Supporting people to live healthier lives

Score: 2

2 - Evidence shows some shortfalls

What people expect:

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment:

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority worked with people, partners and the local community to promote independence, prevent, delay or reduce the need for care and support.

This was reflected in the 'Shropshire Plan' which was focussed on enabling people in Shropshire to live their best lives with 4 priorities of healthy people, healthy environment, healthy economy and healthy workforce. The lead member told us prevention activity was underpinned by the Prevention Matters Framework. The framework identified a multi-disciplinary approach and offered a wide range of preventative work-groups such as early intervention, housing support and social prescribing, to provide support and services to people in the community.

The local authority was actively engaged in the Health and Wellbeing Board and was working with partners in the voluntary sector on specific joint public health initiatives such as healthy weight campaigns and falls prevention. In addition to this, the local authority had worked with partners on the refreshed suicide strategy which was in the early phases.

The local authority 'Enable' service, was a work placement team working with Shropshire residents who have disabilities in any form, helping them into employment and to maintain their employment. Staff told us some colleagues had come through the Enable service and were now local authority adult social care employees. This had been a positive outcome for them. Enable referred people into a range of services, and signposts to health and fitness activities, including a Shrewsbury Town Football Club Foundation course called 'Make Sports Work', and monthly 'Walk and Talk' sessions. Social Prescribing and Healthy Lives Advisors also supported clients according to their personal needs. A partner organisation told us that this personalised support was beneficial rather than people being directed to lots of websites which may not be helpful to them.

The local authority had invested in upskilling workers at their 'front door' service (FPOC) to ensure they had the skills and knowledge to signpost people and refer them to the correct support. There were around 30 different organisations, including voluntary services where people could be referred to access support.

Assistive technology was used to helped to prevent, reduce and delay the need for care and support and to support people to remain independent at home. Staff were positive about assistive technology to make a positive difference for people and to reduce the need for formal home carer visits. The local authority provided people with assistive technology only where it was assessed as being appropriate for individual needs and circumstances. Feedback about assistive technology was mixed, with some people saying it was useful as a prompt and motivator, some staff finding it made a positive difference for people and reduced the need for formal home carer visits, whilst others said it could be overwhelming for some people such as people living with dementia. The local authority provided people with assistive technology only where it was assessed as being appropriate for individual needs and circumstances, and other support options were available.

Some people told us social workers had set priorities and goals to support them in crisis to improve their health and improve their independence. The national data showed that 59.72% of survey respondents living in Shropshire believed the help and support they received, helped them think and feel better about themselves. This was somewhat worse than the England average of 62.48% (ASCS).

Shropshire has a significantly high level of rurality, and leaders acknowledged that providing services for people to remain in their local communities is a challenge. However, there was a good understanding of rurality and the impact this can have on outcomes. There was a commitment to supporting rural communities and a clear plan on how this would be achieved, 'Rural Proofing for Health Toolkit'. Work was ongoing with the farming community to bring health checks and suicide prevention interventions to the community, and specific initiatives such as the use of Technology Enabled Care (TEC) and 'two carers in a car' scheme (2CiC) were targeting some of the specific care related challenges. There was also a successful bid for additional funding to work with rough sleepers across the rural county.

Provision and impact of intermediate care and reablement services

The local authority worked with partners to deliver intermediate care and reablement services that enabled people to return to their optimal independence. Senior leaders told us they were proud of the Short-term Assessment and Reablement team (START) and 75% of people who went through this service did not need long term care. This is reflected in national data showed that 76.42% of people from Shropshire who had received short term support no longer requiring ongoing support. The England average was 77.55% (ASCS).

START provided a number of services, which included a rapid response and a bridging service. Rapid Response was a partnership between Shropshire Community Health Trust and the local authority, which provided a rapid assessment, treatment and care programme during a period of ill health. The purpose of the bridging service was to support people to be safely discharged from hospital whilst waiting for the previous care provider to restart their package of care.

Senior leaders said the local authority had made good progress with hospital discharge arrangements and more people were now being discharged, going home and not needing long term care because of the START service. Staff told us there had been an 89% increase in people being discharged with the reablement service over the last 2 years. National data showed that 3.36 % of survey respondents living in Shropshire aged over 65 received reablement/rehabilitation services after discharge from hospital. This was similar to the England average of 2.91% (The Adult Social Care Outcomes Framework (ASCOF)). National data showed 82.93% of people in Shropshire aged over 65 were still at home 91 days after discharge from hospital into reablement/rehab England average of 89.02% (ASCOF). This was similar to the England average. The local authority told us START also worked with voluntary organisations to expand the opportunity for community support for people. We were not informed of how people accessed the service nor any outcomes of the impact of this for them.

Access to equipment and home adaptations

People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes. The local authority identified the occupational therapy service as an area where improvement was needed in relation to the waiting lists. Occupational therapists were placed within the housing department in the place directorate. A full-service review was being undertaken at the time of our assessment to look at waiting lists and to bring the occupational therapy service under adult social care. In the interim, an action plan had been implemented, with staged targets that commenced from March 2024 to reduce demand and manage flow more efficiently.

A team of trusted assessors delivered occupational therapy services for people who had lower needs. They completed telephone assessments only and were able to prescribe equipment, minor adaptations and simple major adaptations such as straight stair lifts.

Adult social care staff said they had good working relationships with their occupational therapy colleagues. They used a shared care record, and this was an effective tool for risk-rating and sharing information on referrals and avoiding duplication. This process also helped them to assess risk and prioritise their waiting list, as they were able to see what other agencies or services were involved with the person.

Data provided by the local authority showed there were 431 people on the waiting list for an occupational therapy assessment, with a median wait time of 131 days. These were RAG rated and risk assessed. For the independent living service which was an in-house service providing advice, support, training, and guidance for preventative solutions there were currently 62 people on the waiting list. There was no waiting list for the community provider for equipment. In relation to assessment for people with sensory impairment in March 2024,184 people were on the waiting list with the longest wait being 368 days, of which 74 people were priority referrals (43 for vision and 31 hearing).

Staff told us that managing the waiting lists was challenging, and they had monthly allocation meetings to review it and maintain oversight. Improvement plans were having impact, and the local authority acknowledged that further work was needed to continue to reduce waiting times.

We received positive feedback from unpaid carers whose family members required adaptations to their home to support their caring role, they told us they had been provided with the relevant equipment. For example, walking sticks and frames, wheelchair, perching stools, and grab and handrails fitted. One person told us they had received some equipment to support them to move about safely in their property.

Provision of accessible information and advice

We received mixed feedback about how easy people, including unpaid carers, found it to access information and advice on their rights under the Care Act or the types of support that were available to them. National data showed 65.45% of survey respondents who use services in Shropshire found it easy to find information about support. The England average was 67.12% (ASCS). National data showed that 87.23% of carers found information and advice helpful, which was similar to the England average of 85.22%.

Partner organisations told us people approached them and told them that their biggest challenges were trying to get information via the telephone and the time it took for people to get through to the local authority. This caused frustration for people. However, the local authority provided information that for telephone calls to the First Point of Contact team, the average wait time for calls to be answered was 4 minutes and 2 seconds. Staff also told us there was a system in place to monitor how long people were waiting on the telephone and there was no concern about long waiting times. National data showed that 61.22% of carers responding to the survey and living in Shropshire found it easy to access information. The England average was 59.06% (SACE).

The local authority had a webpage, directory and Support Finder Brochure to support people with self-help. People were also be offered a 'let's talk' local session which was a face-to-face appointment in a hub if it was local to them. The local authority had a priority plan to improve their website and online directory of services and were addressing this through their digital transformation program. Staff confirmed they were involved in the development of the website to ensure information for adult social care would be in a more accessible format for people to access.

Voluntary and community partners told us much of the external consultation the local authority did was through an online medium. They were concerned about accessibility for all people to participate and the need to avoid digital exclusion. They spoke positively about the digital skills program, known as the 'Digital Inclusion Network,' which the local authority had set up to deliver to people through the voluntary sector. The network aimed to support and understand the barriers to digital inclusion.

The local authority website did not provide accessible information for people who communicated in non-English languages beyond the landing page of the website.

Carers groups were available for provision of information, advice and support. Some groups also contacted unpaid carers by phone to give them information.

Some unpaid carers told us they had been made aware of carers groups and spoke positively about the information received from these groups. However, not everyone was able to attend due for reasons such as employment and caring responsibilities. The local authority told us they had offered groups available at the weekend and in the evenings to make them inclusive. Some carers told us they had not received support or information.

Direct payments

The local authority had a clear direct payments policy on their website. Staff told us this has been co-produced with unpaid carers and the Direct Payment Board. The board met quarterly and was co-chaired by a person with personal experience of using direct payments. They provided a voice for people to feedback concerns to the local authority and co-produce solutions.

At the time of our assessment, there were 533 people in receipt of a direct payment. National data showed 20.83% of total service users received direct payments in Shropshire. The England average was 26.22% (ASCOF). The local authority had seen an increase in people receiving direct payments in 2023 and their target was to improve this to 25%. The local authority told us nationally, they had a higher-than-average number of people receiving an Individual Service Fund and this impacted on the proportion of people receiving direct payments.

Since March 2023 a total of 137 direct payments had ended, of which 36 were for unpaid carers. The local authority monitored trends where a direct payment had ended to see if there was improvements needs to the process. They told us the highest reason for ending a direct payment was due to an increase in a person's care needs, where the individual required a residential care or nursing care placement.

There was advice on the local authority website and a direct payments team to support people. The team also produced newsletters, gave support for people who employed personal assistants and offered drop-in sessions for people receiving direct payments.

Staff told us direct payments worked well in enabling continuity of care and support for children transitioning to adults' services, by allowing them to keep the same personal assistant. A partner organisation spoke positively about the local authority's management of direct payments, however they felt social workers needed to be more proactive in making people aware of direct payments as an option. National data showed 30.78% of service users in Shropshire aged 18 - 64 accessing long-term support, were receiving direct payments. The England average was 38.06%. Whilst 12.03% of service users aged 65 and over accessing long-term support, were receiving direct payments. The England average was 14.80% (ASCOF).

The finance team reviewed the direct payment in the first 3 months so they could identify any concerns in the management of the direct payment. Any concerns were then explored by the social work teams to be resolved at an early stage.

People told us about their experiences and outcomes in their use of direct payments. Examples included employing a personal assistant so they could undertake leisure activities they enjoyed. There was overall positive feedback regarding the use of direct payments to support unpaid carers with their own leisure time.

Staff told us that personal assistants were difficult to recruit in rural Shropshire. A digital personal assistant notice board was in use for personal assistants to upload their capacity, for people to advertise for a personal assistant and to help match people to a personal assistant for specific tasks. For example, to support a people with their household administrative tasks.

Data provided by the local authority said there was no waiting time for the direct payment to start after the individual budget had been agreed, care could start as soon as the support plan was authorised.