

LLAIS POWYS REGION REPORT ON WHAT WE'VE HEARD IN POWYS



Community Focused Engagement in Welshpool &
Montgomery Locality
June 2023

ACCESSIBLE FORMATS

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.

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ABOUT LLAIS



We believe in a healthier Wales where people get the health and social care services they need in a way that works best for them.

We are here to understand your views and experiences of health and social care, and to make sure your feedback is used by decision-makers to shape your services.

We seek out both good and bad stories so we understand what works well and how services may need to get better. And we look to particularly talk to those whose voices are not often heard.

We also talk to people about their views and experiences by holding events in your local communities or visiting you wherever you're receiving your health or social care service.

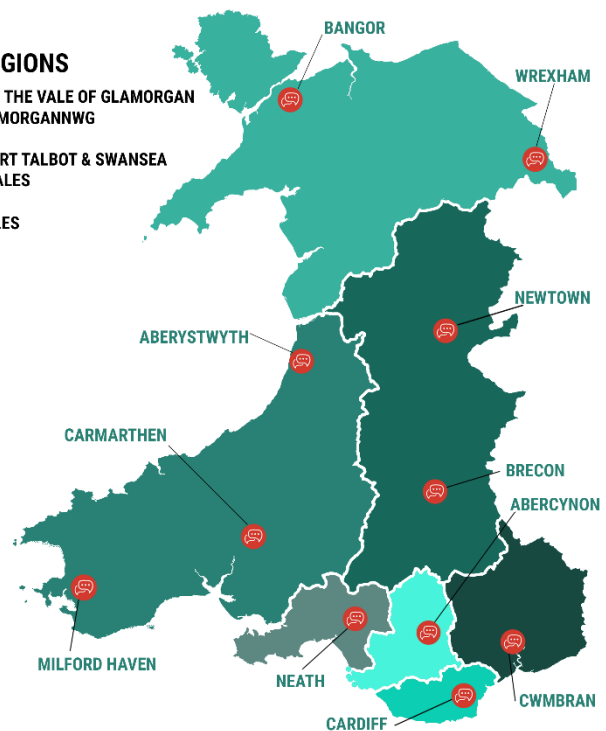
We also work with community and interested groups and in line with national initiatives to gather people's views.

And when things go wrong we support you to make complaints.

There are 7 Llais Regions in Wales. Each one represents the "patient and public" voice in different parts of Wales.

LLAIS REGIONS

- CARDIFF & THE VALE OF GLAMORGAN
- CWM TAF MORGANNWG
- GWENT
- NEATH PORT TALBOT & SWANSEA
- NORTH WALES
- POWYS
- WEST WALES



WHAT WE DID

In Powys, for our local-based engagement, we decided to mirror the 13-locality approach which is used by Powys Regional Partnership Board. These localities are centred around Powys' largest towns and their surrounding areas.

We wanted to find ways to engage with people of all ages and with different interests and to listen to their views about health and social care services.

We developed a pilot project to test out our proposal to focus on one locality for engagement during one month. The pilot was carried out in Welshpool and Montgomery locality during June 2023.

We wanted to find ways to engage with people of all ages and with different interests and to listen to their views about health and social care services. We needed to capture people's lived experience of accessing and receiving these services.

We initially carried out research to find out what groups were running in the area and to check whether they had meetings during the month of June. We made contact with the Community Connector for the area to check what groups or activities they were aware of. We then sent an introductory email to each group to ask whether it would be possible to attend a meeting.

We also researched what organisations operate in the area who we could target to help raise awareness of Llais and to provide them with literature, including a link to a general survey asking people for their views on any health or social care services.

We offered a presentation about Llais to a number of Town and Community Councils, to Young Farmers Clubs and to Womens Institute Groups in the area. The aim of doing presentations was to raise awareness of Llais and to seek assistance in publicising what we do. Unfortunately, the only group which took up the offer was Llandrinio & Arddleen Community Council but this was planned to be done over Zoom and the Community Council was unable to get internet connection on the evening of the meeting.

We sent posters and flyers out to the Town and Community Councils in the locality, with a request for them to place the materials where people could see them/collect them.

We carried out a poster and leaflet drop in Welshpool, Montgomery and some of the surrounding villages.

We sent an article to the local press for them to publish.

We made contact with Powys Talking Newspaper, who recorded a short broadcast for their listeners.

We had a positive meeting with the Manager from one of the nursing and care homes in Welshpool, to make initial contact, explain what we are doing and to start to build relationships. The Manager had experience of working with Healthwatch in England and would be happy to assist Llais in engaging with residents and their relatives.

We carried out face-to-face engagement with the following groups:

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|--|
| Credu Carers Group (older people) |
| Credu Carers Group (younger people) |
| Ponthafren Community Gardening Group at Powis Castle |
| Parents/carers at The Flash Leisure Centre during swimming lessons |
| OUCH Arthritis Support Group in Montgomery |
| Dementia Meeting Centre |
| Breastfeeding Support Group |
| Welshpool High School – Head of Year 11 and two sixth form pupils |
| Ponthafren Craft Group |
| Attendees at Pop-up Market in Llandrinio Village Hall |
| Public who visited Llais Information Stand at Welshpool Carnival |

| |
|---|
| Welshpool Youth Club |
| Welshpool & District Visually Impaired Club |
| Ponthafren Veterans Hub |
| Attendees at Montgomery Town Hall Market |

During sessions we signposted people to the following organisations/ information:

Llais Complaints Advocacy Team

Non-Emergency Patient Transport telephone number

Age Cymru

Citizen Advice Bureau for help with completing benefit forms

Credu for carers' support

MS Society Montgomeryshire Support Group

PAVO Community Connectors

PAVO Health Promotion Facilitator for North Powys

Powys Teaching Health Board website

Community transport

111 option 2 for mental health support

WHAT WE HEARD

Carers

- Lack of communication on discharge from hospital. People often find that the GP has not been informed that someone has been in hospital. For some people, the support services they needed were not put in place when they returned home, eg occupational therapy, physical therapy, aids and adaptations needed in the home.

One person reported very good service upon discharge from hospital – they had received occupational therapy assessment and aids and adaptations when they returned home.

So there is inconsistency.

- Poor communication between different healthcare workers/services. Carers are constantly having to chase for things – examples given were referrals between services; change of medication not notified to GP; need for medication on discharge from hospital not notified to GP just before a bank holiday weekend – the patient was provided with medication which was due to run out at the weekend so the carer had to contact hospital and GP to make sure that medication could be provided ready for the weekend, the GP had not received an email which the hospital staff said they would send. Some carers felt that it was like a full time PA job trying to manage everything.
- One carer explained that the person they care for attended hospital for scans on a regular basis and, because of their condition, needed a particular procedure afterwards. They had received an appointment to attend a different hospital. When the carer telephoned to check that the specialist equipment was available, they were told that it wasn't and the appointment needed to be re-arranged to be at the usual hospital. It should not have been up to the carer to have to check this but, if they had not double checked, this could have meant a wasted long distance journey or the possibility of the patient's health being affected by not having the right equipment available.
- **Carers suggested that it would be good if there was a central point of contact / liaison officer for carers/patients with long term conditions – someone they can contact if they have had no**

follow-up contact after being in hospital or attending hospital appointments.

- Concerns about bin collection was raised. One older person with mobility issues had contacted Powys County Council eight times about the fact they were unable to transport their bin themselves and been told that the issue would be sorted for them but nothing had happened. Another person commented about the change in non-infectious waste collection which had happened a few years ago. A carer who had a number of people in the household with incontinence issues and other health needs which meant additional household waste had been advised by the Council that they could not have an additional bin. Credu had advised that this was incorrect information.
- One carer expressed their worry that they were planning to take the person they care for to a hospital appointment but they did not know whether they would be able to park close to the entrance of the clinic they were attending. The carer has mobility issues and the patient needs to be accompanied at all times. They did not know who to contact at the hospital to check that there would be parking available or to discuss support needs.

They suggested that the appointment letter should include a paragraph with details of someone to contact if they needed support.

- A big issue for most of the carers attending the Carers Group sessions was having to complete Disability Living Allowance or Personal Independence Payment forms. People found the forms to be very difficult to complete and, when renewal applications were required, they had to complete the very complex form again. People undergoing assessments for PIP felt that they were 'traumatic'. It was reported that, if the application was refused, there was only 10 days to appeal and, often, people felt they did not have the energy to go through the appeals process. In some cases, carers were told by the person they cared for that they were not willing to go through an appeal or application process again and this was leaving families in desperate financial difficulty. Carers felt that the process for claiming these allowances was affecting the mental health of them and their loved ones.

They suggested that there was a need for allocated workers to help people to complete the forms.

They also suggested that the renewal application form should be less onerous to complete, particularly for people whose condition is not going to improve.

There was recognition that advice and assistance could be provided by Age Cymru for older people. Powys Citizens Advice is also able to help but they are often in the position of having more requests for help than appointments they are able to offer.

In a separate session, a person commented on the difficulties they experienced with claiming Personal Independence Payment. “Nothing in my life has compared to the stress levels experienced when dealing with the DWP.” They felt that the stress exacerbates the severity of their symptoms.



- Concerns were raised about the mental health of carers. Carers talked about the level of stress that they experienced. They mentioned a ‘Pyramid of Stress’ and said that carers were often at the top of the pyramid and it might take only a small incident that could tip them over.
- There was discussion about the need for more paid carers in the county and the need for training to be available locally to encourage more people to work in health and social care. Pay and working conditions need to be improved to help with recruitment of carers.
- Carers in the group did not seem to be aware of the Powys Health and Care Academy or the development of the School of Volunteers and Carers.
- A paid carer who was an independent private carer commented that they were often approached to provide paid care for people and asked if they were aware of other independent carers who could provide care. There were a number of carers in the group who had tried to find someone who they could employ to provide care and they

had been unable to find anyone.

One person who used Direct Payments to pay for a carer reported that their carer had just handed in their notice. They were having difficulty finding a replacement carer – they said carers were often found by word of mouth or people shared information on Facebook but they themselves did not use the internet.

It was suggested that there needs to be a central list of independent carers that people could approach when they were looking for carers.

- Some carers spoke about feeling uncomfortable in asking family or friends for help. Some of them wanted to have small amounts of time to do things that they enjoyed doing (eg arts/crafts or other hobbies) but they did not feel able to leave the person they care for with someone else. Some of these carers were not aware of Credu.
- Another carer spoke about lack of respite care for someone who was terminally ill. The carer had not had a break for several months. Their social worker was off sick and the case had not been passed to another worker. The carer had telephoned multiple care homes seeking respite support but there was none available.
- A carer spoke about the difficulties experienced when a specialist consultant in a hospital in England prescribed medication which was not licensed in Wales. They had been trying for a while to get the problem sorted but it was an ongoing issue.

Services for Children

- A parent carer of a primary school age child said that their child had to have monthly blood tests, which meant taking the child out of school and having to travel to a hospital. They had requested appointments outside of school hours but told that this was not possible. They had been advised that it was not possible for the blood tests for children to be done locally in the GP Practice. They sometimes had to keep their child home from school due to their medical condition and, sometimes, the school contacted them to collect the child from school. The school was aware of the child's medical needs. The parent had received a letter about the child's attendance.

The parent felt that there should be better recognition for children with medical needs which might affect attendance; they

felt that the letters should be bespoke not just standard letters, which caused upset and stress when received. There was a need for more understanding and support in these circumstances.

The parent carer suggested that a nurse in the GP Practice should be trained to be able to carry out blood tests on children.

- Team Around the Family meetings, which were due to be held every three months, were sometimes cancelled or people attending them arrived late.
- The Health Visitor had been very good at providing support / care co-ordination for a child with complex medical needs but that support stopped when the child reached age 5. The carer thought there was someone who provided that role for children with learning disabilities but there was no-one providing the role for children with physical health conditions. **They thought the school nurse should be able to do more.** They had been told that the physiotherapist should be able to carry out the role but the parent said that physiotherapy was only a very small part of their child's needs and they did not know why that suggestion had been made.
- A parent carer explained that, when their child was ill, they had contacted the GP and been given a telephone appointment which was two weeks away.
They felt that, for children with complex health issues, there should be a system for fast-tracking appointments.
- A parent carer of a teenager with complex health issues said that they were worried about what would happen about the move from paediatric to adult services. They did not know what sort of transition arrangements would be in place.
- A number of parents spoke about difficulties obtaining assessments for ADHD or Autism. One parent said it had taken four years for their child to be diagnosed. Another parent said that the school had not sent assessments forms off for months. One parent said that they had been trying to get their child assessed before they move up to secondary school but this had not yet happened and they were due to move schools in September. Another parent said that the school were not supporting them in trying to get an assessment because the school did not see any problems in the child – the parent believed that the child had learned to 'mask' what was happening and behaved

very differently at home.

- A parent outlined very good service with CAMHS. The referral was made by the GP and the child was seen quickly and further appointments set up.
- One parent stated that, based on the poor experience they had following a self-referral, they would not advocate going to Children's Services for help or support. They felt judged rather than supported or helped and said it was a horrible experience.
- Another parent advised that they had been referred to Social Services by three different organisations but, each time, they were told that they did not reach the threshold for requiring support. They had received very good service from Montgomeryshire Family Crisis Centre.
- At the Breastfeeding Support Group, a number of questions were raised:
 - The Group asked whether the Health Board still has Breastfeeding Champions. The person they knew as a Breastfeeding Champion locally had left and they were not aware of a replacement.
 - They mentioned the All Wales Breastfeeding Five Year Action Plan which was published by Welsh Government in 2019 and asked whether Powys had appointed a Strategic Infant Feeding Lead.
 - The Group would like to be able to have some additional peer support counsellors and wondered whether there is any core funding available for training such counsellors.

These questions have been raised with the Health Board in an email.

- Information on breastfeeding support is provided in the pack given to new mothers. The local midwives promote the Breastfeeding Support Group to pregnant women. Prior to COVID, representatives from the Support Group would be invited to attend antenatal classes but that had not happened in recent years.
- A comment was made about tongue tie and the need for more trained nurses who can deal with it. It was felt that the waiting list is too long. There is private provision available but not everyone can afford to pay

for private treatment.

Mental Health Services

- The general feeling was that there is a lack of mental health services in Powys and a waiting list.
- Positive comments were made about Ponthafren. It was accessible, people could self-refer, counselling was available with a 12 week wait rather than a 12 month wait for NHS counselling. They are able to provide support to people with different levels of need from anxiety to more severe mental health problems. Some people commented that they 'would not be here' if it was not for the support provided through Ponthafren.

However, there was sometimes misunderstanding about what Ponthafren do and who they can help. One person said they had originally thought that Ponthafren 'would not be for them' but, in fact, they had been very helpful.

People felt that there should be better advertising and signposting to Ponthafren. Also that it needed to be better funded.

- A concern was expressed that there seemed to be small pots of money made available to small projects which then stopped; it would be better for the money to be provided to Ponthafren for them to expand what they do.
- No neuropsychologist in mid Wales. No support for traumatic head injury. Headway in Shrewsbury do not take from Powys as they are too busy.
- One person commented on their experience of some mental health social workers as being very poor. They felt that they don't do anything until a complaint is raised. They commented that there were some very good workers but they seemed to be overburdened with work.

Dementia Meeting Centre

- It was reported that a good service was being provided by Llanfyllin Practice.
- So pleased to be able to attend the Dementia Meeting Centre. It needs to be better advertised so that more people living with dementia can benefit from it. Some of the people present had discovered the Meeting Centre through word of mouth rather than being signposted by health or social care professionals. There appeared to be a lack of signposting to other services.
- Carers suggested that they would like the opportunity, during one of the Meeting Centre sessions, to talk with other carers in a different room to the people with dementia. This would give them the opportunity to talk about things that they worry might upset the person with dementia and they could share experiences and be more open about what was happening for them.

This information was passed on to the Leader of the Dementia Meeting Centre who is going to try to arrange this.

- Carers commented that they are unable to talk to health professionals without the person with dementia being present. There are often things that they don't want to talk about in front of their loved one. Sometimes, the person with dementia is providing inaccurate information but the carer does not wish to contradict what they are saying in front of them.
- One person stated that they had not seen the Dementia Doctor since moving to Welshpool area, whereas they saw the doctor every six months when they lived in Newtown area. In Welshpool, they had only seen the nurse.
- One carer reported that they had made numerous telephone calls and had a number of visits from Social Services but they still had not managed to get a care package in place for their spouse whose health was deteriorating. They keep being told that there is a waiting list and people are busy. Staff don't make promised telephone calls back to the carer and they have not been kept updated of the situation.
- In a separate session, it was reported that a person with dementia had been assessed as needing to go into a nursing home. The

Dementia Nurse had done everything that needed to be done but there did not seem to be any moving forward towards the placement happening – it seemed as though the case was stuck with a Social Services decision. The person making this report did not know the reason for the lack of move.

Dentists

- We received comments from people who had been able to obtain a dental appointment fairly easily.
- We heard from people who were attending a dentist out-of-county because they were unable to register with the local dental practice.
- A parent stated that they had managed to get their child an appointment with the dentist. However, they were not advised in advance that it would be a private appointment and the practice tried to charge over £200 for the child to have a filling. The parent raised the matter with the Practice Manager, who managed to add the child to the NHS list and the charge was not made. However, they were not able to register their other children with the practice.

Support for Arthritis

- People in the Arthritis Group commented that they felt their GPs were always trying to prescribe more pain killers. They did not want to have to take more pain killers. One person had attended a face-to-face appointment with the GP but they had not received a physical examination, just given painkillers. One person had asked the GP for patches for pain but the GP refused.
- People were advised to make a self-referral for physiotherapy but, if they don't drive, it was difficult for them to get to the hospital in Welshpool to attend appointments. There was public transport to Welshpool Town Centre but, for someone in pain, it was then difficult to get from the bus station up to the hospital. People commented that it was much easier to get to physiotherapy at Shrewsbury Hospital as the bus stop is on the hospital site.
- The wait for GP appointments in Montgomery was a concern for people in this group; even for telephone appointments, the wait could

be 3 weeks.

- One person commented that they had made a self-referral for physiotherapy. They had to wait 5 months but they felt they received an excellent service from the physiotherapist. The physiotherapist made referrals to other services, eg Care & Repair, a plumber and other services, and these happened very quickly after the physio appointment.
- One person commented on the excellent care they had received from Robert Jones & Agnes Hunt Hospital, with three different operations.
- **People in the Group suggested that there needs to be a specialist in Powys who provides support for people with Arthritis.**

Discussions with Young People

There were three main themes of discussion at the school:

1. How to get information to young people and best ways to engage with them to gather their views/information from them.
2. Mental health services for young people / emotional wellbeing.
3. Young Carers

Lots of organisations seem to be trying to do the same thing – don't duplicate, work together. It was suggested that Llais should make contact with the Junior Start Well Board so that ways of working together can be explored. *Contact has been made since the meeting.*

Schools use Google Classroom and Teams to attempt to disseminate information. However, lots of pupils don't look at them. Need to use multiple platforms to promote information/survey links. It would be a good idea for Llais to have a designated named contact in each school. Need to use form tutors to share information.

Need to use various ways of gathering views from young people. Not sure many young people are going to complete surveys – they are experiencing survey fatigue.

Possibly look at workshops – perhaps these can be led by young people themselves. If they can be told what we want to find out, then they will

talk to young people and feed back what they hear. They would want some form of recognition or reward for this – eg certificate or something that they can add to their CV.

Llais is looking to develop a young person volunteer role.

Young people use Tik Tok, Instagram and Snapchat. Organisations who want to engage with young people need to develop their use of these platforms.

There needs to be more awareness of mental health services available. Many young people do not know where to go to seek help. They don't know what is available. Have had some information provided at Assemblies but there needs to be more opportunities to provide information – in assemblies and smaller groups. Posters/leaflets around school. The teachers who have received mental health first aid training wear different colour lanyard so that pupils know who they can go to talk to.

Would like to get more teachers to be trained in mental health first aid.

Since COVID, young people do not want to be using online services, searching websites or seeking support online. Someone who had used online support and received face-to-face support as well felt that face-to-face had been much better for them.

Young Carers – Many young people don't necessarily realise that they are young carers and so they don't know that there is support available through Credu. Sometimes, it is only when issues arise, eg through attendance monitoring, that the school becomes aware that the young person is a carer. Some young people only realise they are a young carer when they are speaking to a friend who is a young carer.

It was suggested that there needs to be better information sharing when transitioning from primary to secondary school. Primary schools need to know that they should flag it on the child's file if they are a known young carer so that it can be picked up during transition.

Physical education in Welshpool High School is so good. **All schools should think of physical education in terms of movement for health, not about being competitive.**

Sexual health education has not been particularly good. But this is likely to be changing with the change in curriculum – Relationships & Sexuality Education.

The School Nurse retired early last year. There is a new School Nurse but they seem to focus more on primary age groups. The Head of Year had not met the new School Nurse.

At the Youth Club, there was general discussion with a small group about health services accessed by young people. Young people present felt that they had received good services – GPs, dentist, eye checks at opticians, attending MIU, A&E or physiotherapy following sports injuries, receiving vaccinations, having to go to Telford Hospital for blood tests (this was at weekends). One of the young people said they travel to Oswestry for the dentist. When asked what their experience was of making appointments or attending appointments, most of the group said that their Mums made appointments for them and their Mums talked to the doctors – they were happy with this as they were not sure what to say themselves. Some comments were made about testing for ADHD or Autism and how this can take quite a long time.

A young person spoke about their experience of support from school and a number of health and social care services and they felt that it was all good at the moment. They commented that they were considering a career in health or social care.

The Youth Club Leader suggested that it would be very beneficial for the young people if the school nurse (or another health professional) could attend the Youth Club on an outreach basis from time to time, for young people to be able to obtain face-to-face advice or support.

The Leader felt that it was very important that there was a named social worker for young person cases but, often, the young people were seeing different workers. It is also important that social workers keep to their promises or don't make promises that they won't be able to follow through.

GP Services

- A number of people at different sessions commented on the current state of GP services – lack of GPs, reliance on locums, never seeing the same GP, GPs working part time, nurses doing all the work, length of time to obtain appointments (even telephone appointments), unable to get face-to-face appointments, attending for blood tests but not knowing what the tests are for, having to chase for test results, still having to queue outside for prescriptions, introductory telephone

message is far too long.

- One person commented that they were due to have their first face-to-face appointment with a GP in 4½ years since moving to the area and registering with the Practice. They did not receive a face-to-face appointment when they first registered.
- One person, who has mental health issues, explained how difficult they find it if they are told that there are no appointments available at the GP Practice when they call and they are asked to contact the Practice again at a later date.
This person said that they had found it useful in the past to email the GP in advance of an appointment – they found it much easier to put things down in writing than to explain verbally. They felt this had been more efficient from their perspective and the GP's.
They suggested that it would be good for GP practices to have a form which people could complete before an appointment.
- Positive comments were received about Llanfyllin Practice, Caereinion Medical Practice and Montgomery Medical Practice.
- One person reported difficulty obtaining advice and information from their medical practice about vaccinations needed for their travel to India. They resorted to contacting the Indian Embassy for information.
- Someone commented that too many people are relying on GP services when pharmacists are capable of helping with a lot of issues. They also felt that the public has been giving GP receptionists too much of a hard time.

Services for Visually Impaired

- There were comments that the eye consultant used to visit Welshpool to provide appointments but this has been taken away and patients have to travel out of county.

This matter was raised in other sessions too. People were not happy that they have to travel out of county for diabetic eye screening appointments. Before COVID, people were able to attend appointments at Welshpool Hospital or in a mobile unit in Llanfyllin. However, they were now having to travel to Wrexham Maelor Hospital. One person had to attend an appointment in Bala, which

was a difficult journey.

This was raised with the Health Board. We were advised that eye screening appointments are held in Welshpool Hospital each month and also in Newtown Hospital. Powys Teaching Health Board would follow this query up with Betsi Cadwaladr Health Board.

Veterans / Armed Forces Personnel

- In the Veterans Hub, we discussed the scheme launched by Welsh Government to enable GP practices to register to become accredited Veteran Friendly practices. The Powys Armed Forces Liaison Officer is planning to make contact with the GP practices in Powys to promote this scheme and encourage them to join. There is one Practice in Powys which is currently accredited.
The Armed Forces Liaison Officer would welcome the opportunity to speak to the GP Clusters about this.
- Some people do not consider themselves to be veterans and, therefore, would not make the fact known to their GP Practice. Other people have commented that they would not wish it to be recorded because they don't want preferential treatment.
It was suggested that each GP Practice/Surgery should have a poster up which asks 'Have you ever served in the UK Armed Forces as a Regular, Reservist or through National Service, for any length of time? Please let your GP practice know'.
- **It may be better to use the term ex-service rather than veterans.**
- **As well as asking new patients when they register with the Practice, the staff should also go back to ask patients who are already registered with the Practice.**
- A question was asked about whether children of serving Armed Forces personnel are flagged up with health. It is understood that they are flagged in schools. It was recognised that some armed forces families would not wish to make the fact known in their communities.
- One particular issue for people leaving the Armed Forces is that it takes a very long time for their medical records to be transferred to their GP Practice in Wales. An example given was someone who left the military in 2020 and it took 18 months for their records to transfer. The person did not know that their records had not been received and

they were considered a temporary patient with their GP Practice. This issue only came to light because the patient needed some documentation to be able to travel abroad. This is not the only example that people at the meeting were aware of. People have to be very pro-active in following this up.

Other Comments

- No Parkinsons Nurse in North Powys at the moment. One person who used to see the Parkinsons Nurse had, in the last 12-18 months, only received one phone call from a nurse in Wolverhampton to enquire how they were.

This was raised with the Health Board and they advised that they had recently appointed to the post. They had also secured additional support from Shrewsbury & Telford Hospital for north Powys whilst the postholder becomes established in their new role.

- The Nursing Home Manager commented that there were often difficulties with referral pathways for their residents. They felt that this might be due to so many services being short staffed. Referrals to the Dementia Home Treatment Team were often very difficult. The DHT Team said that the nurses in the home know as much as them but the nursing home staff or GP was making the referral because the resident might need a different medication regime and that could only be assessed and prescribed by the psychologist. Again, the Manager felt that problems were due to a shortage of staff in the DHT Team.
- One person commented that they had two recent admissions to A&E and received fabulous service there. The ambulance wait was only about 25 minutes. However, they had explained to the ambulance staff who was checking their blood pressure that they would need to use the wider cuff. The ambulance staff did not listen. When in A&E, the patient was told that a wider cuff was needed for taking their blood pressure to get an accurate reading!
Ambulance staff need to listen to the patient.
- One person was very happy with the care they received at Wrexham Maelor Hospital when they attended breast screening appointments.
- An ex-support worker spoke about the reasons they had left the role, which were relating to low pay and working conditions. The amount of paperwork which had to be completed and the requirement to obtain the QCF qualification meant that they were often working late

into the night and outside of paid hours. The social care registration fees had to be paid by the support worker. They spoke about the pay and conditions leading to difficulties in retaining and recruiting staff. The rurality of Powys and the distance and time to travel between cases did not seem to be taken into consideration.

- There was discussion about the challenges of being a paid carer in a rural area. People who wanted to employ independent carers might want someone who could provide care for a short time several times a day, eg to get someone out of bed and dressed, at lunchtime and again at bedtime. This was often not feasible for a carer from a travel perspective.
- Direct Payments – a paid carer commented that it had taken three months before they started to get paid because of difficulties the client had with direct payments.
Some other people commented on difficulties and confusion with direct payments.
It was suggested that there needs to be a paid co-ordinator to cover an area, who could help with Direct Payments and finding/allocating carers for people.
- A concern was raised about the lack of sexual health services in Powys.
- A person reported that an ambulance arrived very quickly when their spouse had a stroke. They were taken to Telford Hospital where the wait was too long which caused problems. The rehabilitation at Newtown Hospital was very good.
- Someone who had been to Shrewsbury Hospital during the recent heatwave said that it had been lovely that the Friends of the Trust had provided ice creams for people waiting to be seen.
- There were comments about having physio appointments and dietician appointments via the telephone and people did not think this was good, with one person saying “they cannot see my size over the phone”.
- There were comments about telephoning social care services and call handlers not knowing who to signpost to, saying that they would get back to the caller, but then never did.

Online Survey

We had a general online survey available for people to provide comments about any aspect of health or social care. The link to the survey was included on flyers and posters which were circulated at all engagement sessions and copies were sent to organisations to share publicly.

We received only 4 responses to this survey and each response was on a different topic:

Collection of household waste

Mental Health Services

Maternity services in Welshpool

Occupational Therapy

Collection of household waste – this was about Powys County Council not responding to telephone calls seeking help with moving bins and this was raised during one of the carer sessions (see earlier notes).

Maternity services in Welshpool – this was a positive comment about the maternity team – “So lovely to have a small team of midwives to give the personal touch.”

Mental Health Services – “difficult to get hold of, access the service, little understanding that if mental health not well will find it difficult to attend/answer phone and will close case if don't without putting in support”. **They suggested that ways in which things could be done differently would be for a better idea on how to support a chaotic person, seeing people face-to-face, looking at alternatives if a person is finding it difficult to engage with services.**

This person also commented on other services – the distance, cost and time to travel to Shrewsbury or Telford Hospital for treatment. **They felt that more health services should be provided in Powys.**

They also expressed concern that their son, who should be seen at least once a year for a chronic medical condition, was not seen from December 2020 until May 2023.

Occupational Therapy – “Due to crippling pain my knee and only a phone appt with GP resulting in strong painkillers I found a leaflet in my WI office for Care and Repair. They visited and provided grab rails and stair rails (funded by Welsh Gov) face to face app plus contacted local

OT. They came out and provided various aids within 24 hours and this meant I could manage to cope much easier in day to day living.” **This person suggested that a face-to-face appointment with the GP might have meant that the GP would see their sudden level of mobility loss and they might have got help sooner than a chance finding of a relevant leaflet.**

APPENDIX A

Response from Powys County Council Social Services

Thank you for your emails containing the feedback reports from the community events Llais attended over the summer.

The Social Services Feedback Team have reviewed the reports and will progress relevant aspects through the Quality Assurance process for both Adults and Childrens Services. This process considers learning and outcomes from complaints and feedback, and promotes best practice highlighted through compliments received. Agreed actions are noted and monitored with themes being recorded in the Annual Report.

The Llais reports, and Powys County Council response, will be considered at Social Services Briefing meetings with Portfolio Holders, and provided to the Health and Care Scrutiny Committee.

Perhaps Llais could consider sharing copies of Powys County Council's social services feedback leaflet at engagement events, or signpost people to our feedback webpage at <https://en.powys.gov.uk/article/11274/Social-ServicesCompliments-Comments-and-Complaints-Process>.

Members of the Team would also be happy to attend future Llais engagement events where appropriate.

This is the first Powys County Council response to Llais engagement reports, and I think it is important to clarify a few points at this stage. As the reports contain limited and anonymous information, we have sometimes only been able to provide limited feedback. If an individual requests a detailed response on their personal circumstances, please could you ask them to make contact via the contact information provided above. For some comments it has not been possible to ascertain whether they relate to council services or not. For example, Mental Health Services are delivered jointly, therefore it is difficult to respond where there is no indication of whether the resident received the support from Social Care Services or Powys Teaching Health Board.

| Comment | Response | Action |
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| <p>Concerns about bin collections.</p> <p>An older person with mobility issues had contacted Powys County Council eight times advising they were unable to move their bin themselves and been told that the issue would be resolved but nothing happened.</p> <p>Another person commented on the change in the collection of non-infectious waste that happened a few years ago.</p> <p>A carer looking after a number of householders with incontinence issues and other health needs, resulting in additional household waste, had been advised by the Council that they</p> | <p>Assisted Bin Collection and Bin allocations are dealt with by the Refuse Team, contact details below.</p> <p>01597 827465</p> <p>Waste.awareness@powys.gov.uk</p> <p>Missed Bin Collections - Powys County Council</p> <p>If a resident who is being supported by a Social Worker has an issue with assisted bin collection, they can ask their Social Worker for assistance in escalating the matter or make a complaint through our Corporate Complaints team via</p> <p>01597 827472</p> <p>Comments, Compliments and Complaints - Powys County Council</p> | <p>Comments passed to the Highways, Transport and Recycling Department.</p> |

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| <p>could not have an additional bin.</p> <p>Credu had advised that this was incorrect information.</p> | | |
| <p>Difficulties in completing DWP forms.</p> | <p>This is a matter for the Department of Work and Pensions. There are a number of organisations that can support residents completing these applications.</p> <p>If an individual is receiving support from a Social Worker they may ask for assistance with the forms, but organisations like Citizen’s Advice, Age Cymru and the Benefits Advice Team can also assist.</p> <p>https://en.powys.gov.uk/benefits</p> | |
| <p>Concerns about Carers mental health.</p> <p>Carers talked about the stress they experience and often being at the top of the ‘Pyramid of Stress’ whereby a slight incident could trigger much more significant issues.</p> | <p>Carers who want or need more support or respite can ask the Local Authority to complete a Carers Assessment, quite independently from the person they care for.</p> <p>Credu works to support family members and friends (of any age) who are looking after someone who is unwell or disabled.</p> | |

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| <p>Concern about the shortage of paid carers, and delay in care packages being put in place.</p> | <p>Social Services are aware of this challenge and are working to try and address the shortage of paid carers across the county, both internally and with provider organisations. The challenge of Powys' rurality and pay are noted. Earlier in 2023 the Council adjusted the recruitment process for carers, making the process easier and faster, as well as running various recruitment events.</p> | <p>Service developments are being progressed both internally and with providers to strengthen the sector and promote this as an attractive career.</p> |
| <p>Carers seemed unaware of the Powys Health and Care Academy and the School of Volunteers and Carers being developed.</p> | <p>These are relatively new initiatives and awareness raising is ongoing, however, this feedback will be taken to the Regional Partnership Board.</p> | <p>Feedback to the Regional Partnership Board about the visibility and promotion of the Health and Care Academy and sub-groups.</p> |
| <p>A central list of Independent Carers was suggested for residents to access.</p> | <p>There is a 'Support Finder' available via the following link: caresupportfinder.org/s4s/WhereLive/Council?pagelId=5357</p> | |
| <p>Concern that medical needs affecting school attendance should be recognised.</p> | <p>This is a matter for the Education Department and individual schools. 01597 826422 Education@powys.gov.uk Schools and Education Service Contacts - Powys County</p> | <p>Forward the comments to the Education Department.</p> |

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| <p>A parent felt that recognition for children with medical needs which might affect attendance should improve, with letters being bespoke rather than standard to avoid upset and stress. They felt more understanding and support is needed in these circumstances.</p> | | |
| <p>Those attending Team Around the Family meetings should arrive on time, and the meeting should not be cancelled.</p> | <p>Agreed. This will be fed back to Childrens Services to ensure the Lead Professional manages these meetings well.</p> | <p>Feed this back to the Early Help Team.</p> |
| <p>A parent does not feel able to advocate self referring to Childrens Services following their own poor experience after doing this. They felt judged rather than</p> | <p>Powys County Council are concerned to hear that anyone has had such an experience when asking for help, and would encourage them to make contact so we can investigate further.</p> <p>Feedback, compliments and complaints (via the links below) are welcomed from residents, to allow matters to be resolved, training needs identified and practice to improve and develop.</p> | |

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| <p>supported or helped and described it as a horrible experience.</p> | <p>01938 827 515</p> <p>Socialservicesfeedback@powys.gov.uk</p> <p>Social Services Comments, Compliments and Complaints - Powys County Council</p> <p>Staff are trained and required to use appropriate language and non-judgemental practice.</p> | |
| <p>Three separate organisations referred a parent to Social Services for support, failing to meet threshold on each occasion.</p> <p>The parent received very good service from Montgomeryshire Family Crisis Centre.</p> | <p>A threshold is in place to ensure statutory intervention is appropriately directed; requests for support that do not meet this threshold are offered support from the Early Help Team.</p> | |
| <p>Support from some Mental Health Social Workers is poor, where they fail to do anything until a complaint is made. Good social workers are</p> | <p>All staff strive to provide an excellent service within the appropriate legislation, guidance and policy, but at times an individual's needs can be better met by a more appropriate organisation.</p> <p>The demand on all social care staff is recognised, having increased since before the pandemic.</p> | |

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| <p>overburdened with work.</p> | | |
| <p>Concerns about Direct Payments including lengthy delays in getting paid, difficulty and confusion with the system.</p> <p>A paid Co-ordinator to cover an area and help with Direct Payments and finding/ allocating carers for people was suggested.</p> | <p>The Local Authority is aware of the previous challenges with Direct Payments and significant work was undertaken to address and mitigate the problems that arose.</p> <p>Payments are now made in a timely manner when the process is followed.</p> | <p>Ensure staff have the right information about Direct Payments.</p> |
| <p>Call handlers not knowing where to signpost residents when they call Social Services, and not providing a promised callback.</p> | <p>Powys County Council are concerned to hear that residents have not been called back when promised.</p> <p>Both (Adults) ASSIST and the (Children's) Front Door (Children) Team works closely with the Community Connectors and the Family Information Service respectively to provide signposting to organisations.</p> | |
| <p>Support services for autistic adults could be improved.</p> | <p>Support for those with social care needs is assessed through a strengths-based assessment model. Assessed social care needs may be met with advice, information or support from the Council, or through</p> | |

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| | <p>community resources including Third Sector Partners.</p> <p>Feedback on service developments is always welcome and can be provided via</p> <p>01938 827 515</p> <p>Socialservicesfeedback@powys.gov.uk</p> <p>Social Services Comments, Compliments and Complaints - Powys County Council</p> | |
| <p>A resident with health issues struggles to access services.</p> | <p>Knowing which services the resident struggles to access would allow the Authority to link with corporate colleagues or partner organisations to try and resolve this.</p> <p>Feedback can be provided via</p> <p>01938 827 515</p> <p>Socialservicesfeedback@powys.gov.uk</p> <p>Social Services Comments, Compliments and Complaints - Powys County Council</p> | |
| <p>A contact with Social Services about lack of carer visits for an elderly relative resulted in a call back being promised, which has still not been received 18 months later.</p> | <p>Powys County Council are concerned to hear that residents have not been called back when promised.</p> <p>Alternatively, they can provide this feedback via</p> <p>01938 827 515</p> <p>Socialservicesfeedback@powys.gov.uk</p> | <p>Reminder to staff about importance of following up on agreed call backs.</p> |

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| | <p>Social Services Comments, Compliments and Complaints - Powys County Council</p> | |
| <p>Uncertainty about how and or difficulty in accessing social care services.</p> | <p>Awareness raising of the social care services that Powys County Council provide is important, as is information on how people can access them.</p> <p>Information is available in a range of Council buildings including libraries, on the website (link below) and from partner organisations such as Credu, GP surgeries, Age Cymru etc.</p> <p>Social Care and Support - Powys County Council</p> <p>Promotion and sharing of information about Council and other services is part of ongoing service delivery developments.</p> | <p>Continue to promote (Children's) Front Door and (Adult's) ASSIST services.</p> |
| <p>Insufficient services for Early Years.</p> | <p>Services are provided by Health Visitors, Child Care providers, Flying Start provisions, 3-Yr Old Education, Speech and Language Services, and Early Help Programmes such as Incredible Years or Baby and Toddler Support.</p> <p>Feedback on service developments in this area is always welcome and can be provided via</p> <p>01938 827 515</p> <p>Socialservicesfeedback@powys.gov.uk</p> <p>Social Services Comments, Compliments and Complaints - Powys County Council</p> | |

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| <p>Checks on the experience of those living in Care Homes should be undertaken given the negative comments about Care Homes.</p> | <p>The inspection of care homes is undertaken by Care Inspectorate Wales (CIW). Social workers also regularly visit care homes and will monitor the care being provided. The Commissioning and Partnership Service maintain close connections with Care Homes and those providing that service.</p> <p>Any concerns or worries about the standard of care in a Powys Care Home should be raised with Care Inspectorate Wales (link above) or to our Feedback Team via</p> <p>01938 827 515</p> <p>Socialservicesfeedback@powys.gov.uk</p> <p>Social Services Comments, Compliments and Complaints - Powys County Council</p> | |
| <p>There are no support services in Powys or Wales for children diagnosed with Tourette's Syndrome, the nearest being in the West Midlands.</p> <p>Advice is needed about what and how to discuss a child's needs</p> | <p>The Family Information Service may be able to provide some useful information.</p> <p>SNAP Cymru SNAP Cymru provide support for parents with getting the right support for their child, so could be contacted for support in talking to the school about a child's diagnosis.</p> | |

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| with their school in this situation. | | |
| Concerns for residents placed in Jubilee House in Knighton but without suitable support; why is there no designated Social Worker for this property. | Whilst Social Workers are not allocated to specific accommodations or locations, residents may have their own allocated Social Worker or carer, or a support worker from another partner organisation. | |
| A Baby/Toddler Group run by the Local Authority could support many families (who currently attend Church run groups) | Powys County Council have previously run Parent and Toddler Group initiatives but found that attendance was low. The Social Services and Wellbeing (Wales) Act 2014 advocates that families' use of community-based resources should be promoted, which the Local Authority does via the Commissioning and Partnership Team. Partner organisations have greater freedom to run at a time and location that best suits local families and provide services that meet their needs. | |
| An elderly resident had to wait 3 weeks after being discharged from hospital before recommended handrails were | Powys County Council teams work hard to complete the most urgent adaptations as soon as possible. If individuals or families have any concerns over timings, please don't hesitate to contact their allocated worker, the Duty Team or Social Services Feedback team. | |

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| installed. | | |
| <p>Childrens services needs to be better monitored. One experience of Childrens Services was not good and whilst within the law, 'did not seem right'.</p> | <p>Powys County Council understands that at times a family may consider or experience Social Services intervention and support as 'invasive' and unwelcome.</p> <p>Feedback and further discussion would be needed and welcomed to better understand the family's experience so practice can be developed and improved from that learning.</p> <p>01938 827 515</p> <p>Socialservicesfeedback@powys.gov.uk</p> <p>Social Services Comments, Compliments and Complaints - Powys County Council</p> | |

APPENDIX B

Response from Powys Teaching Health Board

Llais Engagement Reports

Thank you for the opportunity to comment on the reports of your recent engagement activities, including:

- June 2023: Community focused engagement in Welshpool and Montgomery Locality
- 18 July 2023: Engagement with Irish Travellers
- 24-27 July 2023: Royal Welsh Show
- August 2023: Survey
- 5 August 2023: Brecon Show
- 10 August 2023: Guilsfield Show
- 19 August 2023: Newtown Kindness Festival
- 26 August 2023: Knighton Show and Carnival
- 2 September 2023: Sennybridge Show

We are committed to ensuring that the voice of patients, service users, carers, the public and wider stakeholders is at the heart of our planning, priorities and service improvement.

This commitment reflects important statutory duties for NHS bodies including through the new Duty of Quality as part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

As part of this Duty of Quality we must take into account the new Health and Care Quality Standards (right) which provide a framework to assess quality and guide improvement. Importantly, “Person Centred” is one of the key domains of quality alongside Safe, Timely, Effective, Efficient and Equitable.

The reports from Llais provide a breadth of feedback that encompasses a wide range of different departments and directorates within the health board, as well as services commissioned by the health board from local primary care contractors (e.g. GPs, dentists) and from other providers of health and care services (e.g. pathways to acute and specialist services provided by neighbouring hospitals in both England and Wales).

Our departments and directorates, including those responsible for the commissioning and contracting of primary care and hospital services, will be able to draw on this feedback alongside the insights we gather through our own surveys and real-time feedback mechanisms, patient stories, patient reported outcome measures (PROMs), patient reported experience measures (PREMs), complaints and concerns, compliments, clinical incidents and external reports (e.g. Healthcare Inspectorate Wales).

Members of the Health Board's Executive Team have discussed our approach to responding to engagement reports from Llais and will ensure that these reports are at the heart of quality and service improvement.

Sharing with patient experience and quality leads

We have ensured this feedback from Llais has been shared with patient experience and quality leads in the health board so that they can consider this as part of their wider approach to quality and service improvement.

Reflecting and learning in our Patient Experience Steering Group

As part of this process we would also be grateful for Llais representation at our quarterly Patient Experience Steering Group, with the next meeting taking place on Monday 20 November at 2pm via MS Teams. This would provide an opportunity for you to present the summary issues and themes you have heard across your engagement activities in the previous three months to our network of patient experience leads. It will also ensure that your findings are fully embedded within our wider approach to quality improvement.

If you would like to take up this opportunity please let me know the name and contact details of your representative so that we can ensure that they receive the invitation and papers for the meeting, and so that an opportunity to present our insights can be included on the agenda.

Embedding insights into our Board and Committee structure

This approach will also ensure that key highlights from your insights are included in our Integrated Quality Reports which are presented and

discussed in public in our Patient Experience Quality and Safety Committee, ensuring the link through to our Board.

Integrating with our Patient Experience Team and responding to concerns

Where your respondents would like to share their feedback directly with the health board, or would like a detailed response to issues or concerns about their circumstances, then please do signpost them to our patient experience team. We can provide information or display materials for you to share at your events, and our website at pthb.nhs.wales/feedback (QR code provided) also includes useful links to our patient experience survey, compliments form, complaints and concerns team.



Thank you for these reports, and thank you to the officers and volunteers of Llais for the work you do to listen to and share the views and experiences of the people of Powys.

THANKS

We thank everyone who took the time to share their views and experiences with us about their health and care services and to share their ideas.

We hope the feedback people have taken time to share influences healthcare services to recognise and value what they do well – and take action where they need to as quickly as they can, to make things better.

FEEDBACK

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.

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