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Listen and then listen again

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Prevention and promotion of
independence for older adults



Foreword

It is difficult to introduce this report without acknowledging the current context. It was due to be published earlier this year but then the tsunami of the coronavirus pandemic hit us. We know that older people, as well as those from black, Asian and minority ethnic (BAME) communities have been most affected by COVID-19. We decided it was not appropriate to publish at a time of national emergency.

As we begin to recover from the pandemic, I have reflected on what we have learned and one thing that stands out is the importance of social care and healthcare services working seamlessly together to promote the well-being of older people in Wales. The findings in this report highlight much positive practice but also the areas where improvements are still needed. It is disappointing to read about services that remain 'pilots' after many years. We are a small nation and should be able to share learning, and scale and embed innovative practice at pace.

The landscape of social care and healthcare services has changed as a result of the pandemic, and may not be the same as it was when we carried out our inspections and fieldwork for this report. We know there will be further budget and capacity constraints to come. There is also the opportunity to build on the learning from the crisis and the innovative responses to it by our services, to ensure local authorities and health boards are working better together in the interests of older people.

Supporting older people to achieve positive outcomes, promoting their independence and preventing escalation of needs can only be done effectively and efficiently when local authorities, health boards and service providers work together. I am pleased we carried out this thematic review with the involvement of Healthcare Inspectorate Wales. It is important we as inspectorates work together to enable us to consider how people are being supported across social care and healthcare services.

I expect Regional Partnership Boards will want to take account of the findings of this report as they reflect on the pandemic and plan future integrated service delivery with older people, not organisational structures, at the centre.

I would also like to draw attention to the publication of a 'sister' report on our national review of care for older people living with dementia in care homes. There are clear parallels in our findings. Where this report considers the experiences of older people up to the need to move to a care home, our dementia thematic report then takes forward the journey.

I cannot end without recognising the exceptional dedication of social care and healthcare staff during the pandemic. On behalf of everyone in Care Inspectorate Wales (CIW), I should like to express our admiration and thanks.



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Part One

Introduction

This report summarises key findings from the programme of work undertaken by Care Inspectorate Wales (CIW) during 2019 across all 22 local authorities in Wales. The work focused on reviewing progress of local authority social services and health boards towards prevention and promotion of independence for older adults, in line with the Social Services and Well-being Act Wales 2014 (the 2014 Act).

The 2014 Act places duties on local authorities, health boards and Welsh Ministers to develop a strategic approach to prevention; to focus on outcomes for people; and promote the well-being of people who need care and support, and carers who need support. The 2014 Act, written in response to changing demography and aspirations, recognises the need to develop a new sustainable approach to how we all consider and use health and social care resources. Since the legislation was enacted, a period of prolonged austerity has intensified the focus on prevention as a way to promote independence and reduce dependency.

Recognising the scale and significance of the challenge, we wanted to look at how well services were managing the change in their statutory duties and moving their focus from care management processes to supporting people to achieve what matters to them. We also wanted to know to what extent the ambition of improving outcomes for older people through promotion of independence was achieved across Wales.

We understand that age is an arbitrary measure in many ways; however, to maintain our focus within what could be an unmanageable piece of work we limited our scope to people over the age of 65 as they contact and move through social care services. We considered the times when they experienced, or would have benefited from, joint working between local authority and health board services. We followed people's journeys up until the present day; the time they no longer needed services; or the point when they had to leave their homes and live in accommodation with care 24 hours a day.

In line with the 2014 Act, we developed our inspection framework:

- we focus on ensuring **people have their voices heard**
- we **work collaboratively** with other inspection bodies and with local authorities
- we recognise how highlighting **strengths and positive practice can contribute towards building a competent and confident social care workforce** for the benefit of everyone in Wales

We maintain our role in reviewing services on behalf of Welsh Ministers and driving improvement towards compliance with policy and legislation. We draw attention to shortfalls where it is necessary to do so to improve outcomes for people.

We express our thanks to everyone who contributed to this work - everyone who told us about the positives and good news stories, and everyone who shared their concerns about what needed to be improved. We hope many people are able to identify their contributions and feel they have been heard.

We thank local authorities and health boards for consistently making inspectors welcome; Healthcare Inspectorate Wales (HIW) for supporting our work and filling gaps in our knowledge; and countless administrators from different organisations who helped to juggle meetings, focus groups and electronic documents with such grace and professionalism.

Summary: red, amber, green status

People - voice and control

People were overwhelmingly treated with dignity and respect by practitioners who made a positive difference to their lives. Practitioners were increasingly looking for opportunities to ensure people had their voices heard and were able to make choices about things that matter to them. More work is required to ensure carers have their voices heard. Leaders and managers must work towards integration of Information, Advice and Assistance (IAA) service delivery, and must embed the importance of the Mental Capacity Act 2005 in service culture and professional practice.

Well-being

The importance of supporting older people to maintain their well-being was increasingly recognised as a positive way to promote independence, and an aspect of work many practitioners found rewarding. The right to assessment granted to carers in the 2014 Act is yet to achieve its ambition of promoting the well-being of carers in a way that acknowledges and responds to the scale of change some people face when they become carers. The emphasis in legislation of the overarching duty to promote well-being, with limited explanation, has contributed to a mismatch between carers' expectations and available resources.

Partnerships and intergration

Many people benefitted from positive relationships they developed with practitioners who treated them as equals and helped people to achieve what matters to them. Greater and consistent focus is needed by leaders and senior managers across local authorities and health boards on their responsibility to recognise and develop a culture of sustainability, through effective partnership working and co-production. To date, the benefits for people in our communities and future generations from integrated service planning and delivery remain largely unrealised.

Prevention

The duty to provide support before people reach crisis is not consistently embedded in practice across local authorities in Wales. Occasionally managers misunderstand their duty and fall back on ineligibility for care and support plans as meaning ineligible for support to promote well-being. Welsh Government will want to review and provide clarity in this area and around the role of personal finance in assessments for care and support.



Key findings, judgements and areas for improvement

People - voice and control



1. Access to information, advice and assistance (IAA) is improving. This opportunity to streamline services, improve integration and remove duplication could be further exploited. **The local authority and its strategic partners need to review their provision of information, advice and assistance in line with requirements of the 2014 Act and the Well-being of Future Generations (Wales) Act 2015.**
2. Practitioners across Wales are successfully supporting large numbers of vulnerable older people every day. Almost all older people we spoke with told us practitioners treat them with dignity and respect, and make a positive contribution to their health and well-being. **Managers at all levels must ensure they understand the 2014 Act, the role they play in supporting culture change, and ensuring staff are supported with professional decision-making. There must be concern for the well-being of practitioners who are working in high profile public services where it is widely recognised that resource cannot meet demand or expectations.**
3. The quality of mental capacity assessments and the timeliness of annual reviews of care and support plans are variable across Wales. **Local authorities must make better use of both statutory duties to ensure all people with eligible care and support needs have their voices heard and their rights respected.**
4. Beginning with the assumption that people know 'what matters' to them and are best placed to judge their own well-being is an overarching duty of the 2014 Act. Adopting this approach to ensuring that assessments are meaningful conversations has begun to deliver a more creative range of services and support for people. **Managers across all services need to reinforce the positive outcomes gained for people from complying with this duty.**
5. There is some very good use of formal and informal advocacy across Wales. Times when advocacy must be considered and offered are clear within the codes of practice of the 2014 Act. **Improving recording and monitoring of advocacy would provide useful intelligence for commissioners and inform the national debate about the intelligent use of an important resource.**
6. Carers' rights to assessments are not always upheld. **Local authorities must ensure their duty to offer assessments to carers is improved.**

Well-being



- Access to accommodation for older people who may need nursing care, or care and support to manage confusion or behaviours that services find difficult to manage, is not consistently available to meet need and resulted in emotional distress. **Leaders and senior managers should accept responsibility for commissioning services in areas of need and address longstanding deficits in domiciliary care and care homes.**
- Practitioners increasingly recognise that adults are entitled to make their own decisions on the level of risk they choose to take. Balancing the rights of people who need care and support and who may be at risk of abuse, with professional duties to offer safeguards, is increasingly complex. Good practice guidance has grown significantly and is essential to help professionals understand what is expected of them. **However, good practice guidance is not an alternative to professional curiosity, analysis and judgement. This must be underpinned by the appropriate level of knowledge, experience, skill and professional supervision.**
- Most local authorities recognised that work is required through supervision and team development to support an ongoing change from traditional care management approaches to relationship-based practice. **Managers and leaders must ensure they create a culture where professional practice is both respected and challenged.**
- Systems to support accurate management information not well developed in services for older people. It was disappointing how many services across Wales did not readily know the length of their waiting lists, waiting times or the cause of blockages within their services. While recognising the 2014 Act requires services to focus upon delivering positive outcomes for people, **senior managers must also ensure effective performance management processes are in place, with accurate management information and clear accountability.**
- Safeguarding is everyone's business. The launch of new guidance to protect people from abuse and neglect in Wales is a positive opportunity to create a consistently high-quality, effective and efficient safeguarding service. **Senior managers and leaders must ensure shared responsibility across agencies for agreed policies and procedures; shared understanding of thresholds; and shared action on responsibilities. Senior managers and leaders need to ensure they have sufficient understanding of the changes required to support middle managers and practitioners to deliver changes for people who have rights to safeguards from abuse or neglect.**
- There is often a mismatch between carers' expectations of how their well-being should be supported and the capacity of services to respond. The disparity is a cause of tension and is having a negative impact on the wellbeing of carers and practitioners. Spa days, coffee mornings and 'drop ins' are welcome opportunities but on their own they are not an adequate means of addressing the significant life changes many people face when they become carers. **Assessments of need for care and support must identify and record all presenting needs, including those that would be eligible needs if a carer was not meeting those needs. Senior leaders need to have honest conversations about the reality of their ability to respond to expectations. Opportunities to improve the therapeutic value of carers' assessments could be explored.**

Partnerships and integration



13. Some senior managers and leaders are able to explain their understanding of what sustainable health and social services may look like in practice. Many acknowledged they are not able to do this and that 'sustainability' was not routinely driving discussions or decisions. Some had recognised the need to move beyond thinking about sustainability as a list of actions, to a cultural shift in the design and delivery of the health and social care sector as a whole. **Strategic partners need to ensure they have effective arrangements in place to consider sustainability at the earliest stages and throughout their discussions.**
14. There is evidence of practitioners increasingly working in partnership with people as equals and recognising the benefits this brings. **Continuing work is required to support practitioners in this culture change. Leaders need to ensure culture change is reflected in budget allocation.**
15. There are increasing numbers of health and social care 'community resource teams' across Wales. The best have moved beyond operating as separate health and social care teams who happen to be co-located, and are actively engaged in working in an integrated way. Their focus is upon ensuring "the right practitioner going down the garden path to deliver the right outcome" and making effective use of public resources. **Strategic partners should review their progress in replicating this success, drive integration and remove barriers to progress.**
16. Strategic partners recognise that developing social enterprise and community ownership is time-consuming and on the edge of their skill base. Not all strategic partners demonstrate the same level of commitment to this work. **Social enterprise, cooperatives and co-production are areas needing an increased focus to progress at the pace required by the 2014 Act.**
17. There are examples of joint appointments based upon professional trust at most levels with health and social care. Some are more effective than others who may succumb to local, regional or national difficulties. At an operational level, difficulties in recruiting occupational therapists and social workers is increasing the use of agency staff. We have seen there is a point at which the number of agency staff in a team creates instability, reduces the quality of information, advice and assistance offered, and opportunities to offer preventative responses were missed. **Leaders must ensure workforce planning is proactive in keeping pace with demand for integrated service delivery.**

Prevention



18. There are some very good multi-disciplinary reablement and 'hospital discharge' teams across Wales. They have a breadth of skills, and a good understanding of how their work makes a positive difference to the people who need their support; some reduce demand on services. They are clear where they are most effective and efficient and where to target their resources. They make good use of IT, aids and adaptations, step-down beds, advanced nurse practitioners and enhanced care teams. There is good practice in supporting people with dementia to manage risk and remain independent at home. Not all services are performing to this high level. **Strategic partnerships should ensure all reablement and 'discharge teams' are sharing existing good practice and learning from the many years of experience that is available across Wales. Health boards must improve the consistency and quality of hospital discharge.**
19. There are community connectors, local area coordinators or community navigators in local authorities across Wales having some success in supporting people to access community activities to reduce isolation and build confidence. Many also take an active role in developing and supporting community groups to become established, making links between people with similar interests and sometimes providing seed funding. **Managers should continue to explore the success of these approaches and share learning in a structured way.**
20. Aids and adaptations are widely used as a means of early intervention, enabling older people to maintain their independence at home. Most local authorities and third sector agencies have worked hard to make these resources more quickly and easily available via proportionate assessments. Some local authorities are making increasing use of assistive technology to support people with dementia to manage risk and remain in their communities. **Local authorities should not assume a diagnosis of dementia means people cannot benefit from reablement and assistive technologies in their home.**
21. There are projects across Wales where community occupational therapists go into hospitals to support hospital occupational therapists with assessments for discharge. The intention is to ensure requests for unnecessarily large care packages are not preventing or delaying discharges. **Sharing learning is positive. However, ensuring hospital staff understand how care packages can be reduced with up-to-date manual handling techniques and equipment is not the responsibility of professional staff in the community. Pulling limited community resources into hospitals is not a step in the right direction.**
22. Some people are required to demonstrate that they have exhausted all community options before they are offered support from statutory social services. This practice is not person-centred and neither efficient nor effective. It is wasteful of practitioners' and managers' time, stressful for people and carers and does not meet the requirements of the 2014 Act. **Local authorities must take account of their duties to promote prevention and not wait until people reach crisis before they offer support.**
23. There is a fine line between asset-based approaches to assessment that make good use of personal and community resources, and an unlawful approach to gatekeeping services. A small number of local authorities are considering finance as a personal resource in decisions about eligibility for services. **Welsh Government will want to clarify the intention of the statutory framework. Local authorities must ensure compliance with codes of practice and be mindful of the risk of legal challenge.**

Background

Improvements in public health, nutrition, medicine and education have successfully added years to the life span of people in the UK. Life expectancy for females in Wales is 78.3 and males 82.3 years.¹

In 2003, Welsh Government's Strategy for Older People encouraged us all to recognise the contribution older people make to our communities through their lifetime of wisdom and experience, and the role they play in families and communities. We are encouraged to celebrate and appreciate the unique contribution older people bring just by being who they are.

Ensuring that the 'added years' of life are years in which people maintain a good quality of life and are supported to achieve what matters to them is an essential goal for public services in Wales. The national discussion on how to fund social care for older people into the future is ongoing.

This means that on a day-to-day basis, the challenges older people, their families and carers face in accessing care and support from statutory services is a reflection of the challenges local authorities face in meeting statutory duties through a period of extended austerity, uncertainty and increasing expectations. Yet we know many people really value the care and support they receive from practitioners in statutory and voluntary services; they welcome and depend upon the positive contribution the provision of care and support makes to their lives.

The Office for National Statistics tells us that increasing numbers of older people with complex disabilities require care and support to maintain both their physical and mental wellbeing. In addition, increasing numbers of people in paid employment are providing unpaid care for family members. Many are providing care for more than one friend, family member or neighbour with complex disabilities.

We know many older people face loneliness and feel isolated. Some struggle with the loss of dignity that may come with having to accept care workers coming into their homes on a daily basis, to provide them with intimate care. Sometimes the care workers change, and personal care, including help to use the toilet or get into and out of bed, is a task completed in a set time by someone they have not met before.

We understand people struggle with the emotional and practical challenges of having to give up their own homes to move in to specialist accommodation, to access walk in bathrooms, cooked meals and flexible care. Some people move many miles away from their families to access a care home that can meet their needs. We also see how some older people benefit from moving into a care home or extra care scheme where they receive care and support and again begin to thrive, and enjoy social interaction.

Welsh Government, through the 2014 Act, demonstrates its recognition that money is not the only obstacle to people getting the support they need. Spending money on services is in itself not helpful if services do not meet individual need, promote wellbeing and make a difference to their lives. It recognises the importance of 'voice and choice' and working with people to find timely and proportionate solutions to 'what matters' to them.

The 2014 Act is 'rights-based' legislation. It gives people rights to information, advice and assistance, at the right time to meet their needs. It places new duties on local authorities, health boards and Welsh Ministers to develop a strategic approach to prevention, to focus on outcomes for people and promote the wellbeing of people who need care and support, and carers who need support. The 2014 Act says it is vital that care and support services do not wait until people reach crisis to respond.

At the time of carrying out this review in 2019, the 2014 Act had been in force less than three years and Welsh Government had also published 'A Healthier Wales' as a response to 'The 'Parliamentary Review of the Long Term Future of Health and Social Care' and the Well-being of Future Generations Act (Wales) 2015.

Together these documents emphasise the importance of ambition and integration of service delivery to the ongoing success and sustainability of the health and social care sector as a whole. They recognise the importance of having confident and competent practitioners who are able to use their professional skills to work alongside people as equals, and of having leaders with a line of sight on front line practice, able to work in partnerships and able to ensure budgets and structures align with need.

What we did

We looked at the experiences of people aged over 65 as they contact and receive support from social care and health services. We followed people's journeys until full-time care and support was required (for example, admission to a care home or exit from services). We considered the times when they experienced, or would have benefited from, joint working between local authority and health board services.

We worked with Healthcare Inspectorate Wales to ensure we understand and review how health and social care services interact and contribute to the experience and outcomes for people who need support.

We evaluated the quality of the service using the four underpinning principles of the 2014 Act and presented our findings and priorities for improvement in the same way:

- people – voice and control
- partnerships, integration and co-production
- prevention – intervention to prevent people reaching crisis or reducing their need for care and support
- well-being - maintaining a focus on doing what matters to people

We considered the impact, delivery and experience at three levels.

- individual – what outcomes the individual achieves
- operational – how well services respond to people on a day to day basis
- strategic - how well organisations work together at the senior level, and how well budgets and resources are aligned to local need.

We are always mindful of expectations as outlined in the codes of practice and guidance for partners who must deliver upon the 2014 Act. For example, we always consider the following:

Quality outcomes

- What matters' - outcome focused
- Promotion of well-being
- Rights based approach - Mental Capacity Act
- Control - relationships of equals
- Timely
- Accessible
- Proportionate
- Strengths based

Service delivery

- Preventative
- Well planned and managed
- Well led
- Efficient and effective/ prudent healthcare
- Positive risk and defensible practice
- Knowledge, evidence-based practice
- Finely balanced professional judgement

How we found out what we wanted to know

Between November 2018 and December 2019 we completed the following work:



Part Two

Further evidence and findings in support of Part One

“
...I've never liked coffee...
”



Further evidence and findings

People - voice and control

Information, advice and assistance (IAA) services are at various stages of development across Wales. There are positive examples of local authorities enhancing their previous access to adult social services to include low level aids and adaptations, reablement services, access to some community health services, community 'navigators' or 'connectors' and the third sector.

A minority of local authorities have done little to improve their provision, or have added delay through administrative or IT challenges and inserted 'extra steps' into the process before people can access support. The majority are a mix of the above or somewhere in between.

There are now any number of 'single points of access' to health and social care services, some of which are not aware of the services the other offers. They do not communicate in any meaningful way and because of this do not offer effective sign-posting.

Barriers to progress of single points of access.

- Inconsistent commitment from senior colleagues
- Strategic decisions made to route all professional community communication through a team with insufficient capacity to manage the workload.
- Referrals with insufficient detail to enable the single point of access team to make a decision without going back to the referrer and others to gain further information.
- Officers with insufficient knowledge and experience to make decisions. Waiting for others to make decisions.
- People who do not routinely share service access information and do not update DEWIS.
- IT systems that do not communicate and require operators to input data on two separate systems.
- 'Mental health services single point of access' and 'adults single point of access'. These services often have the same strategic managers who could ensure correct signposting through improved information sharing.

Examples of practice are highlighted in blue boxes throughout this section. Inspectors did not see all these projects, but people told us about them and were keen we use the opportunity to share ideas across Wales and help drive improvements.



What matters to older people

Many people told us their first contact with social care services began with a 'what matters' conversation, with only a few people reporting they had difficulty explaining what mattered to them and what they wanted to achieve.

Assessments frequently included detail about personal circumstances, personal preferences and interests. Many practitioners are able to talk in detail and with evident commitment about the people they are supporting, and their individual character, wishes and needs.

Many of the most proficient practitioners clearly understand that the right support at the right time can make the difference to enable someone to achieve their outcomes and significantly improve their wellbeing. These practitioners spent time talking to people and listening to their challenges and successes to consider how they can help.

"The lady who came to see me was lovely, we made a plan together and she wrote it all down, she is very kind and we had a nice chat"

Many practitioners begin assessments with the premise that older people are best placed to judge to their own well-being. This level of unique understanding of people, and what they want to achieve, does not happen without skills and knowledge and does not routinely translate into good quality recording. When experienced practitioners identify national outcomes, translate them into individualised personal outcomes, and set goals or ambitions, against which progress is reviewed.

Some care and support providers raised insufficient recording of personalised outcomes as a cause for concern. They initially struggled to provide support to people who they have limited information about. Relationships improve as care staff and people who need care get to know one another and personal plans are developed.

However, not all practitioners model the 'what matters to you' approach and the voices of older people and carers are sometimes lost between the processes of assessment and service response. We saw examples where people offered traditional day care or a two-hour sitting service become frustrated and do not feel heard. Sometimes this is because these services have little or no connection with the outcomes people want to achieve.

Lack of clarity, misunderstandings and poor communication remain the biggest area of complaint in social services for adults. Inadequate recording of assessment of need, how needs will be met, by who and outcome achieved all contribute to these misunderstandings. By the time poor communication turns into a complaint that requires investigation, it has become stressful for most people involved and an expensive drain on limited resources.

Advocacy

The importance of understanding and identifying the need for advocacy in the assessment process requires improvement. The level of paid advocacy required across Wales is not yet well understood.

Many practitioners have the ability to build trusting relationship and work as equals with vulnerable people to ensure they access the care and support they need, and remain in control of their lives without the need for independent advocacy.

However, there is a duty to discuss and establish the need for advocacy which is not routinely addressed. There is also a misconception that 'advocates' need to be paid professionals, leading to potential under-reporting of the use of advocacy. We found the voices of carers, family members or close neighbours speaking on behalf of loved ones evident in file records, but not consistently counted in local performance indicators.

We found some very good examples of advocacy used during assessment of mental capacity. However, the offer is inconsistent and at times too late to enable advocates to build relationships with people who need support.

This is a concern; people who lack mental capacity or have fluctuating mental capacity are some of the most vulnerable and isolated people in society. Understanding and practical application of the Mental Capacity Act 2005 needs to be sufficiently robust across Wales to ensure people always have meaningful assessments, have their voices heard and legal rights respected.

Given the importance of the Mental Capacity Act 2005, it is unacceptable to find missing or incomplete recording. We raised concerns where practitioners make best interest decisions and later used mental capacity assessment documentation to justify the decision already made. We found these examples are the exception, but they nevertheless highlight the work required to ensure all practitioners understand their responsibilities to follow the Mental Capacity Act 2005 code of practice.

We noted some practitioners refer to the Mental Capacity Act 2005 and best interest decisions when discussing how they support older people to engage in sexual relations. The Mental Capacity Act 2005 does not permit anyone to make these decisions on behalf of anyone else. This does not prevent consideration of action under safeguarding guidance to protect people from abuse or robust social work support and court involvement.

There are many good examples of templates in local authorities to guide practitioners through mental capacity assessments and best interest decisions. There are also some excellent examples of practitioners working with families, explaining the process and reaching agreed best interest decisions.

During inspection we noted Wrexham County Borough Council have some very good forms and guidance for staff around mental capacity assessments and best interest decisions.

Annual reviews

Not all local authorities routinely offer people an annual review of their care and support plans. This means people may be in receipt of services that no longer meet their needs. They may require more or less, or different services. Waiting for people to reach crisis before they are offered a review is contrary to the prudent approach to service delivery promoted in the 2014 Act.

The people who are least likely to exercise their right to an annual review of their care and support plan may be the very people who need it most. They are likely to be the people who have least control over their own environment and have least contact with people, other than those who are paid to care for them.

The benefits of providing services in language of choice is widely recognised in all local authorities, all of which are offering a range of learning initiatives to increase the number of staff who can communicate through the medium of Welsh. Despite this work, many local authorities are facing the challenge of recruiting Welsh speakers with suitable skills and qualifications to meet Welsh Government ambitions in More than Just Words.

Gwynedd Council, Ceredigion County Council and Isle of Anglesey County Council are able to offer fully bilingual services. The sensitivity displayed by Isle of Anglesey officers as they switch between languages is notable and commendable.

Well-being

People across Wales are treated with dignity and respect by very many social care practitioners who make a positive difference to their lives on a daily basis. While there is always room for improvement, compassion and kindness are key words repeatedly used by people to describe their interactions with health and social care practitioners.

We heard how things do occasionally go wrong and personal and professional challenges arise. Most of these events are addressed at the early stages, working relationships rebuilt and people go on to receive services that met their needs. There are lessons to be learnt from adult practice reviews, not least improving the timeliness of reviews and dissemination of the learning. Regional safeguarding project boards are supporting this work.



Well-being of carers

All local authorities expressed an intention to improve the delivery of care and support services for people who need care and their carers. A range of delivery models to support carers exist and many local authorities are exploring options to improve their support for carers with varying degrees of success.

Practitioners explained how the enormity of loss, and scale of caring challenges some people are facing cannot be compensated by services and not all expectations can be met within resources.

“My wife’s illness has completely changed my life, I can’t do the things I want to do. I want my life back”

There does appear to be some mismatch between carers’ expectations of how their wellbeing should be supported by health and social care services, and the capacity of services to respond.

There is evidence of carers struggling to understand their rights and access information, advice and support when they need it most. Some carers told us they did not know who to contact and some had difficulty being recognised as carers. In some of the carers’ groups attended by inspectors, it was disappointing to find carers waiting to ask questions and saying they had not known who to speak to. Some did raise significant outstanding issues and were signposted.

Carers also told us how they had to juggle appointments between health services, how they felt healthcare was fragmented and seeing many different doctors for different conditions and retelling their story was not unusual.

Many carers explained their assessments had not resulted in the support they felt they needed, despite specific requests. This left them feeling demoralised and under increasing pressure to ‘cope’.

We observed a number of practitioners reluctant to suggest solutions to carers, and carers who do not know what to ask for. This should not happen. It is the role of assessors to reframe the discussion from needs to assets and to support carers to explore opportunities that may enable them to continue in their caring role, should they choose to do so.

Some carers feel the expectation that they will continue to provide care is a heavy burden they are obliged to carry, or is assumed they will carry. One carer told inspectors:

“I was offered a sitting service to give me the opportunity to attend a coffee morning, I don’t want to go to a coffee morning and I’ve never liked coffee, I want to get on with my life; there are no plans in place for if I should stop caring”

It was evident that many carers of older people have their own needs for care and support. Despite this, many of them wanted to maintain their caring role. Others felt caring had become a duty, a burden they felt unable to relinquish, as support was not available from elsewhere.

On occasion, we found older people were caring for partners and younger members of the family with mental health issues. One older person was distressed because the young person they were supporting was not getting help with a drug and alcohol problem. They told us that concern for the younger person was the one thing having the biggest negative impact on their health and well-being but it was ignored.

“She (the practitioner) is lovely, she does try to listen but she doesn’t hear what I say, she wants to talk about help for me at home, I want help for him (my grandson) ... then I would feel better”

Local authorities and health boards should explore whether improvements in quality of ‘what matters’ conversations with carers can resolve this impasse.

We understood the terminology of ‘carers’ assessment’ is not particularly useful in building a partnership of equals between carers and practitioners. On occasion, we were told the whole process felt burdensome, something that would be done to carers rather than in partnership with them. This left some carers feeling they had become part of the problem, not the solution. Some carers told us they waited a long time for assessments and we saw when reading case files that some carers had to make repeat requests for assessments.

Some carers told us they valued support from a key contact in the local authority they know they can call. Others told us about carers teams, some from the voluntary sector, who they found could be a significant source of support. North East Wales Carers Information service was mentioned as a helpful service.



Wellbeing of practitioners

Practitioners across Wales described how demands are impacting their well-being.

“...relentless pace of referrals, lack of resources and competing demands”

The volume and pace of work, coupled with lack of resources are cited as the main reasons for written records not being up-to-date and their not spending sufficient time with people who need support. While some practitioners were keen to rise to the challenge, others were clearly demoralised and tired of the increasing expectations placed upon them.

Not being able to offer people the support they knew they needed resulted in some practitioners feeling they were letting people down. In one locality, new care packages were described as being ‘as rare as gold dust’.

“I’m engaging in personal conversations and assessing need, and at the same time knowing the service people need is not going to be available or they are going to have to wait a very long time”

From the self-evaluations completed by local authorities for this review, it is evident some local authorities can have up to 100 older people waiting for care packages at any one time. Being unable to conclude an assessment by offering care and support often results in an increase in social workers’ caseloads. Work remains incomplete and social workers have to keep returning to offer support, as services needed are just not available.

Local authorities are investing in the development of accommodation with care and support for older people, including both extra care and bespoke accommodation for some people with complex needs. Older people with complex nursing needs are moving away from families and friends to get the care and support with accommodation they need.

The intention of the 2014 Act to reduce the administrative burden on front line practitioners is yet to be widely realised. More work is required to reduce duplication, support a focus on identifying and recording of individual outcomes, professional analysis and key decisions. There is still too much focus on filling a text box and insufficient focus on proportionality and the reason for the text.

However, we found that the level of personal commitment front line staff bring to making a positive difference to the lives of people who are vulnerable and at risk of abuse, is strained but largely undiminished.

Management support

Where we identified the most proactive approaches to staff support, we found managers had a good level of knowledge and understanding of the needs of people supported by their team members, together with a good understanding of the practical and cultural challenges their workers face.

In most services across Wales, we saw senior managers able to demonstrate a working knowledge of the 2014 Act and engaged in supporting other managers to develop new approaches and meet challenges as they arose. These challenges included increasing waiting lists, lack of availability of care packages and support for community initiatives. We heard about so many good managers who did engage with practical challenges presented by the 2014 Act; the managers who do not engage are the exception.

Carmarthenshire County Council is one local authority we found have adopted a positive proactive approach to supporting staff. For example, holding regular well-being fairs, which include advice on healthy eating and smoking cessation. There are two well-being co-ordinator posts and staff told us about a good occupational health service, with people seen very quickly.

Getting the balance right between supporting staff through a challenging period of austerity and cultural change, while also recognising their resilience and strengths is a difficult balance, achieved better in some local authorities than others. We found explanations of the management level at which social services hold 'panel' meetings as a demonstration of delegation of funding to be unhelpful.

Panels held purely to make decisions on funding of care packages alone have never been lawful. However, lessons can be learnt from local authorities where regular 'panels' are safe, supportive meetings that facilitate professional discussions about care and support needed for people; develop live audit; promote consistency; and benchmark good practice as part and parcel of usual practice. It is also an excellent opportunity for service managers to keep up-to-date with the challenges facing practitioners, offer support and maintain their shared responsibility for budgets.

Supporting managers and practitioners to discharge their duties under the 2014 Act is the key role of senior managers and heads of service.

Some practitioners told us: *"We're capable and well supported, but we're also a bit constrained"*. They felt they could do more for people if allowed to be more innovative and less restricted. A small number suggested the importance of social work professional skills and competencies diminished by a focus on 'management ideas' and process. They felt mechanistic processes were not in keeping with the ambition of the 2014 Act. Some did not feel supported and felt they were being left to 'get on with it'.

The move towards increasingly lean management is a challenge at a time of increased demand for services and increased demand for innovation, partnership working and reducing budgets. We found some managers were torn between strategic and operational priorities struggle to keep a watching brief on the quality of service delivery and regional partnership work, that takes them away from services for lengthy periods of time.

Notably, we found gaps in senior managers' capacity to support more experienced practitioners to manage their work load, reflect on areas of concern, and develop practice in line with legislative and good practice improvements. Team management oversight is, at times, insufficient to support newly qualified practitioners to gain the skills they need. We also noted room for improvement in management oversight, and quality assurance of safeguarding and information and advice services.

Many managers recognise this range of pressures and some express concerns about being able to make time for staff learning and development. There are local authorities who are experimenting with creative solutions to relieve pressure on staff and offer positive opportunities for personal development.

Vale of Glamorgan Council has recognised these challenges and are piloting solutions to support staff retention and recruitment, including offering experienced staff opportunities to work in other teams and build their skills and knowledge. How the local authority maintains consistency and builds relationships with people who use services may be a challenge to be addressed in this model.

Information management

Quality assurance and audit processes in adult social services require development. Currently, systems and approaches rely heavily on innovative and skilled individual managers, coupled with a management style that ensures people's stories and individual outcomes are captured.

Mostly we did not find evidence of an underpinning systematic audit framework enabling senior managers to have a clear line of sight on demand, quality and workflow in services for older people. This means the local authority cannot always routinely identify where demand is building within the system or which parts of the service are operating smoothly and efficiently. While the 2014 Act requires services to focus and deliver positive outcomes for people, it also requires effective performance management processes to be in place, accurate management information to be available and records to be up-to-date.

The requirement in the 2014 Act to adopt documentation on the footprint of the local health board is not fully embedded. A relatively small number of agencies or professional groups who are maintaining their own unique approach is limiting progress across Wales. A focus on the needs of their own service at the expense of people who use services and the wider benefits of integration is unfortunate. The reasoning of 'pilot' status that extends five years past enactment of the legislation is at best disingenuous to others who are trying to build integration.

Safeguarding adults at risk

There are good examples of how local authorities are using the 2014 Act to engage directly with people who may be at risk of abuse or neglect. The best are taking early opportunities to engage and develop creative solutions to manage or remove risk, and prevent or delay crisis. We found good examples in Wrexham County Borough Council, where tenancy support officers and community beat officers were quickly brought in to a situation to smooth neighbourly disputes and build confidence. The vulnerable individuals who had requested to move into a care home then felt safe to remain in their own homes in the community.

We did not find anyone left unsafe without support. We did find some evidence of reliance on safeguarding processes as a tick box exercise used as a replacement for professional analysis, judgement, and maintaining a focus on the person as a unique individual. At times we also saw a focus on process at the expense of outcomes that the individual wants to achieve and too often we found safeguarding processes proceed without anyone having spoken to the person who is the subject of the referral.

Guidance provides a framework for practice but cannot replace professional skills and competence. For example, we found some partners were not clear on thresholds; referral quality was poor; recording at enquiry stage inadequate to identify or analyse risk; and explanation of managers' rationale for decisions inadequate to provide assurance on whether the individual was safe.

Being safe or feeling comfortable with the level of risks we choose to take is widely recognised in adult social services as fundamental to being an adult, and having the right to make our own decisions. However, the right to make what others might consider unwise or poor decisions is not as widely understood by professionals from a range of agencies including police, ambulance and health services. Too often we found a paternalistic approach to supporting older people led to safeguarding referrals being made without their consent.

Some safeguarding concerns determined as meeting thresholds for further strategy meetings were allowed to drift without resolution. We were told this is because lead managers feel they do not have the authority to ensure professionals from other agencies make timely or constructive contributions to the process. This is unacceptable.

Regional safeguarding boards are growing in maturity and are showing signs of becoming more effective at ensuring partner agencies hold each to account for safeguarding vulnerable people.

North Wales Regional Safeguarding Board have a good website with easy-to-find information and useful 'seven minute briefings'. The Regional Safeguarding Board supports the delivery of safeguarding training on a wide range of topics and offers practitioners and managers focused opportunities to keep up-to-date with legislation and good practice. The training sessions are well planned, very focused, and perhaps most importantly allow time for practitioners to hear the challenges and implications of how decisions taken in one team can have a positive or negative consequence elsewhere.

Partnership, integration and co-production

Practitioners are increasingly recognising the importance of working with older people as equal partners in helping to reduce their need for care and support and maintaining their independence. Many older people do benefit from positive partnership working between health and social care practitioners.

We also found carers less inclined to tell us they feel treated as equal partners in the care and support of their loved ones. Many feel the burden of caring has a negative impact on their well-being, and the balance between their rights and responsibilities is unclear.

We were surprised to hear carers and practitioners talk about 'being in the system' and getting support 'once in services but not until'. The introduction of the 2014 Act with the statutory duty to offer preventative services should have removed this practice.

However, examples of individual practitioners and teams building relationships and working well together and with carers as equal partners, are numerous across Wales. Many relationships have grown organically from necessity and local good will.

Others have developed more recently as joint teams with shared budgets. Gwent Regional Partnership have examples of integrated teams with shared budgets to support hospital discharge.

Practitioners told us *"the team was set up very quickly because everyone at all levels wanted it happen"*.

We found a range of co-located teams. Some are co-located, very well established and work well together, others are co-located and don't work quite so well together. A minority are still working on who should be in teams or haven't found office bases. Some are small successful 'pilots' that have been in place for some time and for a range of reasons have progressed little beyond their initial remit.

It is a concern to be repeatedly told about 'pilot projects' and 'new innovative services' that promise to change service delivery and be more outcome-focused, some of which have been 'innovative' for the past six years'. 'Home from hospital' type services, virtual wards in the community and the role of community hospitals in supporting older people was suggested to inspectors as an example of a discussion with little progression six years after it began.

Some local authorities have developed 'step up and step down beds' using Intermediate Care Fund (ICF) money during this time. Others have used ICF money to support discharge teams, information services and types of reablement. It is not always clear to practitioners who work in the area how they all fit together.

Terminology is a challenge. The range of different names for the same, or almost the same services creates a minefield of misunderstanding. It became clear when reviewing services that some services described with the same terminology have very different approaches. Others where local authorities think they already have a service, have a significant gap in provision. Reablement services, discharge teams, step up, step down beds, home from hospital projects and discharge teams often fall into an unfortunate category between 'innovation' and 'we already do that'.

Health boards who have availability of community psychiatric nurses or therapists in one area may not be offering the same service to people who live just a few miles away. This is not because it is a different health board but because a post is not filled or the local operating model is not the same.

If we add competing priorities, increasing demand, challenging budget streams, different IT systems and some people being reluctant to let go of paper or office space, it becomes easier to understand why progress towards integration of service delivery remains very mixed.

Recognising the challenges does not suggest people are not doing their best and making progress.

Gwent Regional Partnership Board with Aneurin Bevan University Health Board are supporting Blaenau Gwent with a 'compassionate communities' pilot to support carers and are developing a regional advocacy service. ICF funding in Gwent is intended to develop a carers hub across the region with satellite centres in the Vale of Glamorgan, and a team around the individual for anyone with a diagnosis of dementia. The ambition is to support carers by navigating services and systems for them.

Joint strategic planning take place via Regional Partnership Boards. Some local authorities and health boards have established integrated and jointly funded posts and management teams across health and social services. This does not necessarily mean better integration, but it clearly provides opportunity to communicate, recognise common ground and shared responsibility.

Despite work to the contrary, the ambition of partnership working and seamless services are generally beset by differences in the understanding of 'integration' and 'sustainability' and what this means in practice.

Questions to leaders and senior managers about 'what sustainable services might look like' often went unanswered. Some suggested using less paper and more use of IT. It was a challenge to get senior managers from health services to answer questions about healthcare for older people without their talking about hospital wards rather than primary and community services. Suggesting their shift in focus from service delivery within their direct area of control, to thinking about people and supporting them closer to home needs further development to align with the Well-being of Future Generations (Wales) Act 2015.

We also heard assumptions that new ideas automatically meant new funding and concerns about starting new projects and later having to withdraw them due to insufficient funding. Many managers know from experience that it is far more difficult to withdraw an existing service than to start a new one.

Leaders cited numerous barriers to progress in partnership working including concerns over Welsh Government's competing targets for health and social care; 'top down' initiatives that do not join up; and the need to balance these against responding to local circumstances, short term funding and local governance and accountability for public money.

Pooled budgets was cited as a particular concern for local authorities who operated in areas where partners are working beyond their budget, where organisational boundaries are not co-terminous and there are significant imbalances in size, budget, power and differences in personal responsibility for risk.

Turning short-term funding into practical partnership work on the ground, while continuing to deliver existing services is a challenge as well as an opportunity.

One ongoing example of the enormity and frustration of funding challenges in partnership work is 'continuing health care funding'. Reaching agreement on who should fund a package of care requires significant numbers of social workers and nurses spending many hours completing forms, and debating categories and severity of need, before agreement is reached on the funding arrangements for an individual care package.

Many local authorities described misunderstanding between health and social care staff. For example, the concept of co-production is not consistently understood and accepted by families and professionals, notably within hospital settings. This means false expectations can be set with families. Medical models adopted by NHS colleagues focus more on disease, deficits and provision of treatments, rather than improved well-being achieved through broader choice and improved community engagement.

Changing service delivery must include all local authorities and health care providers embracing prevention through earlier intervention, and actively encouraging people to seek support before problems escalate. This must include addressing waiting times for a range of services including assessments of care and support needs, continence assessments, therapies and domiciliary care.

Local authorities are struggling to discharge their statutory responsibilities to deliver preventative services at a time of reduced budgets and increasing complexity of demand and expectations. Most are recognising their duty to offer preventative services and are making the connection between early intervention and sustainability. A minority have less grasp of their preventative duty and are looking for the time when people will only contact 'statutory' services when community networks cannot meet needs.

Directors of social services are having some success in making sure their colleagues across other directorates within the local authority understand how housing and transport can directly impact demand for health and social care services.

We found limited reference to population needs assessments and area plans. Where discussed it was often described as in its infancy and delivering limited impact. Some managers expressed a lack of confidence in the reports and told us they were commissioning work themselves as a basis for local service planning.

Flintshire County Council are developing skills and experience in transferring assets and developing community initiatives as an alternative to local authority provision.

Isle of Anglesey County Council has invested time and resource into 'place shaping' with some positive results.

There is a broad range of community activity developed under the banner of co-production across Wales, with some very structured approaches to transfer of assets, and some bottom-up creative approaches to providing small resources, supporting local communities to build social capital and their own responses to local need.

Local authorities largely recognise co-production with local communities is still in its infancy and some remain keen to recognise and exploit community resources as valuable assets. However, acceptance of this model is not universal; some people have concerns over the cost and inflexibility of the third sector and lack of accountability of community groups that are not inclusive.

There is also a tension around how local authorities best encourage and support but not interfere with local initiatives. There needs to be improved understanding of how a 'hands off' enabling approach fits neatly with the local authority's duty to promote prevention and accountability for public money.

Pembrokeshire County Council are developing a community catalyst approach to support the development of micro enterprises, aiming to offer greater choice and flexibility to service users. Work has also commenced to explore the development of a direct payment (DP) cooperative.

Monmouthshire County Council has been involved with Disability Wales in supporting the development of a DP cooperative. A group of people who receive direct payments have formed a constituted group, supporting each other with Personal Assistants to try and create more stability with support.

Prevention

A strengths-based or asset-based approach to assessment is widely recognised as being a positive approach to support people to maintain their well-being. It is intended that the approach will prevent or reduce the number of people requiring ongoing care and support from local authorities.

There are many individual examples of good practice in the community. Individual practitioners find solutions to enable people to continue with their daily routines and maintain a level of independence at home.

A practitioner in Torfaen assisted someone with limited vision and some confusion, to organise their wardrobe. Clothes that no longer fitted were discarded, winter clothes were put to the front and summer clothes at the back of the wardrobe. This was sufficient to maintain personal control over day-to-day dressing and significantly contributed to their being able to remain independent at home and active in the community.

Colleagues in hospital settings are not as advanced in supporting people to find unique solutions. People cannot be confident 'what matters' to them will be captured in hospital settings and shared with practitioners in the community. Too often we saw the 'what matters' assessment template completed by hospital staff to record their professional view, as to what should happen next.

Inconsistency in the quality of arrangements for hospital discharge is having a negative impact on health and social care resources in the community. Challenges include requests for unnecessarily large double-handed packages of domiciliary care, failures to communicate with families and carers, missing medication and missing personal effects, sometimes false teeth or spectacles.

Any of these occurrences cause distress and inconvenience to the person and more work for families, carers and community services. When people are already vulnerable, the consequences are magnified and the tipping point into loss of independence and carer breakdown can be triggered.

There are projects across Wales where local authority occupational therapists are going into hospitals to support with assessments and share learning about single handed care packages. Sharing learning is positive. However, these challenges are no longer new and community resources pulled into hospitals is not be a step in the right direction.

Localised difficulties in recruiting occupational therapists and social workers is resulting in increasing use of agency staff. We have seen there is a point at which the number of agency staff in a team creates instability, reduces the quality of information, advice and assistance offered, and opportunities to offer preventative responses were missed.

Building community capacity

There are 'community connectors', local area coordinators or 'community navigators' in local authorities across Wales having some success in supporting people to access community activities, to reduce isolation and build confidence. Many also take an active role in developing and supporting community groups to become established, making links between people with similar interests and sometimes providing seed funding.

The delivery models are many and varied and require further evaluation to identify best practice and establish value for money. Tenacious may be the best way to describe some of the most successful workers. This example came from Neath Port Talbot.

"She doesn't give up, if she says she is going to do something she will. She doesn't let us down, when she says she is going to pick me up she does, but I go on my own now with my new friends."

"When I first started working with Emma I didn't realise that my life would change – it has. I now attend the breakfast and lunch clubs, two coffee mornings, a craft group and the WI. Emma has supported me to befriend a local resident. I have made friends. Emma has helped me find a cleaner and gardener. Without Emma I wouldn't have found out about all these things. Emma works with you to find out what you want."

A group of older people from Conwy, which started as a result of support from the local authority, explained how they advertise their social group through flyers, Facebook and word of mouth. The group now meet monthly on the last Sunday of every month and go out for Sunday lunch.

"Going to a restaurant was something I would never have dreamed of doing on my own".

We heard very positive comments about community connectors in north Powys and Ceredigion.

"What is available is positive albeit very 'hit and miss' and depends on where you live."

"It's good we have connectors in my area but I know they are not everywhere, my friend doesn't have one in her area."

Powys have commissioned nine 'community connectors' who are aligned with the community teams. In Newport, the appointment of three community connectors from BAME backgrounds (utilising Intermediate Care Funding) has improved access to services for older people who previously would not have approached the authority for assistance due to language and cultural barriers.

Many local authorities are once again recognising the importance of nutrition to the wellbeing of older people, and supporting older people in maintaining their independence and preventing their deterioration. Vale of Glamorgan Council is one local authority who recognises the opportunity for social enterprise in expanding provision of daily hot meals.

Preventing crisis

Aids and adaptations are widely used as a means early intervention enabling older people to maintain their independence at home. Many local authorities and third sector agencies have worked hard to make these resources more quickly and easily available via proportionate assessments. This area of work continues to grow and there is evidence of some local authorities making increasing use of assistive technology to support people with dementia to manage risk and remain in their communities.

Reablement services are well established across Wales. However, they are neither consistent in their offer nor consistently available when people could benefit from them most. Reablement for people with dementia is not universally available and opportunities to support people to maintain familiar routines and mitigate risks are not always maximised.

It was disappointing to find some services in some areas had low waiting times for reablement because practitioners had stopped referring people to the service. Instead of the reablement service expanding to meet need and reduce the level of dependency in the area, practitioners had adapted their response and stopped offering reablement.

In some areas where reablement resources are insufficient to meet demand we found people encouraged to purchase care privately. On these occasions we are not confident people are provided with sufficient information to understand and exercise their rights. This approach to diverting people with eligible needs away from services is unlawful and raises the risk of legal challenge.

Older people are delayed in hospital while they await reablement services, domiciliary care provision or availability of a suitable care home. These delays are impacting upon the well-being of older people, increasing stress for carers and using acute hospital services that could be used for their intended purpose.

Delays in discharge from hospital also included waiting for medication, waiting for discharge letters, disagreements over readiness for discharge or waiting for other hospital-based therapies or assessments.

Requests from ward staff for large domiciliary care packages upon discharge that are neither essential nor desirable contribute to delayed discharges. Some result in safeguarding referrals end up as safeguarding matters requiring multi-disciplinary meetings to resolve and conclude. Some also become extended complaints.



Some partnership working is aimed at removing these delays including Cwm Taf's "Every day is Tuesday" project that offers seven day access to alternatives to hospital and long term care. Openness and true partnership working is required to ensure avoidable delays in one service area is not negatively impacting upon others.

On occasions, we found a strengths-based or asset-based approach is using signposting as a means of gatekeeping resources and delaying people receiving services to which they may be entitled. This is an unlawful approach, which undermines the spirit of the 2014 Act and its ambition for early intervention and prevention as a means of delivering sustainability, and giving people clear and unambiguous rights and responsibilities.

Inbuilt delays, protracted processes and 'gatekeeping' are problematic in a model of sustainable social services aimed at early intervention and promoting independence for older people. Overly bureaucratic processes run contrary to the ambition of 'Sustainable Social Services: A Framework for Action' and prescribed in the 2014 Act.

Senior managers must assure themselves that repeat assessments, specialist assessments and/or panel processes are not used as barriers to require individuals and social workers to demonstrate they have exhausted every other avenue of possible support, before people become eligible for social services assistance.

We saw practitioners in a minority of local authorities are encouraged to consider finance as a personal resource when making decisions on people's eligibility for care and support from the local authority. On these occasions, assessments are not completed and the duty to provide outcomes of assessment missed.

In cases where people are signposted to purchase services without the benefit of a decision on eligibility and financial assessment, the local authority is failing in its duty to satisfy itself that people can afford to purchase care. It is of concern that the most vulnerable people and those with least resource at their disposal may be least likely to know their rights and challenge local authorities.

Dementia friendly communities are being established to help support people living with dementia in the community.

Social prescribers enabled people to access local, non-clinical services. The relationship between local authorities and GP clusters is at different stages across Wales; there is some greater integration and alignment between community health and social care provision within GP cluster areas.

In Blaenau Gwent County Borough Council, funding was secured to develop a number of projects around the new Brynmawr Wellbeing Centre to promote personal independence and wellbeing. This has included trialling a GP-based occupational therapist, paramedic, enhanced immunisation programmes and Stay Well plans for Older People, patient education programmes, physiotherapy and a pharmacy.

Denbighshire's Talking Point service has a focus on listening to people's experiences and finding local opportunities for individuals to maintain their well-being.