

# The Impact of Adult Social Care Transformation Funding in the Lancaster District

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## Interim report on activities to 26 January 2026

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# Executive Summary

Our model of partnership working, delivering outcomes for the Adult Social Care Transformation Fund, should not be allowed to shrink.

The partnership between [Positive Futures](#), [Citizens Advice North Lancashire](#), [Bay Volunteers](#), [Lancaster City Council](#), [Lancaster District CVS](#) and four other community organisations in receipt of smaller grants has delivered just what it set out to achieve: a clear, effective pathway that prevents people from reaching crisis and reduces inappropriate ASC contact.

It works because it tackles the real reasons that people turn to social services: they're experiencing financial difficulties, housing problems, isolation, mobility challenges or the stress of caring – and they don't know where else to go for help.

The partnership has worked efficiently and beyond the realistic scope of the resources provided, by:

- Accepting every appropriate referral
- Preventing repeated ASC contact by providing ongoing intensive support
- Prevent crises in people's lives or lifting them out of difficult situations
- Keeping people away from emergency intervention by statutory services
- Improving individual health and wellbeing so that people aren't so reliant on the NHS.

Working as a single team across four organisations, we've made sure that people are safe, heard, respected and supported when the going gets tough so they don't slip through the gaps. This report explains how our new collaborative model has produced real impact for people who didn't have anywhere else to turn.

We're also applying our learning to future needs and presenting a new proposal for ongoing support – one that would give every team in Adult Social Care the ability to access our help without worries about hitting referral caps, budgeting for emergency support, or commissioning care packages.

Reducing the capacity of our partnership for preventative action means that just the opposite would be likely to occur: referrals turned away, crises unmanaged, demand on social workers rising, and costs of statutory services increasing.

While people's needs haven't shrunk, our ability to keep them safe and secure will. That's why we're proud to publish this report and stand by what we've delivered for residents.

To learn more about the impact of this project, contact Jenny Reddell, Community Health Officer for Lancaster District CVS at [jennyreddell@lancastercvs.org.uk](mailto:jennyreddell@lancastercvs.org.uk)

# Introduction and Context

## Purpose of the Community Support Offer

The Community Support Offer for the Lancaster district was created in response to the Lancashire County Council Adult Social Care Transformation opportunity. With investment of £110,000, it aims to meet a rising demand for early, preventative help among adults who do not meet statutory thresholds but present with multiple risk factors. The service provides a safe, proportionate and reliable alternative for Adult Social Care (ASC) practitioners seeking non statutory support options, ensuring individuals receive timely help that prevents deterioration.

## Strategic Aim

The overarching aim is to help adults maintain independence, improve wellbeing and remain connected to their communities, while reducing demand on ASC through early intervention, partnership working and community-based support.

## Operational Objectives

The service works to:

- Prevent escalation to ASC through early, proactive intervention.
- Support independence and wellbeing through strength based, person centred support.
- Provide a consistent referral pathway from ASC into trusted VCSE organisations.
- Improve access to advice, practical assistance, volunteering support and social connection.
- Reduce pressure on ASC by offering safe, appropriate alternatives to statutory involvement.

## Deliverables

The Community Support Offer delivers:

- Direct awards to three key delivery partners – Positive Futures, Citizens Advice North Lancashire and Bay Volunteers. Budget £60,000.
- Competitive small grants to neighbourhood focused projects that seek to reduce calls to ASC. Budget £10,000 (total granting budget was increased to £21,000 with use of existing LDCVS resources).
- Communications campaign, self-discovery of support services, electronic referral pathway and partnership administration. Budget £10,000.
- Back-fill of community connector role to meet referral demand. Budget £20,000 for 0.6FTE.

## Why This Matters

ASC services in Lancashire face rising demand, workforce pressures and increasing complexity. Prevention and early intervention are now essential to protecting statutory capacity.

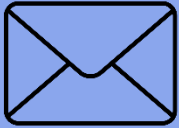
The Lancaster district, particularly the priority wards in the district (Poulton, Skerton West, Harbour, Westgate, Heysham North and Overton), experiences significant deprivation, health inequality and social isolation. These factors directly mirror the top referral reasons into the Community Support Offer.

Early intervention in these neighbourhoods is essential to preventing crisis, avoiding statutory escalation and addressing underlying inequality.

# Service Delivery Model and Partners

## Lancaster District CVS

LDCVS leads the pathway by coordinating referrals, managing data, and ensuring consistent reporting. LDCVS undertakes initial triage, engagement and consent, and makes tailored onward referrals to partners. Our time spent on this work is summarised below:



**135** referrals to date



**1022** contacts  
texts, calls, emails and meetings



**1 hour** on average per referral

All three direct award delivery partners can offer people support at home, either through longer term volunteer befriending, at home visits for advice & guidance and at home visits for holistic wellbeing support. This has enabled the LDCVS community health officer to refer those people who are least able to find support themselves.

A diagram illustrating the referral opportunities from within ASC and detailed charts explaining the flow of information between social care teams and community organisations through this pathway can be found in Appendix 4.

# Positive Futures

Providing person centred wellbeing support, motivational interventions and practical assistance to build confidence, independence and social connection.

## The Impact of Positive Futures



### A Person-Centred Approach



Same-day or next-day contact



30-40 minute calls to build rapport



Home visits to those most isolated



Advocacy with health & care partners

### Key Statistics

**55**

Referrals

**48 hours**

Average time spent on each referral

Highest workloads in **Torrisholme & Westgate** wards

### Jan Gomez told us how Positive Futures go about their work

We always mention that we're working with CVS and Adult Social Care, so we've got that connection. If we can't phone, we send a text or a letter instead. We may do a home visit, which is a new way of working for us, or they may feel able to take part in an activity at our centre. We could be visiting, calling, or seeing them for months, but it's all about building up connection, confidence, and supporting their needs.



# Citizens Advice North Lancashire

Delivering specialist advice on benefits, debt, housing, employment and financial resilience – particularly vital during the ongoing cost of living crisis.

## The Impact of Citizens Advice



### District-Level Data Summary



Total referrals: 39



Total time delivered: 202 hours



Highest workload areas: Westgate, Bulk, Scotforth East, Poulton, Heysham North



### Key Working Methods



Text-first contact to reduce anxiety



2 to 3 hour assessments covering benefits, debt and safeguarding



Accompanying clients to important appointments



Strong multi-agency advocacy

### Lorna told us about the Citizens Advice approach to advocacy in this project

I do loads of advocacy work. For example, someone might be struggling with their landlord to get housing repairs done. So they give me authority to see where the landlord is at with the schedule and make sure they know the repairs need doing.

I often attend PIP assessments with people, and PIP appeals where I will accompany them to court and explain what's been going on for the client.

I tend to leave my number with people once the initial issue is solved because other things do happen. So quite often I'll get a text several months later and we'll arrange to meet up and talk about what else is going on.



### Conclusion

**Citizens Advice** delivers vital, intensive, trauma-informed advocacy that prevents crises, secures income, stabilises housing, and supports some of the most vulnerable adults in the district.

**£119,948** in positive financial outcomes achieved year to date through advice and support

# Bay Volunteers

Offering mainly volunteer-led support to reduce isolation and improve mental health alongside seeking to improve mobility, as well as offering practical assistance and help to provide essential services or supporting people to access these independently.

## The Impact of Bay Volunteers



Providing relational, volunteer-led support for individuals, especially those who are experiencing loneliness, isolation and anxiety as well as difficulties with physical mobility



### Service Data

**29** people receiving support (across all ASC referral routes)

Total support time delivered:  
**20 days**  
**14 hours**

Average support time per referral to date: **19 hours**

Most intensive workload areas:

- Poulton
- Skerton
- Vale
- Hala
- Scotforth



### Key Themes

Weekly in-person befriending and practical wellbeing support creates predictability and encourages emotionally supportive contact



### Case Notes

#### Suicide Prevention

A volunteer's phone call prevented immediate harm

#### Isolation Recovery

Structured support helped a client reengage socially

### The Bay Volunteers approach to support

We check the referral, turn it into a mission, and release it to volunteers, who see anonymised information first (first name, area and need) to protect client privacy. High need clients receive weekly befriending support, most commonly in person, as well as help with the meetings and services that they need to access.

## Small Grants

£21,000 (£10,000 from Lancashire County Council, supplemented with £11,000 from existing resources within LDCVS) was made available through a competitive granting process to supplement the delivery programme with neighbourhood level engagement work in Westgate Morecambe, Poulton, and Heysham Central.

Community organisations were encouraged to apply for grants of up to £7,000 which would support them to:

- Help individuals with problems such as low mood or anxiety, cluttered premises, reduced physical activity, life admin, social isolation, or difficulties arising from being a carer. These broadly aligned with the reasons for calls advised by ASC workers.
- Deliver simple, low-level interventions addressing these problems
- Reach people who may be having problems accessing community-delivered services or might not know they are available.

Nine applications were received by the application deadline of 7 September 2025. A grant-making panel, made up of representatives of Lancaster City Council, Lancashire County Council, Lancaster District CVS and our three direct award partners, convened on 17 September. Four awards were made:

### **1309 Tune In ([More Music](#))**

Singing sessions hosted at More Music, targeted at adults of all ages living in Westgate, Poulton and Heysham Central. Tune In will provide a new opportunity for residents to sing, to create new songs and crucially to make social connections with others in the community, providing them with the chance to lift their mood through a shared endeavour.

£3,500. Fifteen participants from all three priority wards for winter sessions.

### **1302 Socialease Outreach & Support Pilot ([SAFE](#))**

Introduce the Socialease project to new locations accessible from the priority wards, providing community outreach, informal drop-in sessions, wellbeing check-ins and support for navigating other services.

£7,000. Up to sixty participants from all three priority wards from October 2025 until April 2026.

### **1310 Pilot Tackling Hoarding in Our Community ([Stanleys Community Centre](#))**

Intensive practical and emotional support to residents facing difficulties with hoarding. The project will provide home assessments, decluttering and removals, deep cleaning and sanitisation, and wrap-around mental health and social support.

£7,000. A minimum of four participants from all three priority wards between October 2025 and April 2026.

### **1307 Prime Time ([The Dukes Playhouse](#))**

Extend the existing Prime Time project to the Trimpell Sports & Social Club, easily accessible from all priority wards. Through engaging people with film, Prime Time reduces social isolation, increases wellbeing, develops skills, and improves the confidence of older people. A Coordinator will recruit within the wards and support attendance.

£3,500. Ten participants from all three priority wards between October 2025 and April 2026.

All four projects have received grant agreements and have begun their activity. They can receive referrals through the established pathway via LDCVS and are also being supported to reach and engage with other residents within the priority wards.

As these four projects are all at the beginning of their delivery phase, our interim report focuses on the impact of the referral pathway and activities carried out by the three direct award partners. Our final report will elaborate further on the impact of the small grant projects.

# Achievements and Benefits

The Community Support Offer provides proactive, early intervention support that reduces demand on Adult Social Care (ASC) while improving resident wellbeing. Across the 135 referrals we have received up until 26 January 2026, our support has significant reach.

## Benefits

- Reduced demand on ASC, including an estimated 80 avoided ASC contacts (see Appendix 2)
- Safer, proportionate pathways preventing escalation into assessment, crisis or safeguarding.
- Improved wellbeing through reduced isolation, emotional support, and practical stabilisation.
- Strengths-based, community-led support that builds confidence, resilience and independence.
- Stronger partnership working with VCSE organisations, enabling early help and prevention.

## Summary of Referral Activity

Total referrals: 135

- 48.9% mental health and wellbeing needs
- 26.7% financial/benefits issues
- 13.3% housing needs
- 4.4% carer-related pressures

These needs were typically interconnected, often involving isolation, long-term conditions, and practical barriers to daily living.

## Ward Engagement

Weighted engagement levels show where community need and uptake are strongest:

Highest engagement:

Westgate (12.6%), Poulton (7.4%), West End (7.4%), Bare (7.4%), Scale Hall (6.7%)

Moderate engagement:

Heysham North, Heysham South, Torrisholme, Skerton, Bulk (5-6%)

Lower engagement:

Bolton & Slyne, Silverdale, Ellel, Overton, Carnforth & Millhead (1-3%)

This reflects both population distribution and greater complexity of need in priority neighbourhoods.

## Support Provided & Outcomes

The support model delivers meaningful and measurable results.

Of the 135 people referred, the six-week deadline for feedback on support has passed for 78 individuals. More than half of those referred onward to date have remained engaged with support beyond the six-week period.

People told us they were feeling **less isolated, more financially secure, and better able to manage daily life.**

- 77.8% received onward referrals to appropriate VCSE or statutory services
- 13.3% achieved clear positive outcomes (e.g., counselling uptake, financial gains, joining groups)
- Only 1.5% declined support and 1.5% did not engage

These outcomes show strong preventative impact and effective case-holding within the community, reducing escalation to ASC.

The service demonstrates strong preventative value – reducing pressure on statutory services while improving wellbeing, stability and resilience across the Lancaster district.

## Impact on ASC teams

The Community Support Offer supports referrals from ASC WES, CAS and SSTS teams, and over the past year the relationships between these teams and community partners have grown exceptionally strong.

Throughout 2025, we invested time and care into building something genuinely shared – a referral approach shaped *with* Adult Social Care, not just *for* them. This process deepened our understanding of each other's roles, strengthened confidence across teams, and created a sense of collective purpose.

ASC colleagues were open, curious, and willing to explore how the partnership could work in practice. Together we developed a clearer picture of what each team could safely hold, where boundaries sat, and where community support could step in early to prevent escalation.

LDCVS played an important part by spending time with teams, discussing real situations, and creating space for honest, practical problem solving. These conversations built person to person trust and allowed workers to ask the nuanced questions that shape safe decisions.

Over time, what began as a referral route evolved into a genuine partnership – one grounded in mutual respect, shared pressures, and a commitment to early, proportionate help. The processes we developed together represent shared learning and a collective understanding of how we work together to guide people to the right place at the right time.

This co-design has strengthened the bridge between statutory and voluntary sector teams. It has brought warmth, trust and clarity into everyday practice, ensuring residents receive timely support from people who understand them – without unnecessary escalation or repeat assessments.

We asked practitioners and managers to feedback on their experience of the service (see over), while Catharina Dean, Social Worker (Wellbeing & Early Support North) told us more about referring into this initiative and the impact this has had on her work:

“ Since the introduction of transformation funding within the Lancaster and Morecambe area, the partnership between the WES function and CVS has been pivotal in enhancing outcomes for individuals and improving operational efficiency across our service. Over the past 12 months, sustained and transparent collaboration has enabled the WES team to develop a strong understanding of the CVS role, its responsibilities, and the breadth of community-based services available. This shared understanding has strengthened integrated working and ensured that residents are connected swiftly to the right support at the right time.

CVS has created clear and accessible pathways into vital community services that promote independence, prevent escalation of need, and improve overall wellbeing. Their proactive engagement and responsiveness have ensured that communication remains timely, and the feedback provided has directly informed ongoing intervention planning. This has enabled WES staff to clearly see the positive outcomes that community resources generate for the people we support.

Importantly, no CVS referrals have been declined during this period. This demonstrates that many individuals presenting to Adult Social Care are often best supported through community-based provision as an initial intervention. Effective signposting and targeted referrals have reduced the need for long-term statutory services and allowed WES to respond more efficiently to crisis situations. At key points over the past year, this improved workflow has contributed to WES reducing wait times to a same-day response for Adult Social Care.

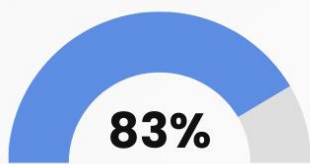
CVS brings extensive local knowledge and strong connections across a wide range of community services—many of which were previously unknown to WES staff. Having a clear referral pathway to CVS has saved staff considerable time that would otherwise be spent researching appropriate local services. This has increased capacity, reduced duplication, and allowed workers to focus on direct practice with individuals and families.

Overall, the partnership with CVS has created measurable, tangible impact: improved service timeliness, strengthened community pathways, reduced pressure on statutory services, and increased independence and wellbeing for the people of Lancaster and Morecambe. The collaboration continues to be an essential element of delivering high-quality, community-focused Adult Social Care.”

# Feedback from Adult Social Care Practitioners and Managers



## Use of the referral pathway



10/10

Most respondents had used the pathway - and satisfaction was unanimously high.

*“ Making referrals has been simple and effective ... ensuring referrals have not been delayed ”*

## Impact on ASC workload

- Reduces duplication
- Prevents repeat referrals back into ASC
- Enables cases to close earlier because community support, rather than long-term services, has met people's needs.

## Areas of strong confidence

- Housing & homelessness
- Reducing social isolation
- Wellbeing & motivation
- Finance & benefits

*“ Workload has reduced as previously information [about services] would need to be researched ... meaning other cases waited longer. ”*



## If the service ended

- Fewer community options for residents
- Increased ASC workload
- Longer waiting times
- More repeat referrals into ASC

Source: ASC Transformation Fund Impact Survey (n=6), Dec 2025- Jan 2026

## Potential Savings to Adult Social Care

The pathway provides strong value for money and captures avoidable demand on statutory services.

Savings arise from reduced assessments, fewer crisis interventions, lower risk of carer breakdown, and more efficient use of practitioner time. VCSE support remains significantly lower-cost and more sustainable than statutory responses.

The length of time project partners have spent supporting individuals represents an ongoing investment in reducing demand on ASC and the associated assessment and support costs. 2,545 hours of support have been provided to date by our three direct award partners, three quarters of which benefitted individuals in ten wards:

Ward	Total support (hours)
Westgate	297
Scale Hall	239
Torrisholme	238
Poulton	196
West End	194
Heysham South	193
Marsh	190
Bare	144
Bulk	101
Halton-with-Aughton & Kellet	100

Of the 135 referrals received to date, 72 originated from the Wellbeing & Early Support Service, 42 from the Customer Access Service, and 21 from other ASC teams (usually the Short-Term Support Service).

Taking our estimated costs for simple, standard and complex cases (see Appendix 2), the total cost of these referrals had they gone through a complete assessment and planning process appropriate to each team may have been in the region of £107,000 (range £54,460 - £213,840).

In addition, estimating that work to date has averted approximately 80 calls to ASC from engaged participants (see Appendix 3), further savings in the region of £63,840 may have accrued (range £31,920 - £127,680).

Neither of the costs quoted above include homecare or other support placed as part of a care package, priced by Lancashire County Council starting from at £23.56 per hour.

### Risks

If funding ends, these financial, workload and community benefits will be lost and replaced with increased pressure across ASC, health and housing. Likely impacts include:

- More statutory assessments and safeguarding referrals

- Increased crisis presentations and emergency admissions
- Carers reaching crisis point earlier
- Fragmented support pathways and reduced practitioner confidence
- Loss of experienced VCSE capacity that underpins prevention
- Fewer community-based options and longer waits for community support
- Loss of home visits, meaning community support services are more likely to be accessed by self-activated residents.

Ending the pathway would therefore create a false economy by removing a proven, low-cost preventative function and replacing it with higher, long-term statutory costs.

## Conclusion and Recommendation

The Community Support Offer has delivered clear, measurable, and strategically important impact. It has supported 135 individuals to stabilise their circumstances, improved wellbeing, reduced isolation, prevented escalation, and strengthened ASC's ability to manage growing demand.

Continued investment is strongly recommended to:

- Sustain vital preventative capacity
- Protect ASC resources
- Maintain strong VCSE partnerships
- Deliver ongoing value for money
- Ensure adults receive timely, strengths-based support

The pathway is a vital component of a sustainable, preventative ASC system.

### Recommendation

To deliver at the quality and capacity achieved during 2025/6 and ensure that partners can continue to scale their work to accommodate the anticipated 40 or more referrals per month estimated once all ASC teams are fully engaged, we recommend renewed investment of £140,000:

- £20,000 support to Lancaster District CVS, providing project coordination, referral triage, and a Community Connector.
- £50,000 support to Positive Futures for holistic mental health and wellbeing support, including home visits
- £50,000 support to Citizens Advice North Lancashire for in-depth specialist casework support, including home visits
- £20,000 support to Bay Volunteers for short or long-term befriending, everyday errands, life and digital admin, and buddying to community activities.

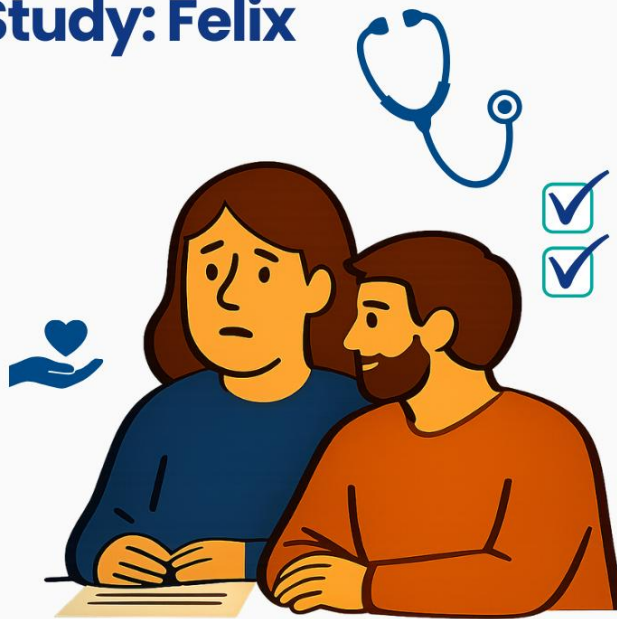
Providing support for 480 referrals or more per year, this budget is equivalent to £292 per referral.

# Appendix 1: Case Studies

## Case Study: Felix

### Presenting Issues

Felix, an international student who had recently moved to Lancaster from India, was experiencing significant anxiety, depression, and a poor diet. He was receiving ongoing investigations for several health conditions including high blood pressure.



Alongside managing these health challenges, Felix was socially isolated, unsure how to navigate local support services, and overwhelmed by the healthcare system.

### Impact

Felix reported feeling more confident, connected and proactive.

### Support Provided

Jenny connected Felix to:

- Fork to Fork - nature & wellbeing sessions.
- Citizens Advice - help with benefits & debt
- Adullam - *Living Life to the Full* course

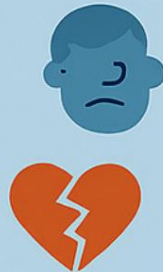


*Without your involvement, I would likely have had to keep contacting Adult Social Care to try to find the right help on my own*

## Case Study: John

### Presenting Issues

John had multiple physical issues, loneliness, anxiety and emotional harm caused by a family member. He struggled with isolation, low confidence, and lacked meaningful social contact.



### Support Provided

Weekly listening calls and occasional in-person visits from a volunteer provided consistent emotional support. The volunteer also helped with form-filling, benefits and navigating difficult personal circumstances



### Impact

The client reported dramatic improvements in mental wellbeing and confidence. He stated that the volunteer "saved his life" by listening, offering companionship and giving him something to look forward to each week.



# Case Study: Deborah

## Presenting Issues



Deborah experienced severe mobility problems, chronic pain, and frequent falls, all of which had an impact on her mental health. She was housebound and struggling with manic-depression with psychotic tendencies. She had been in unstable housing for over years and felt unable to challenge the landlord. As a result she was sofa-surfing at her ex-partner's bungalow. Her finances worsened after losing PIP following a review instigated at her own request due to deteriorating health.

## Support Provided



Citizens Advice helped Deborah navigate homelessness issues and a social housing application, arranging appointments with her and her former partner to begin completing the forms. £300 was secured from the Household Support Fund

## Impact

Deborah sometimes found it difficult to concentrate so the advisor paced the activities to help her stay on track. She felt relieved, after the initial appointment, and after working through her problems with the advisor, felt significantly less anxiety.



citizens  
advice

North  
Lancashire

## Case Study: Julia

### Presenting Issues

The client had multiple physical health problems, was housebound and living in unsafe, unstable accommodation. Her PIP had been stopped and she was overwhelmed by financial hardship and homelessness risk.



### Support Provided

Citizens Advice supported her step-by-step with the social housing application, homelessness procedures, benefit issues and blue badge preparation. Due to memory and concentration difficulties, work was paced gradually with the client and her ex-partner



### Impact

Julia felt relieved, reassured and able to move forward for the first time in years. She received £300 from the Household Support Fund and told us she would not have been able to navigate the system without the help of Citizens Advice.



## Case Study: Bob

### Presenting Issues

Bob felt life was no longer worth living and did not feel understood by NHS services. He lives with chronic pain, fears upcoming medical procedures, and struggles with OCD-related anxiety.



### Support Provided

After several attempts, he engaged in a meaningful first call where he felt listened to and not judged. Positive Futures provided weekly check-ins, emotional support, and one carefully timed home visit based on his comfort level.



### Impact

Bob expressed that PF gave him hope “for the first time in a long time.” He began small acts of self-care and felt understood and supported. Ongoing calls and gentle engagement continue to improve his wellbeing.



**Positive  
Futures**

# Case Study: Mary

## Presenting Issues

Mary experienced anxiety, low confidence, avoidance behaviours and overwhelming household tasks including hoarding. She had little trust in services.



## Support Provided

Positive Futures built trust gradually through weekly sessions and set manageable goals. They supported her with emotional wellbeing, decluttering, practical tasks, and encouraged peer connection through group activities.



## Impact

Mary became significantly more confident, completed all 12 pages of goals she brought to her first session, and felt clearer and more hopeful. She expressed gratitude for the support and said she would return if needed.



**Positive  
Futures**

## Appendix 2: Estimating Adult Social Care Costs

We have estimated the cost of Lancashire County Council's Care Act assessments based on the authority's actual ASC spend of £496.1m in 2023/4 (<https://www.cqc.org.uk/care-services/local-authority-assessment-reports/lancashire-0825>).

Nationally, 17.3% of adult social care spending is reported as "other support" including central/front-door activity within which Care Act assessments sit. Applying this to Lancashire provides a budget of £85.8m. (<https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2023-24/activity-and-finance-overview>)

We have assumed that 40% of these "other support" costs are attributable to assessments, reviews and social work, the rest being commissioning, market-management, information, advice and overheads, for a total of £34.3m spent in the year.

The Living Better Lives in Lancashire Local Account 2023/4 update (<https://www.lancashire.gov.uk/media/955234/care-support-and-wellbeing-of-adults-update-2023-2024.pdf>) reports that the authority conducted 43,333 assessments.

We estimate the cost of an assessment, based on these figures, to range between £396 for a simple telephone activity up to £1,584 for an assessment requiring multiple visits and involvement of several workers, with the mean average being £792.

## Appendix 3: Calculation of Avoided ASC Contacts

Total referrals: 135

Outcome distribution: 83 onward referrals where local support has begun (61.5%), 22 referred onwards and receiving regular longer-term support (16.3%), 18 with positive outcomes where issues are resolved or contained (13.3%), 6 unclear where some activity is recorded but the benefit is uncertain (4.4%)

Multipliers used: 0.35 (onward), 1.10 (ongoing), 1.50 (positive), 0.20 (unclear)

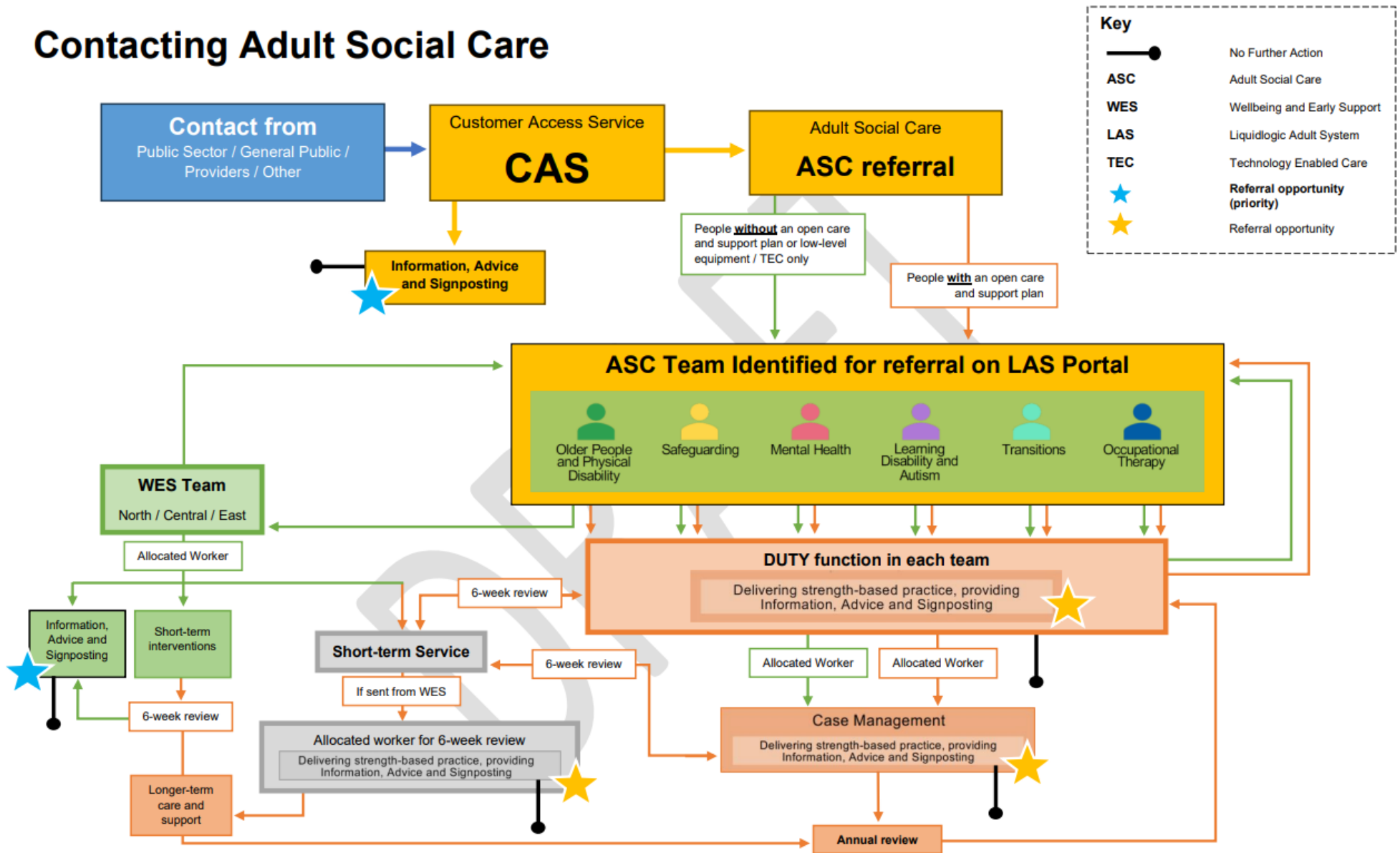
Calculation:  $(83 \times 0.35) + (22 \times 1.10) + (18 \times 1.50) + (6 \times 0.20)$

Result:  $\approx 81$  avoided ASC contacts (central estimate)

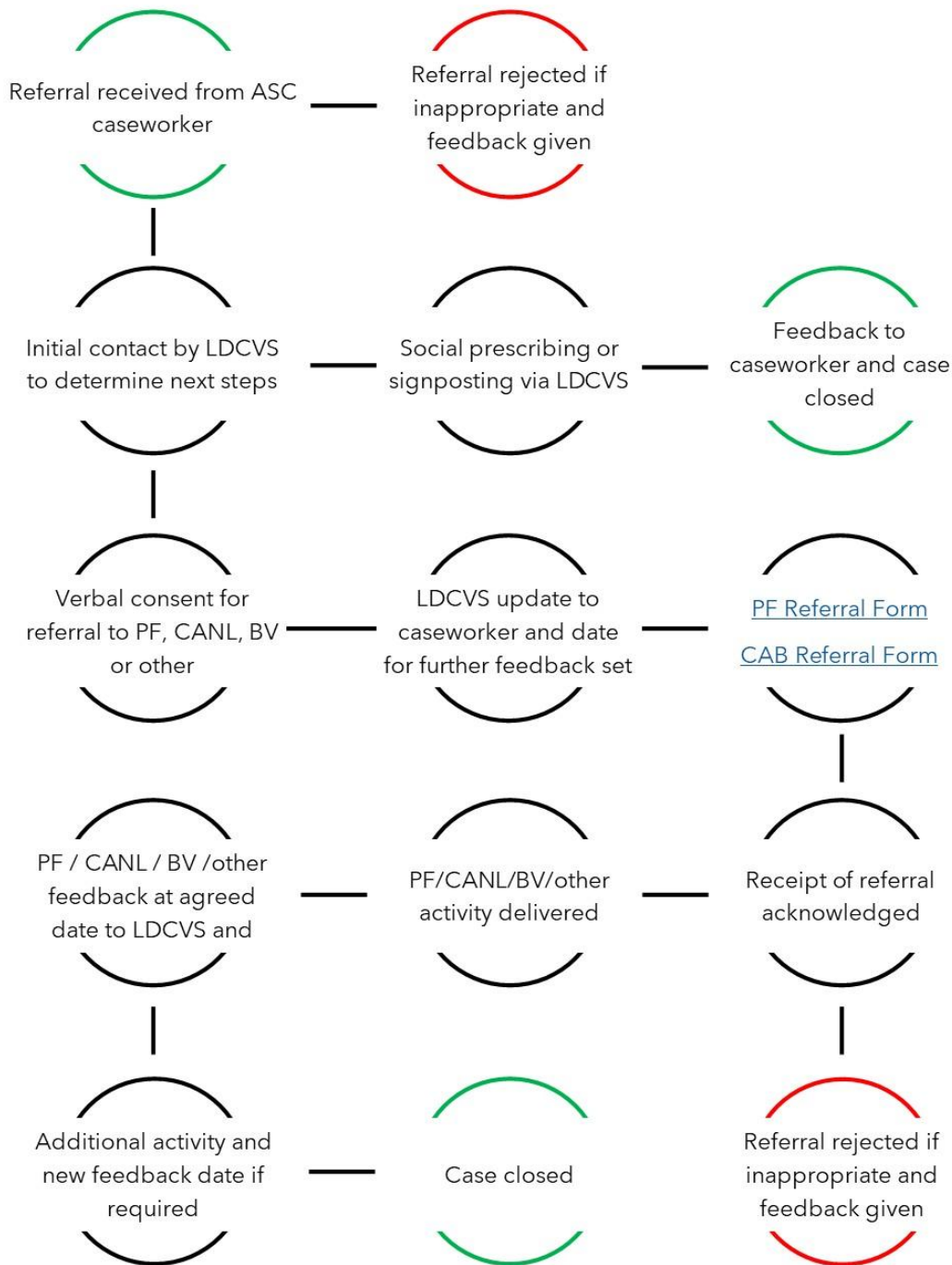
Range: low = 56, high = 128

# Appendix 4: Referral Pathway & Information Flow

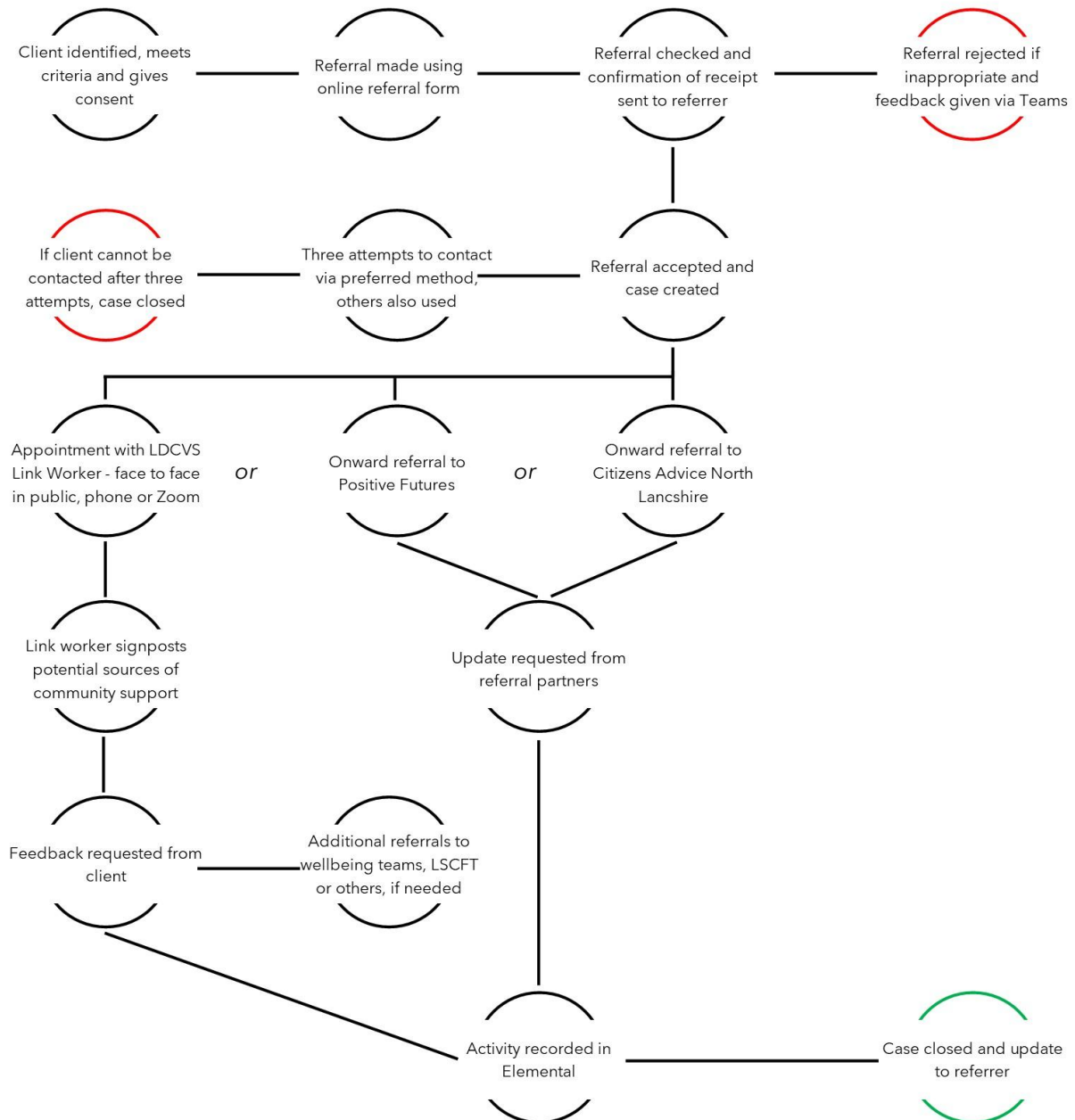
## Contacting Adult Social Care



# LDCVS Hub to Positive Futures, Citizens Advice , Bay Volunteers & small grant recipients



# CAS Team to LDCVS Hub



# WES team to LDCVS Hub

