronger oversight, earlier allocation and clearer joint responsibility.	Recorded waiting for allocation reduced from 67 lower-risk Section 42 enquiries identified by CQC to 19 in August 2026 and 0 in September 2026; in 2024/25, risk was reduced or removed for 93.3% of people following a Section 42 enquiry.
Influence	More opportunities for people and carers to shape strategy and service design.	Co-production Board established; more than 700 people contributed 185 ideas for the future Model of Care; Carers Partnership Board to be implemented from October 2026; influence log in development.
Independence	More emphasis on reablement, equipment, technology and community support.	79.4% receiving short-term support needed no ongoing ASC support in 2024/25; individual OT and housing stories show tangible change.

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OUR PRIORITIES



Our priorities for the next 12 months

1. Timeliness and continuity

Deliver the next phase of our Customer Journey approach by reducing Care Act, planned review, occupational therapy and DoLS waits; strengthening named ownership; and ensuring people experience more joined-up support and fewer delays.

2. Consistent strengths-based and rights-based practice

Embed the Quality Assurance and Improvement Framework, practice standards and learning offer so that people's voices, outcomes, advocacy, strengths and legal rights are consistently evident in day-to-day practice.

3. Earlier support and prevention

Continue delivering our prevention and neighbourhood-based approach through community, VCFSE, reablement, technology-enabled care and brokerage redesign, while evaluating whether these approaches help people remain independent and reduce inequalities.

4. Co-production and unpaid carers

Complete the influence log, strengthen carer governance, redesign the Carers Service and demonstrate how people's experiences and feedback have shaped decisions, services and outcomes.

5. Choice, housing and community-based support

Deliver the Market Strategy, Housing with Care ambitions, brokerage redesign and additional supported living, autism-specific and crisis provision so that people have greater choice and access to support closer to home.

6. Safe pathways and safeguarding outcomes

Continue implementing our safeguarding improvement programme, strengthening multi-agency information sharing, learning and assurance and demonstrating that people feel safer and experience better outcomes.

7. Equity and inclusion

Use quantitative and qualitative evidence to identify differences in access, experience and outcomes, and take targeted action to reduce inequalities and improve support for underserved communities.

8. Sustainable leadership and delivery

Maintain strong governance, workforce stability, financial sustainability and evidence-led improvement, ensuring the transformation portfolio continues to deliver improvements that people experience in practice.

Delivery, governance and measurement

Each priority will have an accountable director, named operational lead, measures of activity, quality, experience, equity and outcome and a clear baseline. Progress will be reviewed monthly, with quarterly strategic assurance through the Adult Improvement Board, the Executive Leadership Team, elected members and independent partners. Consistent with our wider improvement approach, we will continue to welcome challenge and use feedback, scrutiny and external assurance to strengthen our understanding of what is working well and where further improvement is needed.

Being clear about what we know

We will distinguish between actions we have taken and the impact they have had. Where evidence shows improvement, we will say so. Where changes are still bedding in and outcomes cannot yet be demonstrated, we will describe these as intended benefits and explain how we are measuring their impact. Our focus will remain on understanding whether the changes we make help people feel safer, more independent, more connected to their communities and better able to achieve the outcomes that matter to them.





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