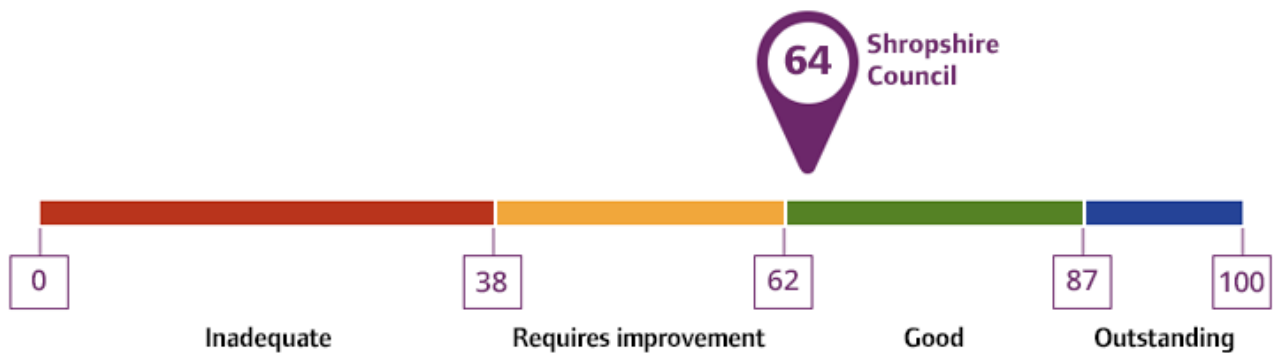


Overall summary

Local authority rating and score

Shropshire Council

Good



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 2

Equity in experience and outcomes

Score: 2

Care provision, integration and continuity

Score: 3

Partnerships and communities

Score: 3

Safe pathways, systems and transitions

Score: 2

Safeguarding

Score: 3

Governance, management and sustainability

Score: 3

Learning, improvement and innovation

Score: 3

Summary of people's experiences

Overall, we heard mostly positive feedback from people about their experiences of contact and support from the local authority and many people said their care and support had improved their independence.

On initial contact with the local authority, support was provided by the First Point of Contact Centre (FPOC) by way of information, advice or signposting to other organisations.

People's experiences of Care Act assessments was mixed. Some people told us the assessment had been person-centred, they had been listened to and they had regular contact with their social worker. Other people told us their assessment did not consider all the information that was important to them, and some people had to wait for an assessment. People said that social workers had kept in touch with them to monitor any changes in their circumstances whilst they were waiting.

Assistive technology was used to help to prevent, reduce and delay the need for care and support and to support people to remain independent at home. We received mixed feedback from people in how effective this was for them. The local authority provided people with assistive technology only where it was assessed as being appropriate for individual needs and circumstances.

People had a positive experience when being discharged from hospital and good support was provided from reablement services. This had resulted in people remaining independent when they returned home.

For children moving into adult services, feedback about their experiences was mixed. We heard about positive outcomes with smooth transitions, but this was not the case for all.

Unpaid carers told us that support was available however, some told us the support on offer did not meet their needs. There was an All-age Carers strategy to improve the offer to unpaid carers and the local authority was taking action to identify and engage with more unpaid carers. There was a team specifically to support unpaid carers in addition to an online carer support service which provided a range of free online services including practical support and promoting wellbeing.

The local authority recognised the importance of co-production and there was an intention to get people involved and to involve more experts by experience on the Making it Real Board.

Summary of strengths, areas for development and next steps

At the time of our assessment the local authority was undertaking a transformation programme to drive its strategy to prevent, reduce or delay the development of care and support needs. This was set out in 'The Shropshire Plan'. There was a clear focus on supporting people to be as independent as possible and to continue to live in their own homes.

Assessment, care planning and review arrangements were not always timely and up to date. Waiting times varied for assessments to be undertaken across different teams, with significant waiting times for people with sensory needs and waiting times for older people and people with learning and/or physical disabilities who were supported by community teams. The local authority was taking action to address this, including creating a dedicated care review team and doing outreach work to assess people whilst they were accessing other community services.

There were no waiting times for assessments from the preparation for adulthood, mental health or hospital discharge teams. There was no waiting list for financial assessments, although the timeframes for completion of these assessments varied. A new online financial assessment was launched in April 2024.

There were shortfalls in the provision and accessibility of information and advice about care and support and the online information was not easily accessible for everyone. Work was underway to improve the website and the online directory of resources. There was also work underway with voluntary sector partners to address the risks of digital exclusion.

The local authority had a good understanding of the diverse needs and make up of the local population. Further needs assessments were being conducted in 18 geographical areas to give a more in-depth understanding of the issues affecting specific areas. For example, the rurality of some areas presented a specific challenge for the local authority to provide services there. There had been specific recruitment drives to increase home care capacity in rural areas and to reduce delays in service provision. The local authority was actively seeking to understand people's experiences and to identify gaps in service provision so that it could take appropriate steps to ensure people had equity of access to care and support across the area.

There was an established range of home care and care home provision, although care home provision was limited in some rural areas. Feedback from staff and partners indicated there was a need for more supported living, but we were not advised of people waiting for supported living placements due to a lack of capacity at the time of our assessment.

The local authority had strong relationships with health, public health, voluntary and community partners. They worked collaboratively to agree and align strategic priorities, plans and responsibilities for people in Shropshire. Recent work to improve understanding of respective roles and responsibilities had impacted positively on communication across the Integrated Care System and the Integrated Care Partnership.

There was a clear focus on promoting independence, and work to prevent, delay or reduce the need for care and support. This was detailed in the Shropshire Plan and the Prevention Matters Framework. There was a multi-disciplinary approach to the work, and examples of joint initiatives such as a healthy weight campaign and a suicide strategy.

There was a robust and effective reablement service with sufficient capacity to support timely discharges from hospital. The service was having a positive impact on enabling people to regain their Independence after leaving hospital.

There was a significant waiting period for access to occupational therapy, and this often led to delays in the provision of equipment and home adaptations. A review was underway to assess and resolve the problem. In the interim, the local authority was using a risk management approach to prioritise assessments of people with the greatest need.

There was a range of services and support available for unpaid carers, including support groups, a dedicated carer's worker in the hospital team and provision for respite care. The local authority had an 'All Age Carer Strategy', with an action plan to improve the offer to unpaid carers.

We received mixed feedback about people's experiences of moving between services, for example from children's to adult services. Some people had a lack of continuity in their care provision. The local authority was aware of these issues and steps were being taken to address them.

The local authority had a clear understanding of the safeguarding risks and issues in the area. Safeguarding enquiries were dealt with promptly and quality assurance arrangements were in place.

There was a strong emphasis on learning from safeguarding incidents, and partners highlighted the positive working relationship with safeguarding teams to keep people safe.

The local authority worked collaboratively with the voluntary sector. However, there was a recognition of the need to build on this and improve the engagement with sectors of the community who were seldom heard, and to draw on people's lived experiences in co-production activity. Work to develop a co-production strategy was in place but people and carers told us the changes and impact of co-production activity was not shared with them.

People told us they enjoyed working for Shropshire local authority and they felt valued and supported. They spoke about the many training and career development opportunities available to them and they said the local authority placed high emphasis on staff wellbeing.

One of the challenges with the rurality of Shropshire was attracting and maintaining a consistent workforce. There was a significant investment in recruitment and retention and a specific adult social care workforce strategy was being developed to support future sustainability and hard to recruit to roles across adult social care.

The local authority had clear and effective governance, management, and accountability arrangements. This provided oversight of the delivery of their Care Act duties. Improvements were needed in some areas such as reducing waiting lists for assessments, care reviews, DoLS applications and improving support for unpaid carers. Actions were in place to address these, and the local authority had implemented improvement plans.