

Dear Colleagues,

This letter describes the findings of an assurance check inspection completed by CIW and HIW from 29 September to 01 October 2025 of Torfaen County Borough Council's Community Learning Disability Team (CLDT) and the Learning Disabilities Directorate within Aneurin Bevan University Health Board.

The purpose of the inspection was to review the local authority's social services and health board's performance in exercising their respective functions in line with legislation and standards.

## 1. Introduction

We carry out inspection activity in accordance with the Social Services and Well-being (Wales) Act 2014, the Health and Social Care (Quality and Engagement) (Wales) Act 2020, and the Health and Care Quality Standards 2023. This helps us determine the effectiveness of local authorities' and health boards' in supporting, measuring, and sustaining improvements for people. Our focus was on:

- **People** - How well is the local authority and local health board ensuring all people are equal partners who have voice, choice and control over their lives and can achieve what matters to them?
- **Prevention** - To what extent is the local authority and local health board ensuring the need for care and support is minimised and the escalation of need is prevented whilst ensuring that the best possible outcomes for people are achieved?
- **Partnerships** - To what extent is the local authority and local health board able to assure themselves effective partnerships are in place to commission and deliver fully integrated, high quality, sustainable outcomes for people?
- **Wellbeing** - To what extent is the local authority and local health board ensuring that people are protected and safeguarded from abuse and neglect and any other types of harm? To what extent is the local authority and local health board ensuring that robust arrangements are in place to ensure people receive a high-quality service?

## 2. Summary

- 2.1 The Gwent Public Services Board applies the Marmot principles to enable public services to work together and improve equity across Gwent<sup>1</sup>. The principles aim to develop fairer and healthier lives and the goal of wellbeing for future generations.
- 2.2 Local authority leaders consistently demonstrate a positive and innovative approach to achieving sustainable outcomes. This includes working towards an early intervention programme which moves away from traditional models of practice, and towards community-led prevention.
- 2.3 Local authority leaders have taken a phased and evidence-based approach to managing changes. Over time, service developments have included a redesign of directorates, the development of a federate model with Blaenau Gwent County Borough Council<sup>2</sup>, and the transformation of services. This includes the development of services for Information, Advice & Assistance (IAA) and Integrated Reablement.
- 2.4 Leaders have developed trusting and mature partnerships with key stakeholders, to explore opportunities for improvement. Our inspection of services for people with a learning disability found significant strengths in strategic and operational relationships.
- 2.5 This positive practice is underpinned by a stable workforce and the significant benefits of co-location. Practitioners work together collaboratively and retain focus on prevention and person-centred practice. Operational communication is a strength and information sharing supports improved outcomes. This creates a service for people which values relationships over transactions and prioritises needs over demands.
- 2.6 In this positive culture, most statutory duties are met consistently and there were several areas of positive practice. This includes the use of innovative decision-making forums, robust quality assurance arrangements, and creative approaches to person centred practice. However, there remains notable areas for improvement, which leaders are aware of and have plans to address. This includes improvements required with access to primary care, the active offer of advocacy and direct payments, support for carers, and arrangements for education and employment.

---

<sup>1</sup> [Gwent Marmot Region - Gwent Public Services Board Gwent Public Services Board](#)

<sup>2</sup> [Written Statement: Federating local government in Blaenau Gwent and Torfaen County Borough Councils \(23 January 2025\) | GOV.WALES](#)

- 2.7 The local authority and local health board are also working in the context of national challenges with capacity and budgetary pressures. This is having a significant impact on compliance with statutory duties for Deprivation of Liberty Safeguards (DoLS) and health board practices in respect of Continuing Health Care (CHC). Leaders are aware of these issues and discuss improvements nationally and within the local Integrated Strategic Partnership Board (ISPB).

### 3. Key findings and evidence

#### People

##### Strengths

- 3.1 Nearly all people stated their care is good or very good and staff are consistently described as kind, caring, supportive, and good at listening. This practice would be strengthened further with more direct communication between social workers and people, and less reliance on contact with family and carers.
- 3.2 The local authority has invested in training and development to support person centred approaches and ‘what matters’ conversations. There is a stable workforce across learning disability services, which enables trusting relationships. Where staff have worked with people over time, there is evidence of a deeper understanding of preferences and routines.
- 3.3 Most people experience strength-based and person-centred planning and plans are often written in the first person. Following consultant psychiatrist reviews, people received plain English letters detailing outcomes and actions, with copies sent to GPs. **This inclusive and positive practice places people at the centre of their care.**
- 3.4 The local authority has developed a specific service for person centred practice. This service ensures plans are tailored to a person’s needs, preferences, and abilities, considering their unique circumstances. **We found good examples of this achieving positive outcomes for people.**
- 3.5 Staff consider people’s communication needs and promote the active offer of the Welsh language consistently. Practitioners adapt their approach to sharing plans and use tools, like talking mats, and multi-agency input to promote an inclusive approach. Practice would be strengthened further through the consistent use of easy read documentation.
- 3.6 Managers provide timely supervision, and practitioners describe this as meeting their personal and professional needs. There are frequent opportunities for

reflective practice, which supports a learning culture and promotes staff wellbeing.

- 3.7 The local authority has implemented an innovative ‘fishbowls’ approach, which has received recognition from the Equality and Human Rights Commission<sup>3</sup>. Fishbowls bring practitioners together, focus on the person’s existing networks of support, and what matters to them. It promotes improved decision making for people and teams use this forum as a chance to review and learn, when there are appeals. **This is positive practice which creates effective challenge within a safe space.**
- 3.8 Most reviews happen on time, and the views of people and other stakeholders are generally recorded. Improved focus on solutions which fit the person’s goals and aspirations would improve the quality of reviews. However, people are encouraged to rate the service they receive share how they feel about their care and suggest any changes they would like. This feedback is shared with commissioners and helps to improve the quality of services. **This is positive practice, helping people take part in planning and ensuring they contribute to improvements with service delivery.**
- 3.9 The health board has three levels of mandatory training for practitioners and compliance is good. This promotes a skilled and well-trained workforce. The local authority and health board provide mandatory Mental Health Act and Mental Capacity Act training across the workforce. The training is adapted to different grades and roles. **This is positive practice that helps ensure people’s rights are protected**

### **Areas for Improvement**

- 3.10 Strengthening the voice of people with a learning disability is essential to ensuring services are truly person-centred and people can shape their own support, advocate for their rights, and influence the decisions that affect their lives. **The voice of the person is variable in recordings and should be strengthened in plans and safeguarding records.**
- 3.11 Informal networks and providers consistently offer advocacy to people. However, the uptake of formal advocacy is limited, and we identified several examples where formal advocacy was needed and not offered. **Leaders and practitioners should ensure people are consistently receiving the active offer of advocacy.**
- 3.12 The local authority training department meets with practitioners annually to develop their training programme. Local authority and health practitioners state

---

<sup>3</sup> [Innovative social care practice in Torfaen | EHRC](#)

their training offer would be improved with increased multi-agency training. Local authority leaders are aware of practitioner requests for more bespoke and detailed training. Local authority and health board appraisals are not completed in a timely way. **Leaders should strengthen systems for professional development.**

- 3.13 The local authority has a shortage of Best Interest Assessors. Whilst training is available, uptake could be improved. This is partly attributed to the training not being linked to pay incentives, as happens for Approved Mental Health Practitioners. Leaders are aware of this challenge and are exploring opportunities to improve incentives. **The local authority must ensure sufficient staff are trained to complete Best Interest Assessments and meet statutory duties.**
- 3.14 Health practitioners' complete consultations, assessments, and confidential discussions with people in the community. On occasion, clinics and appointments take place in Alders House. This premises is poorly signposted and in a state of disrepair, which does not reflect the quality of clinical discussions undertaken. **The health board should review this arrangement and ensure there are appropriate rooms to enable safe and effective practice.**

## **Prevention**

### **Strengths**

- 3.15 Leaders are aware of the importance of early intervention and are focused on promoting people's strengths and resilience. There is a clear vision for community inclusion and supporting people to achieve their potential.
- 3.16 The local authority has taken a sustainable and person-centred approach to strategic improvements. Local authority adult services are now part of the communities directorate. There is a new single point of access which provides IAA, and domiciliary support services have been brought together to form an integrated reablement service.
- 3.17 Leaders in the health board are aware of the need to increase capacity for prevention, and a model of care review will aim to rebalance and develop more community support for people. **Leaders should ensure this review has input from key stakeholders, including people and partner organisations.**
- 3.18 People experience a joined-up approach to eligibility and care planning. Multidisciplinary teams work together to identify needs and put support in place. Staff are able to adjust support flexibly to avoid delays, and there is evidence of proactive responses to changes in need. **This is positive practice which**

**helps prevent people's needs from becoming more complex and supports improved outcomes for those receiving care and support.**

- 3.19 Wellbeing workers are allocated to people who need a prolonged assessment, allowing time to explore what matters to them in relation to activities and community engagement. This approach moves away from the prescription of traditional day services and supports people to identify what best meets their needs. We found examples of people being supported to access community groups and work opportunities, which prevented the need to enter statutory services for some people. The use of Ty Glas y Doran and reablement to build independent living skills enables people to move towards more independent lifestyles, where previously they may have required 24-hour supported living. **This is positive practice as staff retain focus on promoting independence and preventing the need for statutory interventions.**
- 3.20 A local day service works closely with local organisations and helps people take part in meaningful activities outside of traditional settings. This approach fills gaps in support, encourages inclusion, and gives people more opportunities to do things that match their interests and goals.
- 3.21 The use of positive behaviour plans were particularly effective in some records and practice would be strengthened further by ensuring the consistent application of this method, when appropriate. People are consistently supported through anticipated changes and potential risks, to prevent crisis, maintain stability, and promote confidence in the support provided. **Contingency planning is an area of positive practice.**

### **Areas for Improvement**

- 3.22 Direct payments and Shared Lives were not routinely considered for people receiving joint-funded care. There were barriers to these options when packages were joint funded with the health board. Welsh Government is actively consulting on this matter and is proposing regulations under the Health and Social Care (Wales) Act 2025 which aim to allow Local Health Boards to make direct payments for CHC, restore voice and control for people receiving NHS-funded care, improve continuity of care and potentially reduce costs by enabling care at home<sup>4</sup>. **Leaders must ensure people are consistently offered direct payments in line with legislation. The health board should strengthen the use of outcome focused interventions, to prepare for legislative change and promote improved choice and independence for people.**

---

<sup>4</sup> [Consultation on proposed regulations for direct payments in health and social care \[HTML\] | GOV.WALES](#)

- 3.23 The Gwent Charter for Working Together was created by people with a learning disability to set out what matters most to them, including fair chances to work and get support in the workplace<sup>5</sup>. A recent research study (commissioned by Torfaen and Blaenau Gwent County Borough Councils) found that people with a learning disability still face barriers to education and employment and many want more help. Half of the people who responded to our survey wanted more employment opportunities and there remains a significant gap between the aspirations of people and their actual employment outcomes. **The local authority should urgently consider the study's recommendations to improve employment opportunities for people with a learning disability in Torfaen.**
- 3.24 One recommendation of this study is the need to embed inclusive employment into regional strategies and ensure alignment with national frameworks. It further recommends the local authority to act as a role model by employing disabled people and embedding inclusive practices across departments. At the point of this assurance check, the local authority and learning disability directorate of the health board do not have these inclusive and supported employment practices. **Local authority leaders are seeking to address this issue and should continue to seek corporate approval for support. The health boards learning disability directorate should work with colleagues across the health board and social services, to develop opportunities for inclusive and supported employment.**
- 3.25 People would benefit from improved transitions. This is particularly important when transitioning into adult services and leaving education. The local authority has a transition worker who supports these arrangements, and the health board have transition staff in commissioning. Leaders are aware of this issue and are exploring opportunities to develop services to better meet need. **Leaders should continue to improve support for people at times of significant change.**
- 3.26 Health board waiting lists may impact the timeliness of support for people and the quality of their outcomes. Waiting lists are managed according to risk and reviewed on a regular basis. **The health board must continue to ensure waiting lists are appropriately and consistently monitored and key information is recorded to evidence appropriate prioritisation.**
- 3.27 The increasing number of carers assessment being completed reflects a growing recognition of carers' needs and a strengthened commitment to meeting statutory duties towards carers. When the need for an assessment is identified, these are completed in a timely manner. Carers can receive support from the Carers Hub and Bridging the Gap service. However, information

---

<sup>5</sup> [Gwent-Charter-for-Working-Together.pdf](#)

sharing about these services is variable and carers describe mixed experiences of support following an assessment. **Leaders should consult with carers and explore opportunities to improve services and pathways to support.**

3.28 In October 2024, the Public Services Ombudsman for Wales (PSOW) completed an investigation into the administration of carers needs assessments in Wales<sup>6</sup>. The report includes recommendations around information sharing, awareness raising, training, collaboration, and auditing. **Local authority leaders should consider the recommendations made by the PSOW and take forward any learning points which would improve their own service provision.**

## **Partnership**

### **Strengths**

3.29 Strategic and operational relationships are characterised by collaborative communication, integration, and respectful challenge. All staff report that the partnership between health board and social services works well or very well.

3.30 Practitioners are encouraged to be creative, and they describe managers and leaders as being approachable, competent, and trusting. There is a positive culture within the partnership which is focussed on relationships, learning, strengths and communities. **This positive practice is underpinned by a one service ethos between the health board and social services.**

3.31 The co-located model of the health board and social care in Torfaen is a significant strength. For people with a learning disability, this approach enhances access to services, reduces delays, and ensures care is better aligned to their needs. **The multidisciplinary nature of the model is positive practice, which supports professional collaboration and contributes to more consistent and person-centred outcomes.**

3.32 Most people in Torfaen can access services without delay, when there is an assessed need. Waiting lists for domiciliary support, reablement, and care home services are limited. This reflects good performance and effective partnerships with providers, to ensure a responsive and sufficient care market.

3.33 Local authority and health board leaders hope to strengthen provider and commissioning forums, to improve the coordination of services and opportunities for innovation. The local authority updated its Commissioning Framework in February 2025 to align with Welsh Government's national

---

<sup>6</sup> [Are we caring for our carers? - An Own Initiative investigation into the administration](#)

framework for commissioning care and support<sup>7</sup>. Leaders are aware of market challenges and have developed an updated Market Position Statement and Commissioning Strategy for 2025-2030.

### **Areas for Improvement**

- 3.34 The health board has a vacancy in the lead nurse role and there have been challenges with nursing resource. This has implications for information sharing and decision making between the health board and social services. **The health board should prioritise recruitment of all nursing staff, to improve clinical leadership and increase capacity to address waiting lists.**
- 3.35 People are mostly supported to maintain their physical health, with evidence of timely referrals to occupational therapy, physiotherapy, and speech and language therapy. Adaptations and specialist equipment are provided in response to assessed needs and processes for medication management adhere to health board policy. However, there are barriers accessing physical disability teams when people also have a learning disability, and many people cannot access timely healthcare through primary care. **The health board must work with GP practices to ensure people consistently receive their annual health check and should promote a named GP for people with a learning disability. Leaders should explore opportunities to improve pathways to primary care and physical disability teams at the ISPB.**
- 3.36 Whilst the local authority has arrangements for providing short-breaks and shared lives placements, many opportunities to access these services are out of county. Some carers report challenges with these arrangements and this can impact the timeliness and accessibility of support. **Leaders should continue to listen to feedback from stakeholders to better meet need.**

### **Wellbeing**

#### **Strengths**

- 3.37 Staff manage safeguarding concerns in line with All Wales Safeguarding Procedures. There is appropriate managerial oversight and multidisciplinary involvement which supports effective safeguarding processes and decision-making. Reports are investigated in a timely and proportionate manner, records provide a rationale for decision making, and concerns are escalated appropriately.
- 3.38 Staff complete best interest decision paperwork thoroughly, clearly documenting the rationale behind decisions, consulting relevant professionals

---

<sup>7</sup> [National framework for commissioning care and support: code of practice | GOV.WALES](#)

and family members, and considering each person's needs and circumstances. Documents reflect the principles of the Mental Capacity Act and promote transparent, person-centred decision making.

- 3.39 Local authority leaders access a suite of dashboards to oversee compliance with statutory duties. This supports quality assurance and managers complete audits to validate practice, understand themes, inform redesigns, and improve their understanding of service need. This provides leaders with a good understanding of service strengths and areas for improvement.
- 3.40 Health board leaders monitor service strengths and areas for improvement through regular directorate assurance meetings whereby detailed performance metrics, financial data, workforce statistics, and risk registers highlight both achievements and ongoing challenges. This approach ensures leaders have the evidence needed to drive continuous improvement across services.

### **Areas for Improvement**

- 3.41 The voice of the person and support networks are not consistently recorded in risk assessments and safeguarding documentation. Effective person centred practice should involve working together with the adult at risk and (where appropriate) their carers, family and/or advocates. **Leaders should work with practitioners to strengthen practice in this area.**
- 3.42 There is a nationally recognised screening tool in place to prioritise DoLS referrals. The waiting list is reviewed regularly, but resource constraints and the limited availability of doctors under section 12 of the Mental Health Act 1983 contribute to delays in progressing referrals from the waiting list. **Leaders should continue to escalate resource challenges to the ISPB.**
- 3.43 Teams identify people who may require a community DoLS through care and support planning, using a screening tool to prioritise applications to the Court of Protection. Due to resource constraints and court backlogs, they progress applications for people assessed as high priority, but not all people who may be deprived of their liberty in the community have applications made as required by statutory guidance. **The local authority must ensure staff identify all people deprived of their liberty in community settings and make timely applications to the Court of Protection in line with legal requirements.**
- 3.44 Systems are in place for monitoring and prioritising DoLS, but resource and system pressures may impact the consistency and timeliness of service delivery, including DoLS applications, renewals, and reviews. **Leaders should continue to monitor performance and identify solutions with partners in the ISPB.**

## **4. Next Steps**

- 4.1 CIW and HIW expects the local authority and health board to consider the areas identified for improvement and take appropriate action to address and improve these areas.
- 4.2 CIW will monitor progress through its ongoing performance review activity with the local authority. Where relevant we expect the local authority to share the positive practice identified with other local authorities, to disseminate learning and help drive continuous improvement in statutory services throughout Wales.
- 4.3 HIW will oversee the implementation of healthcare recommendations through the health board's completion of an Improvement Plan. This plan will outline HIW's findings and the agreed actions for improvement, specifying the officer responsible and the anticipated timeline for completion.

## **5. Methodology**

### **Fieldwork**

- 5.1 Most inspection evidence was gathered by reviewing the experiences of 24 people through review and tracking of social care and healthcare records. We reviewed four healthcare led records, and nine social services led records. We tracked seven records of people who had received healthcare and social services support. We also reviewed 4 assessments of people subject to a DoLS authorisation.
- 5.2 Tracking a person's social care record includes where possible, having conversations with the person in receipt of social care services, their family or carers, key worker, the key worker's manager, and where appropriate other professionals involved.
- 5.3 We engaged, through interviews and focus groups with people receiving services and/or their carer, resulting in CIW/ HIW engaging with 18 people.
- 5.4 We engaged, through interviews and focus groups with local authority and local health board employees, resulting in CIW/ HIW engaging with 29 employees.
- 5.5 We reviewed supporting documentation sent to CIW and HIW for the purpose of the inspection.

5.6 We administered surveys to local authority and healthcare practitioners working in the Community Learning Disability Services, partner organisations and people, including carers:

- 72 surveys were completed by people with a learning disability.
- 12 surveys were completed by parent/carers.
- 10 surveys completed by practitioners.
- Five surveys were completed by partner organisations

5.7 Our Privacy Notice can be found at <https://careinspectorate.wales/how-we-use-your-information>.

## 6. Welsh Language

We were committed to providing an active offer of the Welsh language during this activity. The active offer was not required on this occasion. This is because the people taking part did not wish to contribute to this assurance check in Welsh.

## 7. Acknowledgements

CIW and HIW would like to thank staff, partners and people who gave their time and contributed to this assurance check.

Yours sincerely,



**Lou Bushell-Bauers**  
Head of Local Authority Inspection  
Care Inspectorate Wales



**Vanessa Davies**  
Head of NHS Assurance  
Healthcare Inspectorate Wales

## Appendix 1

### Glossary of Terminology

<b>Term</b>	<b>What we mean in our reports and letters</b>
must	Improvement is deemed necessary in order for the local authority to meet a duty outlined in legislation, regulation or code of practice. The local authority is not currently meeting its statutory duty/duties and must take action.
should	Improvement will enhance service provision and/or outcomes for people and/or their carer. It does not constitute a failure to meet a legal duty at this time; but without suitable action, there is a risk the local authority may fail to meet its legal duty/duties in future.
Positive practice	Identified areas of strength within the local authority. This relates to practice considered innovative and/or which consistently results in positive outcomes for people receiving statutory services.
Prevention and Early Intervention	A principle of the Act which aims to ensure that there is access to support to prevent situations from getting worse, and to enhance the maintenance of individual and collective wellbeing. This principle centres on increasing preventative services within communities to minimise the escalation of critical need.
Voice and Control	A principle of the Act which aims to put the individual and their needs at the centre of their care and support, and giving them a voice in, and control over, the outcomes that can help them achieve wellbeing and the things that matter most to them.
Wellbeing	A principle of the Act which aims for people to have wellbeing in every part of their lives. Wellbeing is more than being healthy. It is about being safe and happy, having choice and getting the right support, being part of a strong community, having friends and relationships that are good for you, and having hobbies, work or learning. It is about

	supporting people to achieve their own wellbeing and measuring the success of care and support.
Co-Production	A principle of the Act which aims for people to be more involved in the design and provision of their care and support. It means organisations and professionals working with them and their family, friends and carers so their care and support is the best it can be.
Multi-Agency working	A principle of the Act which aims to strengthen joint working between care and support organisations to make sure the right types of support and services are available in local communities to meet people's needs. The summation of the Act states that there is a requirement for co-operation and partnership by public authorities.
What matters	'What Matters' conversations are a way for professionals to understand people's situation, their current wellbeing, and what can be done to support them. It is an equal conversation and is important to help ensure the voice of the individual or carer is heard and 'what matters' to them

## Appendix 2

### Quantity Definitions Table

Terminology	Definition
Nearly all	With very few exceptions
Most	90% or more
Many	70% or more
A majority	Over 60%
Half	50%
Around half	Close to 50%
A minority	Below 40%
Few	Below 20%
Very few	Less than 10%