



**People Overview and Scrutiny Committee**

**1<sup>st</sup> July 2026**

Item

Public

**Quarterly Performance Monitoring Report-Care and Wellbeing**

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<b>Cabinet Member (Portfolio Holder):</b>	Ruth Houghton	

**1. Synopsis**

- 1.1 The report outlines Adult Social Care performance, activity and areas of the Transformation programme to improve outcomes for Shropshire residents with a key focus on prevention and early intervention to support people at the earliest point and delay escalation to higher levels of care. Data will be presented reflective of the Assessment framework and key performance areas across Adult Social Care.
- 1.2 The report provides an update on Shropshire Council’s CQC inspection. The report will also provide an update on Deprivation of Liberty (DoLS) with the recent Supreme Court judgment, which change how deprivation of liberty is assessed and recorded.

**2. Executive Summary**

- 2.1 Adult Social Care in Shropshire is operating within a challenging context of rising demand, increasing complexity of need, particularly across a large rural county. The report sets out how the service is responding through transformation, with a clear shift to strengthen a preventative, strengths-based and sustainable operating model.
- 2.2 The new model focuses on Prevent, Reduce, Delay and Complex Pathways to ensure people receive the right support at the right time. Its focus is on early intervention, better front-door triage, community support, reablement, equipment, technology-enabled care and proportionate short-term interventions before long term services are considered. When long term services are required, the Complex Pathway aims to provide a clear route for people with the highest levels of need, risk or multi-agency involvement. The pathway brings together specialist assessment, multi-disciplinary decision-making, care planning, brokerage, safeguarding, mental

capacity considerations and senior oversight. Its purpose is to ensure complex cases are managed consistently, proportionately and with clear accountability.

- 2.3 The new Community Independence Pathway is highlighted as a key example of this approach, showing early positive impact for a significant proportion of people by providing support earlier without progression to formal and high levels of care. This is helping to reduce escalation, impacting waiting times and supporting people to remain independent.
- 2.4 Although in its early stages as the model matures, we will be able to demonstrate strengthened data, outcomes and value for money.

### 3. Recommendations

- 3.1 Scrutiny notes the quarter 4 performance report updates.
- 3.2 Scrutiny notes the transformation programme themes for adult social care.
- 3.3 Scrutiny notes the Care Quality Commission (CQC) impending inspection for adults social care,
- 3.4 Scrutiny notes the change in legislation around Deprivation of Liberty safeguards

## Report

### 4. Risk Assessment and Opportunities Appraisal

#### 4.1 Risk table

<i>Risk</i>	<i>Mitigation</i>
CQC Inspection leading to a adverse rating	Robust quality assurance arrangements, strengthened governance, and proactive performance monitoring are in place to identify and manage risks, support accountability, and drive continuous improvement across Adult Social Care.  A comprehensive self-assessment, supported by relevant evidence and contextual information, will be provided to ensure the inspection team has a clear and accurate understanding of Shropshire’s approach to Adult Social Care.
Continued demand growth will put additional pressure on resources	Development of a transformation programme.

### 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 transformation work is expected to reduce demand growth and reduce the overall budget over the coming years which will be worked through in more detail but it is expected to help the councils overall budget pressures in the medium to long term, whilst targeting resources where they are needed.

## 6. Climate Change Appraisal

- 6.1 The matters set out in this report relate to the management, oversight and assurance of existing Care and Wellbeing services and do not involve new capital investment, physical infrastructure, or changes to service delivery that would materially affect carbon emissions. The proposals are therefore assessed as having no material impact on climate change. Any indirect effects are neutral to positive, as the emphasis on prevention, early information and advice, community-based support and digital access may reduce reliance on crisis-driven interventions and unnecessary travel. Overall, the report is consistent with the Council's climate objectives and does not give rise to adverse environmental impacts

## 7. Background

### 7.1 Performance: Client Level Data (CLD) Benchmarking:

- 7.1.1 Client Level Data (CLD) is the national adult social care dataset collected quarterly by NHS England. It captures person-level information on requests for support, assessments, reviews and services, and provides a more detailed and timely picture of activity, pathways and outcomes than previous national returns.

#### 7.1.2 CLD supports:

- More regular benchmarking
- Better understanding of pathway flow and service use
- Improved service planning, commissioning and assurance

### 7.2 Shropshire's Long Term Support Profile is Lower than England Overall and More Community-Based:

- 7.2.1 The latest published CLD indicates that Shropshire has:
- A lower overall rate of long-term support than the England average, which represents good performance.

- A higher proportion of people supported in the community, indicating strong performance.
- A lower proportion of people placed in residential care which represents good performance
- A higher proportion of people in nursing care, particularly older adults, which is above the national average but consistent with the county's demographic profile.

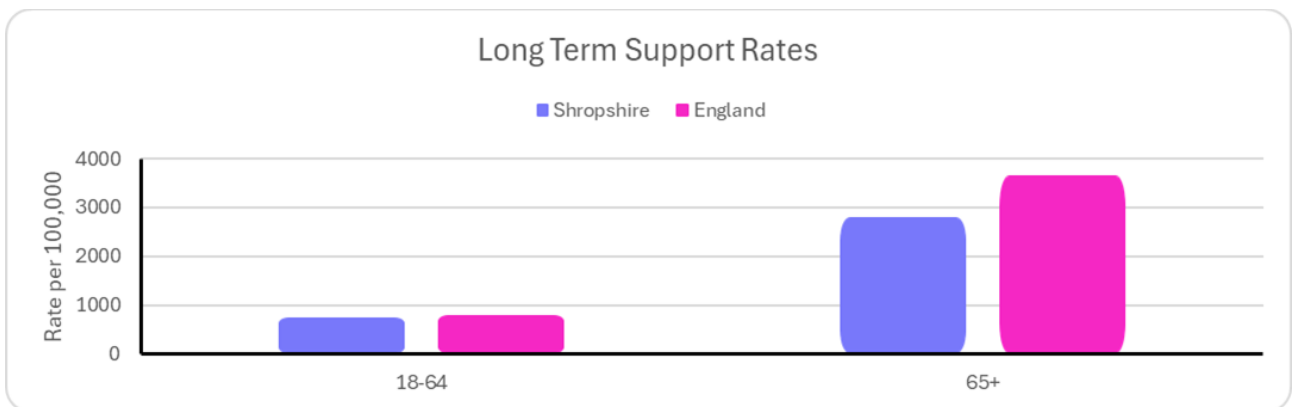
### 7.3 Benchmarking:

#### 7.3.1 What we are doing well compared to England

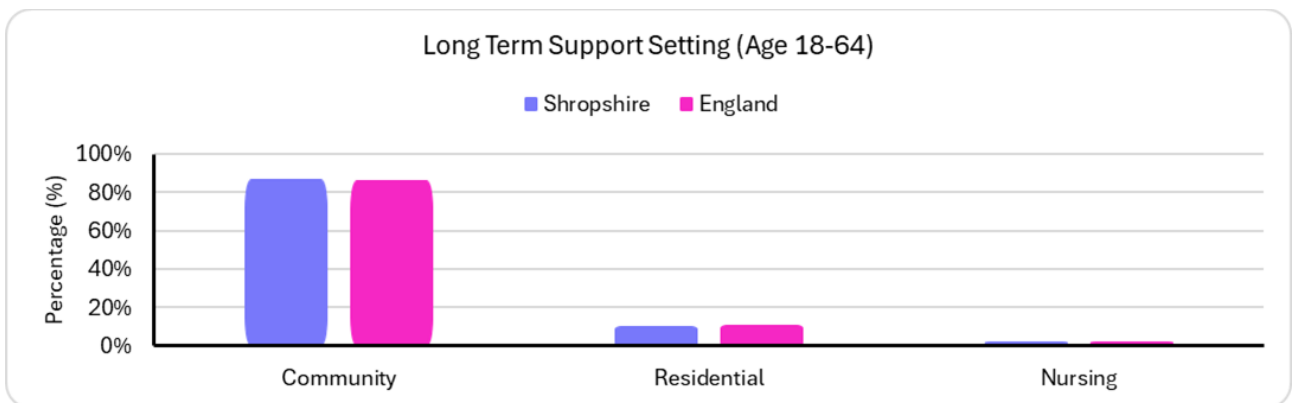
- Shropshire supports a higher proportion of adults in community settings
- Use of residential care is lower than national averages

#### 7.3.2 This is consistent with the council's direction of travel on:

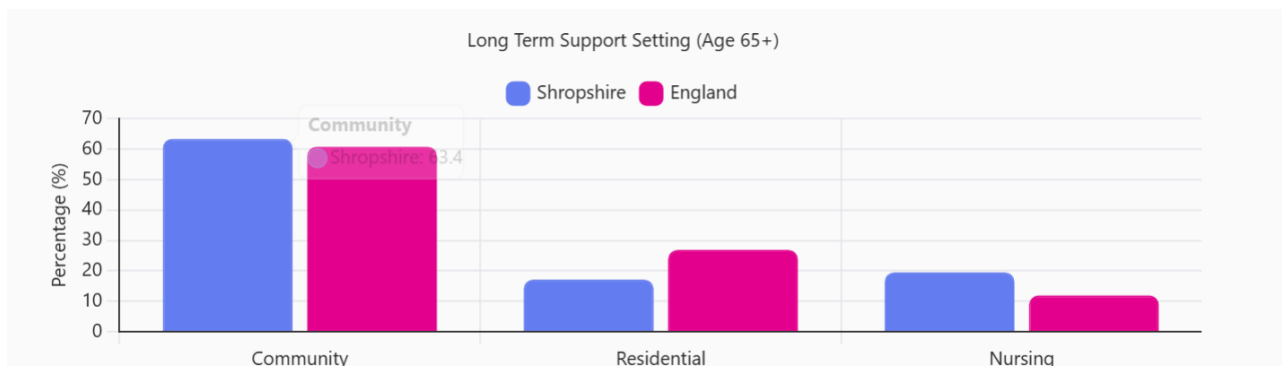
- Prevention
- Independence
- Strengths-based practice
- Community-based support



7.3.3 **Rates per 100,000:** Shropshire's overall long term support rates are lower than England across all age groups.



7.3.4 **Adults 18-64:** Shropshire supports a higher proportion of adults in community settings and a lower proportion in residential care than England overall.



7.3.5 **Adults 65+:** The same overall pattern is seen for older adults, with nursing care notably above the England average

7.3.6 The data reflects an increase in nursing placements. We have previously reported the complexity of need the service has seen in its referrals, particularly those referrals from health services to the Local Authority. This has been an area of increased demand.

#### 7.4 Assessments:

7.4.1 Across Adult Social Care, assessment activity remains high and performing strongly against key targets, with over 2,799 community assessments, 1,549 OT assessments, 534 mental health assessments and 6,394 ICS assessments completed, demonstrating an improved operational performance position. Timeliness has improved, with over 90% of assessments completed within required timescales in pathways and 97.4% of carer assessments completed within 28 days, alongside no waiting list for carers.

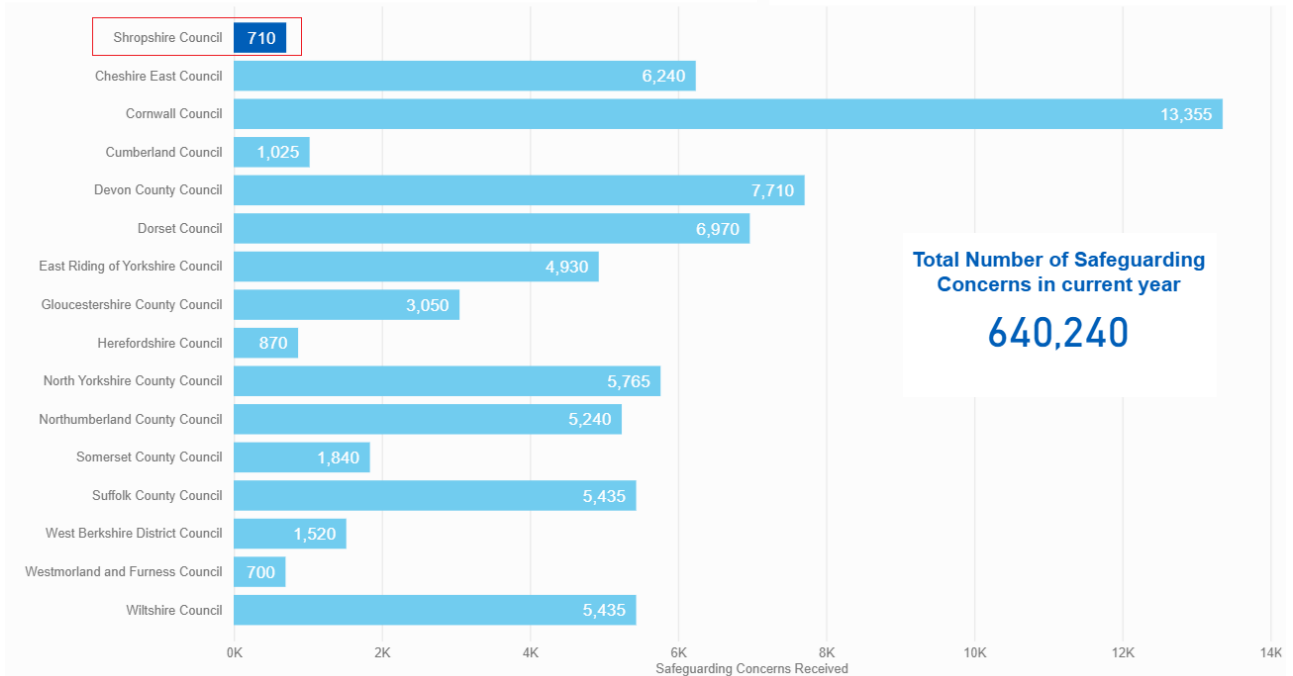
#### 7.5 Safeguarding

7.5.1 The team offers a same-day response service with residents, their representative and referrer being contacted at referral point. During the initial contact, our team determines the risk level and the next appropriate steps and establishes a communication plan with the person. Following this, people are allocated on the day they are referred and supported by a named worker that would support the individual leading to a Section 42 enquiry which refers to the duty under Section 42 of the Care Act 2014 (England) for a local authority to make enquiries when an adult may be at risk of abuse or neglect. By utilizing this approach, the team has continued to operate without a waiting list.

7.5.2 The total number of Safeguarding Concerns reported by all local authorities between 1st April 2024 and 31st March 2025 was 640,240 which was an increase of 4% from the previous year. In the same period Shropshire received 710 concerns.

## Safeguarding Concerns Received

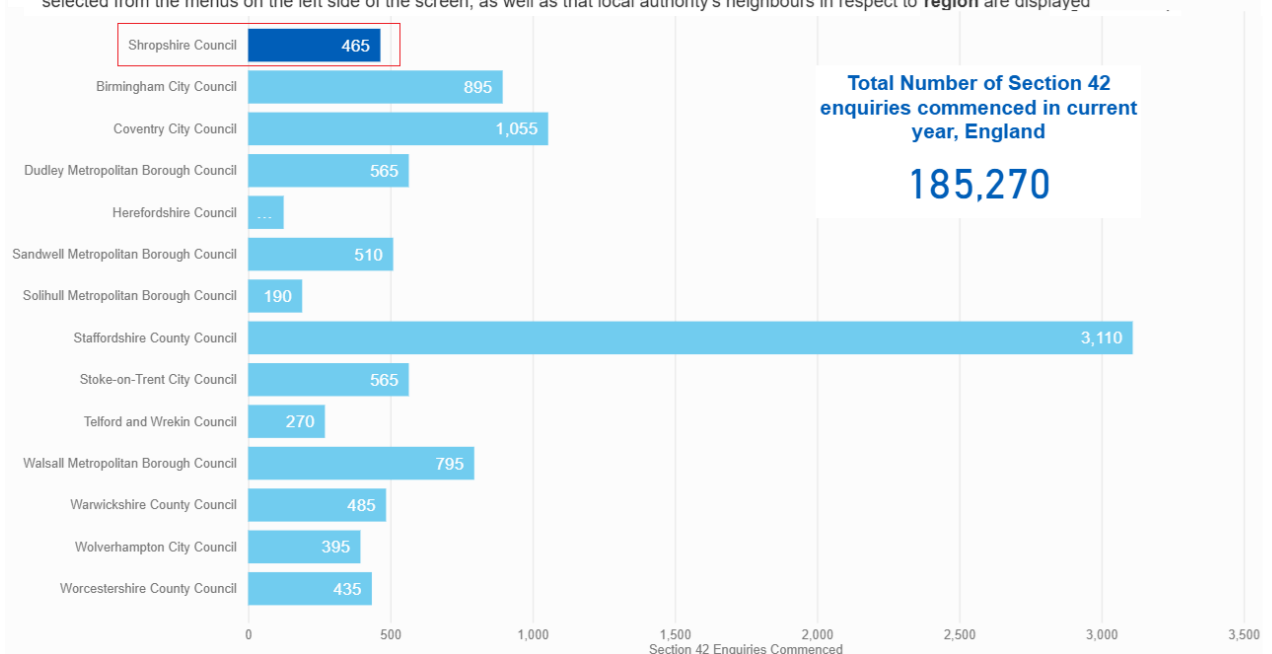
The analysis presented on this page relates to **safeguarding concerns received by local authorities**. Data relating to the local authority and chosen year selected from the menus on the left side of the screen, as well as that local authority's neighbours in respect to **peer groups** are displayed



7.5.3 The total number of Section 42 and Other Enquiries reported by all local authorities between 1st April 2024 and 31st March 2025 was 195,555 which is an increase of 1.8% from the previous year. In the same period Shropshire received 500 Section 42 and Other Enquiries.

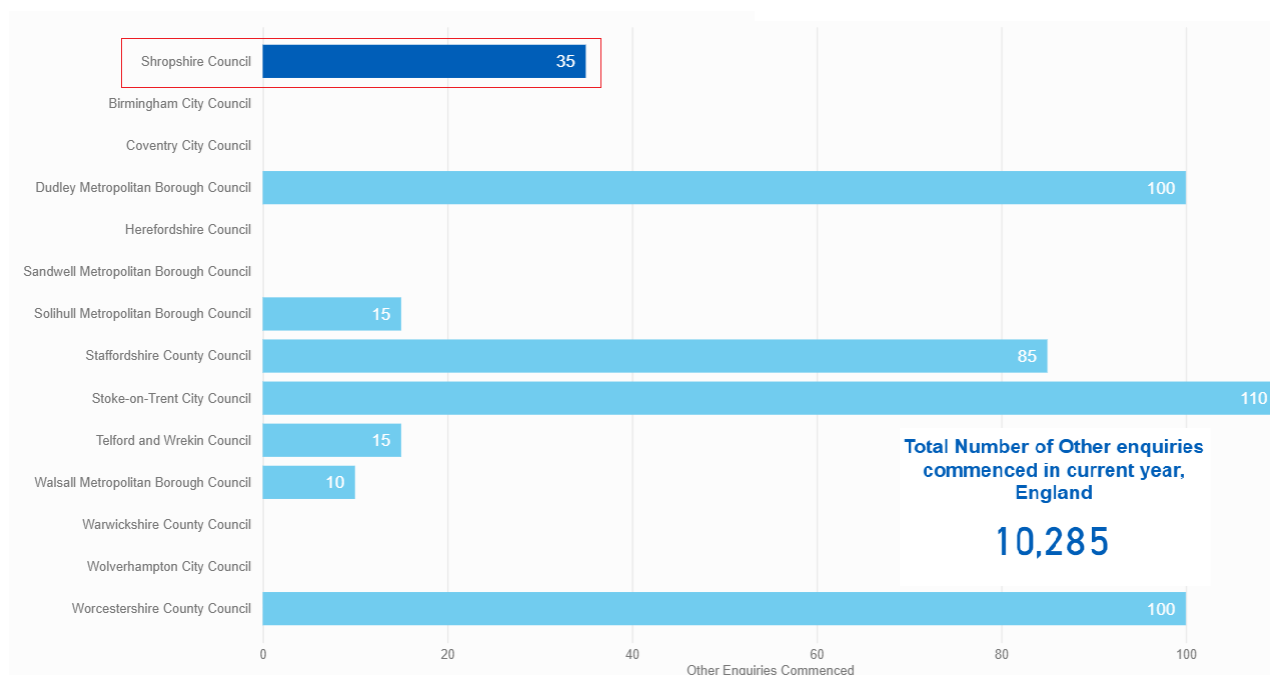
## Section 42 Enquiries

The analysis presented on this page relates to **Section 42 enquiries commenced by local authorities**. Data relating to the local authority and chosen year selected from the menus on the left side of the screen, as well as that local authority's neighbours in respect to **region** are displayed



## Other Safeguarding Enquiries

The analysis presented on this page relates to **Other enquiries commenced per local authority**. Data relating to the local authority and chosen year selected from the menus on the left side of the screen, as well as that local authority's neighbours in respect to **region** are displayed



7.5.4 Most of the individual involved in Section 42 Safeguarding Enquiries reported by local authorities were aged 85 and over, this was the same for Shropshire.

7.5.5 The number of safeguarding contacts made to the First Point of Contact has remained broadly stable over the last two years, with a small reduction of 78 contacts (-2.7%) between 2023–24 and 2024–25.

7.5.6 This marginal decrease does not indicate reduced safeguarding need, but is likely to reflect greater consistency in thresholds, improved professional understanding of referral routes, and clearer front-door guidance for partner agencies.

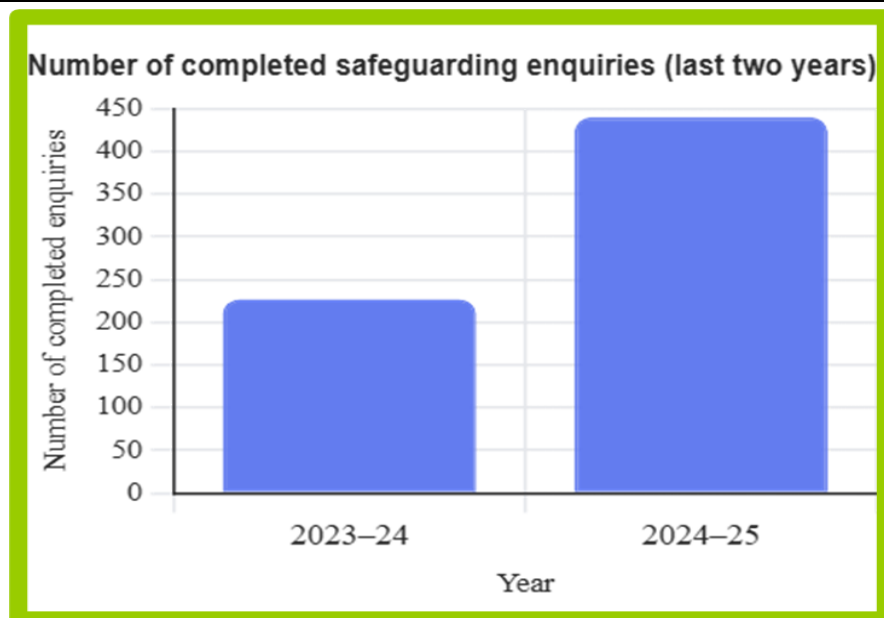
7.5.7 Demand on the First Point of Contact remains high, reinforcing the importance of continued focus on early identification, appropriate triage, and timely decision-making to ensure adults at risk receive the right response at the right time.

7.5.8 The data provides important context alongside increases seen elsewhere in the safeguarding system, particularly Section 42 and other enquiries, highlighting the need for a whole-system view of demand rather than reliance on a single indicator.

7.5.9 Shropshire reported 183 Section 42 and Other Enquiries for that period, that is a 90.6% increase on the previous year.

7.5.10 The number of completed safeguarding enquiries has increased significantly between 2023–24 and 2024–25, rising from 227 to 440.

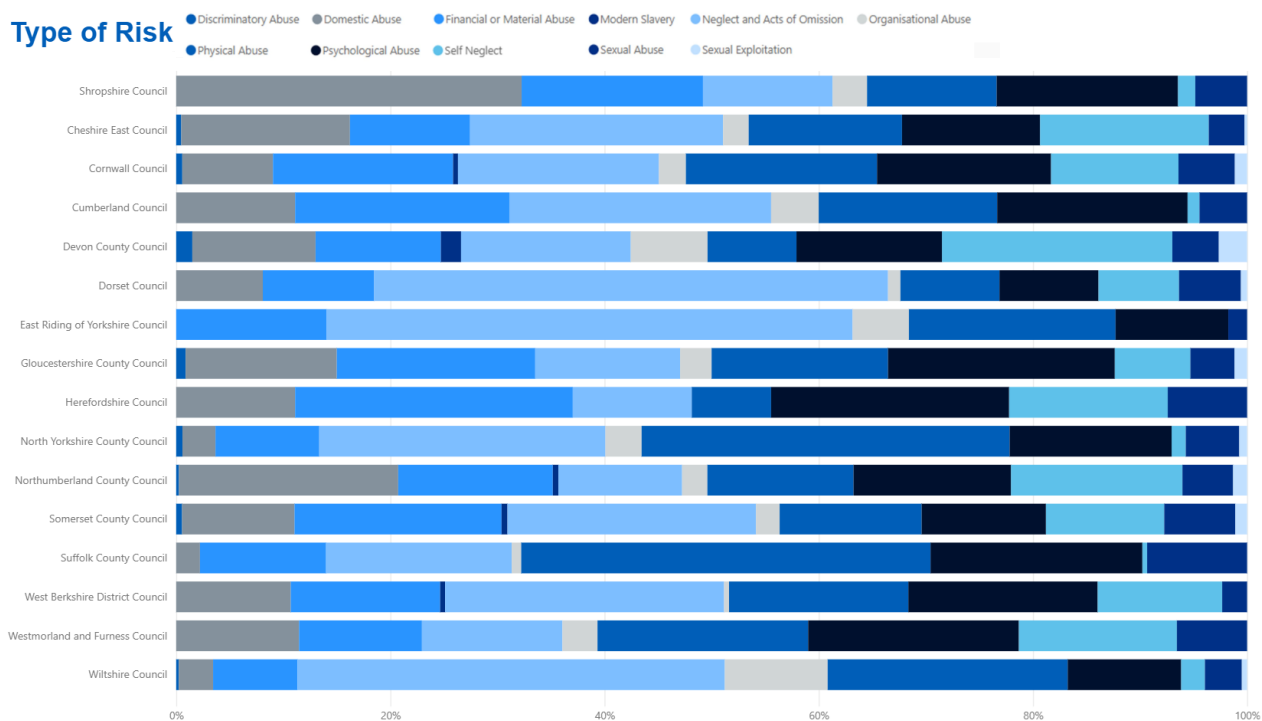
7.5.11 This represents a substantial increase in completed activity, reflecting improved progression and conclusion of enquiries, rather than demand alone.



7.5.12 The increase should be viewed alongside the rise in Section 42 and other enquiries, indicating greater throughput and system responsiveness, with more enquiries being taken through to completion.

7.5.13 This data provides assurance of impact and outcomes of the approach to case management, oversight, and decision-making to improve people's experiences, often during a period of crisis and risk.

7.5.14 Domestic abuse remains the most prevalent safeguarding concern, accounting for nearly one-third of all enquiries, with emotional/psychological abuse, financial abuse, and neglect together comprising a significant proportion of activity. This reflects sustained demand linked to complex, often cumulative harm requiring coordinated multi-agency responses. As part of this approach, the team monitors all referrals recorded with a domestic abuse type, with senior staff reviewing the appropriateness of actions taken.



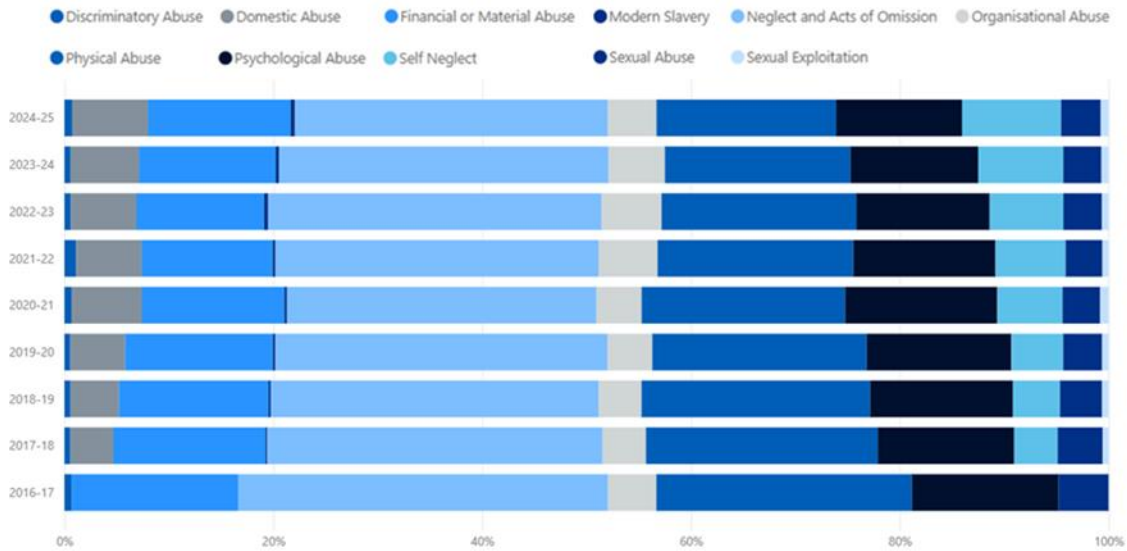
7.5.15 The profile of enquiries also highlights the continued importance of identifying non-physical forms of abuse, particularly emotional, financial, and neglect-related harm, which may be less visible but carry substantial long-term impact

7.5.16 Lower-volume categories, including organisational abuse, sexual abuse, modern slavery, and exploitation, remain critical despite smaller numbers due to their complexity and safeguarding risk.

7.5.17 It is worth mentioning that Shropshire is an outlier in its approach to recording domestic abuse, with this information captured consistently since the implementation of the case management system in 2017. This approach has been recognised through the WMADAS Safeguarding Leads Group, with other areas now working towards implementing similar process. Shropshire has a clear strategy for Domestic abuse that was developed in partnership with further information available [Shropshire Domestic Abuse Partnership Strategy 2026-2029](#)

## Types of Risk - Time Series

Proportions of type of risk for Section 42 enquiries that concluded in 2016-17 onwards



### 7.6 DoLS (Deprivation of Liberty Safeguarding)

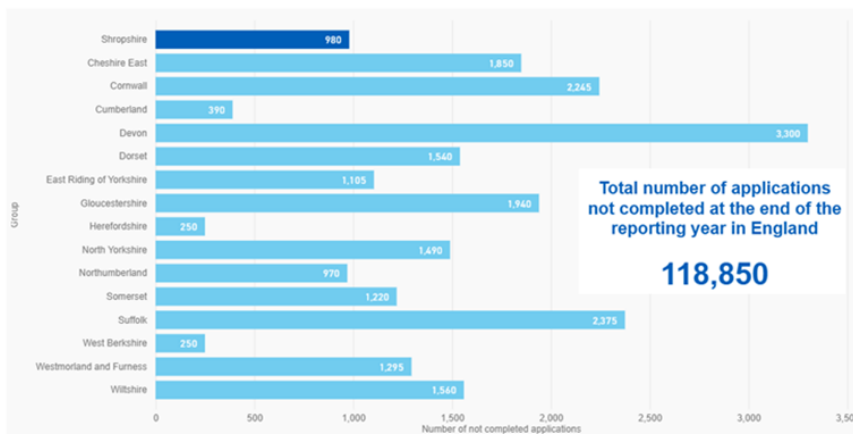
7.6.1 The information below is structured around the current DoLS team context and recent legal developments following the Supreme Court judgment of 2 June 2026. The 2014 Cheshire West judgment significantly broadened the interpretation of deprivation of liberty, resulting in a substantial increase in demand for DoLS assessments. Nationally, demand increased by 2,193% between 2013/14 and 2022/23.

7.6.2 The DoLS framework has also been subject to longstanding criticism. In 2014, a House of Lords Select Committee described the legislation as “not fit for purpose” and recommended that it be replaced.

7.6.3 National statistics for 1 April 2024 to 31 March 2025 show that local authorities received a total of 364,900 DoLS applications, representing a 9.8% increase from 2023/24. At year end, 118,850 applications remained incomplete nationally, highlighting the continued pressure on local authority DoLS services.

7.6.4 The graph below provides comparative context on incomplete DoLS applications for Shropshire and its peer group.

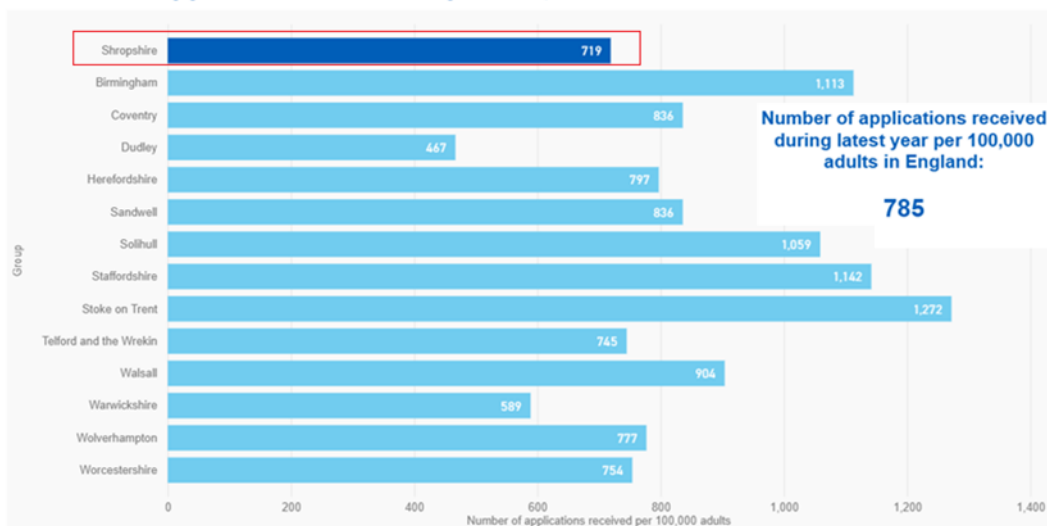
Number of applications not completed as at 31 March 2025 for the select local authority and its peer groups



Source: Department of Health and Social Care

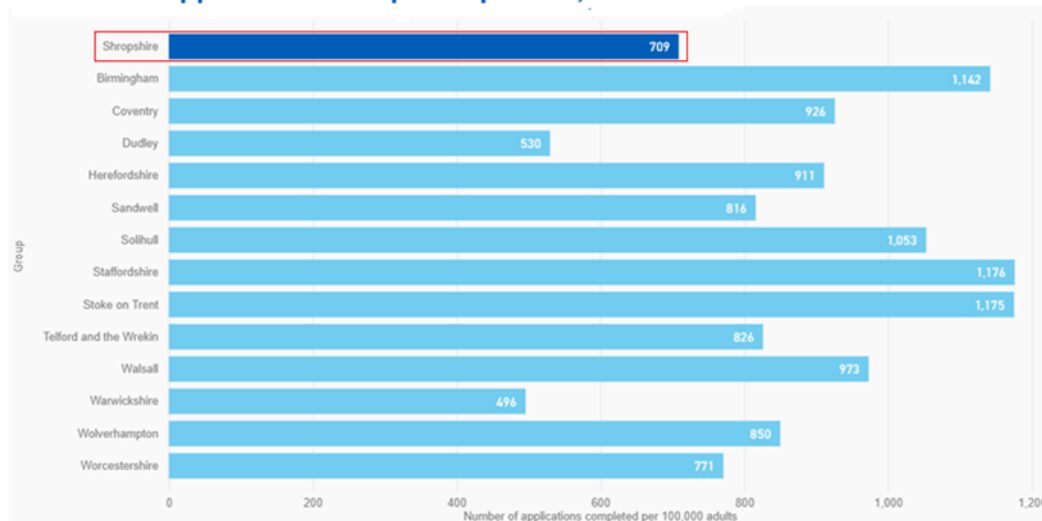
7.6.5 The following graphs provide an overview of the number of DoLS applications received and completed in Shropshire during 2024/25.

### Number of applications received per 100,000 adults



Source: Department of Health and Social Care

### Number of applications completed per 100,000 adults



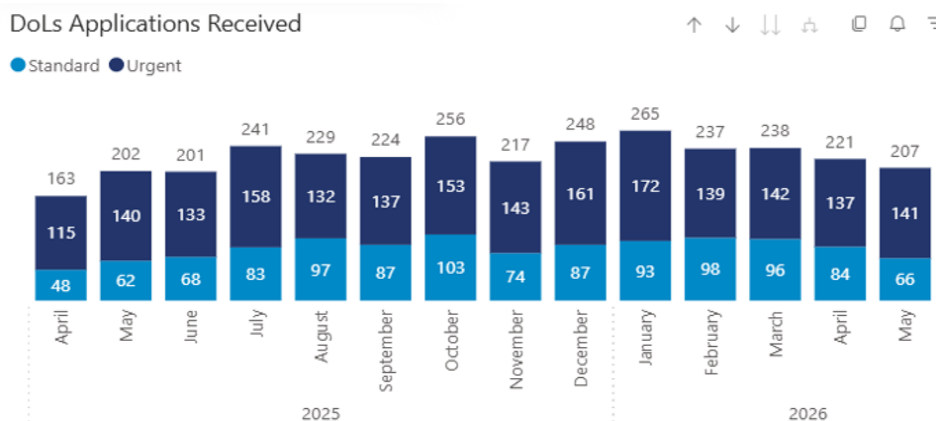
Source: Department of Health and Social Care

7.6.6 The countywide DoLS Team has 6.4 full-time equivalent Best Interest Assessor posts, supported by casual Best Interest Assessors.

7.6.7 In practice, the volume of applications exceeds the team’s assessment capacity, resulting in an ongoing outstanding applications.

7.6.8 The team has a robust process in place to ensure that all applications are risk assessed and that regular contact is maintained. The risk assessment process has been developed in alignment with the WMADASS framework, which has been agreed upon and is consistently applied by all local authorities across the region. This includes liaison with wider social work teams, who review support arrangements for individuals and escalate any DoLS-specific issues as required.

7.6.9 For context, the table below shows the number of applications received since April 2025.



7.6.10 The graph below provides a more detailed breakdown of the DoLS backlog by year and risk rating.

### No. of DoLS referrals (Form1) by ADASS RAG system

Period 2023 - Current (Jun 2026)

	High risk (Red)	Medium (Amber)	Low (Green)	Total No. of referrals
2023	12	1	1	14
2024	132	42	83	257
2025	157	70	138	365
2026	211	77	99	387
<b>Total</b>	<b>512</b>	<b>190</b>	<b>321</b>	<b>1023</b>

Data collected 11.06.2026

7.6.11 The Supreme Court’s 2 June 2026 judgment overturns the Cheshire West “acid test” and introduces a more nuanced, multifactorial approach to determining whether a deprivation of liberty is taking place. While existing human rights safeguards remain, the ruling shifts the focus towards the reason and nature of confinement, as well as whether the person can provide valid consent for Article 5 purposes, even where they may lack capacity under the Mental Capacity Act.

7.6.12 This represents a significant change for practitioners, as lack of capacity no longer automatically means lack of valid consent. Clear evidence and recording will be essential, particularly where a person can express contentment and acceptance of their care arrangements. However, if there is any serious doubt, objection, distress, fluctuating wishes, or evidence of compliance through fear, consent should not be inferred.

7.6.13 The judgment creates uncertainty about the boundary between restriction and deprivation of liberty, especially until further national guidance is issued. This may lead to differing views between care providers, families and professionals, potentially

increasing safeguarding referrals and operational demand on DoLS services in the short term.

7.6.14 In response, the DoLS team is reviewing options, gathering views and working with regional and national leads and networks to develop interim guidance. The immediate priority is to provide staff with clarity, update working practices and maintain effective referral processes while the wider system adjusts to the new legal position. Work for priority cases will continue with internal guidance issued following work with legal team.

7.6.15 We will continue to engage with regional and national networks to support implementation of the judgment and any associated guidance once issued. The committee will be kept informed of relevant developments and we will report back in 12 months.

## **7.7 Adult Social Care Transformation**

### **7.7.1 Shropshire's Transformation Model for Adults**

- Shropshire's new operating model brings together the Prevent, Reduce, Delay and Complex Pathway work into a single, joined-up approach for supporting people to live well, maintain independence and receive the right level of help at the right time.
- The model is built around a clear principle: people should be supported as early as possible, as locally as possible, and with the least restrictive intervention appropriate to their needs. It shifts the system from a mainly reactive response, often at a time of crises, to one that actively manages demand, promotes independence and reserves specialist capacity for people with the most complex circumstances.

### **7.7.2 Prevent:**

- The Prevent pathway focuses on early identification, community support and proactive help before people reach crisis point. In Shropshire, this means strengthening links between adult social care, health, voluntary and community sector partners, housing, carers' services and local community assets.
- The aim is to help people access advice, information, equipment, digital support, community networks and low-level interventions that maintain wellbeing and reduce avoidable escalation into formal services.

### **7.7.3 Reduce and Delay:**

- The Reduce pathway supports people with emerging or increasing needs where targeted support can reduce dependency. This includes strengths-based conversations, reablement, therapy, equipment, adaptations, short-term support and better coordination across agencies. The focus is on helping people regain skills, confidence and independence, reducing the need for long-term care wherever possible.
- The Delay pathway supports people with ongoing needs to slow deterioration, avoid unnecessary hospital or residential admission, and help them stay safely at home for longer. This includes proactive reviews, carer support, anticipatory planning, community-based interventions and coordinated risk management, helping support change with need rather than crisis.

#### 7.7.4 Complex Pathways:

- The Complex Pathway aims to provide a clear route for people with the highest levels of need, risk or multi-agency involvement. This may include people with complex health and care needs, safeguarding concerns, unstable home situations, high-cost care packages or frequent system contact. This work will involve market engagement and shaping which will span more than one financial year. The pathway brings together specialist assessment, multi-disciplinary decision-making, care planning, brokerage, safeguarding, mental capacity considerations and senior oversight. Its purpose is to ensure complex cases are managed consistently, proportionately and with clear accountability.
- The 3-month learning review showed that of the 137 cases supported between 17 December and 17 March, only 30 cases (22%) progressed to require a Care Act assessment, while 78% (107 cases) were supported without onward transfer into Adult Social Care Community teams to complete Care Act Assessments. This suggests that for most people supported, CIP acted as an effective alternative to community assessment, stabilising or resolving needs without adding pressure to statutory services. Taken together, this supports the role of CIP as a demand-management mechanism, reducing avoidable progression into longer-term ASC pathways and enabling community team capacity to be targeted towards individuals with the highest levels of statutory need.

#### 7.7.5 A Single Operating Model

- Together, the three pathways create a more coherent operating model for Shropshire. The model provides:
  - A clearer front door and consistent triage approach
  - Earlier intervention and stronger community-based support
  - Better use of reablement, equipment and short-term services
  - More proactive review and demand management
  - Clear escalation routes for complex cases
  - Stronger partnership working across council, NHS, voluntary sector and care providers
  - Improved outcomes for residents, carers and the wider system
- This operating model supports Shropshire to move towards a more preventative, strengths-based and sustainable health and care system, where resources are targeted effectively and people are supported to achieve the best possible independence and quality of life.

#### 7.7.6 Community Independence Pathway (CIP)

- The Community Independence Pathway (CIP) is already demonstrating strong and encouraging impact as a demand-management and early intervention approach within Adult Social Care. In its first three months, 137 people were supported through the pathway with 78% not progressing to a Care Act assessment, evidencing significant and effective diversion from statutory services. Outcomes for residents are particularly positive, with 42% achieving fully preventative outcomes without the need for ongoing commissioned care, and a further 15% supported to remain independent through low-level equipment or assistive technology. Overall, the findings show that CIP is a high-impact, prevention-focused model with clear early success, and with further refinement of cohort definition and front-door decision-making.

- CIP will be reported through the Adults Transformation board chaired by the Director of Adult Social Services, to monitor progress against delivery, risk and impact.

## Outcomes & Benefits Analysis

This section analyses the outcomes and benefits delivered by CIP, including individual independence outcomes, impact on ongoing care need, and financial and system-wide benefits arising from reduced and avoided packages of care.

### *CIP Outcome Data at a Glance (3 Month Overview 17 Dec 2025 – 17 March 2026)*

- 1 **42%** of CIP exits achieved **preventative outcomes**, with needs met through voluntary services, advice, or self-help support only.
  - 2 **15%** of CIP exits were supported through **low-level equipment or assistive technology**, enabling independence without ongoing care.
  - 3 **13%** of CIP exits resulted in **proportionate long-term support**, including reduced, virtual, or ongoing packages where appropriate.
  - 4 **9%** of CIP exits required escalation or transfer to alternative pathways, reflecting higher complexity or risk.
  - **20%** of CIP exits were recorded as **declined**, either by the individual or by the service.
- The committee will be kept informed of relevant developments and we will report back in six months' time.

## 8. Additional Information

- 8.1 On 15<sup>th</sup> of June 2026 we received notification of the start of our CQC comprehensive assessment. Timeline for the CQC assessment (below) and further information can be accessed on the following link [How we assess local authorities - Care Quality Commission](#)

Workstream	2026 Deadline
Provide initial information and key contacts	Mon 22 June
Provide Information return and Self-assessment	Mon 6 July
Remote Assessment	2 weeks w/c 24 & 31 August
On-site Assessment	1 week w/c 7 Sep

## 9. Conclusions

- 9.1 Adult Social Care in Shropshire faces rising demand and complexity.

- 9.2 The transformation programme provides a coherent response to these pressures. It is intended to improve outcomes, support independence, strengthen compliance, improve value for money and create a more sustainable model for the future. While some workstreams require further development, the overall direction of travel is clearly aligned with the Council's wider objectives.
- 9.3 Service performance combines clear performance indicators, robust governance oversight, and quality assurance processes to monitor delivery, identify risk, and drive continuous improvement.

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

**Local Member:** Ruth Houghton

**Appendices**

None.