Committee and Date
People Overview Scrutiny Committee
22nd October 2025

Item

Public

CQC Update Report

Responsible Officer:	Tanya Miles		
email:	tanya.miles@shropshire.gov.uk	Tel:	
Cabinet Member (Portfolio Holder):	Ruth Houghton		

1. Synopsis

1.1 This report provides an update to Scrutiny committee members on the Care Quality Commission (CQC) following the Adult Social Care Assessment.

1.2 This report outlines the process of Assessment, an outline what actions we have taken since the assessment, how we are progressing and what success looks like.

¬ A Continuous Improvement Group has now been established enabling connectivity between departments to bring together and monitor the changes we need to see as one council.

2. Executive Summary

2.1 From 1 April 2023, the CQC commenced formal assessments of local authorities' delivery of adult social care. This statutory framework evaluates compliance with Care Act duties, provides independent public assurance, and enables Secretary of State intervention where necessary. Assessments are evidence-based, drawing from five categories:

- people's experience,

- staff and leadership feedback,
- partner feedback,
- processes,
- outcomes.

2.2 Shropshire Council underwent assessment from 4th to 6th June 2024. Prior to this, the Council submitted 234 documents, provided case tracking samples, and facilitated contact with unpaid carers. During the assessment, over 160 individuals participated, including staff groups, senior stakeholders, and external partners. Post- assessment, the Council completed two factual accuracy checks, with 71% of corrections upheld.

2.3 **Outcome**: Shropshire Council was rated **'Good' overall**', with performance assessed across four thematic domains:

- **Support and Care**: Assessing need, providing support, equity and outcomes.
- **Partnerships and Commissioning**: Care provision, community engagement.
- **Safeguarding**: Safe systems and safeguarding practices.
- **Leadership**: Governance, management, learning and improvement.

2.4 **Key Strengths Identified**:

- Positive user experiences, particularly via First Point of Contact Centre.
- Effective use of assistive technology and strong reablement outcomes.
- No waiting times for key services including safeguarding and hospital discharge.
- Innovative rural service models (e.g. TEC, 2CiC) and virtual care delivery.
- Active co-production and feedback mechanisms.

2.5 **Areas for Improvement**:

- **Timeliness**: Delays in assessments and reviews, particularly for sensory needs and occupational therapy.
- **Accessibility**: Online information and advice not consistently accessible.
- **Support for Carers**: Mixed feedback on adequacy and suitability of support.
- **Transitions**: Inconsistencies in service transitions, especially for young people.
- **Equity**: Gaps in data and accessibility for protected groups.
- **Direct Payments**: Uptake below national average; recruitment challenges in rural areas.
- **DoLS**: Significant delays in lower-risk assessments.
- **Co-Production**: Need for improved impact visibility and strategic embedding.
- **Learning from Complaints**: Higher than average uphold rate; need for better integration of learning.

2.6 **Next Steps**: Shropshire Council has developed a **Towards Outstanding Action Plan (TOAP)**, aligning with broader transformation goals.

2.7 Key actions include:

- Annual self-assessment updates and quarterly highlight reporting.
- Integration of learning from other authorities (e.g. Camden, Blackpool).
- Launch of a Co-Production Framework and Remuneration Plan.
- Ongoing operational readiness and performance monitoring.
- Completion of a Post-CQC Learning Log Model.

2.8 The Council remains committed to continuous improvement and will maintain preparedness for any future reassessment under the CQC framework.

2.9 **Key Milestones in the Towards Outstanding Action Plan (TOAP)**

- **Front door and assessment time improvements:** Efforts focus on managing low-level demand through signposting, self-assessment, and proportional assessment, alongside implementing the Community Reablement service.
- **Increased reablement offer:** increasing the focus on prevention work to include community reablement, through intervention from START that sees positive outcomes supporting people to regain their independence.
- **Carer support enhancements:** improved self-assessment availability and clearer pathways for assessment, focusing on meeting carers' needs through replacement care.
- **Equality and diversity initiatives:** A strategic five-year Equality Objectives Action Plan is in place, including developing dashboards to monitor outcomes for protected groups, embedding lesbian, gay, bisexual, transgender, queer and more (LGBTQ+) and older people's issues into partnership boards, and improving language accessibility and translation services.
- **Market quality assurance and commissioning:** Actions include appointing leadership for quality assurance, establishing monthly quality and performance groups, updating policies, developing commissioning strategies, and creating data-driven reporting dashboards to monitor market responses and reduce delays.
- **Dementia and SEND strategies:** Development of a partnership dementia vision pathway and community-based multidisciplinary teams is underway, along with joint commissioning strategies for Special educational needs and disabilities (SEND) with leadership clarifications planned by December 2025.
- **Safeguarding and exploitation guidance:** Adult exploitation pathways are being developed alongside enhanced training and policy development for safeguarding and domestic abuse awareness.
- **Co-production and volunteer engagement:** Establishing joint policies and remuneration plans for Experts by Experience, creating a volunteer pool, and developing digital solutions to promote involvement in co-production activities.
- **Transformation and service development projects:** Various initiatives include embedding reablement into care pathways, profiling and redesigning day

opportunities, improving communication between social work and providers, and aligning governance structures to monitor delivery and outcomes.

3. Recommendations

That the People Overview and Scrutiny Committee:

3.1 Formally acknowledges the outcome of the Care Quality Commission (CQC) Assurance Assessment, which demonstrates the Council's achievement of a 'Good' rating for Adult Social Care, and recognises the positive impact on residents' outcomes.

3.2 Whilst acknowledging that it will be necessary to identify additional resources, we ask for the People Overview and Scrutiny Committee's commitment to continuous improvement, as set out in the Towards Outstanding Action Plan (TOAP), and where necessary requests progress updates on the delivery of key milestones, including actions to address areas identified for improvement by the CQC.

3.3 Notes the specific risks and challenges identified in the report, including those relating to capacity, financial sustainability, and statutory compliance, and requests that risk mitigation measures and resource requirements are kept under review and reported as part of ongoing assurance.

3.4 Supports the ongoing development and implementation of robust governance arrangements for monitoring progress against the TOAP.

3.5 Identifies areas it would like to scrutinise further and add to work programme.

4. Risk Assessment and Opportunities Appraisal

4.1. There is a statutory duty upon the Council to comply with the requirements of the Care Act 2014 in the delivery of adult social care services. Failure to maintain compliance with these statutory obligations presents a significant risk, including potential regulatory intervention by the Care Quality Commission, reputational harm, and adverse outcomes for residents. Therefore, adult social care must maintain the current standard in order to avoid the risk of receiving an inadequate or requires improvement rating from CQC in the future. Falling below a 'Good' rating may require more significant financial investment to meet the expected standard.

4.2. By developing a clear plan to address next steps, recommendations by CQC, we aim to build on our achievement to date. We have called this the Towards Outstanding Action Plan (TOAP)

4.3. It is essential to retain the good practice seen across many areas of Adults Social Care that enables the residents of Shropshire to remain in their homes or in their communities for longer in order to live their best life.

Risk	***Mitigation***
1. Financial Pressures- There is a risk that financial constraints may limit the Council's ability to implement system changes and deliver further efficiencies, particularly in prevention and early intervention work.	Explore alternative funding sources where possible, prioritise high-impact initiatives, and leverage technology and partnership working to achieve efficiencies. Regularly review financial plans and escalate any significant risks.
2. Capacity to Deliver Transformation- Insufficient staffing or specialist capacity may impede delivery of transformation projects and the TOAP, affecting statutory compliance and service quality.	Maintain robust governance and reporting arrangements, including highlight reports to the Continuous Improvement Group. Undertake regular workforce planning and escalate resource gaps. Consider temporary or external support where necessary.
3. Deterioration in Outcomes or Practice Standards - Failure to sustain improvements may result in declining outcomes for adults drawing on services, and risk non-compliance with Care Act duties.	Monitor performance through the Performance Board and regular highlight reports. Embed continuous improvement and learning from complaints, safeguarding reviews, and benchmarking.
4. Failure to Achieve TOAP Milestones - Delays or under-delivery against the TOAP could undermine progress and assurance to the CQC and residents.	Track progress against milestones with clear accountability. Escalate slippage to the Continuous Improvement Group. Adjust plans responsively to address emerging barriers.
5. Long-Term Financial Sustainability-	Identify and secure sustainable funding sources for the post. Highlight resource requirements in budget planning and Cabinet

Uncertainty regarding ongoing funding for key posts (e.g., Assurance Programme Officer) may impact the Council's ability to maintain assurance readiness and deliver improvement.	reports. Consider alternative delivery models if funding is not secured.
6. Equalities and Human Rights Compliance - There is a risk of failing to meet duties under the Equality Act 2010 and Human Rights Act 1998, particularly in relation to accessibility, equity, and support for protected groups.	Implement and monitor the Equality Objectives Action Plan. Regularly review data on outcomes for protected groups and take corrective action as needed. Ensure all service changes are subject to Equality Impact Assessment.
7. Statutory and Regulatory Change - Changes to the national assurance framework or statutory duties may require rapid adaptation.	Continue horizon scanning and policy monitoring. Ensure flexibility in action plans and governance arrangements to respond to external changes.

5. Financial Implications

5.1 Shropshire Council continues to manage unprecedented financial demands, and a financial emergency was declared by Cabinet on 10 September 2025. The overall financial position of the Council is set out in the monitoring position presented to Cabinet on a monthly basis. Significant management action has been instigated at all levels of the Council reducing spend to ensure the Council's financial survival. While all reports to Members provide the financial implications of decisions being taken, this may change as officers and/or Portfolio Holders review the overall financial situation and make decisions aligned to financial survivability. All non-essential spend will be stopped and all essential spend challenged. These actions may involve (this is not exhaustive):

- scaling down initiatives,
- changing the scope of activities,
- delaying implementation of agreed plans, or
- extending delivery timescales.

5.2 The CQC Assurance process does not consider the financial implications of the delivery of services, instead it focusses on the quality of delivery and experiences of residents. However, the impact of not maintaining a 'Good' rating is likely to lead to need for further investment.

5.3 There is currently no staffing resource dedicated to the ongoing management and oversight of this function. Without funding for a dedicated post to oversee the progress of this work, there will be a significant impact on the quality of work that can be done to support Adult Social Care prepare for future assurance assessments and support the Towards Outstanding programme.

6. Climate Change Appraisal

6.1 The CQC assurance process and report have a 'no effect' outcome on climate change.

Report

7. Background - our assessment, performance, improvements and next steps

7.1 CQC Assessment Framework Overview

7.2 From 1 April 2023, CQC began formally assessing local authorities' delivery of adult social care. This includes:

- Evaluating how well authorities meet their Care Act duties.
- Providing independent assurance to the public.
- Enabling the Secretary of State to intervene where authorities are found to be failing.

7.3 The CQC assesses local authorities with adult social care responsibilities. Evidence is drawn from five categories:

- People's experience
- Feedback from staff and leaders
- Feedback from partners
- Processes
- Outcomes

7.4 Evidence is collected in three stages from on-site and off-site methods:

- Existing evidence: e.g. national data, regulatory insights.
- Requested evidence: e.g. policies, strategies, survey results, staff feedback, and self-assessment.
- Actively collected evidence: e.g. case tracking, focus groups, staff interviews

7.5 Once a local authority is notified, they are requested to submit an information return request, which includes:

- A list of required documents and data.
- A deadline for submission.
- Contact details for a designated CQC planning co-ordinator.
- Local authorities are not expected to submit information until formally requested. The return also includes a self-assessment, which contributes to the "Feedback from staff and leaders" category.

7.6 **Pre-assessment process for Shropshire:**

- Submitted 234 documents within the Information Return (7 March 2024).
- Provided Care Act assessments and support plans for 7 people for CQC's case tracking sample
- Supplied CQC with the names and contact details for 17 unpaid carers who are willing to speak to CQC

- Staff engagement and preparation included:
  - A comprehensive internal communication campaign was rolled out with briefings shared across Adult Social Care teams
  - "My CQC Self-Assessment" tool was promoted to help staff reflect on their practice and readiness.
  - Drop-in sessions and team meetings were arranged to discuss potential CQC questions and highlight strengths and improvement areas.
  - Mock inspections held on 7–8 May 2024 to simulate the CQC process and prepare frontline staff.

- Stakeholder and Partner engagement was embedded in the preparation process with briefings to prepare key members, Experts by Experience, Providers and regional representation for the assessment.
- Governance and Leadership Involvement:
  - Senior leaders were actively involved in planning, oversight and production of the Self Assessment.
  - The CQC Leadership presentation prepared for CQC inspectors on 9 May 2025, which included organisational structure, care pathways, and accountability lines.

7.7 **Our assessment (4-6 June 2024):** During the site visit CQC inspectors met with a wide range of stakeholders, totalling over 160 people, and comprising of:

- 12 x staff groups which CQC requested to meet with, including teams from Frontline Safeguarding Adults, Commissioning/Direct Payments, Preparing for Adulthood (Transitions), Frontline Access/Out of Hours/Mental Health/AMHP/Integrated Discharge, Reablement, Community Social Work, Occupational Therapy, Carers Support, Provider Development/Quality Assurance
- 3 x Staff drop-in sessions were held to allow direct engagement with frontline staff, managers or other teams across ASC who were not involved in the planned staff group meetings requested by CQC.
- 9 x Individual meetings with key stakeholders including Chief Executive, Director of Adult Social Services (DASS), Safeguarding Board Independent Chair, Overview and Scrutiny Chairs, Principal Social Worker, Lead Member ASC, ASC Shadow Lead Member, ED&I Leads (ASC/Corporate), Shropshire & Telford Hospital NHS Trust and BCF & Integrated Equipment contract (*relating to Section 75*), and Director of Public Health
- Teams meetings with Co-production groups/Direct Payment Board/Carers
- Teams meeting with Providers, which included Domiciliary care, OP care homes, VCS, LD&A supported living and other services

7.8 **Post-assessment requirements, reflection and feedback:**

- Staff and Stakeholders were kept informed through briefings which incorporated key reflections and learning points from the site visit and assurance assessment process.

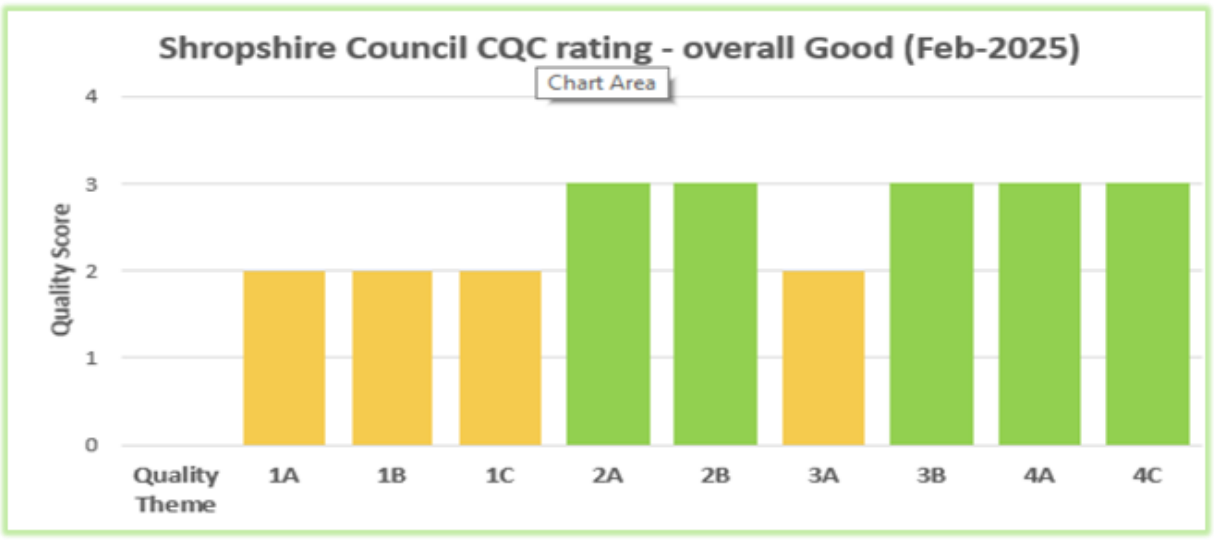
- A factual accuracy response process was initiated by CQC to clarify evidence, numerical/typographical errors, omissions and inaccuracies within the draft report.
- This process was repeated a second time with CQC due to the large number of inaccuracies and omissions.
- Submissions made to CQC to correct information within the Factual Accuracy check contained a total of 267 areas, of which 71% (190 inaccuracies, errors or omissions) were upheld/partially upheld.

7.9 How did Shropshire Council perform when assessed?

7.10 We were rated **'Good'** overall.

7.11 These scores are based on assessments across nine domains grouped into four themes, including:

- **Theme 1 : Working with people**
  - 1A. Assessing need, 1B. Providing Support, 1C. Equity and outcomes
- **Theme 2 : Providing Support**
  - 2A. Care provision, 2B. Partnerships and communities
- **Theme 3 : Ensuring safety within the system**
  - 3A. Safe systems, 3B. Safeguarding
- **Theme 4 : Leadership**
  - 4A. Governance and management, 4B. Learning and improvement

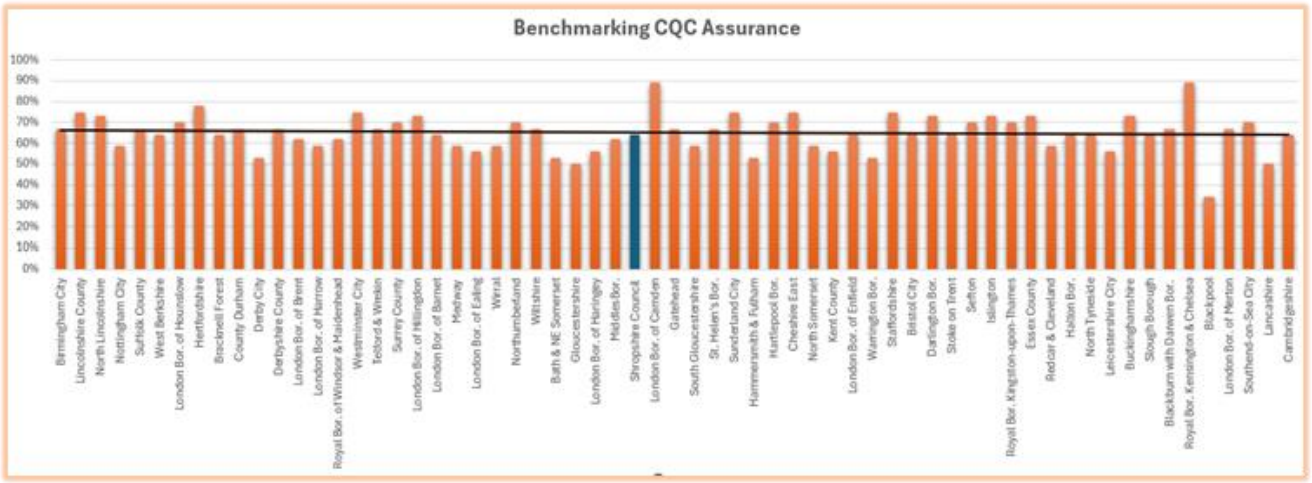


7.12 For each theme CQC set out the 'I statements' and 'quality statements' that they assess against:

- Quality statements are the commitments that local authorities must commit to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care.
- I statements are what people expect. They are based on Think Local Act Personal's 'Making It Real' framework.
- Sections of the Care Act to which the quality statements relate
- Required evidence categories for each quality statement and sources of evidence.

7.13 **How does Shropshire Council benchmark overall against other Local Authorities?**

7.14 Some Council are awaiting their assessment, but from the local authorities already assessed, the mean average score is 65% so far. All site visits will be complete by December 2025. Once all reports are finalised March 2026, a full report from CQC will be produced. Publication date is expected to be summer 2026.



7.15 **Headlines of CQC's findings**

7.16 *People's Experiences*

- Many individuals reported improved independence and satisfaction with support they received, especially through the First Point of Contact Centre (FPOC).
- Social workers were praised for maintaining contact during delays.
- Assistive Technology is used appropriately to promote independence
- Service Provided was based on assessed need.
- Hospital Discharge and Reablement: Strong performance noted, with reablement services helping people remain independent post-discharge.

7.17 *Rurality*

- Challenges were acknowledged. Shropshire's rural geography presents service delivery challenges. The Council has responded with initiatives like the 'Rural Proofing for Health Toolkit', Technology Enabled Care (TEC), and the 'Two Carers in a Car' scheme (2CiC).

7.18 *Performance and Outcomes*

- Reablement Success: most people supported by the Short-term Assessment and Reablement Team (START) did not require long-term care.
- Waiting List Reduction: Action trays reduced from 1200 to 600, reflecting significant operational effort.
- No Wait Times: For financial assessments, safeguarding, mental health, Preparation for Adulthood (PFA) and hospital discharge.

7.19 *Innovation and Improvement*

- Technology in Supported Living: Virtual Care Delivery (VCD) is being scaled to improve outcomes.
- Feedback and Co-Production: A remuneration plan and framework have been launched to support meaningful engagement.

7.20 **Areas that Require Improvement**

7.21 While the Council was rated Good overall, the assessment identified several areas requiring improvement, particularly around timeliness of assessments, accessibility, equity, support for carers, transitions, and learning from feedback. However, it was evident that the council is actively working on these areas, with action plans and transformation programmes in place.

7.22 Timeliness of Assessments, Care Planning and Reviews

7.23 *Assessment, care planning and review arrangements were not always timely or up to date:*

- Significant waiting times existed for people with sensory needs, older people, and those with learning and/or physical disabilities supported by community teams.
- Median wait for a Care Act assessment was 34 days, with the longest wait at 161 days (reduced from 195).
- For sensory needs, the median wait was 135 days, with the longest at 368 days.
- At the time of assessment, 810 reviews were overdue (79% overdue by less than 6 months).
- The local authority was taking action, including creating a dedicated care review team and outreach work.

7.24 Occupational Therapy Waiting Times

7.25 *Significant waiting periods for access to occupational therapy, leading to delays in equipment and home adaptations*:

- 431 people were on the waiting list for an occupational therapy assessment, with a median wait of 131 days.
- A review was underway to address this, with interim risk management to prioritise those with the greatest need.

7.26 Provision and Accessibility of Information and Advice

7.27 *Shortfalls in the provision and accessibility of information and advice about care and support:*

- Online information was not easily accessible for everyone. Work was underway to improve the website and online directory, and to address digital exclusion with voluntary sector partners.

7.28 Support for Unpaid Carers

7.29 *Mixed feedback from unpaid carers regarding the adequacy of support.*

- Some carers felt the support did not meet their needs, and carer groups were not always suitable or accessible, but action was being taken through an All-age Carers strategy but further engagement and improvement were needed.

7.30 Transitions Between Services

7.31 *Mixed experiences for children moving into adult services and for people moving between services*:

- Some experienced smooth transitions, but others reported a lack of continuity and delays, but the council was aware and taking steps to address these issues.

7.32 Equity in Experience and Outcomes

7.33 *Evidence of shortfalls in equity of access and outcomes:*

- The council recognised the need to improve methods for identifying deprivation and health inequalities, especially in rural areas. There were gaps in data regarding inequalities for people with protected characteristics.
- Accessibility arrangements (e.g., translation, interpreters) were not always timely or sufficient.

7.34 Direct Payments

7.35 *Lower than average uptake of direct payments compared to national figures:*

- Staff needed to be more proactive in making people aware of direct payments as an option.
- Recruitment of personal assistants in rural areas was challenging.

7.36 Deprivation of Liberty Safeguards (DoLS)

7.37 *Delays in completing DoLS assessments:*

- Lower risk DoLS assessments could take 2–3 years to complete.
- Action plans were in place, including use of agency workers and process reviews.

7.38 Co-production and Engagement

7.39 *Need to improve co-production with people who use services and carers:*

- Feedback indicated that the impact of co-production activity was not always shared.
- The council was developing a co-production strategy and had recently appointed a co-production lead.

7.40 Learning from Complaints and Safeguarding Reviews

7.41 *Challenges in embedding learning and showing improvement from Safeguarding Adult Reviews (SARs) and Ombudsman recommendations.*

- The council had a higher than average uphold rate for complaints to the Local Government and Social Care Ombudsman.
- Actions were being taken to address recommendations, particularly around assessment, care planning, and direct payments.

7.42 **Next Steps**

7.43. While the future for CQC's re-assessment process remains unclear at this stage, we are anticipating that at a re-assessment will take place in Autum/ Winter 2026/2027. Therefore, we will continue to monitor our performance and preparation (against the current CQC framework), including:

- *Self-Assessment*- The Self-Assessment is being condensed and updated on an annual basis. Highlight Reports are being prepared quarterly to summarise progress across thematic areas and presented to the Continuous Improvement Group.
- *Learning* - Lessons from Camden (Outstanding Equity, Diversity, and Inclusion) and Blackpool (Inadequate rating) are being integrated into Shropshire's improvement strategy.
- *Co-Production* - A Co-Production Framework and Remuneration Plan has been launched to support meaningful engagement.

- *Operational Readiness* - Teams are maintaining inspection readiness with up-to-date performance data and evidence packs where possible. The Post-CQC Learning Log Model is being completed to capture insights from the assessment process.

7.44 **The Towards Outstanding Action Plan (TOAP) See Appendix 2** –

We have created our Towards Outstanding Action Plan (TOAP) and aligning this where possible with broader transformation goals with milestones to include process and practice changes needed to achieve target outcomes. Each milestone has related measurable actions, with progress updated on a six-weekly basis at thematic meetings. Achievement of the outcomes will be evidenced through:

- Clear, quantifiable actions
- Progress is tracked against targets
- Regular monitoring and reporting
- Evidence of practice/process change
- Feedback/review
- External benchmarking
- Governance and assurance

7.45 **Governance and Assurance**

7.46 We have been working on our Action Plan since the assurance assessment and have now agreed to formalise the plan via a Continuous Improvement Group.

7.47 A governance structure is in place with the group chaired by the Director of Adult Social Services (DASS). Membership also includes lead member Councillor and Portfolio holder for ASC, Assistant Directors for Adult Social Care and Joint Commissioning, Principal Social Worker/QA Lead and along with other key stakeholders.

7.48 A highlight report is submitted to the Continuous Improvement Group for governance, oversight and assurance on a quarterly basis. This is produced with progress against outcomes from the four thematic meetings.

8. Additional Information

8.1 CQC framework to assess how well local authorities are performing against their duties under Part 1 of the Care Act 2014.
Assessment framework for local authority assurance - Care Quality Commission

8.2 This guide provides background on the Care Quality Commission (CQC) assessment process for lead members and includes information on the background, the process and how to prepare for the assessment.

CQC assessments for ASC: Must know guide for lead members | LGA

8.3 This document is designed to empower local authorities with actional insights and practical tools for driving improvement, ensuring compliance and ultimately delivering better outcomes for those who draw on adult social care services.
Analysis of LA CQC assessment reports: What does 'good' look like? | LGA

8.4 Source of information and support on Adult Social Care and focuses on the key issues facing portfolio holders.
'Must knows' for lead members for ASC | LGA

8.5 West Midlands ADASS support and progress of local councils through the CQC assurance process.
Assurance | WMADASS

9. Conclusions

9.1 Shropshire Adult Social Care worked with partners and council services to achieve a "Good" rating in the CQC Assurance Assessment.

9.2 The service is continuously striving to maintain the good standards of practice achieved to improve outcomes for Shropshire Residents.

9.3 The service aims to continuously improve and enhance the high standards of practice and processes utilised within Adult Social Care, as detailed in the Towards Improvement Action Plan.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

There are no background papers for this report

Local Member: All

Appendices [Please list the titles of Appendices]

1. Shropshire Council: local authority assessment - Care Quality Commission
2. Towards Outstanding Action Plan (TOAP) – *spreadsheet extract below*
3. Towards Outstanding Highlight report 1. (Jun-24 to Aug-25)

Appendix 2. Spreadsheet Extract

Outcome: Theme 1 (success measure)	Milestone(s)	Related Actions	RAG rating
1A.1 - To have no outstanding Care Act assessments over 28 days old	1) The front door managing low level demand through signposting, self-assessment, redirection and self-service	Digital creation of Self assessment forms and self-service via website	In progress
		Carers assessment	In progress
	2) Proportional assessment being used efficiently and effectively. (cross ref. link to 1A.2 milestone 2)	Need to review personal profile and reassessment on LAS and redesign so it is proportional	In progress
		Working group created for light touch reassessment document and support plans	Planning stage
	3) Implementation of the Reablement of Care Act Assessment service.	Recruitment from START	In progress
		Draft processes and LAS forms to be created to enable reporting on timeframes/delays, etc.	In progress
		Comms to people about the service and offer	Planning stage
	4) Under 80% of those waiting to be seen within 28 days wait - 25. Each area to allocate set target numbers each week depending on their numbers waiting	4) Under 80% of those waiting to be seen within 28 days wait	In progress
		Each area to allocate set target numbers each week depending on their numbers waiting	Completed
1A.2 - To have no outstanding specialist assessments over 28 days	1) Level 1/2 managing low level demand through signposting, self-assessment, redirection and self-service of existing waiting list	Online equipment store available.	In progress
		Online equipment repair booking system.	In progress
		Self-registering on the sight impairment register.	In progress
		Review the FSRS sensory equipment offer for fire safety	In progress
		Blue Badge team having access to LAS.	In progress
	2) Proportional assessment being used effectively and reportable - LAS review of our documentation, which then allows for triaging and early signposting to be captured. (cross ref. link to 1A.1 milestone 2)	Review of current assessment documentation.	In progress
		Review of allocation process.	Completed
		Review of data capture for reporting with gap analysis.	Completed
		Further actions around the gaps on PowerBI report	Planning stage
	3) Report delivered at SMT highlighting the impact of milestones 1 and 2 with further recommendations.	Review of demand after the implementation of the front door changes.	In progress
		Review of resource in light of new level of demand.	Planning stage
		Impact assessment completed	Planning stage
	4) Planned implementation of the agreed recommendations of SMT	Complete gap analysis	Planning stage
		Identify barriers, blocks and resources required to deliver SMTs preferred option	Planning stage
		Create delivery plan with clear timescales and actions	Planning stage

	5) Evaluation and review	To complete evaluation	**Planning stage**
		Deliver outcome report to SMT	**Planning stage**
1A.3 - To have no outstanding assessments for Occupational Therapy	1) Further reduction in waiting list.	Ongoing monitoring and management of the referrals	**Completed**
	2) Reduction in RAG rated RED cases and allocate new red cases as soon as referred	Ongoing monitoring and management of the referrals	**Completed**
	3) Address longest waiting Amber & Green cases for '23 (Green) and '24 (Amber)	Ongoing monitoring and management of the referrals	**In progress**
1A.4 - To have no outstanding assessments for DoLs	1) Action plan developed with clear expectations and timescales to address the existing wait list with designated resource. Consideration of Agency BIA part of 24/25. Extension of current agency arrangements to financial year end to support with daily operations.	Action plan in place with clear expectations and timescales	**Completed**
		Ongoing monitoring and management of the referrals	**In progress**
	2) Complete all outstanding assessments.	Ongoing monitoring and management of the referrals	**In progress**
1A.5 - To have no unallocated overdue Reviews (to allocate at 11 months)	1) To allocate and clear every overdue review from 21/22	Allocate and clear every overdue review from 21/22	**In progress**
	2) The reporting is built differently to capture reviews within sequel, but also reviews outside of sequel	Priority action to enable reporting of overdue reviews	**In progress**
	3) To allocate and clear every overdue review from 2023	Allocate and clear every overdue review from 2023	**In progress**
	4) To allocate and clear every overdue review from 2024	Allocate and clear every overdue review from 2024	**Planning stage**
1A.6 - To have no outstanding assessments for Independent Living Service	1) Complete all outstanding assessments.	Ongoing monitoring and management of the referrals	**In progress**
	2) Complete all outstanding assessments.	Ongoing monitoring and management of the referrals	**In progress**
	3) Complete remaining waiting list	Ongoing monitoring and management of the referrals	**In progress**
1A.7 - To improve assessment and support to carers	1) Additional resources of 2 Carer Practitioners (part time 25 hpw) to be identified - reviewing ARF funding (1 yr) and team vacancies	Recruitment	**Completed**
	2) Self assessment available on LAS	Work with LAS to develop the self assessment so that this can be completed by users online	**In progress**
	3) Having an improved Information & Advice that's accessible through Google and Mobilise search	Working on Eventbrite to ensure events are easily accessible and publicised	**Planning stage**
		Weekly bulletins to carers through mobilise	**Completed**
		Explore possibility of using LinkedIn to attract working carers	**Planning stage**

		Contacting businesses in readiness for attracting working carers for Carers Rights day	**In progress**
		Carers own social media page to control comms our to carers without relying on internal Comms team	**Planning stage**
	4) Improve clarity of pathways for assessment	Need to review Standard operating procedures to include when and who a carers assessment would be completed by	**In progress**
	5) Ensuring practitioners have a good understanding of how to meet carers needs through replacement care, and where appropriate, utilising a personal budget for a carer	Carers training for staff on how to meet carers needs, including replacement care and personal budgets	**Planning stage**
		Undertake joint carers assessments - cared for assessment and carers assessment. Practice and process issue.	**In progress**
1A.8 - English speakers of other Languages to have access to information and advice in a way they can understand	1) To improve language accessibility on Shropshire Council website for English speakers of other languages	Clarify if needed for non-English speakers	**Completed**
		Clarify if needed for BSL for deaf community	**Planning stage**
	2) Consideration of different language capabilities to be included in the development of the new digital assessment	Digital assessment development to consider different language capabilities	**Planning stage**
	3) If deemed necessary, service to commission support from IT	Commission service if agreed	**Planning stage**
1A.9 - To ensure everyone with a learning disability has had an in-year good quality review under the new LDA & PFA model	1) LDA & PFA model: establishment of the LD (adult team) - completed actions:	Meeting with operational SMs to look at capacity and demand across teams.	**Completed**
		Workshop within LD/A and MH to look at model, Capacity and demand, resource to transfer.	**Completed**
		Posts transferred	**Completed**
	2) Embed the process and practice of the LDA & PFA model	Embed process and practice	**In progress**
1A.10 - Contingency plans are completed for all casework by all teams for the use out of hours by the ESWT.	1) Contingency plans are completed for all casework by all teams for the use out of hours by the ESWT.	Contingency plans are completed	**Completed**
	2) Embed the practice of contingency plans completed for all casework	Practice embedded	**Completed**
	3) Clearly cited, accessible, strength-based contingency plans that can be used in an emergency out of hours	Contingency plans in place that can be used in an emergency out of hours	**Completed**
1A.11 - All young people allocated a transition worker before their 17th birthday	1) Allocate all known children aged 16-18 requiring assessment outstanding	Outstanding assessments allocated	**Completed**
	2) Embed the process and practice of 0-25 pathway - safe transfer.	Embed process and practice	**Completed**

	3) All known 16 year olds to be allocated a social worker - improved pathway (lowering of age)	Social Workers allocated for improved pathway	**Completed**
	4) Named worker to input updates on the child's record within supervision on a regular basis	Updates recorded by named worker	**Completed**
	5) Developing an outcome star for 16-18 yr olds that will go on children's record	Outcome star developed to go on children's record	**In progress**
1B.1 - To implement LEDER process and procedures	1) Provider communication on Leder priorities - monthly	Jun-25 update * All LeDeR reviews will continue to be undertaken, and quality assured as national process. * Any open actions will be followed up by the LAC/Deputy LAC and action owner for closure or escalation. * We currently have no focussed reviews for decision at panel so are not anticipating any delays in these in the meantime	**Completed**
	2) Internal awareness raising	Internal awareness raising	**Completed**
	3) Widen membership of Internal project Group	Internal project group membership	**Completed**
1B.2 - To implement priorities for Autism Strategy.	1) Autism task and finish group set up and ongoing work	Set up Autism T&F group in April 2024. T&F group ongoing, big session Apr-25.	**Completed**
	2) Development of Autism strategy	Develop Autism strategy	**In progress**
	3) Take draft to cabinet for sign off.	Take to cabinet	**In progress**
	4) To implement priorities for Autism Strategy.	Implement priorities	**In progress**
1C.1 - To have robust EDI practice in place in order to improve outcomes for diverse communities and minority groups	1) Strategic Equality Objectives Action Plan (5 year plan)	Agree and publish the Equality Objectives Action Plan 2024-28	**Completed**
	2) Devise dashboard to show outcomes for range or people with protected characteristics, plus people who live in rural locations	EDI information is incorporated into Performance dashboards	**In progress**
		Develop links between SCARF and the leadership board	**In progress**
	3) Clarify reporting structure for SCARF to Management Team	Clarification of reporting structure	**In progress**
	4) ICS develop an EDI work programme to drive forward ICS ambitions	Shropshire Council actions through ICS/EDI group and ICB	**Completed**
	5) To embed the LGBTQ plus and older people's issues into strategic partnership boards to reduce inequalities. To improve access to interpreters and translation and interpretation services for people to understand the need of diverse communities.	To utilise appointed translators at the right point to understand the need of individuals (through Comms)	**Planning stage**
1C.2 - To reduce inequalities related to		Council wide complaints report goes to cabinet on 9-Jul-25	**In progress**

protected characteristics through data analysis	1) To use data to identify the themes and trends of complaints that data did not identify if there were any inequalities with particular groups of people.	Collect equalities data (about the person who has complained, AND how they have found the process) suggested under the new complaints handling recommended as good practice by Apr-26	**Planning stage**
1C.3 - To implement the Rural Proofing for Health Toolkit to support our rural communities and complement ongoing work to address rural care issues (link to JSNA)	1) Evaluation of the impact of digitalisation on vulnerable demographics (Rural Proofing for Health Toolkit)	Evaluation to understand the impact of digitalisation on protected and vulnerable demographics - recommendation of Scrutiny committee	**Completed**
		Cabinet responded Feb-24 - Rural Proofing Health Toolkit	**Completed**
	2) ICS to develop Rural Health Strategy	Rural Health Strategy developed by ICS	**In progress**
	3) Production of JSNA	JSNA published	**Completed**
	4) To embed Rural Health Strategy across service areas	Embed strategy	**Planning stage**
1C.4 - To reduce health inequalities and deprivation to improve outcomes for people in Shropshire.	1) Work with partner agencies, including health and the voluntary and community sector to understand the communities within the county, through information from JSNA to meet the specific needs for its localities	Work with partner agencies, including health and the voluntary and community sector to understand the communities within the county	**Planning stage**
	2) To embed actions identified in the JSNA annual report to improve outcomes for people in Shropshire	Embed actions	**Planning stage**
	3) Tackle inequalities outlined in the Inequalities Plan	Inequalities plan	**In progress**

Outcome: Theme 2 (success measure)	Milestone(s)	Related Actions	RAG rating
2A.1 - To have a robust Joint Market Quality Assurance Framework in place	1) Appoint team manager to lead and review current Quality Assurance plan and continue with development of the Joint Market Quality Assurance Framework	Recruit manager	**In progress**
	2) Set up quality and performance group for review of market position monthly - QAP - TOR and 1st meeting to be established by May 2025	Set up quality and performance group	**Completed**
	3) Review and update service interruption policy	Review and update service interruption policy	**Completed**
	4) Review and update monitoring tools - workshop and related actions to be completed	workshop for staff to go through risk dashboard	**In progress**

	5) Reporting to SMT and reporting dashboards in place	WM-ADASS regional QA meeting led by Hereford	**In progress**
		WM-ADASS QA being reported into SMT	**Completed**
2A.2 - To have robust priority Strategies and delivery plans in place for teams to work towards/ implement	1) Commissioning Strategy (Market position statement) in place by 31/3/24	Commissioning Strategy in place	**Completed**
	2) Priority plan for commissioning strategies to be finalised	MH Strategy in place	**In progress**
		Commissioning strategies finalised	**In progress**
2A.3 - To reduce wait times for residential, nursing, home care & supported living	1) To create data driven reporting to monitor market response to care requirements in real time and act according to the data	Create data driven reporting on a monthly basis	**Completed**
	2) Data reporting in place - on going monitoring though SMT performance monthly meeting	Data reporting in place by 1/4/25	**Completed**
	3) Monitoring though SMT performance monthly to review progress to reduce wait delays	Monito through SMT	**Completed**
	4) Dashboard developed for length of stay, and steering group set up for oversight	Dashboard developed to have oversight.	**In progress**
		Steering group set up to review timeframes and meet regularly	**Completed**
	5) Market improvement - Age Well commissioning work plans	Improve use of Direct Payments in the PA market (also ref 2B.2)	**In progress**
		Implement enhanced rural rates for Dom Care	**Completed**
		Engagement with UEC over Provider capacity improvements	**In progress**
2A.5 - To have a robust action plan and monitoring of improvement actions in place for all Shropshire regulated providers identified as high risk or had received a CQC 'requires improvement' or 'inadequate' rating	1) Set up and refresh Quality Assurance processes and monthly oversight meeting to continuously monitor and manage market quality and risks	Quality Assurance processes and monthly oversight meeting reviewed	**Completed**
	2) Set up quality and performance group for review of market position monthly - QAP - TOR and 1st meeting to be established by May 2025. Group will oversee CQC ratings and themes across the market	Quality and performance group for review of market position	**Completed**
	3) Reporting to SMT to be started May-25 to give market overview to ensure robust governance and information sharing	Market overview to SMT	**Completed**
	4) Dashboards for market oversight to be set up and working - ensure relevant processes and policies updated to support regulated providers improvement or management of provider issues	Development of dashboard out of QPG meeting	**In progress**
		Engagement by commissioners to improve data by analysis of market and trends	**In progress**
		Update of service interruption policy	**Completed**
		Consideration to other process improvements	**Completed**

	5) Ensure relevant processes and policies updated to support regulated providers improvement or management of provider issues.	6 month review of new processes for due diligence	**Planning stage**
2A.6 - To have a more detailed understanding of the areas of need for care and support in each locality.	1) Complete all JSNA's.	All Place JSNAs complete	**Completed**
2B.1 - A clear partnership dementia Vision Pathway in place to inform dementia care across all our commissioning practice and engage with our markets to improve dementia outcomes	1) ICB to produce a robust partnership dementia vision pathway to inform dementia care across all our commissioning practice and engage with our markets to have the cohesive level of excellence we strive for with dementia care across our system.	Signed off by ICB commissioning	**Completed**
		Launched by ICB once process agreed	**In progress**
	2) Community based Multi Disciplinary Team (MDT) with Memory service and Admiral nurses. Rolled out in 2 areas (North/South), waiting for it to be rolled out in Central .	Data sharing agreement in place	**Completed**
		Rolled out across all three areas	**In progress**
		PCN worker coverage for the area	**In progress**
	3) Operational Leadership Group with strategic responsibility to ensure pathways is clear, and that everyone understands their responsibilities	Development of ICB vision page showing Dementia vision pathway for families, including carers	**Completed**
	4) Formation of a Task & Finish group, set up better engagement focus with residents to utilise new processed for engagement of co-production to ensure better understanding of the gaps	T&F agreed with members of lived experience to start (ICB steering group)	**In progress**
		Wider community engagement consultation	**In progress**
		Develop project implementation document - draft ToR for Dementia steering group	**In progress**
		Internal discussion forum including Joint Training and Partners in Care (PIC)	**In progress**
	5) Improvement and quality of care for providers	Develop project implementation document	**In progress**
		Provider markets engagement and implementation	**In progress**
		Develop Action plan and commissioning intentions	**In progress**
2B.2 - Joint Strategic Commissioning Board to inform commissioning intentions and action plans, and to strengthen monitoring and impact of services and plans	1) Action plan and commissioning intentions to be developed.	Joint strategy in place by	**In progress**
		Monthly project group in place	**Completed**
	2) Joint commissioning SEND strategy - established project group and Joint strategy in place Leadership Board clarification on future priorities for integrated commissioning in light of ICB changes to inform plans for 2026/27	Analysis of partner priorities and data completed	**Completed**
		Draft strategy to be considered through relevant governance	**In progress**
		Raise issue and gap area to ICB	**In progress**

	3) Leadership Board clarification on future priorities for integrated commissioning in light of ICB changes to inform plans for 2026/27	Leadership Board clarification on future priorities	**Planning stage**

Outcome: Theme 3 (success measure)	Milestone(s)	Related Actions	RAG rating
3A.1 - Delivery of Exploitation pathway for adults	1) Adult exploitation Pathway was trialled in 2021 by SSCP group. Discussions are underway with partners to consider the best way to deliver an Adult exploitation pathway as part of the SSCP exploitation group.	Guidance in development to ensure that adult exploitation is considered as well as transitional safeguarding arrangements	**Completed**
	2) Completion of Guidance	Completion of Guidance	**Completed**
	3) Feedback from partners and SMT	Feedback from partners and SMT	**Completed**
	4) Guidance sign off	awaiting sign off and decision making at adult safeguarding board on how we tackle adult exploitation	**In progress**
	5) Implementation	After sign off, implementation	**Planning stage**
3A.2 - A robust action plan in place to improve outcomes for domestic abuse cases	1) New questions / outcomes to be added into Personal Profile and Support plan so we can gather info needed.	FPoC questions to be identified and revised (FPoC - trauma-informed work)	**In progress**
		Arrange for ASC and Adult Safeguarding to come together to discuss data/data collection and identify what ASC are looking to achieve	**In progress**
	2) FPoC and all practitioners to have training around domestic abuse	Recommendations have been put forward in the FPoC Impact report	**Completed**
		Basic training provided to staff (3 levels of training delivered by Joint Training. Bespoke training has been delivered to some teams) - Adult Safeguarding Training Matrix	**Completed**
		Discussions with FpoC following 6-month post-training evaluations to review further training or support	**In progress**
3A.3 - All Emergency contingency plans in place for all people with	1) At point of re-assessment or review, all contingency plans to be updated on LAS	Contingency plans updated on LAS (at point of re-assessment or review)	**Completed**
	2) Reviewed annually	Annual review scheduled as practice	**Completed**

person centred information for those receiving Dom Care or support from relatives/friends	3) All records to have up-to-date case summary which includes details of emergency contacts, etc.	All records updated	**Completed**
	4) Reviewed annually	Process in place to review annually	**Completed**
	5) Complete audit	Thematic Audit	**Planning stage**
3A.4 - To ensure continuity across transitions from children's to adults - continuation of service provision	1) To improve communications between SW teams and providers - reviewed existing process and pathway, and implemented in Apr-2025	Review existing process and pathways	**Completed**
	2) Established within 0-25 commissioning and service provision pathway	Monthly meetings scheduled	**Completed**
	3) Established ToR and touch point areas, e.g. Referrals for accommodation	Review process and planning list	**Completed**
		Further work on need - specific pathways for young people and young carers	**In progress**
	4) Strategic commissioning link to JSNA's, and individual strategies and delivery plans to consider the transition pathway [Commissioning to input re: regulation, e.g. work with providers to be dual-regulated with CQC to not have cut-off at 18]	Establish commissioning priorities	**Planning stage**
3A.5 - Joint process for CHC/S117 implemented	1) Joint process for CHC/S117 being developed	Identify training and best practice.	**Completed**
	2) Ongoing development meeting with the ICB	* Agree a joint MOU - Change in ICB - new approach adopted - ICB to lead in developing MOU further. MOU drafted and shared by Shropshire LA * Operational guidance plus funding agreement split operational guidance,	**Completed**
	3) Outstanding for S117 would be an agreed policy and procedure for the system partners, that also included operational guidance with a funding agreement.	Sign off from ICB for S117 agreement	**In progress**
	4) Outstanding for CHC - awaiting sign off from ICB quality process.	Sign off and decision making at strategic partnership boards	**In progress**
3B.1 - Mechanism of learning and feedback of the process is needed - wider learning is needed for Adults and Children's services	1) Linking in with Joint Training to deliver learning to social care staff, in partnership with PSW	Improve identification of learning.	**Completed**
		Multi agency T&F group to deliver learning & development opportunities	**Completed**
		Develop process to assure learning has been embedded. Oversight through Q&A group (monthly for adults & children's).	**In progress**

		Process in place to carry out further assurance work 6-months post learning delivery to ensure it has been embedded - case audit work	**Completed**
		Increased the Safeguard training offer	**Completed**
		Blue Light training - programme of training to be commissioned	**In progress**
	2) Learning brief shared with staff (within 3 mins brief for ASC and website for SSCP)	Learning briefs go out to all the teams, and is published on the website	**Completed**
		Create efficiencies to make learning offer more accessible and effective.	**In progress**

Outcome: Theme 4 (success measure)	Milestone(s)	Related Actions	RAG rating
4A.1 - Increased number of Experts by Experience and Co-production activities	1) System agreement on joint policy (All Age)	Co production framework launched	**Completed**
	2) Volunteer /Expert by Experience Expenses – process approved and in place	Process approved	**Completed**
	3) Finalise and launch renumeration plan for Experts by Experience for their contribution of time and expertise, including payment of out-of-pocket expenses.	Launch renumeration plan	**Completed**
	4) Establish a pool of volunteer Experts by Experience.	Set up a mailing list	**Completed**
		Engagement plan completed	**Completed**
		Quarterly Co-production newsletter to advertise activities	**Completed**
		Recruitment activities	**In progress**
		Web page development	**Planning stage**
		Development of Leap into Learning module	**Planning stage**
	5) Continue work to develop a digital matching solution that enables us to promote coproduction work activities, and Experts by Experience to express their interest in these roles.	After Co-production pool is launched, move the mailing list onto the pool.	**In progress**
		Promoting that whole process for staff to fill out digital form.	**Completed**
4A.3 - ASC Workforce Strategy in place	1) Identify data to predict future demand for adult social care in Shropshire	Identify data including context our demographics, challenges and forecasting and demands, including workforce demographics and the impact of international recruitment	**Completed**

		Information and context around training and qualifications - current level of training/qualifications in our workforce, gaps and what is needed.	**Completed**
	2) Utilise uplift process 1:1 s with provider organisations to discuss workforce issues and requirements	Commission officers met with providers during the uplift process to get feedback	**Completed**
	3) Key priorities for the care market to be identified and added into the draft strategy	Commissioning - work related projects outlined in MPS	**Completed**
		Incorporate and align recent work undertaken by the Housing LIN and predictions on demand and capacity	**In progress**
		Analyse the data we have around future population changes and predicted demand, to inform our workforce strategy priorities in the next 1-5 years and beyond.	**Planning stage**
	4) Finalise and update of ASC Workforce Strategy (Draft)	Finalise workforce strategy for ASC	**In progress**
	5) Sign off by SMT	Finalised ASC workforce strategy Signed off by SMT	**Planning stage**
4A.4 - Appropriate performance management of dashboards with data readily available to those that need it.	1) Identify what data we require and what dashboards we require	Provide Data pack	**Completed**
		Identify data required for performance reporting	**In progress**
	2) Development of Dashboard	Dashboard development	**In progress**
4B.1 - To improve feedback overall from people who draw on services, partners and staff (scored 2 on feedback for many areas - see Governance tab from scoring grid, with several instances of mixed feedback cited in the report)	1) People know how to give feedback about their experiences of care and support including how to raise any concerns or issues and can do so in a range of accessible ways.	Information given as standard about how to make a complaint, a compliment or a concern	**Completed**
	2) Undertake an analysis to identify gaps in knowledge and feedback processes	Annual Social Care Survey 23/24 completed. Does not contain questions relating to feedback/complaints. We can request additional Qs (2-3) to be included by NHS England, if approved, this data would have to be kept separately (resource implications)	**In progress**
		Agree questions to propose to NHS England	**In progress**
		Insights team to have direct link - followed up with relevant team to take appropriate action.	**Completed**
	3) People feel that their complaint or concern will be explored thoroughly and they will receive a response in good time because complaints are dealt with in an open and transparent way, with no repercussions (add to ASC survey)	Need to invest in more work related to Ombudsman's new guidance for 3rd party complaints. Refresher needs in commissioned service complaints, currently not fulfilling requirements set out in contracts	**Planning stage**

	4) People are kept informed about how their feedback was acted on. Where improvements are required as a result, people have the opportunity to be involved in shaping the solutions and measuring the impact.	People are informed who have made a complaint through the response.	**Completed**
		There are currently no forums for people to have the opportunity to be involved. Add comment to complaints form to let people know that they can be part of a complaints forum/ExE to be involved in shaping the solutions and measuring the impact.	**Planning stage**
	5) Learning from complaints and concerns is seen as an opportunity for improvement and staff can give examples of how they incorporated learning into daily practice.	Learning reviews in place with learning shared across the service.	**Completed**
		If the service is taking action as a result of the complaint, then need to share what the learning and actions where with Feedback & Insights team	**In progress**
		Any service improvements to be reported back to the Feedback & Insights team, related to themes or learning within the complaints (strategic level)	**Planning stage**
4B.3 - To embed strengths based practice into day to day operations	1) Task & Finish group to develop practice on proportionality.	T&F group to develop practice on proportionality.	**In progress**
	2) Guidance from Chief Social Worker. Developing guidance.	Guidance produced by Chief SW and will be incorporated into guidance on proportionality for staff	**In progress**
	3) Sign off by SMT	Signed off by SMT	**Planning stage**
	4) To ensure Support plans & assessment documentations are strengths based.	NDTI training delivered to 3 cohorts of staff in operational teams	**Completed**
4B.4 - To ensure support plans are all person centred	1) Assessment and Training	Conduct a thematic audit of current support plans to identify gaps in person-centred practices.	**In progress**
		Provide training sessions for all care staff on person-centred care principles and practices	**Completed**
	2) Support Plan Development	Collaborate with individuals receiving care, their families and care staff to develop or revise support plans that are person-centred	**Planning stage**
		Ensure each support plan includes specific, measurable goals that reflect the individual's preferences and needs.	**In progress**
	3) Implementation and Monitoring	Implement revised support plans and ensure all staff are following the person-centred approach.	**Planning stage**
		Monitor implementation through regular check-ins and feedback sessions with individuals receiving support and their families.	**Planning stage**

	4) Evaluation and Continuous Improvement	Evaluate effectiveness of person-centred care plans through surveys, interviews and outcome measurements.	**Planning stage**
		Use the feedback to make continuous improvements to the care plans and the overall approach to person-centred care	**Planning stage**
	5) Care plans person-centred and presented in a way the person can access and understand it	How we can present their care plans so that it is person-centred and in a format that they can access and understand.	**Planning stage**
	2) Training for SWs and other staff undertaking Care Act Assessment	Training for SW and other staff	**In progress**
	3) Training for care providers and leisure centre providers	Training for care providers and leisure centre providers	**In progress**
	4) Engage in research to support this project	Research engagement	**In progress**
4B.11 - Housing LIN	1) Supported housing needs assessment completed, key outcomes communicated and work being aligned	Supported housing needs assessment completed	**Completed**
	2) Review connected governance arrangements to align with Leadership Board and into other functions like Housing (eg. Housing Exec Board, etc) to monitor delivery against recommendations	Redesign Housing Exec Board	**In progress**
		Agree design of meetings and Shropshire role of the Boards	**In progress**
4B.15 - SCARF	1) Set up the Forum	Set up Forum	**Completed**
	2) Agree the ToR	Agree ToR	**Completed**
	3) Identify Forum members	Identify Forum members	**Completed**
	4) Engage staff in a range of projects/work	Staff engagement	**Completed**
4B.18 - Supported Living	1) Review of commissioning arrangements undertaken.	Review commissioning arrangements	**Completed**
4B.19 - Improved Reablement offer for community to reduce the number of people needing long-term care	1) Pilot project utilising START staff downtime to offer community packages of reablement	Pilot project	**Completed**
	2) Start reablement project and link in to new operating model (NOM) improving the offer at the front door	Transformation funding approved	**Completed**
		PID completed	**Completed**
		Staff recruitment	**In progress**
	3) Embed reablement into ASC pathway from the front door	Write pathways	**In progress**
		Change LAS forms	**In progress**
		Align social work staff to the NOM	**In progress**
4B.20 - Modernising Day Opportunities	1) To profile the people who use Day opportunities across Shropshire	Understanding of our current demographics in-house	**Completed**
		Profile people who use external provision of day opportunities	**Completed**

	2) To have a new model for Day Opportunities across Shropshire	Review and explore different models of Day Opportunities nationally	**Completed**
		Commissioning to develop a model through Coproduction/engagement with ExE.	**In progress**
	3) Roll out new model	Model rolled out	**In progress**

Appendix 3. Towards Outstanding Highlight report 1. (Jun-24 to Aug-25)

Towards Outstanding Action Plan (TOAP) progress highlight report **Programme Name – 'Towards Outstanding'**			
Completed by:	**Camille Mortimer (CQC Assurance Programme Officer) with collaboration from Dan Powner (CQC Lead) and Chairs of Thematic Groups: Michelle Williams (*Theme 1*), Lesley Brown (*Theme 2*), Amanda Allcock (*Theme 3*), Cezar Sarbu and Tamsin Waterhouse (*Theme 4*)**	**Report no.**	**1**
Date:	**20 August 2025**	**Reporting period:**	**from Jun-24 (CQC Site visit) to Aug-25**

WORK COMPLETED/SUCCESSES (during reporting period)

The Towards Outstanding Action Plan (TOAP) was developed to address the improvements identified in our Self Assessment (SEF) and the CQC inspection process, as detailed in the report published on 28-Feb-25. The plan aims to highlight and implement changes in practice and processes across Adult Social Care to enhance our services. CQC will be included in the Scrutiny process from October 2025. CQC Improvement Board with Terms of Reference (ToR) has been approved for oversight, assurance and direction, with quarterly meetings commencing on 2-Sep-25 to sign off this highlight report.

These outcomes have been completed (*TOAP reference no.*)

Theme 1. Working with people

1A.10	**Contingency plans are completed for all casework by all teams for the use out of hours by the ESWT**	• Contingency plans are now completed for all casework by all teams for the use of Out of hours by the Emergency Social Work Team	● **Completed**
1B.1	**LEDER implementation process and procedures**	• Currently have no focussed reviews for decision at panel so are not anticipating any delays in these in the meantime. 24/25 annual published report Jul-25. Operational and Commissioning focused session in July 25 has concluded and closed all actions.	● **Completed**

Theme 2. Providing Support

2A.6	**To have a more detailed understanding of the areas of need for care and support in each locality**	The Place Based JSNAs are now all complete, the annual report includes a summary of all of them to meet the specific needs for its localities	● **Completed**

PROGRESS in the last reporting period	**Symbol – Status Label**	**Description**
	↑ **ONGOING / PROGRESSING**	Progress advancing as planned or ahead
	↔ **ON TRACK / NO CHANGE / PLANNED**	Status is stable - work is planned or maintained position
	↓ **AT RISK**	No progress, work to be scheduled, delayed or regressing

Theme 1. Working with people				
TOAP	**Focus**	**Progress update**	**Progress**	
1A.1	**Wait times - Care Act Assessments (over 28 days)**	Consistently maintained below 200 people on the wait list for the last 7 months. PSW has created some guidance on proportionality - will bring this to SMT date TBC. Each area has been allocated with set weekly completion target numbers. We are introducing a pause at the initial stage of the assessment process to empower and enable individuals maximising independence prior to assessment through START intervention, which should reduce the number of people requiring assessment. Recruitment is underway; however we may need to consider a campaign. Service Director has requested overview of front door actions. Planned front door transformation with action plan in place. New report on PowerBi to see an improved picture of the level of signposting. Now have a PMO and are currently working through process & procedure, and amending LAS to streamline documentation and performance reporting.	↑	
1A.2	**Wait times – Specialist Assessments (over 28 days)**	Triage of the low level since we did the RAG criteria review, they've all been redone. So there should be an increase now in our green rag. Drafted change form for LAS. Capturing outcomes, equipment and reporting side. No date set for SMT, awaiting FOI data. Until LAS work has been done unable to get PowerBi report.	↑	
1A.3	**Wait times - Occupational Therapy (outstanding assessments)**	Ongoing monitoring and management of the referrals, data reported weekly on Reporting Wait List spreadsheet. **Numbers reduced from originally around 1200 to 621 in Aug-25 (37 Red, 218 Amber, 366 Green), which is a significant achievement.** Red RAG-rated cases now completed from 23/24 - 22 cases from 2023 outstanding due to hospital admissions, otherwise all clear. Changes within ILS, so the team is concentrating on other priority tasks due to the recent review, so this work (amber/green RAG-rated cases) has been delayed.	↔	
1A.4	**Wait times – DoLs (outstanding assessments)**	All data reported in Power BI - monitoring of work tray applications, numbers of received sign offs. Considerable work has been achieved to address/review 20/21 and 21/22. Without additional funding, unable to progress further to address backlog.	↔	
1A.5	**Wait times – unallocated Reviews (allocate at 11 months)**	Working on overdue as of 2022. Cleared over 100 since 1-Feb-25. 117 outstanding. Overview Reviews - performing well with funded ones. Practice issue rather than a cost issue. Met with data team yesterday (to capture revies within sequel and outside of sequel) - aware this is a priority action to enable reporting of overdue reviews. They will add in a part to the report to show overdue re-assessments within last 12 months.	↑	
1A.6	**Wait times - Independent Living Support (outstanding assessments)**	Current processes in place to reduce waiting list numbers have been successful as numbers reduced by over 300 cases. Delayed due to other issues, waiting list gone up, expecting increase due to staff leave - planned for this. Aug-25 total wait list is 88 (3 Red-rated, 85 Amber-rated).	↑	
1A.7	**Improve Carer Assessment and support**	Digital Self-assessment has been started and have been exploring AI support to facilitate Information and Advice for carers. Regular bulletins through IT. Project delayed, but making progress - Project officer in place for carers self-assessment and also for service users. Met with Mobilise and discussed their offer, but don't have funding to pay for this. Awaiting feedback from ED and AD. Progress on Carers having own social media page is difficult as Council trying to reduce no. of Orlo license users due to spending budget - may need to look at reducing no. of users through day service to free up a license.	↑	
1A.8	**Improve language accessibility on Shropshire Council website**	Digital self assessment work group informed of the requirement for language options to be considered in tool development. Tanya wanted a banner at the top of the page that the individual can pick their own language. However, the more tools that are added to the website, the more it can detract from the	↑	

	(English speakers of other languages)	information provided and over complicates the usability of the website, as well as causing accessibility issues if the tool conflicts with an individual's own assistive technology. Where translation is needed, the Council currently suggests using Google translate, and some pages do provide specifically translated content such as https://next.shropshire.gov.uk/resettlement-refugees-and-asylum-seekers/homes-for-ukraine/ We have a legal obligation under The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018 to meet a set level of accessibility (currently WCAG 2.2 AA), which also enables translation tools to access and translate pages. By ensuring our website is built using semantic HTML and meets the WCAG criteria, it will allow for individuals to use their own accessibility/translation tools and preferences. We have an accessibility statement on website, and a link to AbilityNet that advises on how to make your device easier to use if you have a disability. BSL requires language translation and videos - this would need to be commissioned if required.		
1A.9	**Learning Disability & Autism (LDA) & Preparing for Adulthood (PFA) model and in-year review**	Aim to have everyone reassessed within 12 months from the point of establishing the full team. RAG rating work transferring, the team have transferred 75% of the individuals with a learning disability. The team is not fully established, there are 5.3 FTs working with the transferred individuals. The prioritisation of work has had to be on urgent provider risk: provider uplift, exiting the market, out of area safeguarding, urgent community DoLs and CHC reviews. The team have therefore undertaken the reviews but the prioritisation of who we review has been determined by risk factors and impacted by capacity. We have RAG rated all transfers and performed well making progress in reviewing those with the longest wait- overall reducing the longest wait.	↑	
1A.11	**Wait times - Preparing for Adulthood (transition worker allocated for all young people before their 17th birthday)**	Developing an outcome star for 16-18 yr olds that will go on children's record. Meeting scheduled 27-Aug for the outcome star.	↑	
1B.2	**Implement priorities for Autism strategy**	Working groups, governance and task and finish groups are progressing and the work is really positive in terms of engagement and Co production. At SMT stage in July-25.	↑	
1C.1	**EDI practice in place to improve outcomes for diverse communities and minority groups**	Suggested structure in discussion, but not agreed yet (TW/BW). EDI work programme being developed by Rachel Robinson following 90-day challenge (now ended), and has written a paper for the leadership board providing an update on the EDI work programme at Shropshire Council, which outlines the work which is required, including training, etc.	↑	
1C.2	**Data analysis around protected characteristics to reduce inequalities**	To date only able to complete statutory requirements on complaints handling with current staffing level. To be able to incorporate this Feedback and Insight Team would need more resources allocated.	↔	
1C.3	**Implementation of Rural Proofing for Health Toolkit to support our rural communities and complement ongoing work to address rural care issues (link to JSNA)**	Planning in progress for commissioning, to discuss with operational areas. The ICS are currently leading the development of a rural health strategy, this will build on more recent evidence including the work of the task and finish group. The Council has committed through the ICB to support the development of the strategy and following completion of this work will review next steps. Place based JSNAs are now all complete.	↑	
1C.4	**Reduce Health inequalities and deprivation in order to improve**	Place Based JSNAs are all complete, they are in the process of being uploaded to the website and my annual report due over the next few weeks will include a summary of all of them.	↑	

	outcomes for people in Shropshire			
Theme 2. Providing Support				
TOAP	**Focus**	**Progress update**	**Progress**	
2A.1	**Joint Market Quality Assurance Framework**	Set up quality and performance group for review of market position monthly - QAP - TOR. Service Interruption Policy reviewed/updated - CPG completed and signed off 5/8.	↑	
2A.2	**Priority Strategies and delivery plans in place for teams to work towards/implement**	Commissioning Strategy in place (Market Position Statement).	↑	
2A.3	**Wait times for residential, nursing, home care & supported living**	Data reporting in place and monitoring though SMT monthly performance to review progress to reduce wait delays. Dashboard being developed for length of stay and steering group meeting on 6-weekly basis. Market improvement activities being undertaken in line with Age Well commissioning work plans.	↑	
2A.5	**Robust action plan and monitoring of improvement actions in place for all Shropshire regulated providers identified as high risk or had received a CQC 'requires improvement' or 'inadequate' rating**	QA processes refreshed, monthly oversight meeting and Quality & Performance group reviews in place. Reporting to SMT. Dashboards for market oversight to be in place by Dec-25. Update of Service Interruption Policy complete. MDT process under review.	↑	
2B.1	**Dementia Strategy**	Community based MDTs Rolled out in 2 areas (North/South), waiting for it to be rolled out in Central. A new approach is being taken to dementia now. Instead of a strategy, the ICB Dementia Vision Pathway is still finalising – signed off by ICB Commissioning. Process agreed by ICB. ICB agreeing plans to roll out the new model (meeting Sep-25). Recruitment in place to increase PCN worker coverage in Shrewsbury to replicate work in the South East. Co-production finalising project (Task & finish with members of lived experience). Wider engagement comms out in Aug-25 to recruit Exp E volunteers to 8 groups, including Dementia. Work progressing on improvement and quality of care for providers.	↑	
2B.2	**Joint Strategic Commissioning Board to inform commissioning intentions and action plans**	Action plan and commissioning intentions being developed. Monthly project group in place and analysis of partner priorities and data completed for Joint Commissioning SEND Strategy. Awaiting feedback from Public Health on issues and gap areas raised to ICB.	↑	

Theme 3. Safety			
TOAP	**Focus**	**Progress update**	**Progress**
3A.1	**Delivery of Exploitation pathway for adults**	Is at the stage of strategic board awaiting outcome. The outcome will then lead to milestone 4 and in the interim out safeguarding lead CS has advised to treat as S42 on an individual basis. Standing item on the agenda.	↑

3A.2	**Improve outcomes for domestic abuse cases**	Domestic Abuse Partnership Boards were cancelled due to leadership portfolio changes. Jul-25 Board has taken place. White Ribbon month promoted to raise awareness. Discussions taken place and considerations are continued to be given to update LAS process for Personal Profile and Support Plan.	↑	
3A.3	**All Emergency Contingency Plans in place for all people with person centred information for those receiving Dom Care or support from relatives/friends**	Clear communications sent out to all teams about expectation, also flagged at point of scrutiny and case closure. Had assurances from team managers at OMT that this has been actioned. Fiona Adamson followed up in July with team managers. Process in place, business as usual. Moving to audit stage. PSW to be asked to complete thematic audit. AA to discuss at OMT.	↑	
3A.4	**Transitions from Children's to Adults (continuation of service provision)**	Established ToR and touch point areas - current focus is Referrals for accommodation. Between Jul-Sep have reviewed the process and planning list. Further work on need-specific pathways for young people and young carers.	↑	
3A.5	**Joint process for CHC/S117 implemented**	Wider policy has been agreed for 117, but still waiting for the ICB to do the procedure. Annual review cycle for S117 is out of date. The national New Code of practise is likely to be in place after the new bill in 2027. Barrier to S117 agreement and agreed policy/procedure: ICB to conclude work and sign off S117 agreement. Jul-25 there have been email exchanges to progress agreement. CHC: Joint working process has been completed, awaiting ICB sign off.	↑	
3B.1	**Mechanism of learning and feedback of the process is needed (Adults/Children's services**	Multi agency T&F group has delivered various webinars, courses, briefings, videos. Process in place to assure learning has been embedded and 6-month post-training assurance. Learning briefs go out to all the teams, and is published on SSCP website. Form has just gone live and is being used across the partnership, programme has been developed (progress & practice), planning with our QA processes to complete audit in 6 months. Oversight through Q&A group (monthly each for adults & children's). Donna to update re: Blue light training and effective to make learning offer more accessible/effective.	↑	

Theme 4 . Leadership			
TOAP	**Focus**	**Progress update**	**Progress**
4A.1	**Increased number of Experts by Experience (ExE) and Co-production activities**	ExE expenses agreed. Approval to proceed on renumeration plan for ExE - awaiting final go ahead from HR. Process agreed. Coproduction mailing list set up and promoted. newsletter published during Co-production week. ExE and digital matching of Co-production activities. Meeting with Enable 6/8 as they already have recruitment embedded with ExE. Advertised, but no response by ExE to be involved in web page development. Coproduction pool ready to start and digital form process ready to promote - awaiting sign off by AD.	↑
4A.3	**ASC Workforce Strategy in place**	Draft ASC workforce strategy being worked through by PSW/Strategy Manager. A wealth of data has been captured on Shropshire's current position relating to ASC workforce, and information reflecting our current requirements and support of internal personnel and external workforce. Market Position Statement completed with key priorities - monitored on monthly basis through SMT. Housing LIN will help	↑

		to inform our understanding of Shropshire's workforce requirements for future. Process in place - need to incorporate and analyse data - will need to support with this. Alternatively / in addition, we may need to approach the insights team or PMO for further support with analysing the data).		
4A.4	**Appropriate performance management of dashboards with data readily available to those that need it**	Unable to start this prior to Ofsted Inspection. Meeting held 8-Jul with Tim Compton, provided data pack for ASC (CQC IR) in preparation for PowerBi dashboard development. Tim meeting with ED/AD in Aug around ASC performance reporting, with dedicated time ringfenced in Aug to work on data/dashboard.	↑	
4B.1	**To improve feedback overall from people who draw on services, partners and staff**	Information on website, factsheets provided covers complaint, practitioners know to direct feedback to the customer feedback team. We are now much better at identifying compliments. Learning reviews in place with learning shared across the service. learning from complaints is embedded into team meetings, peer review discussions, and included as an agenda item. Contracts and quality team are going to be starting to ask questions directly to people in receipt of services to enable easier collating of feedback into one place.	↑	
4B.3	**To embed strengths based practice into day to day operations**	NDTI Strength based assessment training has been delivered to staff in operational teams.	↑	
4B.4	**To ensure support plans are all person centred**	Audit outstanding on milestone 1. NDTI training has been rolled out to all staff on strength-based practice. Awaiting co-production offer to be finalised. Support plans currently do meet some of this, but could be improved.	↑	
4B.10	**Get yourself active**	Set up strategic oversight group. Training dates have been agreed for Oct-25. Identified care providers and leisure centre providers who wish to attend training. Ethics proposal has been submitted by the Durham University and is being considered by the PSW.	↑	
4B.11	**Housing LIN**	Supported housing needs assessment completed, key outcomes communicated and work being aligned – activities around reviewing connected Governance arrangements in progress, including redesigning Housing Exec. Board and design of meetings and Shropshire role of the Boards.	↑	
4B.19	**Improved Reablement offer for community to reduce the number of people needing long-term care**	Completed pilot project, and starting to link into new NOM. Through START's community service and house checks, the fire service have said they are the highest referrer to them, and the majority of the people are vulnerable and scored high - **this is amazing prevention work!**	↑	
4B.20	**Modernising Day Opportunities**	Profiled the people who use in-house provision to understand our current demographics in-house and those who use external provision of Day Opportunities. Commissioning to develop a model through Coproduction/engagement with ExE.	↑	

RISKS & MITIGATION ACTIONS AND ISSUES	
Each outcome on the Towards Outstanding Action Plan (TOAP) has associated risks and mitigations recorded. Outcomes related to 1A, 1B, 1C and 3A are medium risk areas because of how CQC scored these specific Theme areas during inspection as 2 (requires improvement).	
INTERDEPENDENCY WITH OTHER INTERNAL/EXTERNAL TEAMS/GROUPS/PARTNERS AND PROGRAMMES	**DECISIONS REQUIRED:**
Continuous Improvement Group / Steering Group / DMT / Teams across Adult Social Care, Public Health, Housing, IT, FPoC – external partners	Schedule for quarterly CQC Improvement Group.
FINANCIAL IMPLICATIONS	**COMMUNICATIONS/ENGAGEMENT ACTIVITIES/REQUIREMENTS**
Budget constraints and the savings plan may limit both the physical resources and staffing available, potentially impacting the ability to achieve some outcomes.	Comms across ASC teams
CO-PRODUCTION	**ACCESSIBILITY**
This highlight report has been produced following collaborative input from multiple areas across Adult Social Care. Additionally, the following focus area on TOAP is intended to facilitate coproduction with people who draw on our services (or their carer/family) - *4A.1* **Experts by Experience (ExE) and Co-production activities**	The **Towards Outstanding Action Plan (TOAP)** includes a focus on accessibility as part of its broader goals to improve services and outcomes in Adult Social Care. The collaborative approach to how this Highlight Report has been produced ensures that various perspectives and needs, including those related to accessibility, are considered in the planning and implementation of the action plan.

Sign off by Chair(s)	Name(s)	Date
Thematic Groups 1-4	Tamsin Waterhouse (Theme 4) Lesley Brown (Theme 2) Amanda Allcock (Theme 3)	21st August 2025 21st August 2025 27th August 2025
SMT	Signed off but with recommendations to review risk against progress (Natalie McFall)	27.08.2025
Continuous Improvement Group		02.09.2025