Dear Colleagues,

This letter describes the findings of an assurance check inspection completed by Care Inspectorate Wales (CIW) and Healthcare Inspectorate Wales (HIW) from 9 June 2026 to 11 June 2026 of Neath Port Talbot Council Community Learning Disability Services and the Learning Disabilities Directorate within Swansea Bay University Health Board (SBUHB).

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 Across the local authority and SBUHB, support for adults with learning disabilities is delivered by a committed and experienced workforce who place a strong emphasis on person-centred practice. Practitioners demonstrate a good understanding of people's needs and work in a collaborative and responsive way to assess, plan and review care and support.

2.2 Multidisciplinary working is well embedded, particularly between local authority services and the learning disability health team. Established forums enable shared decision-making and coordinated responses. Professional relationships are positive and facilitate effective day-to-day communication and problem solving across agencies.

2.3 People benefit from continuity within teams and practitioners who know them well. Care and support is often delivered flexibly, with examples of creative and responsive approaches to meeting people's needs. There is also evidence of constructive partnership working with external providers, particularly in relation to care planning and commissioning arrangements.

2.4 Safeguarding practice is well embedded within both the local authority and SBUHB, with established structures and a well-developed understanding of roles and responsibilities. Practitioners demonstrate effective multi-agency working in managing risk and enabling people to remain safe.

2.5 These strengths provide a positive foundation for partnership working across the local authority and SBUHB, with many people benefiting from personalised, relationship-based support from practitioners who know them well. However, this is not consistently experienced. There is variability in pathways, roles and responsibilities, and in the application of key processes, including advocacy, carers' assessments, reviews, reassessment and aspects of health practice, including physical health monitoring. This can result in gaps in support for some people and, in some cases, delays in accessing timely support. This reflects increasing demand and complexity across services, with sustained caseloads and ongoing referrals placing pressure on capacity and responsiveness.

3. Key findings and evidence

People

Strengths

3.1 Leadership across the local authority and SBUHB recognises the need for clearer and more consistent pathways, including improving transitions to adult services, and has taken steps to strengthen how pathways operate in practice. This includes the development of more structured approaches to transition planning and closer collaboration across services. This is beginning to support improvements in how people access timely and appropriate support, although this is not yet consistently experienced.

3.2 Managers provide regular, reflective supervision across health and social care, contributing to a supportive and psychologically safe culture where practitioners feel able to seek advice, discuss complex situations and respond to challenges through shared problem-solving.

3.3 Practitioners take time to understand people and build relationships with them. This helps them provide care and support that reflects people's needs and preferences, particularly for those with complex or changing needs.

3.4 A range of training and development opportunities is available across health and social care, including mandatory and specialist learning relevant to practitioners' roles. This supports the ongoing development of knowledge and skills in key areas such as safeguarding, communication, equality and learning disability practice. Training, alongside regular supervision and peer learning, contributes to a skilled and confident workforce.

3.5 Most social care and health records provide a detailed and holistic picture of people, including their preferences, experiences and what matters to them. Assessments are generally comprehensive and draw on information from a range of sources.

3.6 There is evidence of sustained efforts to understand and capture people's views, including close working with families, external providers and others who know the person well. This helps build a fuller understanding of people's wishes and supports their inclusion in care and support planning. People are involved in decision-making, and their preferences are respected.

3.7 People are supported to express their views in ways that work for them. Practitioners use communication approaches tailored to individual needs, including accessible formats such as easy read materials and visual communication. This helps people understand information and be involved in decisions about their care, support and treatment.

3.8 People describe constructive relationships with practitioners across health and social care, with interactions mostly characterised by kindness, respect

and responsiveness. These relationships build trust and encourage ongoing engagement with services.

3.9 Many practitioners adapt the timing, pace and approach of support to reduce anxiety and maintain engagement, particularly for people who may find services difficult to access or who require repeated or gradual interventions. For example, health practitioners described adapting clinical interventions such as blood tests by offering repeated opportunities, flexible appointment arrangements and preparatory visits. This supports improved access to services and reduces anxiety for people, enabling them to engage more effectively in their care. **This is positive practice.**

3.10 Within the local authority, the consultant social worker model is a strength. It provides visible leadership, specialist expertise and effective input for complex cases and the application of legal frameworks, contributing to improved practice quality, practitioner confidence and more consistent approaches across teams. **This is positive practice.**

Areas for Improvement

3.11 Access to independent advocacy is not routinely embedded in everyday practice across the local authority and SBUHB. While advocacy is recognised and used, including in some formal contexts, it is not always proactively considered, offered or clearly recorded. Practice often relies on family members or established relationships to represent people's views. **Leaders should strengthen the active offer of independent advocacy so that people are able to express their views and influence decisions about their care and support.**

3.12 Most people receive person-centred care, with practitioners making efforts to understand and reflect what matters to them. However, there is variation in how well people's views, wishes and experiences are reflected in planning and decision-making. A minority of people and carers do not always feel fully listened to or involved in decision making**. Leaders should ensure people's views, wishes and experiences are fully reflected in planning and decision-making.**

3.13 Within SBUHB, a more structured approach to gathering, analysing and using feedback from people who use health services is not yet embedded. This limits the ability to demonstrate how feedback informs service development and improvement. **Leaders within SBUHB should ensure robust mechanisms are in place to capture lived experience.**

3.14 Workforce pressures in the SBUHB Community Learning Disabilities Team (CLDT), including vacancies and sickness absence within nursing roles, are impacting capacity, continuity of care and people's experience of health services. This can result in reduced continuity of practitioner involvement and delays in follow-up, affecting how consistently people experience care. **Leaders should strengthen workforce planning arrangements to maintain sufficient staffing, support continuity, promote staff wellbeing and enable the safe and timely delivery of care.**

Prevention

Strengths

3.15 Multidisciplinary working promotes early intervention, with specialist staff, including community learning disability nurses and therapists, contributing to assessment and ongoing input. This helps identify emerging need and prevents escalation. Within SBUHB CLDT there are notable examples of health promotion and specialist input, including communication approaches, dietetic involvement and healthy living work.

3.16 The available day services and respite provision within the local authority are a strength. People and carers describe services as meaningful, person-centred and well managed, supporting engagement, independence and wellbeing. While most people are able to access appropriate provision locally, some people with more complex health needs may require respite outside of the area, indicating some gaps in local sufficiency.

3.17 Bespoke is the local authority's day opportunities hub, offering structured, centre-based provision for people with learning disabilities. It is a well-developed resource that provides a range of opportunities for engagement, skill development and independence. The environment enables vocational and practical learning, alongside facilities that promote the development of daily living skills. Access to wider professional input is available where appropriate, contributing to a more holistic approach to meeting people's needs. Bespoke offers a structured and person-centred environment, contributing to positive experiences and outcomes for people who use the service. **This is positive practice.**

3.18 Direct payments for people with learning disabilities are well established within the local authority, with people able to access and use them to arrange care that reflects their needs and preferences. This enables flexibility and choice in how care and support is managed. However, there are challenges in recruiting personal assistants, which can affect people's ability to fully use these arrangements.

3.19 The SBUHB CLDT model supports people to access mainstream health services through reasonable adjustments and specialist learning disability input. Where this works well, health practitioners improve engagement, support early intervention and reduce barriers for people with learning disabilities. Access to specialist learning disability input within some secondary care services is a strength where it is available. However, this is not consistent across all pathways, and people's experience of accessing care remains variable.

Areas for Improvement

3.20 Waiting lists and capacity pressures across health and social care services affect how quickly people receive support. Workforce pressures within the health service, particularly within nursing roles, including large caseloads, limit the ability to provide early intervention and proactive follow up. While demand is prioritised based on risk, some people experience delays in accessing support and services, increasing the risk of escalation of health and care needs. **The local authority and health board should strengthen joint oversight and management of demand, capacity and waiting lists, to improve timeliness and ensure people receive coordinated and responsive support.**

3.21 Primary care engagement, Annual Health Checks and care pathways show variation, with differences in links to primary care and mental health services leading to delays, unclear responsibility for care and a risk of unmet physical health needs. These issues, alongside gaps in physical health monitoring, follow-up and information sharing, reduce the service's ability to identify emerging risks and respond proactively. **The health board should strengthen oversight of primary care engagement, care pathways and physical health monitoring to improve access to health reviews, screening and follow-up, with clearer accountability for care and improved management of risk.**

3.22 Carers' assessments are not always offered or recorded and are not routinely revisited when circumstances change. Where assessments are completed, they are detailed and lead to appropriate support; however, this variability limits assurance that all carers are identified, offered an assessment and reviewed in line with their changing needs. **The local authority must strengthen its approach to offering, recording and reviewing carers' assessments.**

3.23 Care and support plans are not always reviewed in line with statutory requirements. This results in inconsistency in how effectively care and support

reflects people's current needs, circumstances and outcomes, particularly in more complex situations where opportunities to reassess support at the right time may be missed**. Leaders must ensure all care and support plans are reviewed in line with statutory requirements and when needs change.**

3.24 Reassessment is not always undertaken when people's circumstances change, with practice often relying on ongoing reviews and contact rather than completing further assessment where appropriate, particularly in long-standing cases. Trigger points for reassessment are not always clearly defined or consistently applied in practice. **The local authority should strengthen its approach to reassessment, including establishing defined trigger points that are applied effectively.**

3.25 While a range of community-based options exist, there is a lack of a joined-up approach to coordinating and promoting local resources and bringing people together. Opportunities are not always well mapped or visible, and reliance on word of mouth and provider-led activity means people may not always be able to access community-based support. **The local authority should strengthen the coordination, mapping and promotion of community resources so people can access available support and preventative opportunities more consistently.**

Partnership

Strengths

3.26 Collaborative working is well established across learning disability services, with health and social care practitioners working together on assessment, care planning and review. Established multidisciplinary team (MDT) forums enable shared decision-making and joined-up responses, particularly for people with complex needs, contributing to a person-centred approach to care. Within health, the SBUHB CLDT provides a clear point of access to specialist learning disability support for other health teams, which supports alignment and communication.

3.27 Operational relationships between health, social care and partner agencies are well established and enable effective day-to-day collaboration. Practitioners describe constructive working relationships and open communication, allowing joint responses and continuity of care in many cases. This is achieved despite services working across separate IT systems and not being co-located, with partners demonstrating a shared commitment to joint working.

3.28 Constructive partnership working with external providers underpins a collaborative approach to commissioning and care planning. Providers describe opportunities to contribute to reviews of care and support arrangements, helping to build a shared understanding of people's needs and enabling more responsive decision-making in many cases.

3.29 Structured joint working is evident in relation to Continuing Healthcare (CHC) processes, with well-defined roles for health and social care in preparing and contributing to decision-making. Information from multiple agencies is brought together for assessment, and established arrangements are in place for escalation and dispute resolution. This allows coordinated planning and a shared understanding in complex cases.

Areas for Improvement

3.30 Pathways across social care and health are not consistently aligned or applied, and roles and responsibilities within multidisciplinary and wider system arrangements are not always clear. This is particularly evident at key transition points and where people require support from mental health, brain injury and physical health services. As a result, people may experience delays, duplication or gaps in support, leading to inconsistent experiences and delays in accessing appropriate care. **The local authority and SBUHB should strengthen pathway oversight, clarify roles and responsibilities, and improve coordination across services so people receive timely, joined-up and appropriate care.**

3.31 There is scope to strengthen how people and families are involved in partnership arrangements at a system level, including through co-production in joint planning processes. Current arrangements for capturing and using lived experience are not fully developed, which limits how this insight informs partnership working, service development and improvement. **Leaders should strengthen arrangements to ensure people and families are meaningfully involved in shaping partnership working.**

Well-being

Strengths

3.32 Governance arrangements across services are well established, supported by structured audit processes, clear policies and high levels of compliance with mandatory training requirements. These arrangements provide assurance that practice is monitored and that risks are identified and acted upon.

3.33 Practitioners respond to safeguarding concerns in line with the All Wales Safeguarding Procedures. There is effective management oversight and strong multidisciplinary involvement, resulting in timely and proportionate decision-making. Records demonstrate appropriate escalation of concerns and set out the rationale for decisions made, contributing to robust and well-managed safeguarding practice.

3.34 Deprivation of Liberty Safeguards (DoLS) processes are well established and effectively managed. Applications, reviews and associated documentation are completed in a timely way, with robust systems in place to monitor activity and provide oversight. The involvement of a designated lead promotes a coherent approach and gives assurance that statutory responsibilities are understood and applied across the service.

3.35 Within SBUHB CLDT, there is a clear and structured approach to risk assessment and management. Assessments capture a broad range of risks, including physical and mental health, self-neglect, exploitation and risks to self or others, and inform proportionate responses. Risks are reviewed within multidisciplinary forums, supporting effective oversight, joint decision-making and timely escalation in more complex situations. This helps ensure risks are monitored and acted on appropriately, providing assurance that people remain safe within a well-governed system.

3.36 The local authority is strengthening planning for young people in transition, with earlier engagement through a 14–25 transition model and improved collaboration between children's services, housing and education. This supports a more structured approach to transition planning and greater continuity across services. For young people and families, this is beginning to improve clarity, reduce uncertainty and support safer transitions into adult services.

Areas for Improvement

3.37 The application of the Mental Capacity Act (MCA) in day-to-day practice is not consistently evidenced. While capacity issues are often identified, decision-specific assessments and best interest processes are not always completed or well recorded. Practice is more developed within formal DoLS processes but less consistent in routine decision-making. This reduces assurance that people's rights are consistently upheld and that decisions are made in line with legal requirements and what matters to the individual. **The local authority must strengthen the application and recording of MCA assessments and best interest decision-making in everyday practice.**

3.38 Within health services, the monitoring and use of wellbeing outcomes is not always well demonstrated. While care and treatment processes are in place, it is not always evident how outcomes such as safety, independence and quality of life are measured and reviewed. **The health board should strengthen its approach to monitoring and using wellbeing outcomes to drive continuous improvement.**

3.39 Gaps in core clinical roles within health services, including prescribing capacity, affect the service's ability to reliably provide timely assessment, effective clinical decision-making and coordinated care, particularly for people with complex or changing needs. **The health board should strengthen clinical workforce capacity and oversight to ensure sufficient expertise is available to deliver timely, safe and effective care.**

3.40 Oversight of physical health monitoring within health services is not always sufficiently defined, particularly where responsibility is shared across the CLDT, primary care and other services. Arrangements do not always demonstrate how health risks are identified, followed up and escalated in a timely way. **The health board should strengthen oversight of physical health monitoring to ensure risks are appropriately identified, managed and escalated in a timely and coordinated way.**

4. Next Steps

4.1 CIW and HIW expect 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 15 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 two records of people who had received healthcare and social services support. We also reviewed two social care records 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 and healthcare services, their family or carers, their 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 21 people.

5.4 We engaged, through interviews and focus groups with local authority and local health board employees, resulting in CIW/ HIW engaging with 38 employees.

5.5 We reviewed supporting documentation sent to CIW and HIW for the purpose of the inspection.

5.6 We visited the Bespoke day opportunities hub, observed activities and met with people using the services and practitioners.

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

- 27 surveys were completed by people with a learning disability and carers.
- 57 surveys were completed by practitioners.
- Three surveys were completed by partner organisations.

5.8 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,

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Mae’r ddogfen yma hefyd ar gael yn Gymraeg.

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Appendix 1

Glossary of Terminology

Term	What we mean in our reports and letters
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, 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. They are an equal conversation and are important in helping to ensure the voice of the individual or carer is heard and what matters to them is understood.

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%