

Shropshire Council Social Care Market Position Statement (MPS) 2024-2027

This document supports the delivery of the Shropshire Plan 2022-25 ensuring our population and economy is healthy. This is a vital document as the health and social care market has never been so challenging. It is clear that the current models of delivery are no longer sustainable with increasing demands, change is needed.

This document sets the direction of travel for working together and thinking creatively on how we support children, young people, carers and adults.

Shropshire's Market Position Statement (MPS) intends to signal clear direction for providers on the future ambitions. It has a much wider focus than any previous (MPS); with a stronger emphasis on community-based commissioning within localities and recognising the strength and contribution of communities in prevention and early intervention for our residents' wellbeing.

Shropshire has to move to a preventative model; being proactive rather than reactive with a clear focus on demand management.

The MPS will support the market to inform business decisions and ultimately ensure care and support is provided at the right time, in the right place and at the right price.

The Council recognises the essential part communities including the voluntary and community sector play in keeping people well,

safe and independent with its resources, skills and diverse offer. Building a solid ground for innovation and further development in areas such as technology is more important than ever, these will contribute to the challenges faced by the health and social care sector.

Now is the time for change and for providers to align to a strength-based approach where the focus is on meeting need and not diagnosis across all ages; only by doing this where appropriate will the county ensure sustainable and diverse services and inclusive communities.

The Council is clear that where the market cannot meet these challenges and meet the needs of individuals it will consider its role within the market to ensure choice, quality and cost-effective delivery.

The MPS will be published, reviewed, and updated regularly and we intend to provide a solid foundation for sustained change and improvement. An action plan will be developed to support the implementation of the key commissioning intentions and updated annually.

We hope you find it informative and useful in shaping your business to meet the needs of Shropshire residents, it is only by working in collaboration we will meet the challenges together.

Commissioning intentions

1. Demand management through strength-based, reablement and developing models and services that will support the principle to improve or maintain independence.
2. Create a versatile, cost effective and sustainable market at place.
3. Promote and develop inclusive access to all services.
4. Develop person centred support with choice and quality services.
5. Develop and promote information and advice.
6. Work across health, education, children and young people services and adult services to integrate our commissioning and market management.
7. Invest in early help, prevention and community services.
8. Improve and embed mental health and wellbeing across all services.
9. Support and develop the health, family/carer support and social care workforce.
10. Develop a sustainable market through innovative sustainable solutions.

Shropshire Council will commission in line with the principles set out in our [Commissioning Strategy](#).

AIM: Develop a strong, sustainable and vibrant social care market that offers quality information and support for children, young people, carers and adults to ‘live their best life’.

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1. Introduction

This document summarises supply and demand in Shropshire (for clarity excludes Telford and Wrekin area), it will signal business opportunities within the care market of Shropshire, help identify what the future demand for care will be and form the basis for change.

The MPS will also allow the Council to demonstrate and evidence how it fulfils its duties under the Care Act 2014, the Children & Families Act 2014 and other relevant legislation that supports market shaping and management.

The Council and the provider market face significant financial and workforce challenges in ensuring continuity and quality of care is delivered. The Council's budget position faces a structural funding gap of more than £51 million (2024/25) and our health partners also face significant financial deficits. Delivering services across a very rural county is more challenging for all services compared to other health and social care systems.

At the heart of these challenges are always opportunities and we must put people first and foremost at the centre of everything we do. Developing innovative models of care and support in co-production with the people who use or will be using services will be central to our approach.

Our approach is firstly prevention and early intervention; supporting people within their own families, homes and communities where it is safe to do so. Getting away from labelling people; instead focussing on promoting abilities and independence, intergeneration models of support as a society and not putting people into boxes, we are One Shropshire! In delivering this across Shropshire we commission social care and support services for children, families, and adults from many different organisations. It is essential Shropshire Council and partners drive to deliver the key outcomes for Shropshire's residents, as set out in The Shropshire Plan, in the most efficient, highest quality and financially economical way possible. All commissioning activity will focus on ensuring equitable access to services and support when and where they need it.

It is only by working together as one system will we be able to improve services and experiences for people and reduce health inequalities to enable people to live their best lives.

1. National Context

Social care is a high priority both nationally and locally with increasing demands and challenges being placed across the health and social care sector.

The past few years have continued to be challenging with the pandemic which has and continues to have a considerable impact for children, young people, families, carers and adults.

Providers have seen considerable challenges for many years and will see further pressures with changes, and the worst cost of living experience seen in generations.

These challenges are system challenges and one of the main drivers nationally for integration of services across health and social care. The integration White Paper [Health and social care integration: joining up care for people, places and populations - GOV.UK \(www.gov.uk\)](#) has seen the formation of Integrated Care Systems (ICS) and Integrated Care Boards (ICB) they are partnerships of NHS bodies and local authorities, working with other relevant local organisations, that come together to plan and deliver joined up health and care services to improve the lives of people in their area.

Following recommendations of NHS England and passage of the Health and Care Act (2022), 42 ICSs were established across England on a statutory basis on 1 July 2022. Shropshire, Telford and Wrekin ICS is now fully established and is working at pace to drive sustainable improvement in services.

All partners have helped inform the ICS 'Forward Plan' [20230622-Joint-Forward-plan-version-11.pdf \(ics.nhs.uk\)](#) which sets out the road map for the Shropshire, Telford and Wrekin ICS; the provider market is a key link in its ambition to join up services and provide people with access to support and care when they need it.

Nationally, children's social care has seen significant challenges, nationally independent reviews have been commissioned which have resulted in a national consultation for children's social care reviewing feedback for Children's social care: stable homes, built on love based on three independent reviews, this will inform the national strategy and direction of travel. The care market will be very much part of this review and reforms.

In addition, there are also changes for children and young people with special educational needs and disabilities (SEND). The Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan Right Support, Right Place, Right Time sets out proposals for a system that offers children and young people the opportunity to thrive, with access to the right support, in the right place, and at the right time, so they can fulfil their potential and lead happy, healthy and productive adult lives.

Adult social care, like children's, has seen significant and national policy and legislation changes. The People at the Heart of Care White Paper, published in December 2021, set out a 10-year vision for adult social care. It was shaped by national and local government,

care providers, care staff, the NHS, people who draw on care and support, their friends and family, charities and the voluntary sector.

The vision puts people at its heart and revolves around three objectives:

1. People have choice, control and support to live independent lives.
2. People can access outstanding quality and tailored care and support.
3. People find adult social care fair and accessible.

One of the biggest reforms on the charging legislation will not be implemented in October 2023 as planned and will now be delayed for two years.

In addition to this, local authorities from April 2023 are now subject to assurance inspections from the CQC and like children's service inspections from Ofsted, Shropshire will need to align resources to prepare for local inspections.

2. Local context

The Council has launched its Shropshire Plan 2022-25 priorities which focus on the Healthy People, Healthy Economy, Healthy Environment and Healthy Organisation with the vision: 'Shropshire Living the best life'. This MPS will inform the delivery of this strategy to inform providers of its commissioning intentions to support people living in Shropshire.

The infographic is divided into two main sections. The left section, titled 'Our vision: Shropshire - living the best life.', features a navigation menu with six items: Introduction, Overview, Healthy people, Healthy economy, Healthy environment, and Healthy organisation. The right section, titled 'Our Priorities: Healthy People', lists a 'Focused strategic objective' and four 'Bulleeted strategic objectives'. The background of the infographic includes images of a group of people sitting on the ground and a man in a blue shirt smiling.

Our vision: Shropshire - living the best life.

- Introduction
- Overview
- Healthy people
- Healthy economy
- Healthy environment
- Healthy organisation

Our Priorities: Healthy People

Focused strategic objective:
Single system view to tackle inequalities, get in early yourself, supported by us or by our partners

Bulleeted strategic objectives:

- Tackle inequalities
- Early intervention
- Partnerships
- Self responsibility

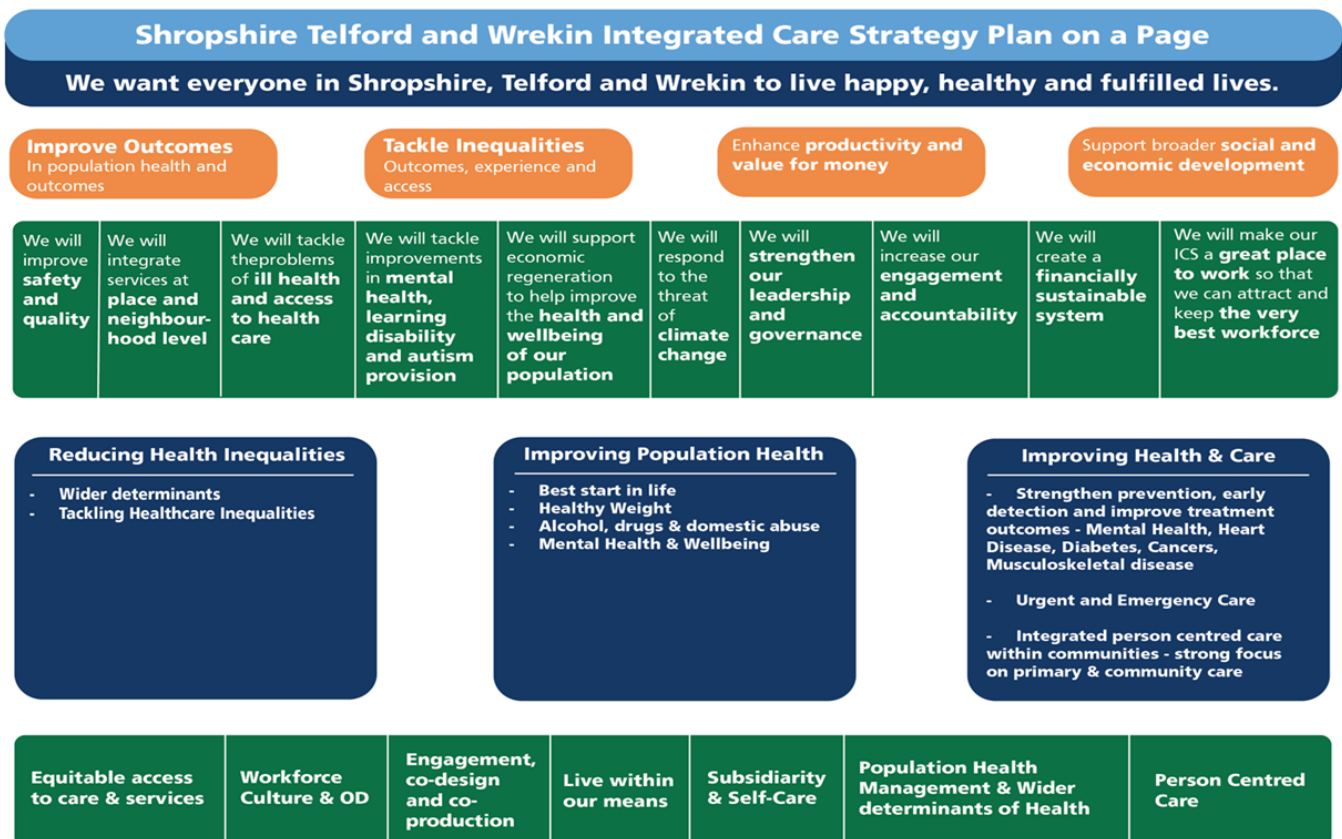
The Shropshire Plan sits alongside the [Health and Wellbeing Strategy](#) and our emerging Prevention Framework. Both documents highlight integration, access to services, person

centred approaches and working collaboratively to keep people healthy and well. The ambitions of this Statement completely align with our local strategic planning.

In October 2021 the Council amalgamated both children and young people and the adult social care services into one People Directorate. The opportunity to align services for people are vast and we are working collectively to drive improvements to services and ensure early intervention and where necessary smooth transition of services from children to adults. We want the market to align to these opportunities and consider how services can be diversified to meet needs and not put people into boxes. The People Plan underpins the Shropshire Plan on the principles of how it will support people to live their best lives.

Locally Shropshire has seen the increase in the complexity of care required to support across all ages which locally has seen pressure particularly coming through the hospitals.

Whilst nationally the health care system is very challenged, locally the health care system has seen immense pressure which has resulted in resources being directed to support the increasing demand on the local hospitals. It is vital that we work as one system with the ICS with the focus on the below:



We want to develop commissioning models that align to the Local Care Transformation Programme (LCTP). The LCTP brings together a collection of transformation initiatives that will deliver more joined up, integrated and proactive care in people’s homes and local communities, supporting improved health and wellbeing for our population. The programme consists of initiatives that will deliver more care into the community achieving improved outcomes and experiences for patients, while also helping to relieve pressure on our acute

hospital services so that those services are able to deliver quality services when people need them.

- Key critical initiatives include **Implementing alternatives to hospital admission**, providing two-hour rapid response in the community.
- **Setting up of a Virtual Ward** providing sub-acute care in the place people call home that would otherwise need to be provided in an acute hospital, thereby providing an improved experience for patients. Initially, there has been a focus on the frailty pathway including enabling referral to the Virtual Ward from care homes and rapid response teams.
- **Implementing an integrated discharge team (IDT)** to support timely and appropriate discharge from hospital with the necessary community support in place.

In addition, the Council is leading on a Transformation programme to review and redesign the reablement model to support timely hospital discharges and improve outcomes for individuals.

Whilst providers have been equally challenged with huge workforce pressures and additional costs relating to delivery across a rural county, increasing fuel costs, utility costs, national living wage increases, insurance increases all compound the current challenges we all face as a sector. We believe that there are so many more opportunities around integration and aligning services at place level. A recent nationally mandated cost of care exercise was carried out for both care homes and the domiciliary care market, the response rate was not good however work is underway to look at the fee rates as well as supported living costs.

Therefore, as the provider market is primarily made up of local providers with a small proportion of services by large national organisations, it is vital that we look at how the model of delivery across Shropshire can be made sustainable for providers and meets the needs now and in the future for people to remain well within their communities.

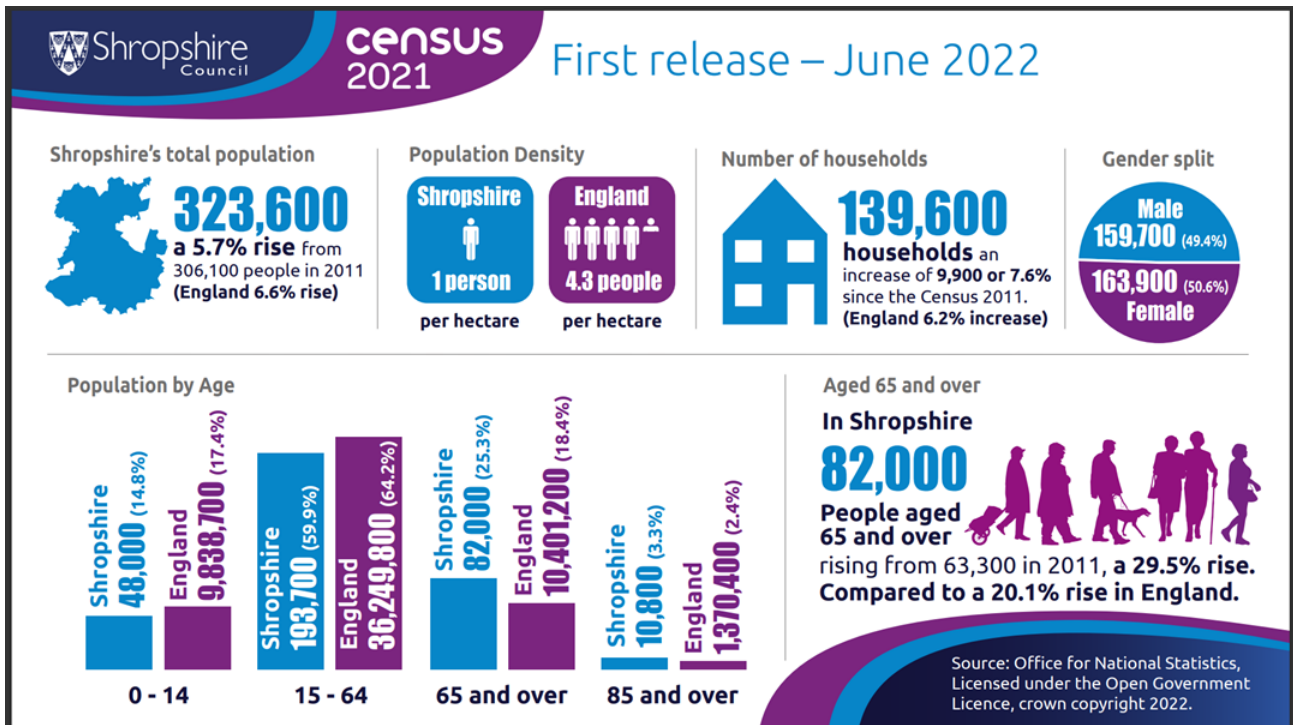
This document will focus on the local need and growth and how we want to work with the market to deliver services and support in innovative ways and focus on delivering consistent support for all ages ensuring seamless services.

3. Local Demographics

Shropshire has a lower than average number of children compared to England. For adults, as shown in Figure 1 below; that whilst the proportion of people over 65 is steadily increasing nationally, the increase in Shropshire is increasing by a larger proportion. In Shropshire the data show that there has been an increase of 17,500 people since the Census was last completed in 2011. We also have a larger and faster growing older

population, compared to the rest of England. As the number of older people increases, the complexity of care required increases too.

The working age population is below the national average which is putting additional pressure on meeting needs and the wider health and social care workforce; hence why change in delivery is needed to support children, young people and adults.



The Ageing Population

The maps below illustrate how Shropshire's older population has grown significantly since 2001 and is projected to grow by 2028.

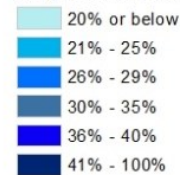
Proportion of the population aged 65+ by Place Plan Area - 2001

Proportion of the population aged 65+ by Place Plan Area - 2018

Proportion of the population aged 65+ by Place Plan Area - 2028



% aged 65 and over by place plan area



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The Ageing Population

The maps below illustrate how Shropshire's elderly population has grown significantly since 2001 and is projected to grow by 2028.

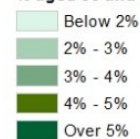
Proportion of the population aged 85+ by Place Plan Area - 2001

Proportion of the population aged 85+ by Place Plan Area - 2018

Proportion of the population aged 85+ by Place Plan Area - 2028



% aged 85 and over by place plan area



Percentages range from 1.3% in Broseley / Highley in 2001 to 6.0% in Ludlow in 2028
Source: prepared by the Performance and Research Team, Shropshire Council, place plan area projections, constrained to the ONS 2018 based sub-national population projections for Shropshire.

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4. Joint Strategic Needs Assessment (JSNA)

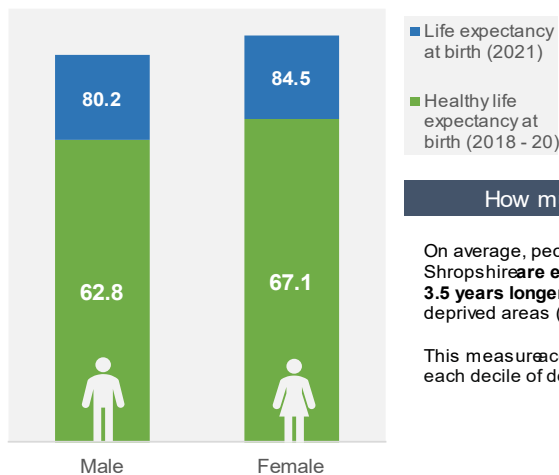
Commissioning activity is informed by demand and predicted trends to inform activity levels. The Shropshire [JSNA Joint Strategic Needs Assessment \(JSNA\) | Shropshire Council](#), is a vital set of information delivered through themes and place based assessments. The JSNA informs strategic planning and direction of travel when commissioned services are being reviewed. Shropshire is continually developing themed and place based JSNAs to ensure that commissioners and decision makers have the information needed to make good policy decisions.

In addition to a significantly ageing population, inequalities and rural inequalities form a key consideration for delivering services in Shropshire.

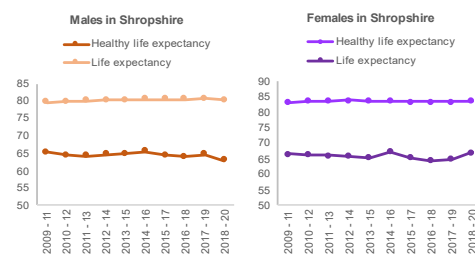
People in Shropshire are living longer but not necessarily healthier lives. Recently, the gap between healthy life expectancy (years living in good/fairly good health) and overall life expectancy is growing for men in particular.

Life expectancy in Shropshire

The chart below shows the gap between healthy life expectancy (years living in good/fairly good health) and overall life expectancy. Females in Shropshire are estimated to live 4.3 years longer than males, overall and also live longer in good/fairly good health.



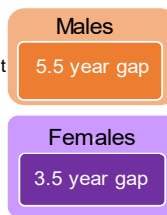
The gap is increasing over time for males.



How much does life expectancy vary with deprivation?

On average, people living in the least deprived areas of Shropshire are estimated to live **5.5 years longer if male** and **3.5 years longer if female** compared to those living in the most deprived areas (2018-20).

This measure accounts for differences in population sizes of each decile of deprivation (The slope index of inequality)



Source: PHOF, OHID

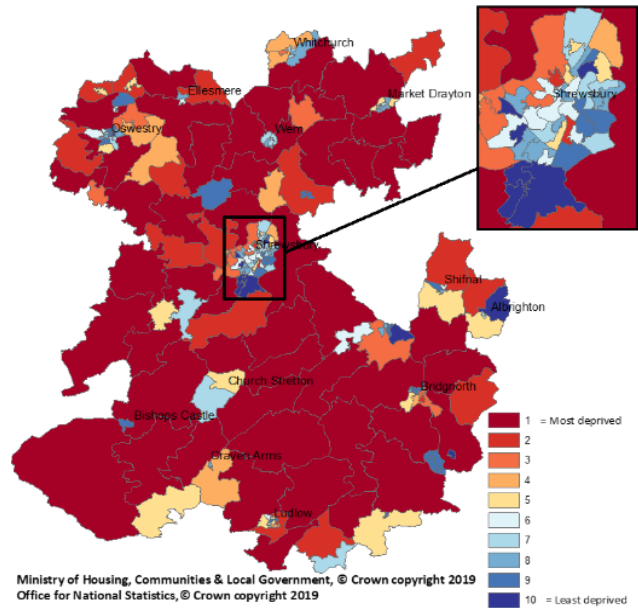
The following map demonstrates what Shropshire would look like if Index of Multiple Deprivation (IMD) was measured on barriers to housing and services. It shows that most places in Shropshire are more deprived on this measure.

IMD - Barriers to housing and services

This domain measures the physical and financial accessibility of housing and key local services.

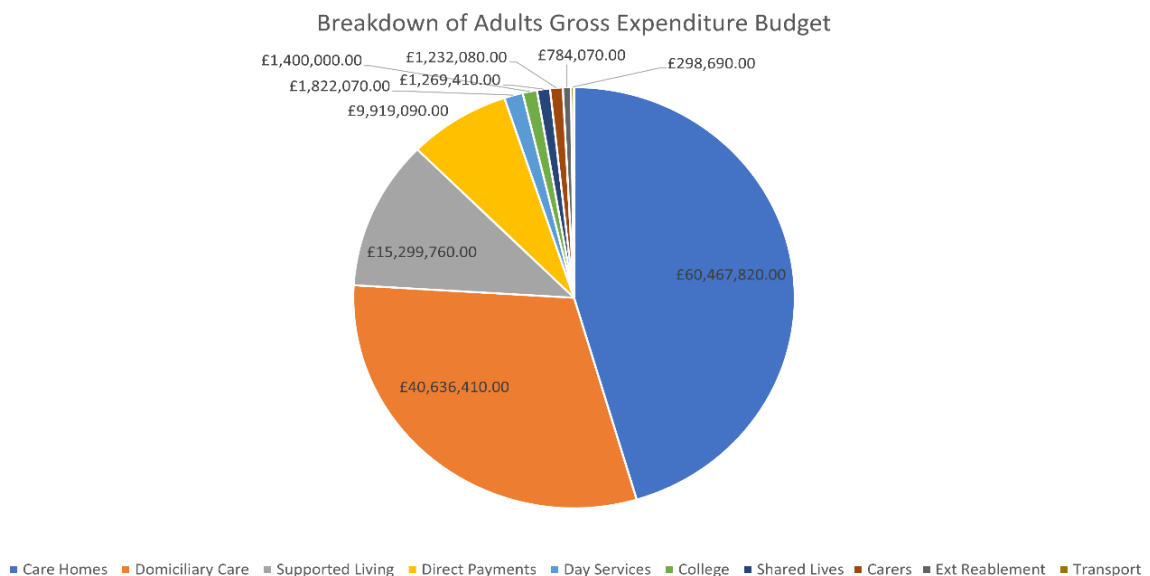
Shropshire has an average score of 25.4 and is ranked 68th most deprived local authority in England out of a total of 317 lower tier authorities.

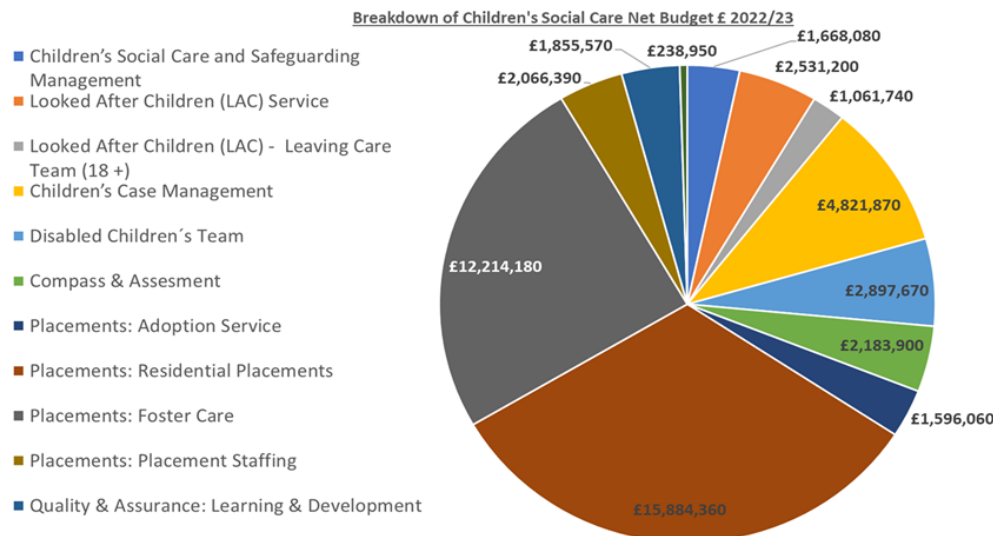
Forty seven Shropshire LSOA's are within the 10% most deprived nationally, 35 LSOAs in Shropshire are ranked within the 5% most deprived for the Barriers to Housing and Services Domain nationally



5. Finances

In 2022/23 social care accounted for 77% of the Council's total budget split by the below for both adults and children and young people.





Social care budgets are under significant pressure with additional demand, complexity and increasing service costs.

Providers tell us that the rates that the Council pay are not keeping in step with rising costs in general despite year on year fee increases.

Wages costs, national insurance rises, fuel costs, insurance and rising domestic fuel costs particularly affecting care homes mean that providers across the care market are seeking higher fee rates from the Council. The Council has a funding gap of £51m in 2023-24 with continued pressures into 2024-25.

6. Prevention and Early Intervention

The council through public health have led the development of the prevention framework with partners across the council, health and VCSA recognising that prevention and early intervention is a core part of everyone's business across our Shropshire place partnership, and that all partners need to commission and offer services in this space.

The framework recognises the skills and expertise of the voluntary and community sector and its role in keeping people well and independent. The vital role of the VCS cannot be underestimated in supporting the system to reduce and manage demand. The role played during the pandemic is nothing short of incredible and we must learn from this and build a strong third sector as a key partner. The council's role as an enabler needs to support the VCS to help build and further develop a sustainable sector.

Investment has historically been taken away from early help and intervention. Shropshire is addressing this and working across a 'One Shropshire' model to ensure that people can have access to early help and support when needed and before the risk of crisis arises. People and organisations in Shropshire are supported to make positive choices that will promote good health and wellbeing and are supported to directly access support through information that is available via:

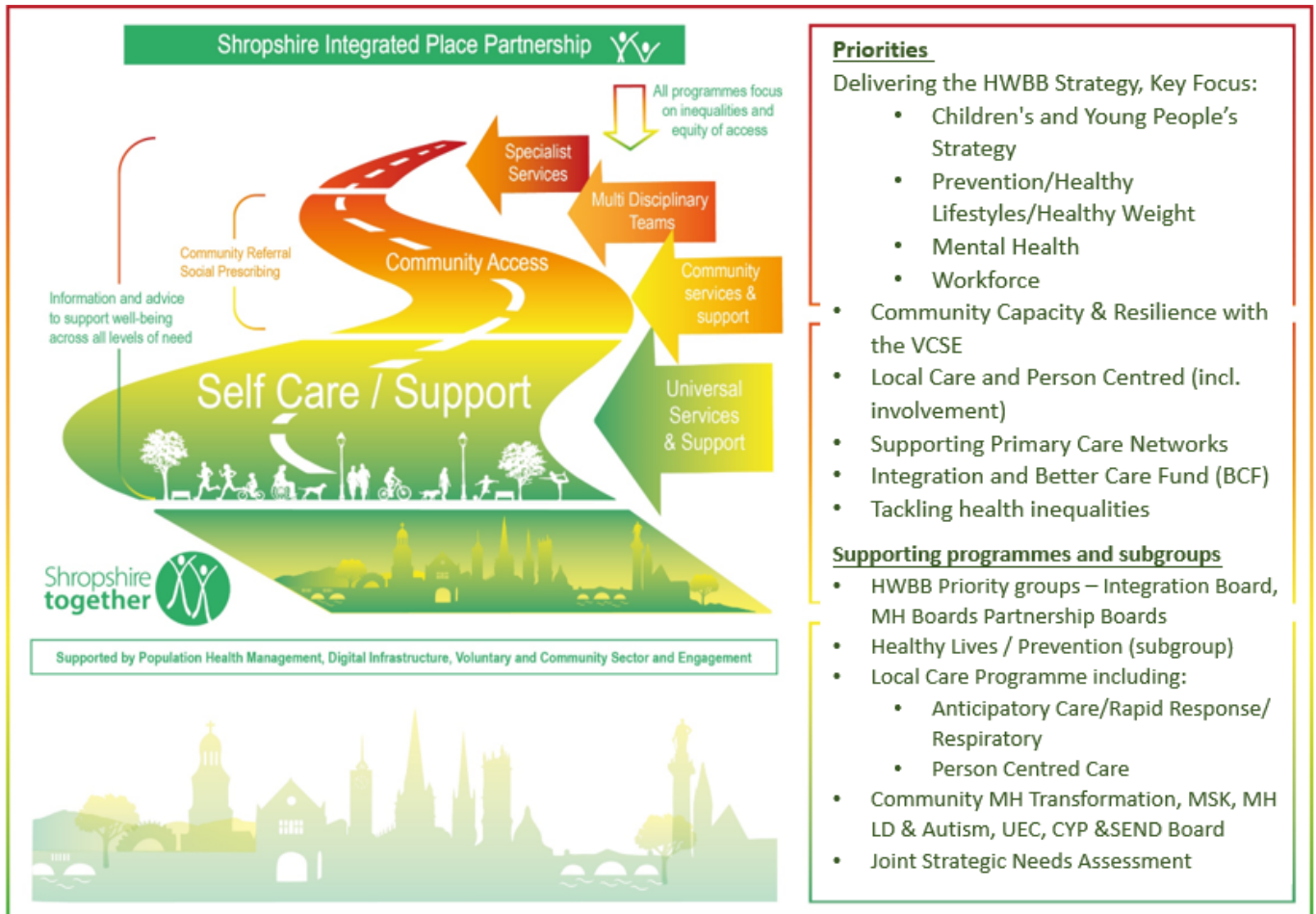
- Webpages and local directories of information

- First Point of Contact
- Frontline health and social care practitioners
- Hospital discharge pathways
- Voluntary sector offer
- Our annual Winter Support Service (delivered by a range of VCS partners in partnership with Shropshire Council)

Additionally, people are routed to services and support through Primary Care (including our Community Care Coordinators and our Social Prescribing service).

Support in our communities is underpinned by large voluntary sector contracts namely our Wellbeing and Independence Partnerships Shropshire Contract (lead provider Age UK), our Advice, Advocacy and Welfare Benefits contract (lead provider Citizens Advice Shropshire) and a wide array of grant funded activity that enables us to ensure that residents can access a wide range of support from across our rural county. Going forward, work is underway to collate and streamline information that is available online, making it easier for both citizens and practitioners to access. Shropshire's adult social care (ASC) delivery model is predicated on people being able to find good advice and support that helps them with the issues they find themselves dealing with. Our practice encourages people to think about what they can do for themselves and also what support they could draw upon from their family, friends and within their local community.

We want to ensure that community-based information, advice, activities and support is available across Shropshire for people to connect with. We commission and grant fund a wide range of voluntary and community sector (VCS) organisations and work closely with these groups to build the partnerships and networks that create added social and financial value. A key area of focus will be on preventing falls in communities and working with people to keep people well and independent as they can be.

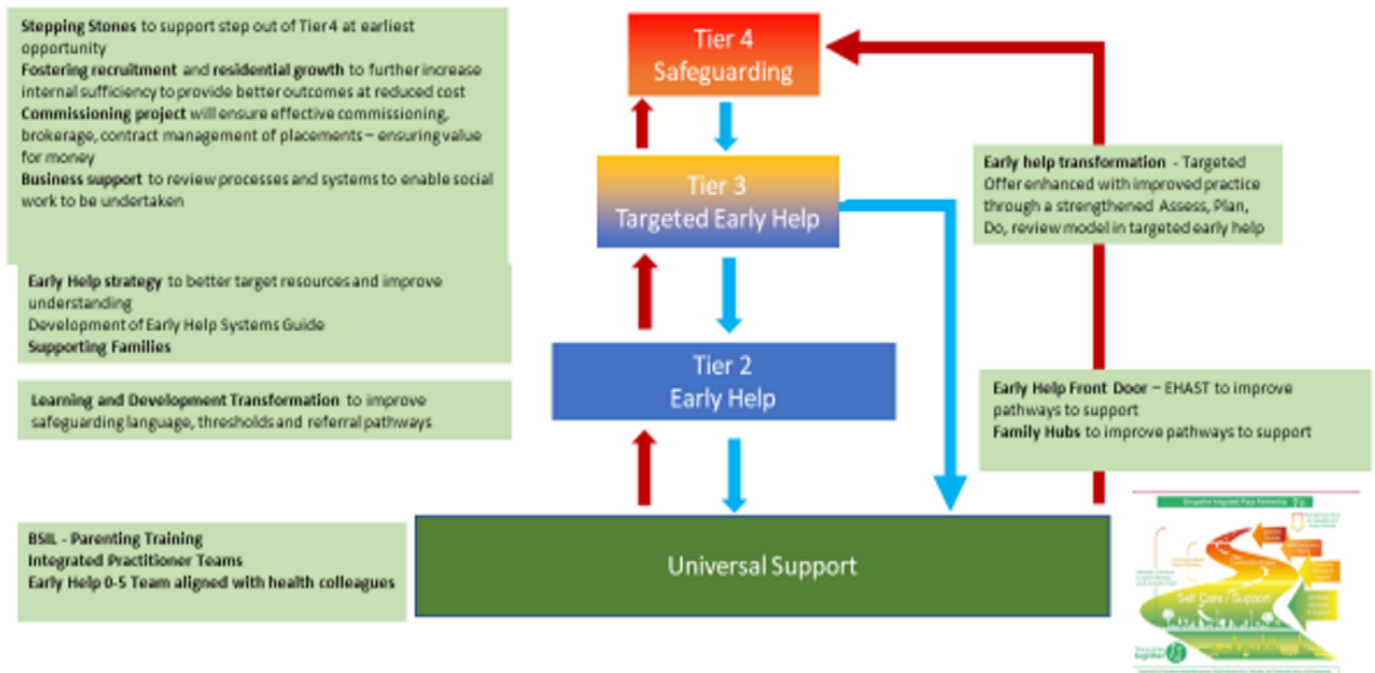


What are we predicting?

Over the last three years, given the rise in need and/or prescribing and as technology develops to support individuals and promote independence, we expect use of equipment and assistive technology to continue to rise. With recruitment and retention posing a challenge to the homecare sector, other ways to meet individual's needs are and will be increasingly called on as a key solution to the pressure the sector is under. In the last year, approximately 8% of equipment was prescribed to those 18 or under, and 69% are prescribed to those over 65.

Increased focus on early intervention for children and young people.

Childrens Pipeline of Support – Projects to move Demand



The model therefore needs to be reviewed and modelled to ensure continuity and sustainability.

What will we do?

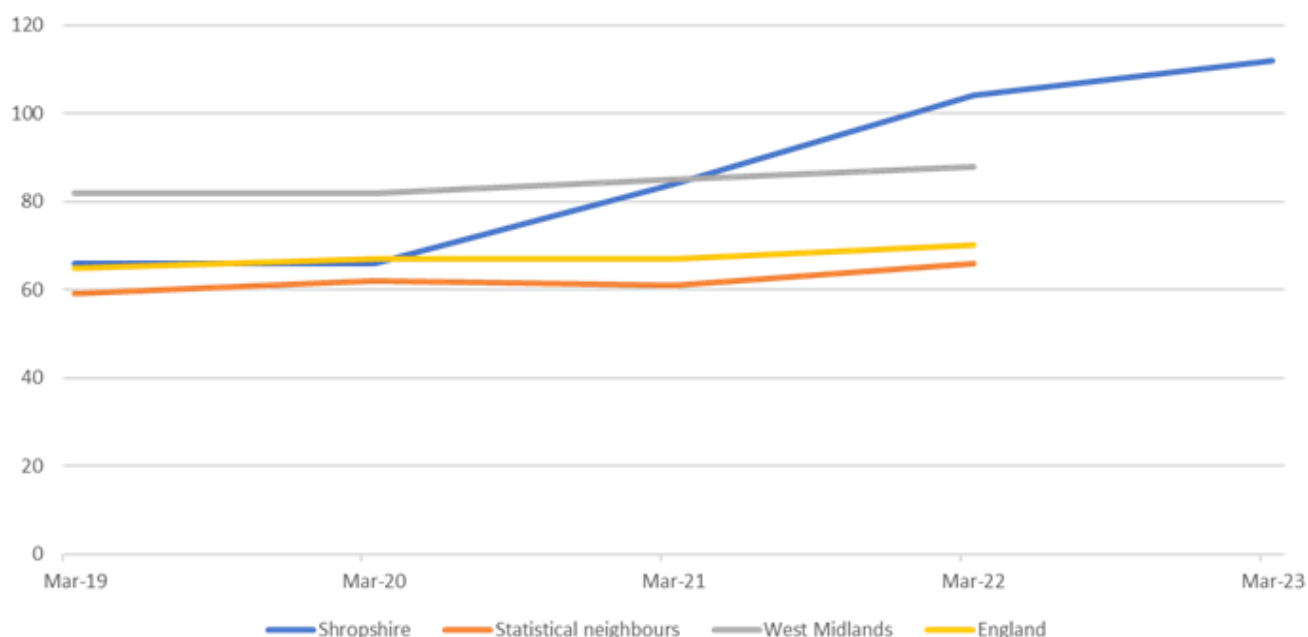
- Work with partners to review and redesign the current Prevention contracts to streamline the offer to ensure future provision meets needs.
- Recommission both the Wellbeing and Independence Partnership Shropshire (WIPS) and the Advice, Advocacy and Welfare Benefits (AAWB) to ensure they are meeting required outcomes. We welcome early engagement with interested providers in both of these service areas.

7. Children and young people

The demand pressure upon children services has continued to increase. Greater emphasis is now on early help and intervention to reduce the continuing increase as described earlier in the document.

The rate of Looked after Children has increased in this time from 66 to 112 per 10,000 (an increase of 41%).

This is shown here alongside national, regional and statistical neighbours (the published data for these does not yet include the rate per 10,000 for March 2023).



At the end of March 2023, annual total expenditure for all types of placements both internal and external was over £32.6m.

Shropshire has seen a large increase in the numbers of Looked after Children. There are multiple and combined factors for the increase in children looked after, including; large sibling groups, increase in neglect, increasing number of young children especially under 1's, delays in court proceedings being completed, system challenges such as Social Worker capacity, delays to exiting children's care plans and an increase in Unaccompanied Asylum Seeker Children which is a mandatory requirement under the National Transfer Scheme.

What are we predicting?

A reduction in the number of placements needing residential care through further investment in early help and prevention services.

Increase the sufficiency of therapeutic provision especially for more complex needs. Further trend projections are being modelled to get a greater understanding of potential trends, it is however envisaged that numbers will stabilise and begin to reduce with the investment into early help and support.

What will we do?

- Develop the early help offer
- Increase internal residential provision

- Continue to implement and further develop where necessary the Stepping stones project which is a therapy intensive team to increase support for children and families to avoid becoming looked after and to support children to step out of external residential provision either to return home, step down to internal fostering or semi-independent provision if appropriate
- Continue to commission residential block contract to avoid escalation of expenditure and to ensure local placements within Shropshire
- Participate in West Midlands Regional Commissioning arrangements and regional provision Frameworks to cap expenditure and minimize escalation
- Increase internal fostering capacity to reduce reliance on external fostering placements
- Continue to undertake research and data analysis to understand and develop the marketplace
- Analyse and understand the reasons for the increases in children who are looked after and assess the reasons for multiple moves to put in support earlier.
- Continue to manage the costs and expenditure for external placements
- Reduce the number of children who are placed out of the authority area

8. SEND

Our vision is that we want “Shropshire children and young people with SEND to be healthy, happy and safe, and able to achieve their potential to lead a fulfilling life. We want them to have, and to expect, the same opportunities in life as other children and young people. We want them to thrive and live their best life.”

There is a commitment to update the 2020 – 2025 Strategy and we now have the information to do this, following the launch of the National SEND and AP Improvement Plan Change Programme in late 2023 and other national or local strategies/policies.

The proposed system wide priorities for the new Shropshire SEND and Inclusion strategy will enable the implementation of our vision;

1. Develop sufficient local, high quality and inclusive provision across the system;
2. Develop a system that makes sense, works together and gives CYP and families a voice.

An Outcomes Framework will enable us to evidence progress towards our vision. This is currently being developed by the SEND Partnership to gain approval during the first half of 2024

Since 2021, there has been a 150% increase in the number of requests for statutory Education, Health and Care Needs Assessments. The number of Education Health and Care Plans (EHCP'S) maintained by Shropshire Council has also increased from 1,427 in January 2021 to 2,571 in January 2024, an increase of over 80%. This increase has also led to a greater proportion of placements for children and young people with an EHCP being placed in specialist provision, including Independent Special Schools.

What are we predicting?

To deliver the vision for children and young people with SEND in Shropshire, and enable increasingly consistent outcomes to be achieved, we expect that a greater proportion of children will have their needs met in mainstream provision, whilst also increasing state-funded specialist provision available locally across the County for those with the most complex needs. This will encourage the right support to be available as locally as possible, whilst building capacity, skills and knowledge in mainstream provision.

What will we do?

- Develop approaches that enable children and young people with SEND, and their families, to receive good quality support, at the earliest opportunity, and particularly to support them to prepare for adulthood.
- Work together to ensure sufficiency and funding models are developed that promote inclusion in local mainstream schools, whilst building additional state-funded specialist capacity.
- Monitor residential development across the County to ensure sufficient provision for children and young people with SEND is available, as the populations changes.
- Increase the activity to promote independence and support young people to travel independently, including being active in their community and spend quality leisure time in friendship groups
- Increase the opportunities for children and young people with SEND, and their parent carers, to have the opportunity to actively participate in decision making both on an individual and strategic level.
- Work together as a system to enable a reduction in health inequalities experienced by children and young people with SEND.
- Ensure all area based Joint Strategic Needs Assessments (JSNA) include a focus on SEND.

9. Preparing for adulthood (PfA)

As we move towards an all-age approach, we recognise work needs to be done to ensure processes and pathways align and offer cost-effective solutions that deliver effective outcomes for young people.

As we further develop our integration with education and children and young people services, we are working to have a joined up and seamless process for young people and their families transitioning into adulthood.

We need to reduce the need for long term residential placements and offer maximum independence for young people.

The Council recognises the challenge of those young people transitioning into adult services and further work to align practice and market management will be a focus for adult social care along with all ages commissioning agenda which will be a key development over the next few years. We have on average 200 young adults known to the team, we are currently assessing from the age 17.5 years old and there is a plan to incrementally lower this to 16 years old. In the 0-25 work we are introducing a PfA forum for all 'rising 16 year olds', to understand need/inform commissioning intentions and to work with Disabled Childrens Team (DCT) to support to 'prevent' young people becoming adult service users in a positive and enabling way so they can live their best lives.

We know we have a high use of supported living from a young age, increasing need for autism support. We have a high need for transport cost and short breaks, high cost packages of support as well as many requiring a Continuing Health Care (CHC) assessment. Direct payments are used, and we want to continue to support and grow this.

What are we predicting?

- Cost is increasing, the population is a mix of Learning Disability/Autism (LD/A) and smaller numbers of Mental Health (MH).
- Need may have to be met increasingly further from home if we do not change the model and work with Providers.
- High number of children's services located within Shropshire, being used by other Local Authorities, we do not know how many young people then 'settle' in Shropshire with adult need that could grow our population further.

What will we do?

- Review accommodation-based solutions for young adults, and consider the quality of outcomes and the long-term financial sustainability of some models
- Autism commissioner appointed to lead on strategy, priority in 2024 to develop the LD/A offer.
- Review of 'high cost' placements and the outcomes young people achieved from these

- PowerBi /performance dashboard to inform practice and commissioning to include demographics, type and cost of support, place of home and place of support
- Joint working with health and social care to improve outcomes, operational and strategic planning meetings, workshops, joint team meetings
- Review need and options for transport use to promote independence and local solutions
- Co production/co development to realign Partnership Boards to be a driver for transformation and delivery of strategies
- Development of models of support to help individuals to live at home, short breaks, holiday support, community based support, and increased uptake of Direct Payments
- Review young adults who are currently in locations out of area, where a transition to in area would be a positive change
- Invite feedback from the market on this work to inform future planning

10. Supported Living

We want to ensure every person has the right to lead their own life and to determine where, how, and with whom they live, and who provides them with support. Shropshire supported living schemes allow vulnerable people to maintain their dignity and be part of a community while managing housing tenancies.

Shropshire benchmarks highly compared to other local authorities in supporting people to remain within their communities, it is paramount accommodation is sustainable and delivers on quality and is cost effective. The supported living model is being reviewed in 2023 and 2024 and will inform strategy based on need, this will include support across all ages and care leavers.

There are currently 102 properties in use as Supported Living across the county, with the largest proportion being in Shrewsbury (55 properties). This is an increase of 10% since the last report update in 2021. 199 individuals are housed across the 102 supported living properties.

Work is being carried out to establish whether Shrewsbury is the chosen area to live or happens to be where supported living accommodation becomes available. We are now capturing more information on desired locations for individuals awaiting accommodation to examine the demand across different towns to improve choice. Work is ongoing with housing colleagues to look at the demand and ensure that buildings being developed are accessible so people can stay in their properties and do not necessarily need specialist accommodation.

The majority of the individuals are seeking accommodation in the Shrewsbury area. We also have a need for a smaller number of smaller schemes in the north and the south of the

County. All schemes would be needed to support those with learning disabilities, and / or mental health conditions. Accommodation units are generally supporting between 4 and 12 people, with occasional need for dispersed dwellings to meet specific and complex needs of individuals.

We have identified opportunities for care and support providers who can:

- Support younger individuals transitioning into adulthood with complex care and support needs at an earlier stage
- Identify and support people who are living with older carers to support them to transition into supported living.
- Support individuals with very complex care and support needs who currently live out of area.
- Have a mental health skillset, specifically those with experience of dual diagnosis, e.g. autism and personality disorder.
- Support with upskilling individuals who have potential to learn and move on towards further independence, demonstrating strengths-based practice and pathways to independence for our residents.
- Support the introduction and promotion of assistive technology as part of a care plan in a positive and progressive way for residents.

Shropshire Council are also continuing to focus on the development of care and support providers on the Flexible Contracting Arrangements (FCA) which is our local framework with Telford and Wrekin Council and Health to provide supported living locally. We intend to further review the effectiveness of the framework in 2024.

What will we do?

- Increase the number of providers we commission to deliver care and support in supported living settings.
- Review supported living models across all ages and spectrum of need.
- Develop supported living commissioning intentions and share widely.
- Review with housing where accommodation is needed to inform development.
- Develop a supported accommodation strategy across all ages.
- Work with housing and partners to develop accommodation and models that support an intergenerational approach with people embedded within their communities.

- Build upon technology solutions that reduce the need for care and enhance people's choice and quality of life.
- Further develop and grow our shared lives scheme.

11. Learning disabilities

A learning disability is [defined by the Department of Health and Social Care \(DHSC\) \(2001\)](#) as:

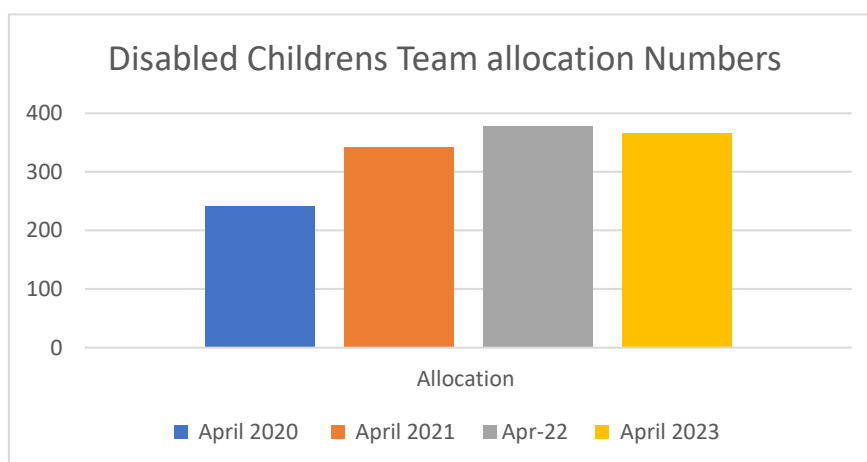
a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood.

A learning disability is different for everyone. The degree of disability can vary greatly, being classified as mild, moderate, severe or profound. In all cases, a learning disability is a lifelong condition and cannot be cured.

A learning disability is different to a learning difficulty, which is a reduced intellectual ability for a specific form of learning and includes conditions such as dyslexia (reading), dyspraxia (affecting physical co-ordination) and attention deficit hyperactivity disorder (ADHD). A person with a learning disability may also have one or more learning difficulties.

The aim is for people who live with learning disabilities and autistic people with or without a learning disability to be supported to have choice and control over their lives, and to be independent, healthy, and safe, with the same opportunities and outcomes as everyone else.

The Disabled Children's Team has seen increases in the allocation numbers:



Increase of 52% (78% increase in new assessments). This why children and adult services need to be aligned and understand the demand to tailor services which will be needed.

The Council currently runs 8 inhouse day services across Shropshire, and alongside our Council run day opportunity's locations, we presently have approximately 20 provider organisations of varying sizes also delivering day services.

These services have not fully recovered with numbers post-pandemic, therefore a different offer is needed and one example of this is supporting young people to make fully informed choices about future options in life.

"Severndale Sixth Form students are currently working with our community partners at the Day Services in Shrewsbury. We have visited Albert Road and Aquamira and Greenacres in recent weeks. During this time, we have helped paint fences, swept leaves, washed up, cleaned cupboards, celebrated Diwali, Bonfire Night and Halloween, and learned Makaton alongside the Service Users. It has been fantastic to bring our two communities together." "These visits also help the students to develop their vocational skills in the areas of Hospitality and Enterprise and the completion of their Severndale Skills Passport which can lead to opportunities in the world of work as well as helping them prepare for adulthood by developing independence."

The Council is also currently developing a framework and associated 'Pre-Placement Agreement' (PPA) for day service providers. The framework intends to reflect a much more creative and partnership focused way of working, that emphasises:

- connections
- community led support
- proactivity
- creativity
- flexibility
- partnership working
- social value

What are we predicting?

Since the pandemic we have seen a decline in the number of people accessing day services as they engage in alternative support within communities. Therefore the demand is more from children and young people and we have the opportunity to redesign inhouse and support external services to tailor activities and support towards a younger cohort.

What will we do?

- Redesign and realign internal and external day services to support all ages to deliver innovative programmes to meet the needs offer choice.

- Support people to develop skills and get them into employment
- Develop and roll out the pre placement framework for external day services.

12. Autism

In Shropshire we remain committed to working closely with partners in the county, and in the region, to improve the lives of people with an autistic spectrum condition and their families. We are currently working on an updated strategy, and currently have a draft action plan which continues to evolve as services and the needs of local people change. The updated strategy will be focused on an all-age approach, ensuring continuity as individuals and their families move between services.

Shropshire Council are working with system partners to progress work in line with our Local Learning Disability and Autism three-year Roadmap with Shropshire, Telford and Wrekin Integrated Care Board (ICB). This Roadmap expires March 2024 so will be subject to review.

Diagnosis is an issue with long waiting lists for both adults and children and we need to work together to address this.

What are we predicting?

Shropshire County currently has approximately 3,500 adults and children recorded as being on the autistic spectrum. The percentage of adults (18-64) with Autism Spectrum Disorder ASD in Shropshire will fall by 2.1% by 2030 compared to 2014 whilst the England figure is predicted to rise to 3.9% by 2030.

For those people aged 55-64 ASD in Shropshire is predicted to rise by 3.1% in 2030 compared to England at 1.7% and the gap between Shropshire and England has increased from 4.5% in 2014 to 5.9% 2030.

What will we do?

- Develop an all ages Autism Strategy
- Review current services based on demand across all ages
- Work with health and stakeholders to jointly develop pathways and services to diagnose and support individuals and families.

13. Reablement

The Council and partners are currently focussed on improving the discharge process with the aim where appropriate for people to have a period of reablement. This will not just be for those being discharged out of hospital but also those in the community that would benefit from a period of reablement support. The Council has its own reablement team START which has seen an increased demand on this service. Discharge pressure since pre pandemic have seen discharges increase by 115%. Therefore the need to review how we meet needs in the most cost-effective way that results in the best outcomes for our residents is a key priority for both Health and Social care.

What are we predicting?

Continued pressure for support from both the hospitals and from the community as our population increases. Further analysis needs to be done to see if we will see the demand continue to grow at the rate it has over the last three years.

What will we do?

- Review demand and capacity from both the hospital and communities.
- Review pathways from hospital to ensure people are put in the right pathway to improve their outcomes
- Redesign our START team to increase the number it supports.
- Embed a reablement ethos in all contracted services.
- Jointly commission with partners services that are cost effective and meet the needs of individuals.

14. Mental Health

We know mental health is fundamental to our physical health. Over the past few years since Covid we have seen an increase in need for mental health support and trends show an upward increase in need of services. Not only has Covid increased this upward trend; the cost of living crisis will also be having an impact with increased stress and anxiety. It is vitally important that mental health support is accessible for all in whatever services people access and given the clear link to physical health, people need to be active and look after

their wellbeing linking to outdoor activities and eating a balanced diet.

What are we predicting?

Current modelling calculates that 9,800 children and young people aged 5-17 in Shropshire will require mental health support as a direct impact of the pandemic during the next three to five years.

The model calculates that the equivalent of ~49,000 adults in Shropshire will require mental health support as a direct impact of the pandemic during the next three to five years.

Based on 2017 estimates for Shropshire (pre-Covid and our best estimate of [common mental disorders: % of population aged 16 & over](#)), the model shows that over the next 3-5 years:

- There will be 36,630 predicted new cases of moderate – severe anxiety among Shropshire residents as a result of the pandemic, a quarter (25%) of which are likely to access services. This means that the predicted extra demand on services will be 9,158 new cases (with no pre-existing mental health conditions)
- There will be 50,114 predicted new cases of moderate – severe depression among Shropshire residents as a result of the pandemic, a quarter (25%) of which are likely to access services. This means that the predicted extra demand on services will be 12,528 new cases (with no pre-existing mental health conditions).

Whilst depression and anxiety are different conditions, they commonly occur together. Therefore, it is likely that those who are counted in the anxiety predicted figure may also be counted in the depression predicted figure. Therefore, based on all these estimates, it is predicted that we will see between 36,630 and 50,114 cases new cases of depression and anxiety in Shropshire as a result of the pandemic.

Population with pre-existing mental health conditions

- There will be 27,158 predicted new cases of moderate – severe anxiety among Shropshire residents with pre-existing mental health conditions as a result of the pandemic, half of which (50%) are likely to access services. This means that the predicted extra demand on services will be 13,552 new cases (with pre-existing mental health conditions)
- There will be 22,686 predicted new cases of moderate – severe depression among Shropshire residents with pre-existing mental health conditions as a result of the pandemic, 61% of which are likely to access services. This means that the predicted extra demand on services will be 13,906 new cases (with pre-existing mental health conditions)

What will we do?

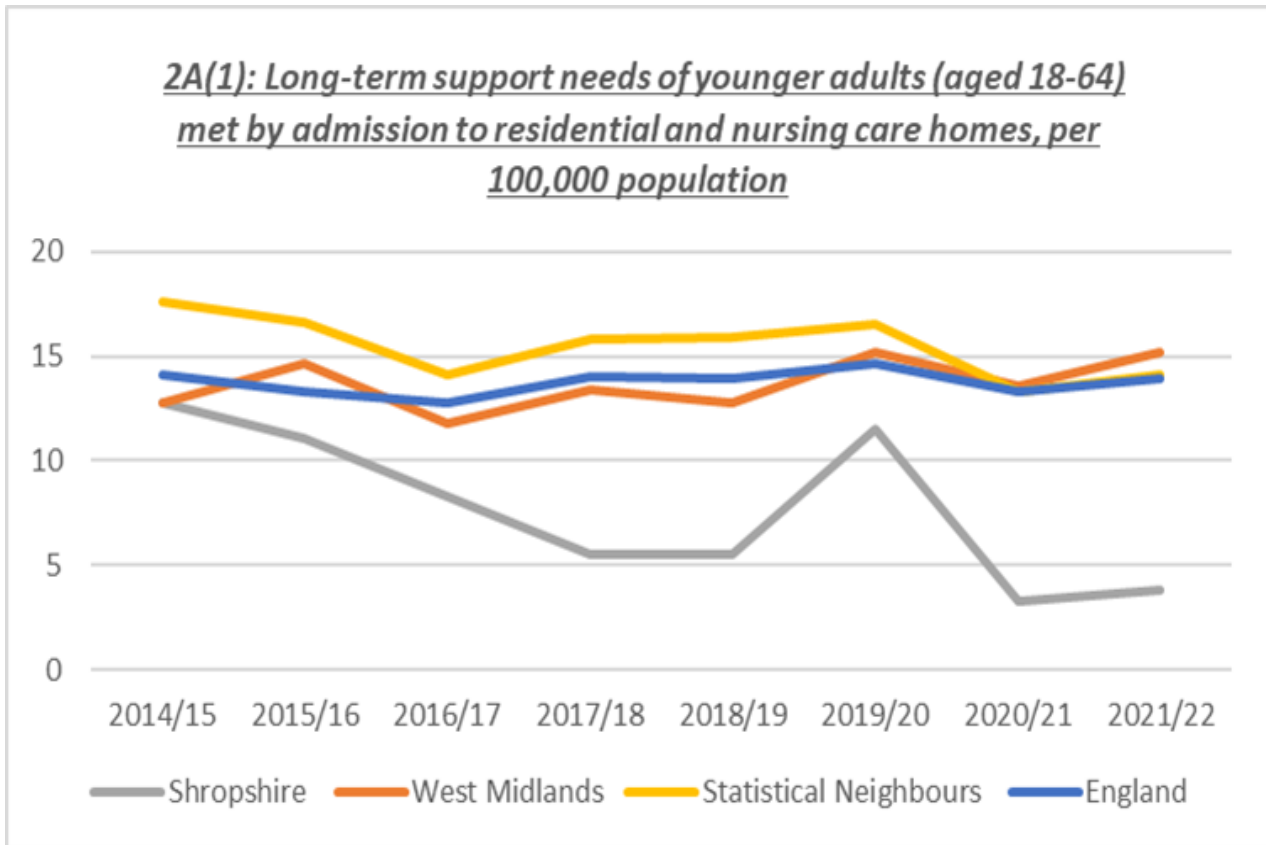
- Consider mental health in all our commissioned services with a focus on prevention and early intervention.
- Work with health partners to look at crisis response.
- Work with Providers to upskill the workforce and improve resilience.
- We are developing a set of expectations around what should be available as part for the universal offer in schools. We've called this the Shropshire Ordinarily Available Provision SOAP for short , so it follows the national reform work. This will include our expectations around all four broad areas of SEND, including support for social, emotional, mental health and physical health at universal and SEND Support level. This includes an expectation that all schools engage with Future in Mind, which provides the lowest level of support and training for schools.

Care homes: Under 65s

For adults under 65 Shropshire has 44 CQC registered care homes providing 339 beds predominantly for young adults with a Learning disability across the county.

It needs to be reiterated that the Council aims to support people at home and not in residential care home settings. Based on the figures below we can see the numbers remain low, of the 13 individuals admitted in March 2023, 9 of the individuals were over 55 years of age. Shropshire benchmarks as one of the best performers in the country keeping admissions low.

A: Part 1 Permanent admissions of adults (aged 18-64) into residential/nursing care homes, per 100,000 population (cumulative).



Under 65 provision is located across the county.

The cost of Adult Social Care and securing a residential placement for an Adult with a Learning Disability (ALD) or Mental Health (MH) need is one of the biggest expenses and is a very challenging area for commissioners. A balance is required to ensure the placement meets the complex needs of the user, supporting positive outcomes in the most cost effective way. An additional challenge is the location of the most appropriate placement and often these placements are made out of county owing to limited/sufficient services being available locally.

What are we predicting?

It is important to identify potential demand as a result of aging carers that may not be able to continue in their active roles, in the near future. Where this applies, these individuals are likely to require accommodation and commissioned care and support moving forward and so whilst these individuals may not currently be supported by a Council service, they do form part of our predicted demand. **276** people fall into this cohort, as they are currently 'settled in mainstream housing with family / friends'. Where possible we will look at supporting people within their own accommodation with support if they need it.

What will we do?

- Support more people to remain at home safely

- Reduce the need for residential placements for adults.
- Working with planning to ensure the right developments are approved and meet the needs of the population.
- Work with health partners to jointly commission the market
- Develop one central brokerage function across all ages.

15. Home Care

Supporting people at home is one of Shropshire's main priorities within the Shropshire Plan and the People Plan for the Council.

Shropshire currently has 81 CQC registered providers covering a very large rural county. It employs in the region of 3,250 carers with most providers being small and locally based (75%), 20% are regional to West Midlands and 5% are national companies. Around 45% of care contracted is for Shropshire Council, 35% for self-funders and 20% for Health and other commissioners.

The Council commission care for approximately 1,500 people over 65 years of age primarily because of age related concerns or disability and for around 600 people under the age of 65.

The domiciliary care market in Shropshire has evolved over a number of years resulting in a large number of relatively small providers. This may be to some advantage in isolated rural areas however costs for small volume providers are in some cases, higher in general resulting in more cost pressures and ability to pick up packages of care.

During the last few years domiciliary capacity had significantly reduced, at this current time it had improved due to a 12% uplift in the Council's fee rates from April 2023.

Both Health and childrens services also struggle to source affordable and flexible care at home for individuals and therefore we need to jointly commission these services to ensure seamless support and a sustainable market.

Many of the packages of care we need are complex with several calls a day and often two carers, continued high demand is coming through the hospitals with the need to support swift discharge. One of the main challenges for Shropshire is the rurality of some of the care needed with workforce recruitment and retention issues.

The South-West of Shropshire, the South-East border area and other very rural parts of the county have very few local providers covering the full extent of those areas. With the exception of these areas, we don't have a shortage of providers, it is a shortage of carers.

In the last two years, five domiciliary care providers have ceased trading in Shropshire (2021 x 3, 2022 x 2) we are expecting a further three closures in the current financial year

The table below highlights that very few providers work at scale for the Council.

No. of Packages of Care (POC) held	No. of accredited providers	% of accredited providers	POC no.	% of POC
50 - 100	8 providers	11%	522 POC	30%
25 - 50	19 providers	25%	638 POC	37%
10 - 25	28 providers	37%	438 POC	25%
1 - 9	20 providers	27%	137 POC	8%

What are we predicting?

Increase in need for support in home especially with the continued demand coming from hospitals we are seeing increased complex care with our continuing ageing demography and increasing rates of dementia.

With the ambition to continue the low numbers going into residential care we will see an increase in the need for support at home.

The ageing demographics of the county show the over 85 age bracket will be more in the south of the county and we will therefore need to consider models at neighbourhood level to ensure needs will be met.

What will we do?

- Work with providers and partners to remodel and jointly commission the home care market.
- Embed reablement across all relevant contracts.
- Use technology to support care packages.
- Upskill workers to support health and children needs.
- Work with the sector and partners to address workforce capacity.
- Expand two carers in a car model.
- Embed technology into care packages to reduce the need for workforce.

- Develop a trusted assessor model.

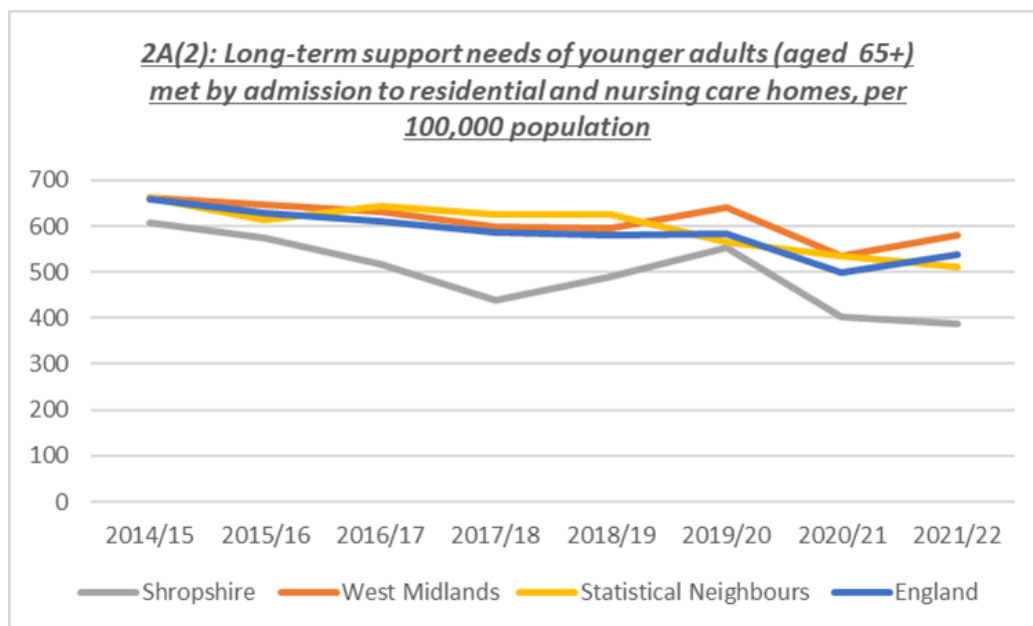
16. Accommodation – Care homes

Over 65s

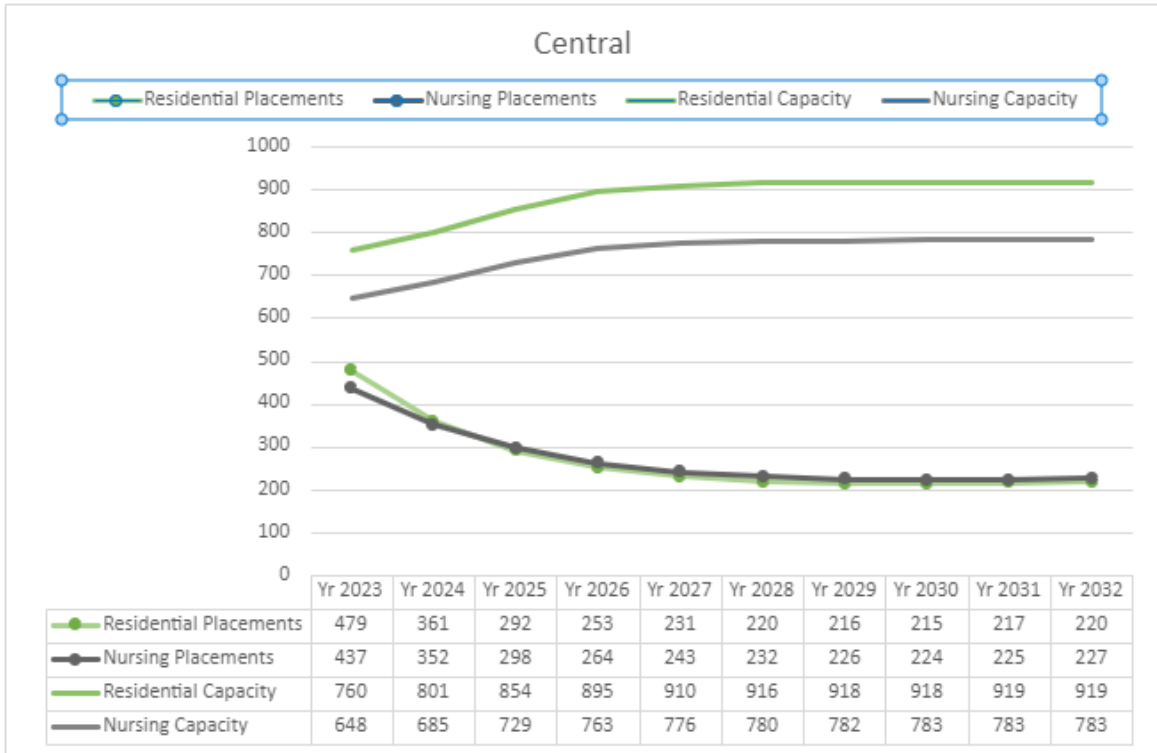
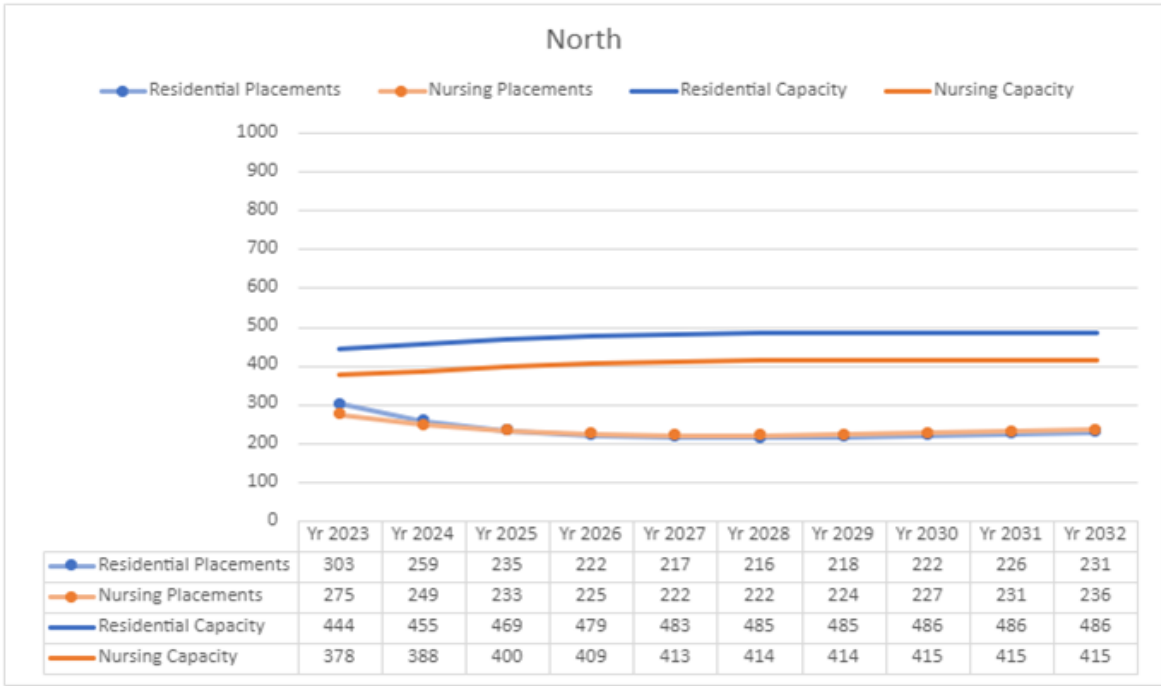
Shropshire has 72 CQC registered care homes providing 3,157 beds across the county for people over 65. Shropshire has 39 Residential homes with/without dementia care and 33 Nursing homes again either with or without the provision of dementia care.

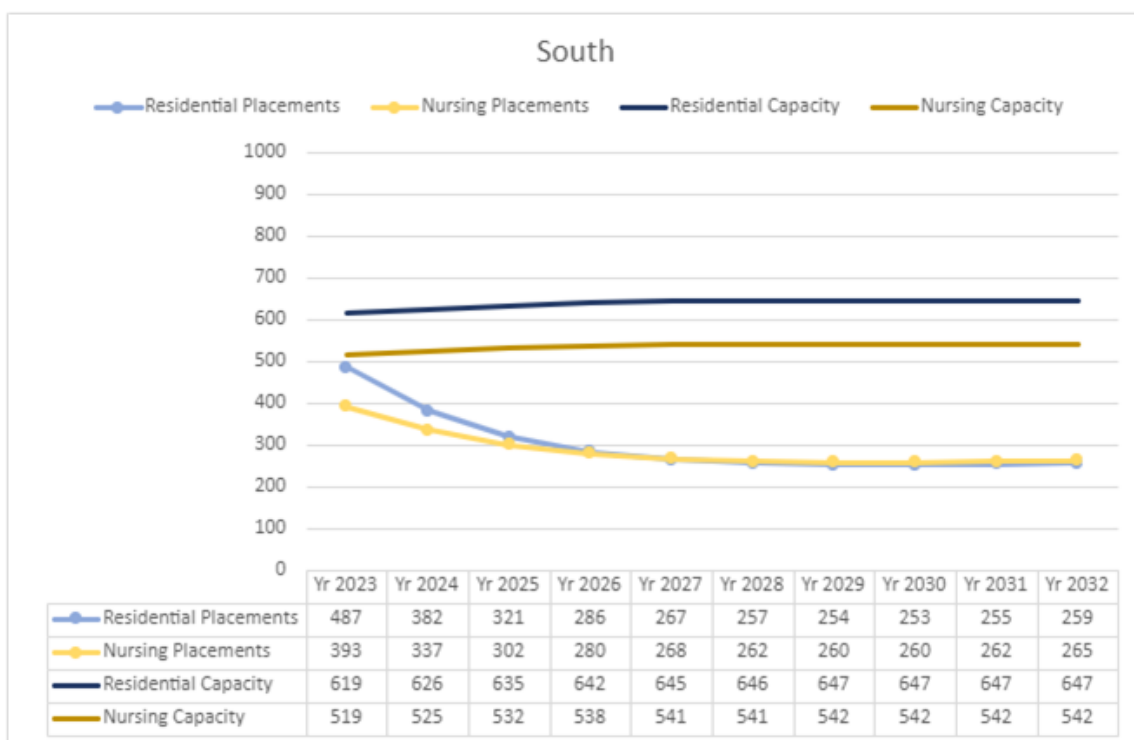
Shropshire is a large rural county with Care homes both Residential and Nursing located in the North, South and Central areas.

2A: Part 2 Permanent admissions of older people (aged 65+) into residential/nursing care homes, per 100,000 population (cumulative)



The below tables indicate what we believe are the numbers and the current capacity across the market, this will have several caveats; however further focussed work on this is underway.





What are we predicting?

Continued low numbers into residential care for 18 and above, we will support people to remain at home for as long as possible. We are however expecting an increasing number of people with dementia who will require nursing support which may be required in a nursing home.

What will we do?

- Continue to support people to remain at home and independent as long as possible.
- Work with planning to inform areas of need across the county and only support development if it is needed and does not negatively impact on the rest of the market, e.g. Shrewsbury which has an over supply of placements.
- Work with Providers to ensure they can support people with complex needs.

17. Carers

The Carer Register, a tool to share information with carers, began in June 2021. We currently have 1,507 carers signed up to the register, the majority of whom are also on our database, Liquid Logic. The figure fluctuates as carers join or deregister as appropriate, but on average 10-15 new carers register each week.

Data, from the Carer Register and Mobilise reports, show that carers in age bands 55-64 years and 70+ are currently the largest groups of carers receiving support from carer services. Increasingly we are seeing mutual caring roles developing as older carers provide care for their older adult child who in turn provide care to them.

Issues affecting the care industry and the NHS increasing waiting times has resulted in adult children being drawn into a caring role to support the main carer. Many of these carers are working age, adding pressure as they juggle work with increasing caring responsibilities.

We are seeing an increase in carers who are at breaking point as they try to cope with increased care needs and little respite or replacement care being available.

Carers' anxiety levels have not lessened since the Covid 19 lockdown, with many still wary of meeting people. The increase in the cost of living is now adding to their stress levels, many carers are anxious about their heating costs, unsure of how they will cope through the winter.

We are receiving an increased number of referrals for parents who are supporting adult children with addictions and enduring mental health issues and/or autism, especially where the cared for person will not engage with support services for themselves.

What are we predicting?

With increasing numbers of older people with dementia and those with multiple chronic health issues in Shropshire we expect more people to identify as carers, with the age bracket of 50-64 years increasing. Linked to this we predict we will see an increase in working carers, who will need support to be able to continue to work alongside their caring role. We are already seeing more carers at breaking point and expect growing numbers of carers to advise they are unable to continue in their caring role without respite/replacement care availability.

Mental health is likely to be an area of continual increasing need, for carers supporting people with mental ill health and carers generally needing support for their own mental wellbeing.

The continuing rise in the cost of living is causing, and will continue to cause, financial hardship for some carers and is adding to carer stress and anxiety.

What will we do?

- Deliver the All-Age Carers strategy action plan.
- Align services to support all ages.
- Increase the number of carers on the carers register.
- Improve the support for family carers

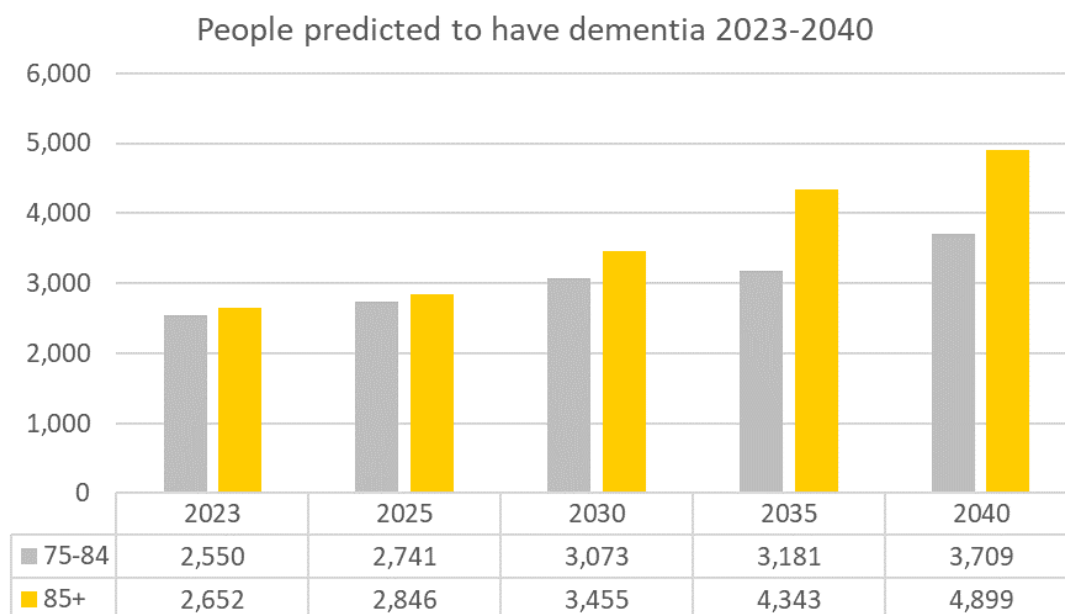
18. Dementia

Shropshire as noted above has an increasingly aging population, this naturally increases the number of people living with a dementia diagnosis. People living with dementia and their carers want to live a good quality life and to live their life in the fullness that they can.

Shropshire, Telford & Wrekin ICS have co-produced with people living with dementia and their Carers a Dementia vision and model.

We are seeing more Providers struggling to meet the needs of those with dementia and in particular supporting them in their own home.

What are we predicting?



During 2023-2040, it is estimated the number of people aged 75-84 years with dementia will increase by 45% and the number of people aged 85+ with dementia increase by 85% in Shropshire.

Source: Dementia projections 2023-2040, POPPI (Projecting Older People Population Information System - <https://www.poppi.org.uk/>), Oxford Brookes University / IPC.

What will we do?

- Work across all system partners to sign up to the vision and ensure we all play our part in the delivery of the whole system approach. Access to services and support are crucial if we are to support people with dementia to remain in their communities for as long as possible.
- More training and support across the workforce to identify dementia early and ensure people are supported with dignity and empathy.

19. Assistive Technology and Equipment

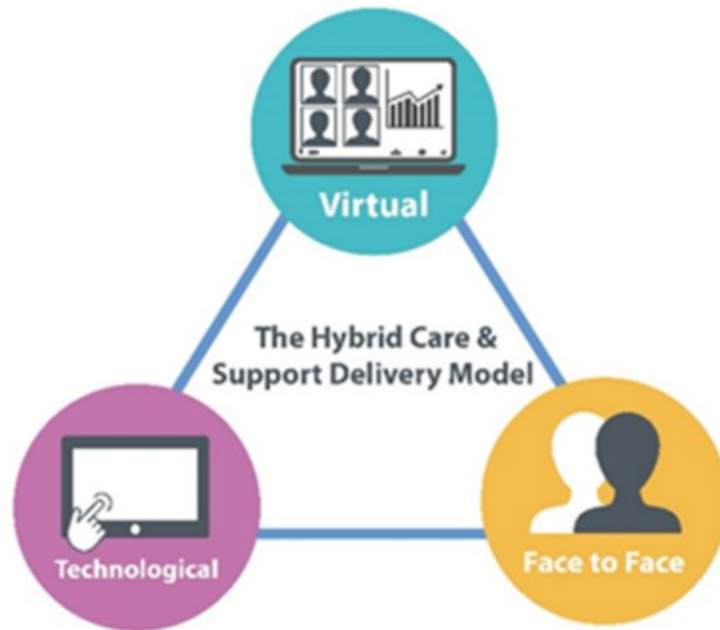
Assistive technology is a key part of the prevention strategy, supporting people to maintain independence. We currently have 199 individuals residing in supported living across Shropshire and when examining their care and support needs and the level of commissioned support in place, we decided to develop a project to implement some advanced technologies to assist with meeting the identified needs of the individuals, in a bid to develop their skills for independent living, reduce risks, increase their learning opportunities and to enable the individuals to have greater independence and control over their lives.

The council is piloting a new virtual care delivery project which aims to use technologies to support people with care and reduce the need for the care calls and enabling independence for the individual.

86 individuals are in receipt of advanced technologies, and we aim to increase this across all ages.

The benefits and impacts are significant including:

- Some individuals have moved into more independent living, in their own property
- Reduced commissioned care and support hours
- As a result of reductions, freeing up much needed capacity in the market
- Improved behaviours and reduced risks, ensuring sustainability of packages
- Newly developed skills, enabling individuals to plan for their future



Community Equipment

A review and retender of this service was completed in 2023. A new jointly commissioned, single provider model will go live on the 1st April 2024 which will deliver greater service consistency across Shropshire, Telford & Wrekin, and both social care and health.

In 2024 we intend to review and retender the Telecare Service and consider additional requirements to further the focus on assistive technology and advancements needed in this area.

Broadband coverage

Since 2013, superfast broadband^[1] coverage has risen from 24% to 98.4% of premises (Source: [Thinkbroadband](#)). Shropshire Council's strategic aim remains to provide ubiquitous superfast broadband coverage to all premises (circa 156k).

Shropshire Council continues to work with all commercial operators to seek improved mobile coverage from existing and new infrastructure that will enable smarter technology outcomes for our residents and businesses.

^[1] Superfast broadband is defined as a download speed of at least 30mbps

Moving forward, we will continue to work with providers and for Shropshire to lead the way in digital innovation to improve people's outcomes and to live their best lives.

What are we predicting?

The area of technology and broadband coverage will continue at pace. We are currently working to support the roll out of digital social care records across the market. We will see the continued increases in the use of community equipment.

What will we do?

- Increased use of technology.
- Continued development around broadband connections across the county.
- Develop the Virtual Care Delivery model across Shropshire
- Aligned work to the local care programme
- Support Providers to move to digital solutions
- Recommission the Telecare service in 2024/25

20. Self-funders

Self funders is the term used when a person will not be entitled to help with the cost of care from its local council if:

- They have savings worth more than £23,250 – this is called the upper capital limit, or
- They own your own property (this only applies if you're moving into a care home).

Shropshire has a high number of self funders and we estimate that approximately 2,000 people fund their own care in Shropshire, with roughly 1,000 people in Care homes representing approximately 33% of placements. The remaining 1,000 fund their own care at home representing approximately 37% of Care Packages.

What are we predicting?

The Care Act reforms will have a significant impact on Self funders. From October 2025 Shropshire will be required to deliver a “fairer deal” for those who currently arrange and fund their own care. The reforms are there to support self funders access fair rates for their care, where decisions are informed and based on sound advice and information to support their choice.

What will we do?

- Improve access to information and advice

- Develop and implement a digital financial assessment platform
- Support early planning to prevent people making decisions when they reach crisis
- We will be working with providers and self-funders to implement the charging reforms from October 2025

21. Workforce

In 2022/23 the adult social care sector in England had an estimated 18,000 organisations with 39,000 care-providing locations and a workforce of around 1.79 million jobs.

The total number of posts in Shropshire was around 12,500 in 2022/23. This was comprised of 11,500 filled posts and 1,000 vacancies. Since the previous year, the total number of posts were similar, the number of filled posts has increased by 300 (3%) and the number of vacancies has decreased by 250 (- 20%).

There were an estimated 11,500 filled posts in adult social care, split between local authorities (7%), independent sector providers (82%), posts working for direct payment recipients (5%) and other sectors (6%). As at March 2023, Shropshire contained 206 CQC regulated services; of these, 121 were residential and 85 were non-residential services.

Skills for Care estimates that the staff turnover rate in Shropshire was 30.2%, which was similar to the region average of 28.2% and similar to England at 28.3%. Not all turnover results in workers leaving the sector, over half (56%) of starters were recruited from within the adult social care sector, therefore although employers need to recruit to these posts, the sector retains their skills and experience

Skills for Care estimate that the vacancy rate in Shropshire was 8.90%, which was similar to the regional average of 9.3% and similar to England at 9.9%.

In Shropshire, the vacancy rate has decreased compared to last year and the number of filled posts has increased. During this period international recruitment increased substantially which has impacted these trends.

Workers in Shropshire had on average 10.4 years of experience in the sector and 79% of the workforce had been working in the sector for at least three years.

Nationality varied by region, across England 81% of the workforce identified as British, while in the West Midlands region this was 83%. An estimated 88% of the workforce in Shropshire identified as British, 4% identified as of an EU nationality and 8% a non-EU nationality, therefore there was a higher reliance on non-EU than EU workers.

The majority (82%) of the workforce in Shropshire were female, and the average age was 44 years old. Workers aged under 25 made up 9% of the workforce and workers aged 55 and above represented 28%. Given this age profile approximately 2,800 posts will be reaching retirement age in the next 10 years.

It cannot be ignored that turnover and vacancies remain high in this sector and the effect this can have on service delivery. Skills for Care suggest vacancies in the sector are directly a result of recruitment and retention difficulties rather than a decrease in demand for care staff.

Whilst all providers report recruitment is challenging; for domiciliary care providers it appears to have the biggest impact.

The vision of the Home Care transformation programme includes developing measures to alleviate this situation.

Shropshire Council are committed to supporting the care market; building on strong relationships with the market to enhance the workforce alongside recruitment support and opportunities through partnership with the ICB and Partners in Care to improve terms and conditions for the workforce.

Recruitment support in partnership with Partners in Care. As part of the ICB- academy training programme for new to care recruits.

We are keen to work with the market to develop additional incentives to attract people to work in the sector and welcome approaches from Care Providers with new and innovative ideas. We will continue to explore alternative methods of providing care and support outside of the traditional care market, including personal budgets and technology-based solutions.

22. Quality Assurance and Contract Monitoring

Quality monitoring is a key area for the Council and its partners, and we will move from a reactive service to working proactively with the care market to ensure our residents receive the very best care and support.

Care homes as well as commissioned services such as home care, supported living and community activity providers receive a quality assurance visit annually from the quality and improvement team. The Council considers its approach to improving quality one of support to of all these services.

Quality has remained relatively stable over the past few years and we benchmark well across the region.

Shropshire is ranked number 1 across the region in the West Midlands for the number of Outstanding Domiciliary care and Residential Care for over 65 care providers.

For Children and young people of the 35 providers with placements in England, the Ofsted Judgements as at the end of March 2021 85% of externally commissioned providers are rated good or outstanding by Ofsted.

We do have concerns with ongoing staffing levels and the recruitment and retention issues will have an impact on continuity and quality of care across all ages. Therefore, it will be vital to work with system partners and safeguarding teams to support the market to meet the needs of our children and young people and adults.

Working closely with providers and the CQC to ensure quality and safety of people is paramount, through ongoing feedback, collaborative working with operational teams, contract monitoring and light touch visits. Improving and enhancing training and support to the market to upskill staff and having one Quality Assurance Framework across both Children and Adults services will be a key focus to drive a consistent approach for all age contracted services; this will include closer working with health partners.

23. Social Value and Climate Change

We will apply Social Value principles in all our commissioning and procurement activity by securing improvements to the economic, social and environmental well-being of Shropshire.

Shropshire Council's Social Value Framework <https://www.shropshire.gov.uk/social-value/> sets out the Council's approach to securing Social Value. In particular our commissioners will consider inclusion of one or more of the following priorities for Social Value when procuring services, goods and works:

- Employment created for local people working on Council contracts – with a focus on particular priority groups where appropriate (e.g., care leavers, ex-armed forces, people with disabilities)
- Prime contractors spend in the local supply chain
- Promotion of locally important careers with associated training, work placements, etc (e.g., care work)
- Developing people and skills in priority employment areas, e.g., care
- Apprenticeships / work placements / training in the workplace
- Reducing the carbon impact of our commissioned services
- Reducing waste
- Supporting workforce healthy lifestyle schemes
- Carbon and Greenhouse Gas (GHG) Reduction

The Council has declared a climate emergency and is committed to achieving 'net-zero' carbon impact by 2030. Procured goods, works and services make up a significant proportion of the Council's total carbon footprint, so it is essential that our commissioning and procurement practice takes full account of the carbon and climate impact of our purchasing activity. It is therefore important that all contractors take steps to understand the carbon impact of the goods, works or services they provide and are able to set out how they will work with the Council to help us achieve 'net-zero'.

24. Working in collaboration.

We understand the value and importance of listening to the voice of our residents and their lived experiences through our boards. We work together ensuring collaborative co-production and inclusivity to promote Health and Wellbeing. Shropshire is fortunate to have a strong Making it Real Board made up of experts by experience to ensure people's experience are reflected in all service delivery and that the Council is a learning organisation and continues to develop to improve the experiences and people have equity in access to advice and support.

A co-production framework is currently in progress for the directorate and consistent involvement of residents and key stakeholders is key priority for the Council.

Shropshire Council
Partnership Boards
structure

