

Quarterly Performance Monitoring Report – Adults

Cabinet Member:	Ruth Houghton – Portfolio Holder for Adult Social Care	
Lead Director:	Natalie McFall – Service Director of Adult Social Care & Wellbeing	
Service Area:	Care and Wellbeing	
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Electoral Divisions Affected	All Divisions	
Key Decision	Not Key Decision	
Cabinet Forward Plan	Not Applicable	
Report considered by	People Overview and Scrutiny Committee – 21 st October 2026	

1. Purpose of Report

1.1 This report provides a high-level overview of Adult Social Care performance and assurance some of which were reported in the recent CQC inspection as part of the assessment framework: carers, safeguarding, sensory services, direct payments and co-production. It summarises the key position and areas of focus to take forward.

1.2 Summary of areas of scrutiny within the report:

- **Carers:** The report highlights current completion of carers assessments within the expected timescale. Many carers receive advice, prevention, peer support or community support without needing a formal assessment.
- **Safeguarding:** The evidence shows a prompt, risk-led response, with no waiting list, same-day responses and an increase in completed Section 42 enquiries.

- **Sensory services:** Waiting times number reduced from 612 in November 2023 to 144 in 2026, alongside increased demand and wider outreach.
- **Direct payments:** The evidence shows 97 new starts and 29 closures during the 12-month period. Payments are implemented promptly once authorised, including urgent payments outside the normal cycle where required.
- **Co-production:** An outline of Coproduction priority working groups and activity.

2. Recommendations

Scrutiny Committee is asked to:

- 2.1 Note areas of focused performance within the CQC assessment framework.

3. Background

- 3.1 The purpose of this report is to outline for the Committee areas of Adult Social Care performance covered within the CQC assessment framework: carers, safeguarding, sensory services, direct payments and co-production. The report summarises the key evidence, explains what the data means in practice, and identifies areas where further assurance is required.

Carers

- 3.2 Performance relating to carers' assessments has improved. During the reporting period of the last 12 months, 1,631 adult carers received a new assessment.
- 3.3 10 assessments were open at the time of reporting. Waiting Well arrangements are in place to maintain contact, monitor risk and enable support where an assessment cannot be completed immediately.

Measure	Current position
Adult carers receiving a new assessment in the last 12 months	1,631
Assessments completed within 28 days	98.65%
Assessments open at the time of reporting	10
Target timescale	28 days

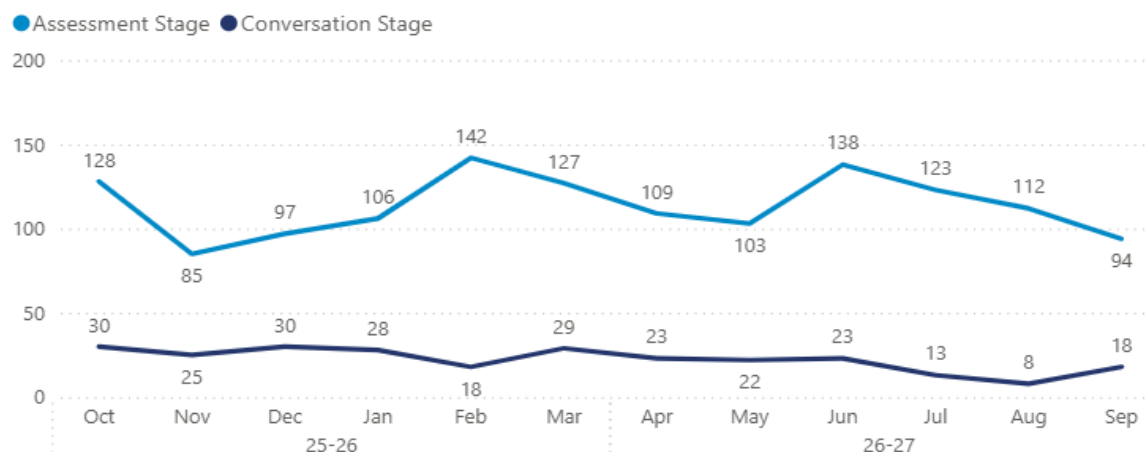
Stages of a Carers Journey

Stage	Purpose
Identify	Recognise unpaid carers and explore whether caring is affecting their wellbeing.
Carers conversation	Understand the effect of caring and provide timely information, advice and preventative support.
Assess, where required	Offer a statutory carers assessment where the carer appears to have support needs and accepts the assessment.
Plan support, where required	Link support to identified needs and outcomes, including replacement care where appropriate.

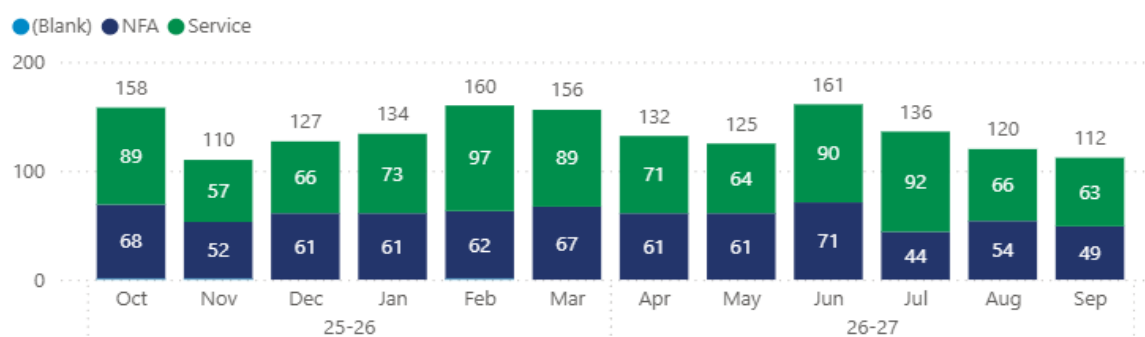
Review impact	Review whether support has made the intended difference and whether needs or risks have changed.
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Carers assessment performance.

Carer Assessments completed in Period



Carer Assessments completed in Period



Prevention and early support

- 3.4 The Council's approach recognises that not all carers require a formal Care Act assessment. Carers can access information, advice, emotional and peer support, contingency planning, digital resources and community-based assistance through the Carers Support Team, hospital-based support, the Carers Register, Mobilise and the Shropshire Wellbeing and Navigation Network (SWANN).
- 3.5 Digital support through Mobilise complements the Council's local and face-to-face offer and extends access for carers who may not previously have engaged with services, including working carers and people living in rural communities.

Reach and impact

Measure	Reported position
Carers supported since April 2024	10,200
Registered carers receiving support	4,315

Had not previously accessed support	81%
Living in rural areas	57%
Interactions outside normal working hours	59%
Weekend interactions	22%
Deeper engagement actions	21,500
Potential Carer's Allowance eligibility identified	More than £775,460

- 3.6 The data indicates increased reach and improved access, particularly outside office hours and across rural communities. Mobilise and Council Carers Register figures may overlap as they are separate registers.

Ongoing priorities

- 3.7 Further work will focus on the following actions. These are intended to strengthen assurance that support for carers is timely, equitable and clearly linked to the outcomes carers say matter to them:

What we need to do	What this means in practice	Target timescale
Make the link between the carer's needs and the cared-for person's plan clearer.	Review the Carers Assessment and Care Planning Process with the Principal Social Worker to Ensure we demonstrate how Carers needs are met through replacement care.	Within 9 months
Show more clearly what difference support makes for carers.	Fully consider there is a requirement to complete a Carers Support Plan and review that demonstrates how the carers need is being met through replacement care.	Within 9 months
Reach carers who may be less likely to come forward for support.	Strengthen engagement with seldom heard and minority communities, including carers who may face cultural, language, rural, digital or accessibility barriers.	Within 6 to 9 months
Improve equality and demographic information.	Collect and use better information about who carers are, so the Council can identify possible under-representation, inequality of access or different outcomes for different groups.	Within 6 months
Create a clearer outcomes framework for carers.	Set out the key measures the Council will use across the whole carers pathway, from identification and assessment through to support, review and impact.	Within 6 months
Use carers' own feedback to evidence impact.	Build routine ways of capturing what carers say has changed because of the support received, including feedback from reviews, surveys, complaints, compliments and co-production activity.	Within 6 to 9 months
Develop comparator information.	Work has already started on support the development of the new SACE questionnaire. Further work with regional colleagues and ADASS networks to understand how Shropshire compares with	Within 9 to 12 months

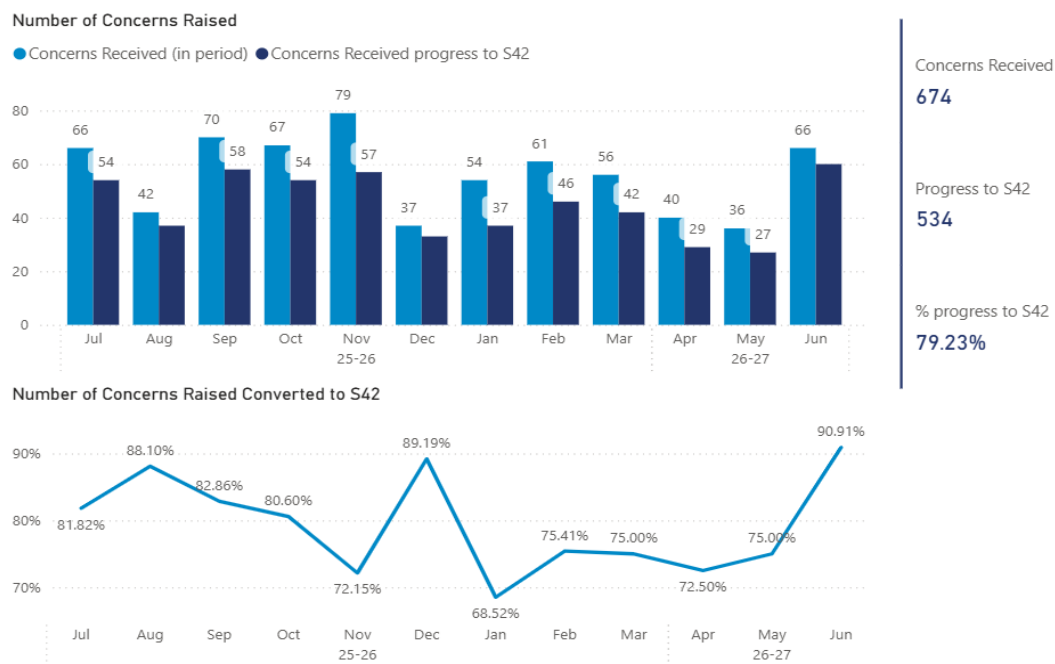
	other councils and to support future scrutiny reporting.	
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3.8 Overall, Shropshire has increased the reach and timeliness of support through statutory assessment, community-based support, hospital pathways, digital provision and partnership working. The next phase will further embed how we evidence outcomes and impact consistently alongside continued performance improvement.

Safeguarding

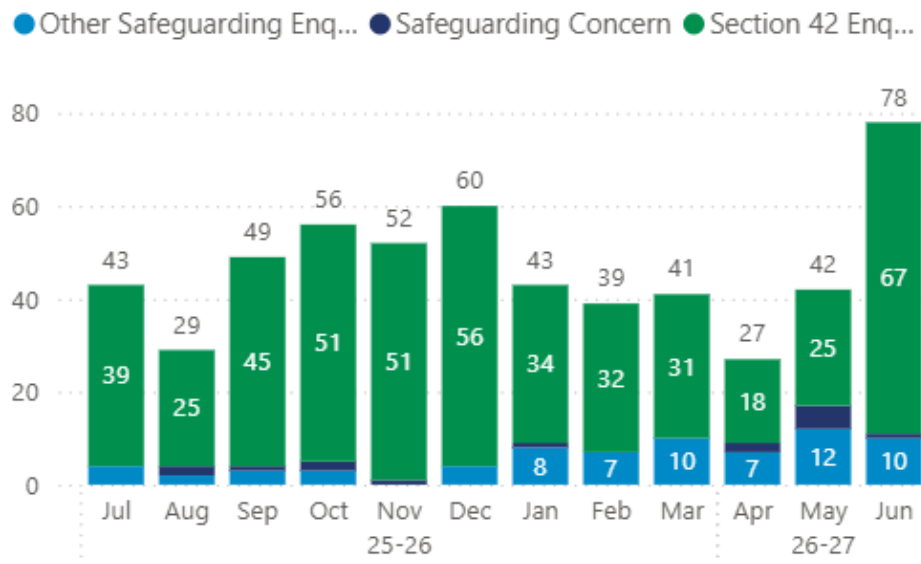
3.9 Safeguarding performance evidence submitted to CQC demonstrates sustained improvement over the past 12 months. The continued delivery of a same-day response model has enabled the service to operate without a waiting list, alongside consistently strong performance in Making Safeguarding Personal and increased completion rate for Section 42 enquiries.

3.10 Section 42 of the Care Act 2014 requires a local authority to make, or arrange for, safeguarding enquiries when it has reasonable cause to suspect that an adult with care and support needs is experiencing, or is at risk of, abuse or neglect and is unable to protect themselves because of those needs. Safeguarding evidence shows a prompt and risk-led response. During the 12-month reporting period, 674 safeguarding concerns were received and 534 progressed to a Section 42 enquiry, which represents 79.23% of concerns.



Safeguarding concern and Section 42 enquiry conversion, July 2025 to June 2026.

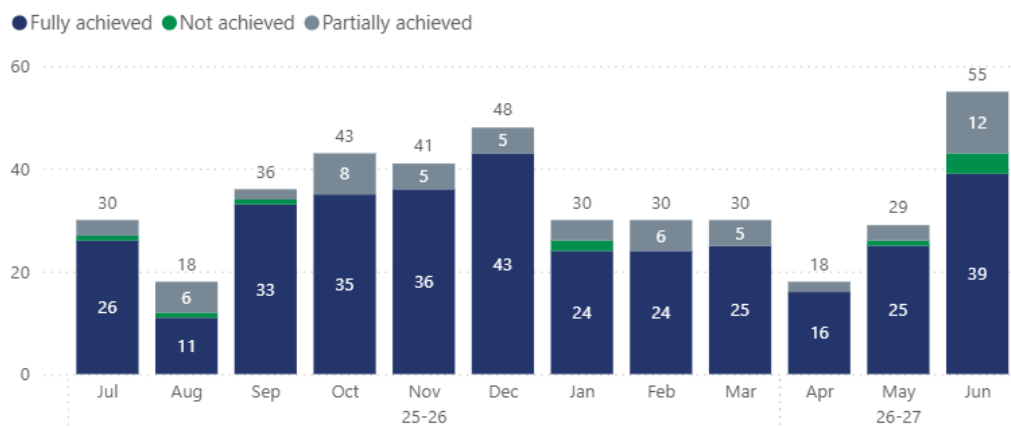
Safeguarding Concerns by Outcome



Safeguarding concern outcomes, July 2025 to June 2026.

- 3.11 Domestic abuse is the largest safeguarding category, accounting for almost one-third of safeguarding enquiries. Emotional/psychological abuse, financial abuse and neglect also represent significant volumes. Our approach to domestic abuse focuses on strengthening prevention, early identification, practitioner confidence and coordinated partnership responses through the Shropshire Domestic Abuse Partnership Strategy 2026–2029. It is trauma-informed, shaped by lived experience and centred on reducing harm, improving support and achieving better outcomes for survivors.
- 3.12 We have seen an increase of safeguarding enquiries. The number of completed safeguarding enquiries increased substantially, from 227 in 2023/24 to 440 in 2024/25. This trajectory continued in 2025/26, with a further 9% increase in completed enquiries with the graph below showing concluded enquires between 01 July 25 to 30 June 26

SG Enquiries concluded



- 3.13 Safeguarding demand has continued to increase during the reporting period. In response, the service has strengthened case progression management, oversight and assurance arrangements to support timely enquiry completion, effective risk management and improved service responsiveness.
- 3.14 Shropshire continues to embed Making Safeguarding Personal, ensuring individuals' views, wishes and desired outcomes are consistently considered throughout safeguarding enquiries and evaluations. Overall, 97.55% reported that their desired outcomes were fully or partially achieved, while 2.45% said they were not achieved.

Referral Enquiry Type Desc	SG Concerns Concluded (in period)	SG Concerns Concluded Outcomes Asked	SG Concerns Concluded Fully Achieved	SG % Concerns Concluded Fully Achieved	SG Concerns Concluded Partly Achieved	SG % Concerns Concluded Partly Achieved	SG Concerns Concluded Not Achieved	SG % Concerns Concluded Not Achieved
Other Safeguarding Enquiry	70	46	33	71.74%	11	23.91%	2	4.35%
Section 42 Enquiry	474	362	304	83.98%	50	13.81%	8	2.21%
Total	544	408	337	82.60%	61	14.95%	10	2.45%

Sensory services

- 3.15 Sensory services waiting times have reduced from 612 in November 2023 to 383 in 2024 and 144 in 2026. This occurred alongside increased demand and the team actively widening outreach to groups who may be less likely to come forward for support. This includes:
- Outreach to farming communities
 - Whitchurch Hearhere Group: hard of hearing group
 - Hard of Hearing Group, Shrewsbury
 - Marton Community Coffee Morning & Health Check
 - Armed Forces Support Group, Shrewsbury
 - Age UK dementia and carers groups: Shrewsbury and Pontesbury
 - Live Well With Hearing Loss with Community Resource: four countywide sessions each year; next session: Market Drayton
 - Hearing Professionals Meetings: three sessions per year
 - See Hear Remember exhibition at Theatre Severn
- 3.16 The service has completed process reviews, Waiting Well checks and community outreach, and has identified changes with activity that did not need to sit within the sensory team. The team continues to consider how demand can be met, including engagement with voluntary and community sector organisations.

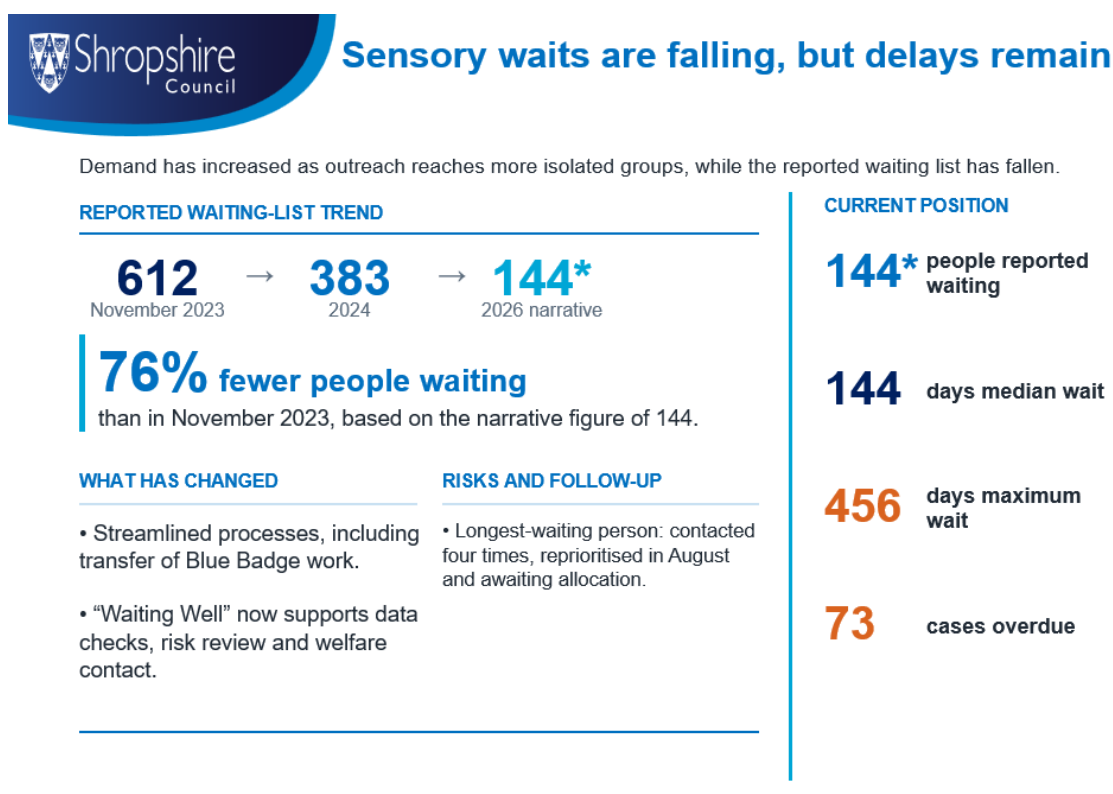
Measure	Position
Waiting list in November 2023	612
Waiting list in 2024	383
Waiting list in 2026	144
Latest waiting list snapshot	145
Median days waiting	144
Maximum days waiting	456

Overdue	73
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Table 6. Sensory service waiting-list improvement and current waiting-list snapshot.

3.17 Waiting Well checks identify residents whose needs or risks have increased after referral, enabling earlier allocation where required. The Sensory Team continues to review how people with lower-level needs and risks can remain connected to appropriate support. Current examples of low-level support are:

- Those seeking rehabilitation support or mobility training who are managing safely with existing support networks.
- Requests to register sight or hearing loss
- Requests for low-level support where no risks have been identified for example: conversation aids or hearing TV (HI), task lamps, UV shields, TV glasses, talking clock (VI)
- Requests for replacement equipment
- Requests for demonstrations of equipment



Direct payments

3.18 During the 12-month reporting period there were 97 new direct payment starts and 29 closures. Direct payments support choice and control. Once a support plan is authorised, set-up is already under way, including completion of paperwork and sourcing a personal assistant, activity or other support. Payment is then arranged through the normal four-weekly cycle, with urgent payments available outside that cycle where required.

Evidence point	Reported position
New starts in 12-month period	97
Closures in 12-month period	29

Reported wait after authorisation	No wait; direct payment starts once authorised
Payment cycle	Four-weekly payment run
Urgent exceptions	Payments can be made outside the standard cycle where required, for example to pay a personal assistant.
Further reporting area	End-to-end time from first request or assessment to authorisation and first usable payment is not yet shown.

Direct payment pathway evidence and further reporting area.

- 3.19 As part of the wider transformation of personal budgets, work will develop a consistent end-to-end measure from first request or assessment through to authorisation and first usable payment of a direct payment, providing clearer oversight of timeliness and the person's experience across the whole pathway. Delays before authorisation may arise while support is sourced or arrangements are completed. Further reporting will therefore establish the full pathway, including how pre-authorisation waiting periods are monitored, reasons for delay and the experience of people living in rural areas, including their ability to recruit personal assistants or source suitable support.
- 3.20 Alongside direct payments, Individual Service Funds provide an additional route for people to exercise choice and control over how their care and support is arranged. More Shropshire residents are using this flexible alternative which we have to recognise when considering the Direct Payment numbers. The Council will continue to develop both approaches through its transformation programme, with future performance reporting focused on timeliness, take-up, experience and outcomes.

Co-production

- 3.21 We have adopted a whole-system approach to co-production, based on the principle of working alongside people rather than making decisions on their behalf. Through our Co-production Framework, People's Pool, Priority Working Groups and co-produced commissioning activity, people with lived experience, unpaid carers, providers and community organisations are involved in shaping services, strategies and improvements. Co-production is embedded across commissioning, operational practice, workforce development, quality assurance and governance, with a strong focus on inclusion, accessibility, shared decision-making.
- 3.22 Co-production remains central to continuous improvement, learning and transformation within Adult Social Care. Priority working groups bring together people with lived experience, carers and partners to help shape service development and improvement priorities. Alongside performance data, feedback and experience provide valuable insight into the impact of services and support the Council's wider understanding of outcomes for residents. This ensures people with lived experience, carers and community representatives have opportunities to influence strategic priorities, service design and improvement activity.

- 3.23 This approach has informed key developments including the All-Age Carers Strategy, All-Age Autism Strategy, and the emerging Adult Social Care Strategy. Co-production has also been used to develop these areas:
- developing the Adult Social Care Practice Framework;
 - co-producing individual assessments and support plans with adults and carers;
 - using the People's Pool to involve people with lived experience in projects;
 - shaping direct-payment services and the developing all-age direct-payment policy;
 - developing the supported-living framework;
 - informing commissioning, service design and communications; and
 - training social workers, commissioning teams, community teams and partner providers.
- 3.24 Partnerships are also using lived experience to shape responses to complex issues such as homelessness, rough sleeping and domestic abuse. Co-produced guidance for practitioners has been endorsed by the Safeguarding Adults Board, while the Shropshire Domestic Abuse Partnership Strategy 2026-2029 includes ongoing challenge and assurance through a Lived Experience Advisory Group.
- 3.25 Planned areas where co-production will support change:
- Priority Working Groups involving people with lived experience, carers and partners;
 - co-production throughout Adult Social Care transformation and service redesign;
 - continued development of the all-age direct-payment policy;
 - greater use of the People's Pool across projects;
 - earlier involvement from discovery through design and implementation;
 - inclusive engagement with rural communities and people facing digital or accessibility barriers; and
 - reporting that shows who participated, what was heard, what changed and the resulting outcomes.

4. Summary of Main Proposals

- 4.1 Overall, the evidence provides high-level assessment of performance across five areas reviewed. Carers' assessments are completed in a timely manner; safeguarding is supported by a timely, risk-led response model; sensory services have achieved a reduction in waiting-list volumes and average waits; and direct payment implementation is prioritised following authorisation. Co-production arrangements continue to develop and are essential to shaping and informing service change and continuous improvement. The next phase will focus on evidencing how improvements in activity and processes are translating into better outcomes for people, carers and communities, with improvements in equity, rural access, lived experience guiding service development and the demonstrable influence of feedback and co-production.

5. Key risks and Opportunities

Risk / opportunity	Mitigation / action	Strategic risk theme
Waiting times may lead to changing or unmet needs; reducing waits creates an opportunity for earlier intervention.	The Waiting well approach includes risk-based allocation, regular contact, escalation routes and routine review of waiting list size, age and outcomes.	Governance, performance and financial weaknesses.
Increasing and complex demand may exceed available capacity; prevention offers an opportunity to reduce escalation and long-term dependency.	Use demand forecasting, process review, management oversight, prevention and Community Independence Pathway activity to target capacity and resources.	Increasing demand for services and economic uncertainty
Incomplete or inconsistent data may limit assurance on end-to-end timeliness and outcomes.	New dashboards to reflect the assessment framework activity to support monitoring, assurance and decision making	Governance, performance and financial weakness
Co-production may not represent all communities or demonstrate impact; stronger involvement can improve design and trust.	Use the People's Pool and Priority Working Groups, include rural and digitally excluded residents, and record who participated, what changed and the outcomes.	Breakdown of critical contracts, providers or strategic partnerships
Safeguarding demand and complexity may affect enquiry timeliness; the same-day model provides an opportunity for early risk management.	Maintain same-day response, case-progression oversight, Making Safeguarding Personal and quality-assurance review of timeliness and outcomes.	Governance, performance and financial weaknesses.
		Increasing demand for services and economic uncertainty

6. Council Priorities

- 6.1 People have opportunities to thrive and be healthy at every stage of life: the report supports prevention, early intervention, independence, safeguarding, carers and person-centred support.
- 6.2 Communities are connected: local, community and digital support, together with co-production, help people remain connected and supported in their own homes and communities.
- 6.3 People live in safe and inclusive places with homes that meet their needs: safeguarding, sensory support, direct payments and Individual Service Funds promote safety, choice and control.
- 6.4 A financially sustainable Council with clear priorities: performance oversight, prevention and transformation support timely, effective and sustainable use of resources.
- 6.5 A workforce supported to excel: quality assurance, learning, supervision and co-production strengthen consistent practice and continuous improvement.
- 6.6 Overall, the report contributes to the Corporate Plan ambition that everyone has the opportunity to be healthy and thrive at every stage of life. It does this by focusing on timely support, reducing inequalities, maintaining independence, listening to lived experience and ensuring services remain safe and sustainable.

7. Financial Implications

- 7.1 This report seeks scrutiny and assurance rather than approval of additional expenditure. Actions arising from scrutiny may have workforce, commissioning, digital or community-capacity implications and should follow the Council's financial governance. Outcome evidence should accompany any claim that prevention or redesigned pathways improve use of resources.

8. Legal and HR implications

- 8.1 Not required for this report

9. Electoral Division Implications

- 9.1 Not required for this report

10. Health, Social (including “Child Friendly Shropshire”) and Economic Implications

- 10.1 Not required for this report

11. Equality and Diversity Implications

- 11.1 This report is a performance report, there no decision required from the People Overview and Scrutiny Committee which would require consideration of Equality and Diversity implications.

12. Climate Change, Biodiversity and Environmental Implications

- 12.1 No direct material climate effect arises from noting this report.
- 12.2 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

13. Background Papers

- 13.1 Not required for this report

14. Appendices

- 14.1 No Appendices