

Inspection of Older Adults Services Torfaen County Borough Council

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

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Background

The Social Services and Well-being (Wales) Act 2014 (SSWBA) has been in force for almost three years. The Act is the legal framework that brings together and modernises social services law in Wales.

The Act while being a huge challenge has been widely welcomed across the sector as a force for good, bringing substantial and considered opportunities for change at a time of increasing demand, changing expectations and reduced resources.

The Act imposes duties on local authorities, health boards and Welsh Ministers that requires them to work to promote the well-being of those who need care and support, and carers who need support.

The principles of the act are:

- Support for people who have care and support needs to achieve **wellbeing**.
- **People** are at the heart of the new system by giving them an equal say in the support they receive.
- **Partnership and co-operation** drives service delivery.
- Services will promote the **prevention** of escalating need and the right help is available at the right time.

Welsh Government has followed up the SSWBA with 'A Healthier Wales'. A strategic plan developed in response to a Parliamentary Review of the Long Term Future of Health and Social Care.

A Healthier Wales explains the ambition of bringing health and social care services together, so that they are designed and delivered around the needs and preferences of individuals, with a much greater emphasis on keeping people healthy and promoting well-being. A Healthier Wales describes how a seamless whole system approach to health and social care should be seamlessly co-ordinated.

Ministers have recorded the importance of having confidence and ambition in the sector to delivering results. In response we have developed our approach to inspection with a focus on collaboration and strengths with the intention of supporting innovation and driving improvement.

This inspection is led by Care Inspectorate Wales (CIW) and delivered in collaboration with Healthcare Inspectorate Wales (HIW).

Prevention and promotion of independence for older adults (over 65) living in the community

The purpose of this inspection was to explore how well the local authority with its partners is promoting independence and preventing escalating needs for older adults. The inspection identified where progress has been made in giving effect to the Act and where improvements are required.

We (CIW and HIW) focused upon the experience of older adults as they come into contact with and move through social care services up until the time they may need to enter a care home. We also considered the times when they experienced, or would have benefited from, joint working between Local Authority services and Health Board services.

We evaluated the quality of the service within the parameters of the four underpinning principles of the Social Services and Well-being Act (as listed above) and considered their application in practice at three levels:

- Individual
- Organisational
- Strategic

We are always mindful of expectations as outlined in the SSWBA codes of practice:

- ‘*What matters*’ – outcome focused
- Impact –focus on outcome not process
- Rights based approach – Mental Capacity Act
- Control – relationships
- Timely
- Accessible
- Proportionate – sustainability
- Strengths based
- Preventative
- Well planned and managed
- Well led
- Efficient and effective / Prudent healthcare
- Positive risk and defensible practice
- The combination of evidence-based practice grounded in knowledge, with finely balanced professional judgement

Strengths and Priorities for Improvement

CIW and HIW draw the local authority and local health board's attention to strengths and areas for improvement. We expect strengths to be acknowledged, celebrated and used as opportunities upon which to build. We expect priorities for improvement to result in specific actions by the local authority and local health board to deliver improved outcomes for people in the local authority area in line with requirements of legislation and good practice guidance.

Wellbeing	
Strengths	<p>Torfaen County Borough Council (CBC) has a thorough and well developed understanding of the current challenges posed by an aging population and the potential impact of increased demand for social care.</p> <p>Torfaen CBC has developed its practice in line with the principles of the SSWBA seeking to promote the well-being of people who need care and support based on with the presumption people are best placed to judge their own well-being.</p>
Priorities for improvement	Develop performance measures to monitor the impact of the patch based teams
People – voice and choice	
Strengths	<p>Torfaen CBC is committed to ensuring services are focused on enabling people and communities to be resilient with the aim of people experiencing seamless, personalised high quality services.</p> <p>Torfaen CBC has a good understanding of the learning and development needs of the workforce and has a programme of training in place to address those needs.</p>
Priorities for improvement	<p>Ensure communities and partners better understand the changing nature of adult social services provision.</p> <p>Promote the uptake of Direct Payments.</p> <p>Better promote the offer of carers assessments and monitor uptake.</p>
Partnerships, integration and co-production drives service delivery	

Strengths	<p>Strong relationships have been built with housing services which is influencing a range of developments to meet the needs of older people within Torfaen CBC.</p> <p>Torfaen CBC works well with partners and people receiving care and support, developing well co-produced plans.</p>
Priorities for Improvement	<p>More opportunities could be taken for structured joint learning across health and social care specifically to drive integration in community resource teams (CRT).</p>
Prevention and early intervention	
Strengths	<p>Through its patch-base teams, Torfaen CBC is using its resources innovatively to deliver preventative services.</p> <p>Torfaen CBC demonstrated it is prepared to be innovative and consider technology to improve and develop future service provision.</p> <p>We found good use of assistive technology and active exploration of new ways to develop and embed its use in practice.</p>
Priorities for improvement	<p>Consider promotion of third sector organisations in the development and delivery of the care and support and preventative services to promote community resilience.</p> <p>Develop social enterprises and cooperatives which involve people who need care and support, and their carers.</p>

1. Well-being

Findings:

The local authority demonstrated a good understanding of its strengths, areas of challenge and areas requiring improvement.

Senior managers and elected members demonstrate a long standing commitment to and practical understanding of Torfaen CBC vision for the maintenance and promotion of well-being for older adults living in the community.

The local authority actively supports its staff with a stable workforce and low levels of turnover.

The local authority needs to develop its quality assurance systems and implement these to fully capture the quality of work being undertaken by staff.

Evidence at the individual level:

- 1.1. People's voices were evident in the work undertaken with their views, wishes and feelings (what matters conversation) central to supporting people to achieve their personal outcomes and to safeguarding people. We saw detailed 'what matters' conversations in many of the files we reviewed. People we spoke to told us their views were actively sought and listened to and they told us social workers and other staff members supported them in a respectful way.
- 1.2. We found positive relationships between people receiving care and support and staff and partner agencies. People spoke of timely intervention and importantly staff took time to get to know them through in- depth conversations with continuity of worker. The assessments we reviewed were strength based and written in a person-centred way which reflected people's views and wishes.
- 1.3. Torfaen CBC promotes the well-being of people through the provision of care and support packages which enable people to achieve positive outcomes, for many people this is to remain living in their own homes.

Evidence at operational level:

- 1.4. Torfaen CBC delivers its services to older people through patch-based teams covering the whole county. There are five patch based teams, two teams in the north and three in the south, which are multi-disciplinary and consist of

social workers, occupational therapists, community care workers, re-ablement assistants and occupational therapy assistants.

- 1.5. The local authority had commissioned an independent consultancy to support their transformation of practice in line with SSWBA, through delivering a systems thinking operating model. Training has been undertaken by all staff to promote the delivery of consistent practice and an approach which offers support to people focused on their personal outcomes. Practice has been further enhanced by the introduction of collaborative conversations training which focuses on the individual as part of the solution.
- 1.6. We found staff were overwhelmingly positive about the change in practice which they saw as complying with the SSWBA and changes in legislation. Many staff spoke of the improvements in outcomes for people, and greater satisfaction it gave them in doing “proper” social work.
- 1.7. From our observations it was clear the local authority has adopted a new way of working to assist its transformation of practice. This has resulted in reduced duplication of documentation and has moved decision making from managers to front line social work practitioners, giving them greater autonomy. In reviewing files we saw examples of practitioners authorising services to support people’s care needs such as aids and adaptations or packages of care in a timely manner enabling people to remain in their homes, or return home from hospital in line with their wishes. This approach was closely monitored by team leaders to ensure accurate decisions were being made and any gaps identified were addressed. This change in practice has had a positive impact on staff, partners and most importantly people who in receipt of care and support services.
- 1.8. A key aspect of the new approach is the use of fishbowl meetings in each team. These meetings enable peer support, professional scrutiny, and challenge to ensure solutions are responsive to “what matters” to people. We observed a number of fishbowl meetings with team members actively involved in all aspects of the discussion. The meetings were effective in pooling team knowledge of resources and in sharing practice to gain the best possible outcomes for people. We found this approach an excellent example of joint working with practitioners considering the range of options available to support the individual including their personal networks, community resources and services commissioned by the local authority. Gaps in provision were recorded on a ‘blockage board’ for consideration by the senior management team.
- 1.9. Staff were positive about the new approach to practice which has allowed them to reclaim social work, given them autonomy to make decisions, with

time to reflect on their practice. One social worker told us taking back personal professional responsibility was challenging at first but training, peer and manager support enabled them to “blossom” as a social worker.

- 1.10. Evidence from staff members spoken to and supervision sessions reviewed showed regular supervision taking place. It is used to effectively support staff to reflect upon what matters to the people they are working with. We found a culture of promoting staff well-being including mental health awareness and, flexible working to promote work life balance. Staff also viewed informal supervision as important as formal supervision with team leaders having the space to spend time with staff. This enabled them to develop a holistic understanding of people’s needs through their consistent presence within the team room.
- 1.11. Senior managers spoke of staff as “our greatest asset” and recognised the value of having a skilled and motivated workforce. We found most staff interviewed echoed this ethos and we saw it reflected in the low levels of staff turnover. Staff also appreciated the visibility and easy access to all senior managers and director of social services. Senior managers fully recognised the challenge of increasing demand on all teams as resources reduced and demand for services is increasing.
- 1.12. We found safeguarding practice to be well led by senior managers and operationally supported by the safeguarding team. We recognised good joint working with partners such as the police and health staff.

Evidence at strategic level:

- 1.13. Torfaen CBC has developed new ways of working which involves a change of culture and working practices. The local authority is aware of the challenges this presents and is working effectively with stakeholders and partners to deliver new ways of working to embed the principles of the SSWBA.
- 1.14. Senior managers and elected members clearly understood the SSWBA and the local authority’s operational model and all had undertaken training in the model. We found elected members and the corporate management team demonstrated a common understanding of the direction and drive needed to ensure social services effectively supported improved outcomes for older people.
- 1.15. Torfaen CBC has a number of measures in place to monitor the impact of the new model on individuals, however this is not done in a systematic way. Further work is needed to develop a more cohesive performance framework. Torfaen CBC already had plans to review this as part of the forthcoming review of practice delivery.

- 1.16. Some changes to the quality assurance system had been introduced with live dashboards and prompts being built into core documentations. This an area for further development and the local authority intends to consider these issuers further during the review of its operating model.
- 1.17. Whilst there are a number of strands of work in place to develop community and third sector support to promote wellbeing these are at an early stage, and would benefit from being brought together under one Wellbeing strategy.
- 1.18. There is little evidence of progress towards developing social enterprise which senior managers have attributed to a lack of capacity.

2. People – voice and choice

Findings:

Torfaen CBC has embraced the principles of the SSWBA and is supporting people to voice their wishes and what matters to them and support them to have an independent advocate, if necessary to strengthen their voice.

Patch based teams are developing people's resilience and independence with a view to longer term benefits.

People can be confident consideration is given to mental capacity and where required mental capacity assessments and best interest decisions are undertaken. Individual voices are evident in the work undertaken with people. Their views and wishes are central to supporting personal outcomes and safeguarding.

Evidence at individual level:

- 2.1. The local authority is committed to putting people more in control of their own care and support through adopting a positive approach to risk management. This is in line with its approach to listening to what matters to people and empowering them to speak for themselves.
- 2.2. Our review of written records and from talking to people who use services showed people's views are sought on what matters to them and the outcomes they want to achieve and their wishes and feelings given high regard in line with SSWBA.
- 2.3. People have a first point of contact situated within the local authority's customer care team. The team refers people on to patch based teams or signposts to them to other services.
- 2.4. Torfaen CBC's vision for patch based teams was developed in collaboration with service users. We heard from an individual how the team "enables me to live my life the way I choose to live it". Patch based teams are now having very different conversations with people focusing on what matters to them, their wider well-being and not solely on service eligibility. People we met felt clearly involved. We found some assessments capturing the individual goals and objectives in the person's own words, clearly evidencing what matters conversation taking place. There is a commitment to further improve the skills of staff in this area with training for all in collaborative communication and motivational conversations.

- 2.5. Torfaen CBC is committed to enhancing advocacy to strengthen people's ability to express their needs and wishes. We saw examples in files of people being supported through the use of advocates to express their wishes in the face of pressure from organisations or relatives.
- 2.6. People in Torfaen are involved in the design of services through a range of methods including service user panels, citizen reference groups and consultation/public meetings. In addition, less formal small groups and individual interviews take place to gather people's views such as "café conversations" taking place with people with dementia and their carers to understand what would make a difference to their lives enabling the development of new support services.

Evidence at operational level

- 2.7. Torfaen CBC has an effective single point of access for people through its first point of contact. We saw examples of people appropriately offered information, advice and assistance allowing them to make informed decisions and choices in a timely manner or referred on to patch based teams for assessment and support. Any referrals with safeguarding implications were appropriately forwarded to the safeguarding team.
- 2.8. We found assessments started from the premise of the person being best placed to make decisions about themselves. We saw a consistent focus on co-production with people recognised as the expert in their own situation. This enabled people to use a range of support to promote independence, social inclusion and positive risk taking. This approach reflected the local authority's stated key principle of maintaining people's independence.
- 2.9. Staff spoke confidently about their use of the Mental Capacity Act (MCA) as part of their daily practice. We found mental capacity assessments to be well structured and generally recorded verbatim, capturing the voice of the person. This provided clear rationale and evidence to inform decision making.
- 2.10. Community connectors are well established within the local authority and link with patch based teams to consider alternative support for people. We found many examples of excellent work being undertaken in the community by community connectors who worked with people who were socially isolated, lacked confidence and felt excluded from their community. One example being supporting a person who lived alone to attain their goal to increase independence. Through the community connector he was introduced to a local lunch club and social group. All staff spoke highly of the work being

undertaken by community connectors and saw them as a crucial resource in supporting people to remain within their community.

- 2.11. Although we did find some evidence of carers assessments being offered, there was low uptake with people not seeing themselves as carers. The assessment form was limited to recording assessment offered 'yes or no'. We found further work is needed to promote carers assessments and had been recognised by the local authority in its own self-assessment. It will need to look at how it promotes the offer of carers assessments and have in place a system to records data that can be analysed and used to develop practice in line with the expectations set out in SSWBA.
- 2.12. We found some evidence within files of practitioners offering the option of direct payments, however the uptake of direct payments is low, meaning the full range of options for people and their carers to meet their outcomes may not be fully explored. The local authority fully acknowledged the need to develop this service having received feedback from people who have highlighted the bureaucracy associated with managing direct payments has acted as a deterrent. To better promote the direct payments, there are plans management of this to be brought back into the local authority during the next 12 months.
- 2.13. There is a low (9.8) percentage of adults living in Torfaen who speak Welsh but the local authority recognises the importance of delivering a service in the language of choice. We found offers of assessments being made through the medium of Welsh and an example where a social worker told us of undertaking all his conversations in Welsh with the person he was visiting. Through its attendance at 'Mwy Na Geiriau' group the local authority is able to share learning and best practice with colleagues from other local authorities and the Local Health Board.
- 2.14. Empowering people is of paramount importance and advocacy is important to support this. Advocacy services have been strengthened through the recent launch of the Gwent Access to Advocacy (GATA) service with work being undertaken by the regional transformation team and Golden Thread Advocacy Partnership to ensure effective advocacy services across the region.

Evidence at strategic level:

- 2.15. The lead elected member, who had recently been appointed in May 2019, had developed a good understanding of the challenges facing adult services. In particular they recognised the concerns of carers and spoke of being cited on any safeguarding matters. They were aware of the challenges faced in managing the budget in the face of increasing pressures.

- 2.16. We found evidence of positive communication between the lead member and elected members from across the political spectrum in Torfaen CBC. Meetings with members were positive and their active involvement in the running of the council was evidently encouraged and supported.
- 2.17. We found considerable work had been undertaken by the complaints team to improve communication with all adult teams, working with them to understand what a complaint is, timeliness of responses and looking at lessons learnt from past complaints such as record keeping and responding to people when promised.
- 2.18. We viewed the electronic data base for recording and monitoring complaints which confirmed a high number of complaints were dealt with at the informal stage of the process. Monthly meetings are held with the head of adult services to review any complaints, monitor progress and highlight themes. An annual report is prepared for senior management team with a breakdown of information by service area presented to members through the Corporate Performance Assessment. We found Torfaen CBC to have an ethos of learning in relation to complaints and compliments.

3. Partnership and integration - Co-operation drives service delivery

Findings:

The local authority has a positive and maturing relationship with the health board. We found positive strategic partnership working between social services and housing services in considering the housing needs of residents.

We found care planning and provision based on what matters to people. Torfaen CBC needs to ensure clear communication with staff when undertaking changes to practice or service delivery.

Evidence at individual level:

- 3.1. We saw how the Home First partnership initiative to prevent admissions to hospital had effectively lowered the admission rates for people being admitted to hospital. The scheme enabled people to be discharged home earlier and prevented admission and re-admissions. We saw within assessments appropriate care and support being implemented to meet personal outcomes.

Evidence at operational level:

- 3.2. Patch-based teams have started to build greater links with the community, engaging in community activities and strengthening links with local providers and key stakeholders. Staff told us they had been able to get to know their communities better as managers had encouraged them spend time in the community, building links with other professionals and community partners. We saw evidence of some teams regularly attending G.P surgeries and the local church to provide information, advice and support and to carry out preventative work.
- 3.3. We found a number of positive practice examples of partnership initiatives including the dementia café, memory clinic and falls team. These were all underpinned by good operational partnership working between health, social services and the third sector. Staff had a shared vision for promoting independence through joint working, understanding each other's roles and sharing skills. In the falls team the registered nurse had trained reablement assistants to read oxygen saturation levels and check equipment such as nebulisers, when supporting people to prevent the need for hospital admissions. This was part of winter pressures planning for which the Falls Team won a health award.

- 3.4. We found the Community Resource Team (CRT) to be cohesive and motivated, utilising and developing services for people, such as the “step down” beds and therapies day beds within the County Hospital. This has prevented the need for people to be admitted to acute hospitals and enabled them to be treated nearer to home. The local authority is keen to develop its Care Closer to Home approach to promote independence, positive risk taking and social inclusion.
- 3.5. We found partnership working between health and social services staff with the CRT and patch based teams could be improved by developing greater understanding about their respective roles and the principles of the SSWBA. This would enable greater integration, avoid duplication of tasks and so provide a seamless service for people. The local authority has recognised this and had appointed a senior manager to oversee the re modelling of the occupational therapist (OT) roles within the service. Torfaen CBC will need to ensure clear communication pathways are in place for all staff, partners and people who use services on any change processes.

Evidence at strategic level:

- 3.6. There was clear evidence of the local authority delivering a new model of social care and acting in accordance with SSWBA. We saw a number of positive examples of how it has taken account of the sustainable development principle, particularly in prevention and involving people in achieving the well-being goals. However, the local authority recognises more needs to be done to achieve consistency in embedding and strengthening its integration both across the local authority and with external partners.
- 3.7. Home First is a partnership between the five local authorities in the Gwent region and the health board offering rapid assessment and discharge support for people attending A&E and short stay units within hospital. Currently funded through Transformational grant to September 2020, consideration must be given to the sustainability of this service and in particular how it will be embedded into core practice.
- 3.8. The local authority is committed to transforming and modernising the way in which they commission and provide services. It hosts the Gwent Transformation team and is working strategically with the other four councils and health boards with the aim of improving the overall experience for people who access support.
- 3.9. The local authority is using an enablement approach in the redesign of domiciliary support services with a move away from time and task

commissioning to being more flexible and user led in the way support is to be provided. Domiciliary care providers told us about the positive partnership working being undertaken with providers. They told us they were being fully involved in designing the direction for development of domiciliary care. All acknowledged this was in the early stages but found the local authority was becoming more collaborative, enabling services to be people focused, flexible and more responsive.

- 3.10. A positive development found was the Domiciliary Care Strategy aimed at bringing about improvements in services for both in –house and external agencies. This strategy has a number of strands which will include an increase in the in-house service from 10% to 14%. In addition, £500k has been allocated from ICF to support innovative ways across the local authorities and independent sector to address some of the pressures in domiciliary care. Torfaen CBC are also supporting the third sector to access the £7m Welsh Government Third Sector Grant Funding.

- 3.11. We found positive working relationships with the health board at a senior level, which is starting to develop new ways of working towards shared goals. Both the director of social services and the divisional director for primary care and community services co chair the Torfaen Integrated Partnership meeting and Gwent wide Adult Strategic Board which feeds into the Regional Partnership Board. They described a very mature working relationship, where appropriate challenge is welcomed, resulting in a clear vision for services, and starting to develop new ways of working towards shared goals.

4. Prevention and early intervention

Findings:

People are supported to remain independent and where possible remain in or return to their own homes.

Torfaen CBC has reorganised towards a preventative and early intervention approach to meeting the care and support needs of people who require help.

Torfaen CBC demonstrated it is prepared to be innovative through considering assistive technology to improve and develop future service provision

Evidence at individual level:

- 4.1. We saw evidence of patch based teams having a better understanding of people's needs and are now able to deliver prevention which is better tailored to people's needs and is helping to avoid "crisis points".
- 4.2. We found an active approach to avoiding admission to hospital, where appropriate, and where people had been hospitalised there were programmes of support to enable them return home.
- 4.3. Within files reviewed we saw evidence of assessments being undertaken in a timely manner resulting in appropriate and proportionate care packages which were reviewed in line with statutory guidance.
- 4.4. Domiciliary providers spoke of improvements in assessments with more information provided by the brokerage team with in depth care and support plans which included clear details of the persons care preferences.
- 4.5. Torfaen CBC promote intergenerational working such as schoolchildren attending departments in County hospital and intergenerational activity days. We found people benefited from these experiences through engaging with their communities, and reduction in isolation.

Evidence at operational level:

- 4.6. In our review of files and speaking with staff we found safeguarding practice ensured the safety and wellbeing of people referred and initial decisions were made in line with policy and procedures. There were occasions where activities needed to be closed down once outcomes have been agreed in a timelier manner.

- 4.7. The weekly Site Flow meeting is used to explore constraints for people being discharged from hospital discharge once they are medically fit. This joint meeting explores reasons and identifies actions to facilitate discharge jointly between health and social services. We found clear and appropriate evidence of the promotion of assistive technology to enable people to return homes and which was welcomed by and beneficial to people.
- 4.8. We saw the use of assistive technology such as animated pets and babies being demonstrated to a carers group to inform of them about how equipment could assist them in their caring role. A positive example was a carer who was taught IT skills to enable her to shop online, connect on social media and call friends and family to reduce her isolation, promote her independence and preventing escalating needs. We also saw an example of using a tablet with specialist applications as an alternative method of communication for a person who had suffered a stroke enabling them to communicate verbally in their assessment, thus enabling them to have a voice and be involved in planning their care and support.
- 4.9. Torfaen CBC has experienced difficulty in commissioning domiciliary care packages. This has had a negative impact on people living at home and those who were waiting to be discharged from hospital. Care providers and staff described how the local authority was trying to address the number of unallocated care packages, through working with providers. We heard this resulted in the ability of providers to split packages of care and allocation of all care packages. Providers also felt patch based work may allow them to employ more staff who are unable to drive and would walk to their calls attracting local applicants who know the community. In addition, we were told of the work being undertaken with Coleg Gwent to improve uptake and training for health and social care students to promote a career pathway within the care sector.

Evidence at strategic level:

- 4.10. We found good strategic working between social services and housing services with a range of housing provided to maintain and sustain people's independence. Torfaen CBC have a track record of providing and delivery of social housing and partnership working with Health and Housing Associations. There are plans in place for a number of projects to further support older people through the development of housing stock which will provide step up/step down, respite and reablement provision to meet the future needs of residents.

- 4.11. Safeguarding of adults is one of the corporate priorities for Torfaen CBC. The director of social services chairs the corporate safeguarding leads group which oversees an annual action plan, monitored by Overview and Scrutiny Committee. Though safeguarding training is mandatory for all Torfaen CBC staff we found poor take up of the training by some corporate members.
- 4.12. The strategic drivers for safeguarding come through Gwent Safeguarding Partnership Board and the Gwent Regional Partnership Board. We found strong partnership working across the Gwent area for safeguarding with social care work streams having clear lines of accountability and processes for prioritising workflow.
- 4.13. The local authority has gained funding from the UK Government's Gov.Tech scheme and is in the process of considering commissioning opportunities which emerging technology can be used to promote well-being and independence. We were informed of a new post to be funded from the integrated care fund (ICF) to coach and support people to use the technology and an Assistive Technology strategy currently being developed.
- 4.14. We met with Torfaen Voluntary Alliance (TVA) who work collaboratively with Gwent Partnership and Regional Partnership Board providing a voice and helping to delivering services provided by third Sector. These groups felt it was difficult to participate in the development of services or access funding streams. We were told voluntary organisations were finding it difficult to "cope with the increase influx in demand due to austerity. This is an area for development with more work needed to harness and coordinate community assets.
- 4.15. Many of the posts within the Torfaen CBC preventative services have been developed through Welsh Government grant funding including ICF, Transformation Fund and Supporting People Grant. The director and chief executive recognised sustainable funding needs will need to be identified with ICF funding ceasing in 2021.

Method

We selected case files for tracking and review from a sample of cases. In total we reviewed 60 case files and followed up on 16 of these with interviews with social workers and family members. We spoke with some people who used the services.

We reviewed 10 mental capacity assessments.

We interviewed a range of local authority employees, elected members, senior officers, director of social services, the chief executive and other relevant professionals.

We administered a survey of frontline social care staff.

We gained staffs views on their supervision and reviewed the authorities' policy and guidance. We looked at a sample of three complaints and related information.

We reviewed performance information and a range of relevant local authority documentation.

We interviewed a range of senior officers from the local health board and spoke with operational staff from the local health board.

We interviewed a range of senior officers from statutory organisations and partner agencies from the third sector.

We read relevant policies and procedures.

We observed a number of Fishbowl meetings and multi-disciplinary discussions.

Welsh Language

English is the main language of the local authority and the inspection was conducted accordingly. We offered translation in co-operation with the local authority. Welsh is spoken in Torfaen as are a small range of other languages.

Acknowledgements

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