

Introduction

Powys County Council embarked on engagement work during the first quarter of 2016 to seek people's views on the following Social Care workstreams:

- Day time opportunities (for older people)
- Residential provision (again, for older people)
- Fair and Affordable Care

Feedback from this work will inform future proposals in these areas and, should Cabinet decide to progress these, will be further to full public consultation with all members of the public invited to comment. The Listening and Learning stage is designed to solicit a 'flavour' of the issues surrounding the topic under discussion from stakeholders prior to full public consultation.

Daytime opportunities generated the most feedback during the engagement and while there were low numbers of responses to some of the surveys, the feedback generated raised some interesting viewpoints. This feedback, like all of the other information gathered, will be tested by public consultation should the council proceed to formal consultation.

Report format:

The responses for the engagement is set out in the following sections:

Section 1. Daytime opportunities (page 3)

Section 2. Residential provision/ Residential provision – Professionals (page 4)

Section 3. Fair and Affordable Care. (page 6)

Appendixes. (page 7)

Methodology

Meetings were held with stakeholders across the county to cover these three workstreams. In addition, a survey was produced (mainly paper but also made available online) to allow extra feedback.

A team of council staff met with:

- Day centre service users in Brecon and Llanidloes;
- Residents of residential homes in Welshpool and Hay on Wye;
- Day centre staff and managers;
- Representatives of Powys Teaching Health Board and other partners;
- The county's Older People's Forum;
- County councillors;
- Representatives of third sector day-care providers;
- Colleagues in the council's library service;
- Advocates for carers;
- Care home providers.

The Residential provision project created two separate surveys, one for professionals working in the area and one for a wider audience.

Section 1 - Daytime opportunities

Key Findings – Face to Face engagement:

- Great concern amongst service users about the potential loss of their centres – there is very strong support for the existing provision from service users and their families and carers;
- Importance to carers/family members of the respite that centres provide. One carer in particular described how the respite provided from his caring duties for a few hours a day made life bearable.
- Users of day centres welcome the opportunities to socialise that day centres offer and pointed out the value of ‘eating together’. For some people, it was felt, that the day centre meals were the only hot meals they ate;
- Widespread support from service users for the day centre staff and concerns about the loss of jobs should any centres close.
- There was also concern that, should a day centre close, that this could cause a great deal of anxiety, particularly for the more vulnerable. Having a model of day service provision – with different venues on different days – could prove confusing for these service users, too, some felt.
- Widespread frustration that there appears to have been little progress in this area in recent years, and particular concern that arrangements for community groups to take on some day centres had not progressed.

Full details of all the issues which arose can be found in Appendix 1a on page 7

Key Findings – Surveys

A total of 33 people answered the survey relating to Daytime Opportunities, although not everyone answered every question.

- For the 50-65 population, respondents felt that the following issues were the most important for having a good sense of well-being (in descending order):
 - Mental health issues;
 - Social well-being;
 - Physical health issues
 - Control over day to day life.
- For those over 65s, respondents felt that the most important issues were (again in descending order):
 - Physical health issues;
 - Social wellbeing;
 - Mental health issues;
 - Protection from abuse and neglect.
- The most important issues for people attending daycentres were considered, by respondents, to be:

- The quality of support provided to people to attend
- Meeting other people/friendships;
- The activities offered;
- The transport provided to the centres.
- In answer to the question “Does it matter to you which organisation is responsible for providing daytime activities?”, 18 people said No while 11 people said Yes.

Comments received within the survey were similar to those received within the face-to face engagement sessions.

The full details of the online survey can be found at Appendix 1b on page 9.

Section 2 – Residential Provision

Key Findings – Face to Face engagement:

- There was widespread recognition that the residential sector is changing with increasing demand for nursing care (particularly dementia related) and lessening demand for ‘traditional’ residential care;
- Similarly to day centres, residential accommodation provides opportunities for older people to socialise. However, examples were given of residents who didn’t consider they had interests in common with their fellow residents and thus didn’t experience this;
- Examples of reduced independence and a lack of bespoke opportunities were given by users;
- Some felt that people were steering away from residential care in Powys and were going elsewhere in the country or to England.

Full details of all the issues which arose can be found in Appendix 2a on page 12.

Key Findings – Surveys:

General public

A total of 18 people answered this survey relating to Residential Provision, although not everyone answered every question.

- Respondents considered the following issues the most importance for enabling older people to retain their independence for as long as possible:
 - Being able to live in their current home for as long as possible
 - The quality of support provided to people
- Respondents called for more ‘bespoke’ and flexible provision within residential homes with greater opportunities for interaction outside the home;

- Staff training/qualifications was considered important and needed to be improved although a respondent felt that the whole care sector needed to change, including better pay.
- There is insufficient funding being given to the care homes by the council – it does not cover costs, one respondent felt;
- Some calls for more residential care provision in parts of the county and calls for more specialist dementia care and nursing provision in parts of the county;
- Most respondents were not currently considering moving home to ensure that they could live independently;
- In terms of visiting family/friends/relatives in a residential care home, there was a mixed response to how far people would travel.

The full details of the online survey can be found at Appendix 2b on page 24.

Professionals

Only 9 responses were received to this survey and like the others, not everyone answered all questions.

- Similar to the general public survey on this issue, respondents called for more community interaction and more flexible services;
- There was also calls for more extra care, residential and nursing placements;
- There was also a call to treat residents “as adults with a past”
- One respondent linked the issue of day centres, stating that day centres reduce the demand on residential provision as they enable independence at home for longer;
- For providers the ability recruit high quality staff was considered the most important consideration for providers to enable them to remain as independent for as long as possible;
- There was a call for more community assessors to reduce bed blocking within hospitals;
- Similarly, there were calls for the health board and council to work more closely;
- One respondent called for current contracts to be reviewed and there was widespread support for increasing the number of respite and intermediate beds available in the county;
- One respondent felt that the community hospitals provide the intermediate care beds;
- There was support for using the residential home as a hub to bring community groups in;
- Also, general support for developing more capacity to support people with dementia;
- One respondent felt that some homes will not accept people with a dementia diagnosis and that there was an extra need for respite beds for carers/family members of people with dementia.

The full details of the online survey can be found at Appendix 2b on page 34.

Section 3. Fair and Affordable Care

Key findings – face to face engagement

- Direct payments are popular with some, although some felt that service users often needed a family member to support them in managing the process.
- In relation to Direct Payments, concern from some about potential safeguarding issues;
- Equally, concerns were also raised about some health and safety practices of people employed via direct payments (e.g. incorrect handling procedures)
- Direct payments – One respondent felt that people can shy away from the responsibilities of employment. Fears of having to carry out recruitment and also coping with replacement should a DP employed carer leave.
- The rates which are affordable under Direct Payments are not competitive, one group felt. People employed as Domiciliary Care workers received a higher rate, they understood.
- The same respondent also queried who would be responsible for training costs for people employed via DP (for example manual handling training.)
- Also concerns were expressed that when Direct Payment users use agencies, this diverts money away from the care itself;

Full details of all the issues which arose can be found in Appendix 3a on page 10.

Key findings – survey

Only 7 responses were received to this survey and like the other surveys, not everyone answered all questions.

In answer to the question on what steps the council could take to help manage financial pressures, respondents answered:

- Improved commissioning practices by the council
 - Some support for the introduction of some kind of means testing
 - Reducing costs in others parts of the council
- One respondent felt that there was a shortage of social workers and that they were only dealing with people in a crisis situation. Delays in dealing with others was just storing up problems for the future.
- One respondent called for more respite beds to be introduced.
- There was little enthusiasm for the use of technology to help with this situation – “More social workers not technology is needed.”

Full details of all the issues which arose can be found in Appendix 3b on page 45.

Appendix 1.

Issues which arose from the face to face engagement

A) Day time opportunities

- Great concern amongst service users about the potential loss of their centres – there is very strong support for the existing provision from service users and their families and carers;
- Importance to carers/family members of the respite that centres provide. One carer in particular described how the respite provided from his caring duties for a few hours a day made life bearable.
- Users of day centres welcome the opportunities to socialise that day centres offer and pointed out the value of ‘eating together’. For some people, it was felt, that the day centre meals were the only hot meals they ate;
- Widespread support from service users for the day centre staff and concerns about the loss of jobs should any centres close.
- There was also concern that, should a day centre close, that this could cause a great deal of anxiety, particularly for the more vulnerable. Having a model of day service provision – with different venues on different days – could prove confusing for these service users, too, some felt.
- Widespread frustration that there appears to have been little progress in this area in recent years, and particular concern that arrangements for community groups to take on some day centres had not progressed.
- Day centres’ ability to sign post service users to other services was also valued.
- Day centres could provide more ‘after hours’ activities such as youth clubs, book clubs etc. There is some non core provision, however staff, particularly, felt that this was something which could be developed. There were concerns from staff/managers that council ‘red tape’ prevents this happening more often at the moment.
- In line with this, existing buildings could be used evenings/weekends for above and for other events (e.g. children’s parties).
- Some felt that an enhanced service for older people could be provided from existing centres, e.g advocacy, housing advice. Some suggested that there was a need for more information and advice to be made available and this could be provided through existing centres.
- There was discussion of the provision of outreach services for the more able however there were concerns that it may prove more expensive through loss of economies of scale
- Some felt that attendance at day centres can prevent the need for more costly health or social care interventions for individuals.
- Other models of management could be investigated (e.g. charity status or joint venture companies)
- Service users commented that they were not concerned who ran the day centres as long as the staff and the service remains the same
- Stakeholders stressed the importance of ‘provided’ transport to day centres – public transport is not an option for most.
- Currently, day centres provide luncheon clubs, activity sessions, entertainment, mental stimulation. Some centres provide meals on wheels to wider community.

- There were some suggestions that the council should consider increasing charges for 'private' service users, however this was not a widespread view.
- *In terms of the positives of the current provision. Stakeholders pointed out that day centres can provide continuity of care, particularly important for those with dementia. This can also help staff 'watching out for SOS' if they know clients usual behaviour. Some rely on day centres for physical needs (e.g. bathing)*
- There were suggestions that where there is over-subscription and/or non attendance, the council (or other providers) could consider introduction of a deposit/retainer scheme for clients.
- If support worker model of social care is introduced, ensure that friendships developed at day centres are enabled to continue;
- Providers described how the use of community facilities for day time provision (e.g. cafes) did not always prove successful, with problems relating to a lack of disabled toilet facilities as well as a lack of space for specialist equipment.
- Volunteers - There was widespread acknowledgement of the positive input volunteers have. However, there was a feeling that this should supplement provision – there were concerns about relying on voluntary provision.
- Befriending service. This may not be guarantee able. Volunteers have to match with clients, they need to be trained and they need to be available. There may not be this capacity in some areas. You can't unleash untrained people to deal with social care issues.
- Some centres require investment in adaptations while others require significant capital investment.
- There were some suggestions that the councils should consider housing multi-agency teams in office accommodation within some centres.
- Consider distributing spare food to those on low incomes in the community (although possibly legal/H&S barriers to this)
- Some described the existing day centre model as outmoded although these were not service users. Some discussion took place whether or not there was 'rebranding work' required to attract more users in future;
- There were some concerns that the cost of attending day centres put some people off;
- Concern that reductions in funding was leading to the closure of some luncheon clubs in the community. However, one group described how they car share to have lunch in a local pub;
- There may be opportunities for developing joint work between social care and the library service (for example to support the needs of people with dementia). In addition, there may be opportunities to develop stronger links between the library service and day time provision or residential provision e.g. delivering books/audio books to elderly people.
- Some suggestions that day centre staff could take on extra duties (e.g. cleaning) to save costs. Also a suggestion that if staff were willing to work evenings/weekends (on a rota basis) the timetable for a centre could be expanded.
- Some providers queried whether or not there was a shortage of day provision in Powys, this appeared to vary from community to community.
- Third sector day centres appear to be more cost effective than council run facilities.
- There was some discussion about introducing more intergenerational activities within the day centres. Dementia friendly communities were described as a good model for inclusivity.

- There was a call for more research to be carried out as to why some people didn't use day centres;
- There was also some discussion about the similarities of services provided at day hospitals with the point made that closure of any day centre could shift demand to day hospitals (where available); Suggestions that there were opportunities for integration between the two models.
- There were also suggestions that day time provision should be branded as a non-social care or health model e.g. Shropshire's 'People to People' programme.
- Day centres also offer services users the opportunity to buy home made items (e.g. birthday cards) which they can no longer produce themselves.
- There was concern that whilst a befriending model may be rights for some people to be encouraged to go out into the community; some would not be able to while others would prefer not to.
- Assessments – this must include a conversation with clients to ensure that is actually what they want to do. Also need to ensure that the right questions are asked of clients.
- Needs/wants. Sometimes what the social work prescribes is not what the client wants, e.g. rather than help to get out of/into bed, the client would feel more fulfilled with a lift to the local bowls club.
- Respite care is the biggest issue for carers. Cannot stress enough the importance of providing carers with time out. "If carers break down, communities break down."

B – Residential Provision

- There was widespread recognition that the residential sector is changing with increasing demand for nursing care (particularly dementia related) and lessening demand for 'traditional;' residential care;
- Similarly to day centres, residential accommodation provides opportunities for older people to socialise. However, examples were given of residents who didn't consider they had interests in common with their fellow residents and thus didn't experience this;
- Examples of reduced independence and a lack of bespoke opportunities were given by users;
- Some felt that people were steering away from residential care in Powys and were going elsewhere in the country or to England.
- Concerns that there was not enough information available about residential provision in Powys and that there was often anxiety about what moving to residential care would actually be like.
- There were some concerns that stories of abuse in residential homes in other parts of the country caused anxiety and put people off entering residential accommodation;
- There was widespread support for the Extra Care Scheme concept. There were concerns expressed that the Newtown development would be significantly oversubscribed.
- Some commented that day centres support people to live at home as they provide daytime contact (in absence of ECS)
- There was concern expressed that adaptations in people's own homes are not installed quickly enough and so don't support people living in the community.

- There seemed to be a variety of reasons why people do enter residential care; from danger of falling or other frailties to being made homeless
- Concern from some users about the terms and conditions offered to staff working in this sector;
- However, the quality of staff members was an important factor for service users.
- There was concern that some homes did not appear to offer opportunities outside the home – activities usually took place within the home itself.
- Residents themselves praised the activities provided to them and they also praised the food provided within their home.
- The care sector showed interest in diversification to meet a wider community need and recognised the changing nature of the market. Examples included outreach to provide home sitting where a carer needs ‘time out’. In addition, there was interest in networking with other providers to develop a wider range of activities for residents.
- Care providers also expressed concern about costs and fees and questioned the future viability of the market. Linked to this was the introduction of the living wage.
- Perception amongst non-residents that they would prefer to remain in their own homes (with support, including assistive technology). Concerns that there were few activities offered in residential homes.
- In relation, to the increasing demand for nursing care, some commented about the difficulties in recruiting nursing staff nationally.
- One respondent referred to the Netherlands model of care, where they build housing at different social levels and also for faith groups. Also, when building housing, they often use old style fixtures and fittings (e.g. taps) to make elderly people with dementia feel ‘more at home’

C- Fair and Affordable Care

- Direct payments are popular with some, although some felt that service users often needed a family member to support them in managing the process.
- In relation to Direct Payments, concern from some about potential safeguarding issues;
- Equally, concerns were also raised about some health and safety practices of people employed via direct payments (e.g. incorrect handling procedures)
- Direct payments – One respondent felt that people can shy away from the responsibilities of employment. Fears of having to carry out recruitment and also coping with replacement should a DP employed carer leave.
- The rates which are affordable under Direct Payments are not competitive, one group felt. People employed as Domiciliary Care workers received a higher rate, they understood.
- The same respondent also queried who would be responsible for training costs for people employed via DP (for example manual handling training.)
- Also concerns were expressed that when Direct Payment users use agencies, this diverts money away from the care itself;
- There was a widespread view that there was little information about Direct Payments in Powys;
- There was also a strong view that forcing clients to accept direct payments would be wrong;

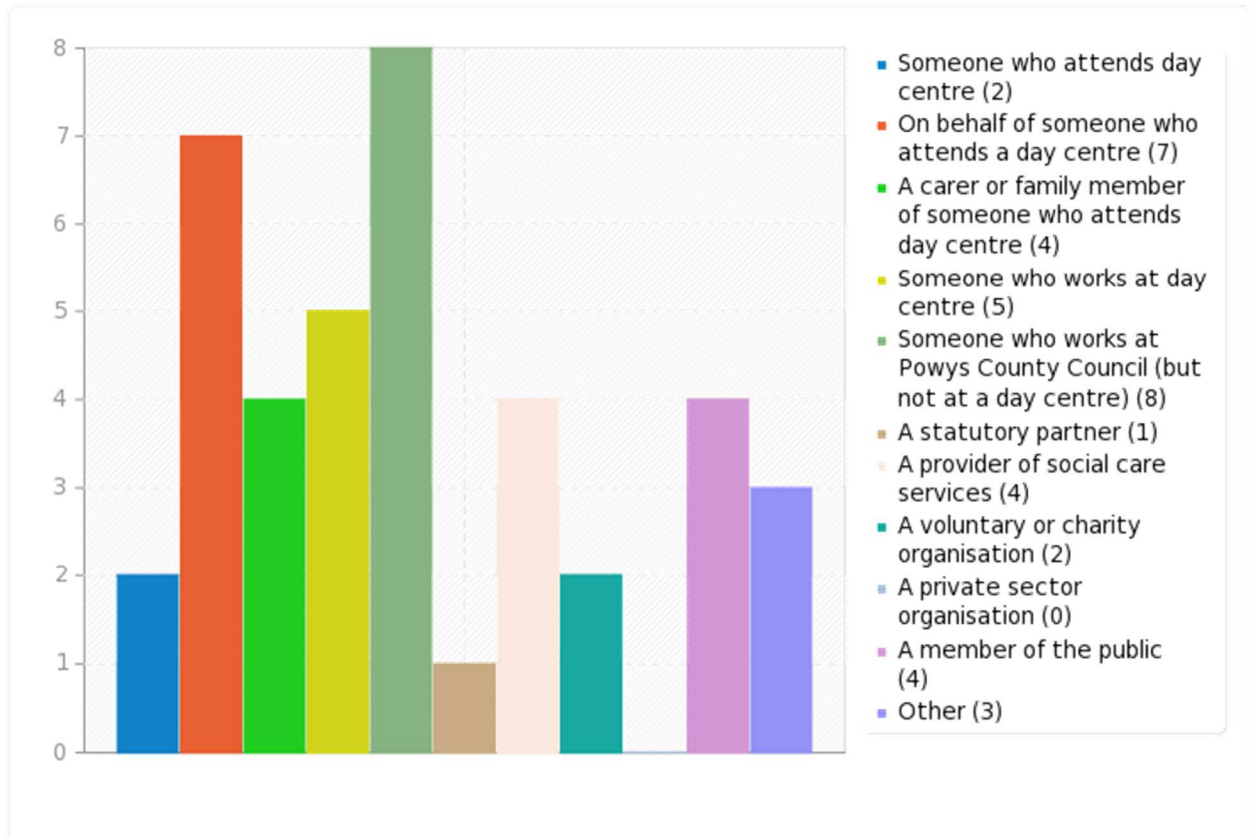
- Some felt that the council should simply charge more for services (although there are limits on this from the Welsh Government). Others feared of a two-tier service depending on wealth of service users.
- Anecdotal evidence of monied clients not wishing to purchase services, preferring to struggle on alone.
- A number of comments made that some service users often considered their money to be their children's inheritance and did not wish to spend it on care for themselves. Conversely, others commented that families regularly put their parent(s) first.
- A councillor suggested a transfer of funds from a 'home authority' when an elderly person moved into Powys;
- Members called for service users to have their needs met, rather than their wants. They also expressed fears about the rising cost of social care and called for a Fair and Affordable Care policy to be drawn up.
- Independent advocacy for service users was important, some suggested.
- A member suggested that where adaptations are put into council housing, that the house should, when available to relet, be relet to someone with those particular needs.
- Some concern that charging policies punish those who have saved.
- Some stakeholders suggested that means testing was the only fair way of managing future budgets. They also commented upon the disparities between health and social care models (e.g. day hospital patients get free meals but day centre users don't).
- A stakeholder suggested offering a voucher model, depending on assessed need, offering x hours of y service/week.
- There are issues about some people not realising that they could be entitled to financial support. Also some felt that some people paid for support themselves as they felt there was a stigma related to receiving support from the state.
- There was concern raised that the comparative cost of differing packages would drive assessments.

Appendix 2

Results from the surveys

A) Day time Opportunities

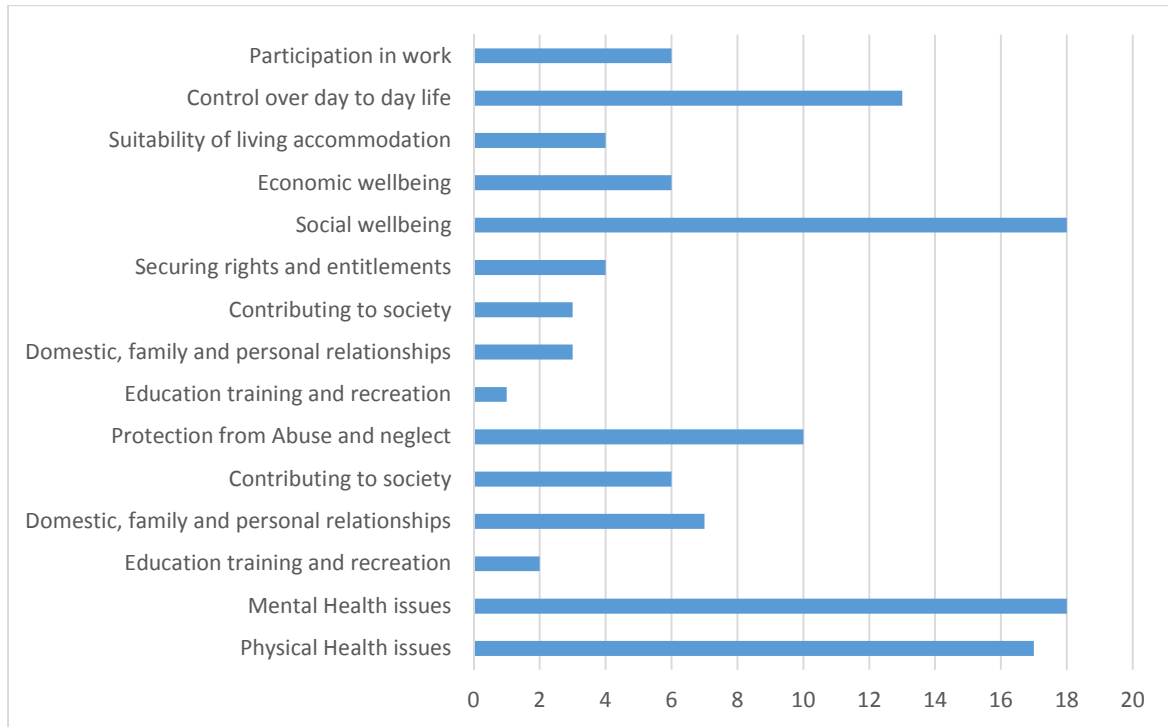
Q1. Are you filling in this survey as:



Other:

- Meals on wheels recipient (my mother)
- County Councillor

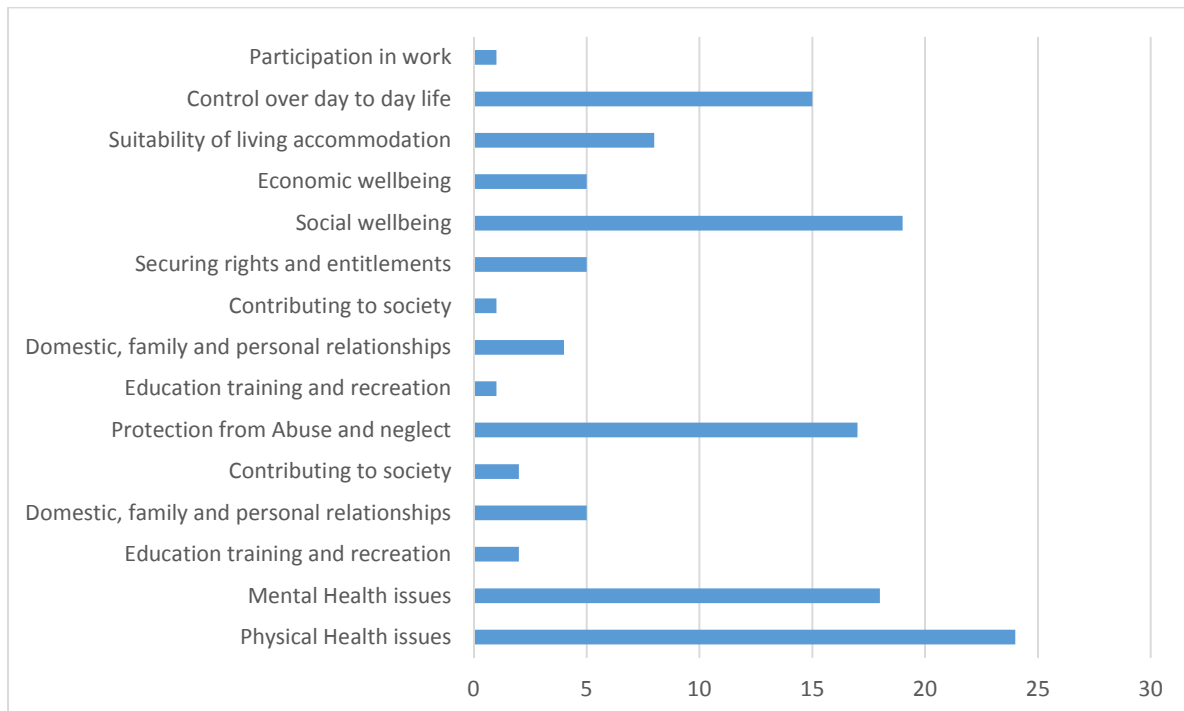
Q2. What support do you think is important to ensure older people, those aged 50-65 in the community have a good standard of wellbeing? Please tick your top 4.



Other: Companionship

Q3. What support do you think is important to ensure older people, those aged 65 plus in the community have a good standard of wellbeing? Please tick your top 4.

Support on....?

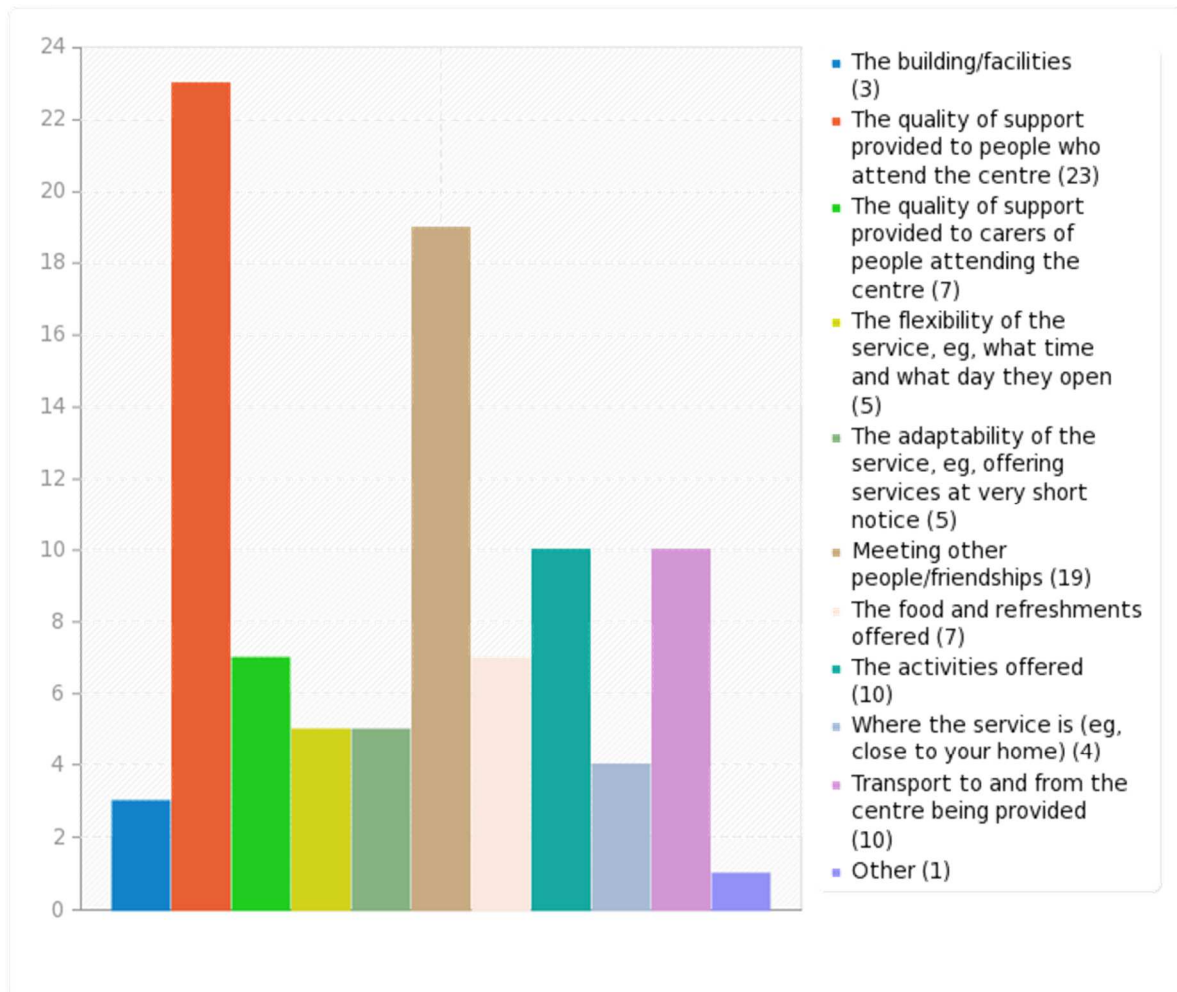


Other: Socialising and companionship

Q4. Do you have any suggestions for the future of daytime activities for older people?

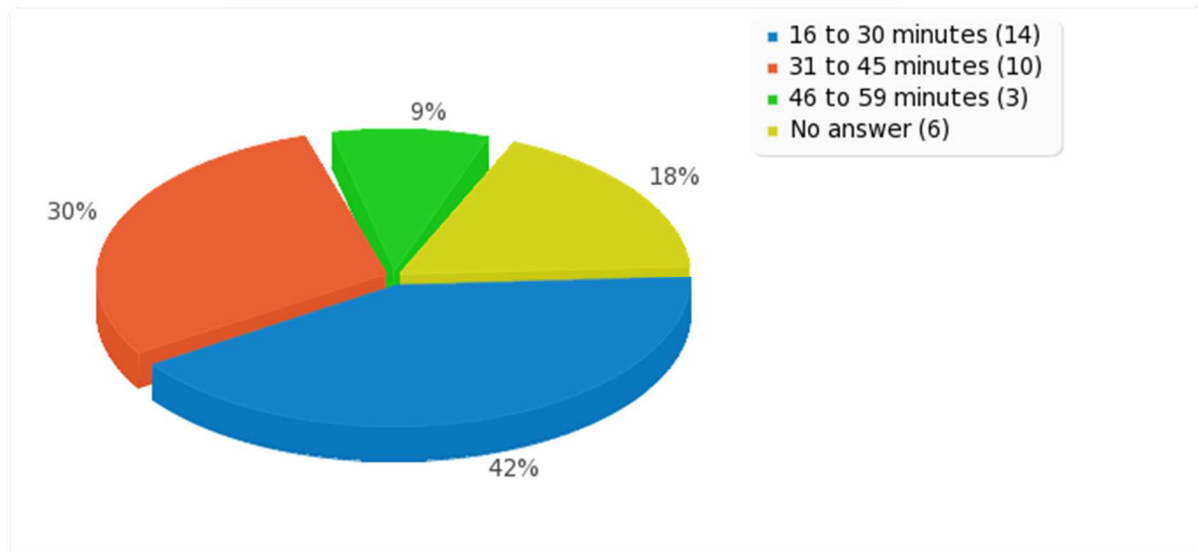
- Satisfied with current provision
- Help people to be part of local communities – use local facilities
- Ensure you ask the individual
- Introduce Keep Fit or Tai Chi sessions or cookery or knitting classes, games or walk
- There is a need for more centres
- Ensure relationships/friendships are enabled to continue if move to community based system;
- Make users pay for transport
- Integrate with health, share with hospitals
- Offer more options/a more flexible service
- Introduce more facilities into day centres e.g. chiropodist, hairdressers etc
- Interact more with schools – bridge the generation gap
- Organise more local trips
- Open at evenings/weekends
- Activities need to be fun/educational
- Ensure sustainable Meals on Wheels

Q5. Which of the following are most important to you, someone you care for or older people in general when attending a day centre service or using a similar service? (Please choose three options - a first, second and third choice) *



(* Many respondents ticked three choices but did not indicate their priorities, ie. 1st, 2nd or 3rd. Therefore, the above chart does not show any weighting but does show how many times each option was chosen.)

Q6. How long do you think you would be willing to spend travelling to attend a day centre service or similar service? (Times below relate to travel each way)



Q7. If you attend other day centre services or similar services in your area please provide details in the box alongside.

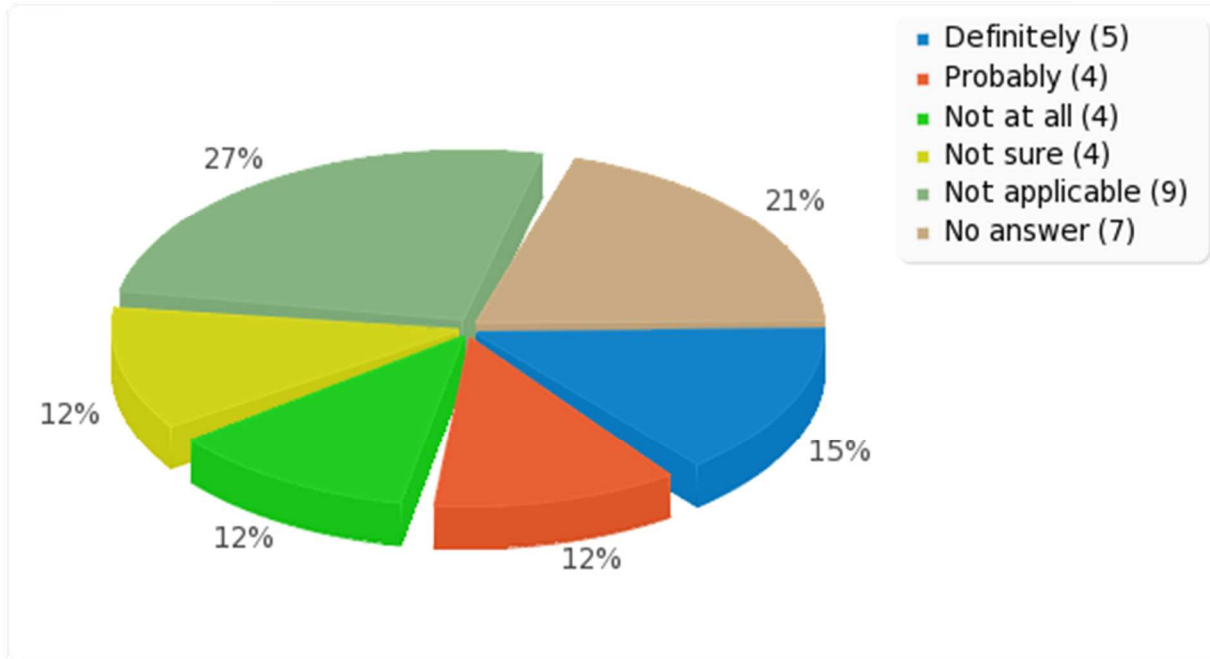
- East Radnor Day Centre

Q8. If you know of other day centre services or similar services in your area please provide details below:

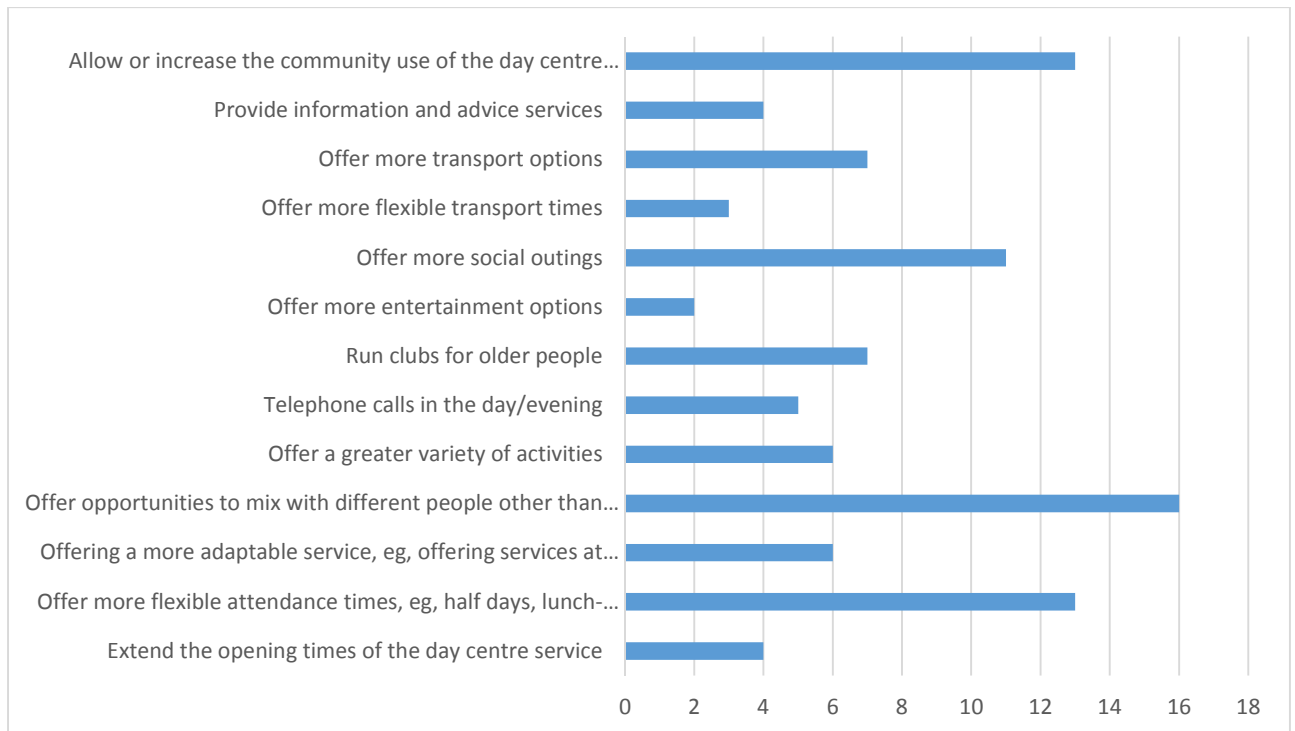
(For example, voluntary organisations or care homes providing activities, lunch and social outings etc.)

- Bethshan Nursing Home, Newtown
- Hope Church. Lunch club - but no longer due to lack of volunteers
- Day centre only. Nothing else but The Park day centre. Every other service has finished.
- To my knowledge none. Lunch club that was being run in Llandinam is finishing.
- Local facilities - need support worker to introduce
- Welshpool Day Centre if you are lucky enough to go there
- Not at present
- Newtown Leg Club, Newtown Day Centre, Memory Café

Q9. (If over 50) Would you be interested in taking part in organised activities and social outings for older people?



Q10. Given shrinking budgets which changes would most improve the daytime experience for older people. Please tick your top four.



(Note: the full labels above are as follows:

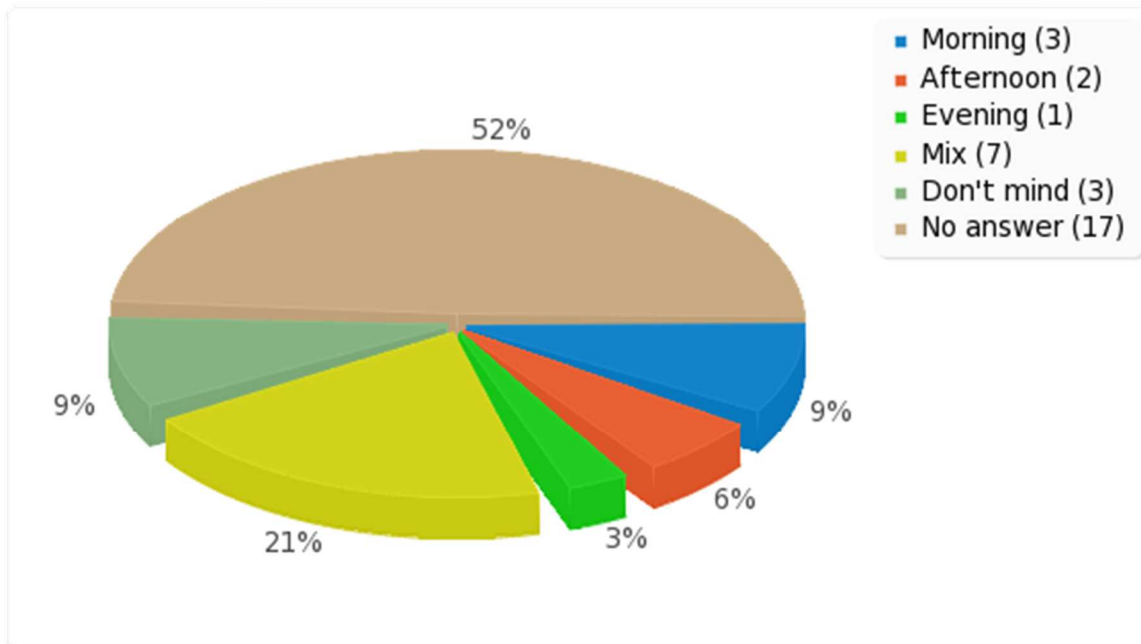
- Allow or increase the community use of the day centre service
- Provide information and advice services

- Offer more transport options
- Offer more flexible transport times
- Offer more social outings
- Offer more entertainment options
- Run clubs for older people
- Telephone calls in the day/evening
- Offer a greater variety of activities
- Offer opportunities to mix with different people other than day centre users
- Offering a more adaptable service, eg, offering services at very short notice
- Offer more flexible attendance times, eg, half days, lunch-time sessions, activity sessions
- Extend the opening times of the day centre service)

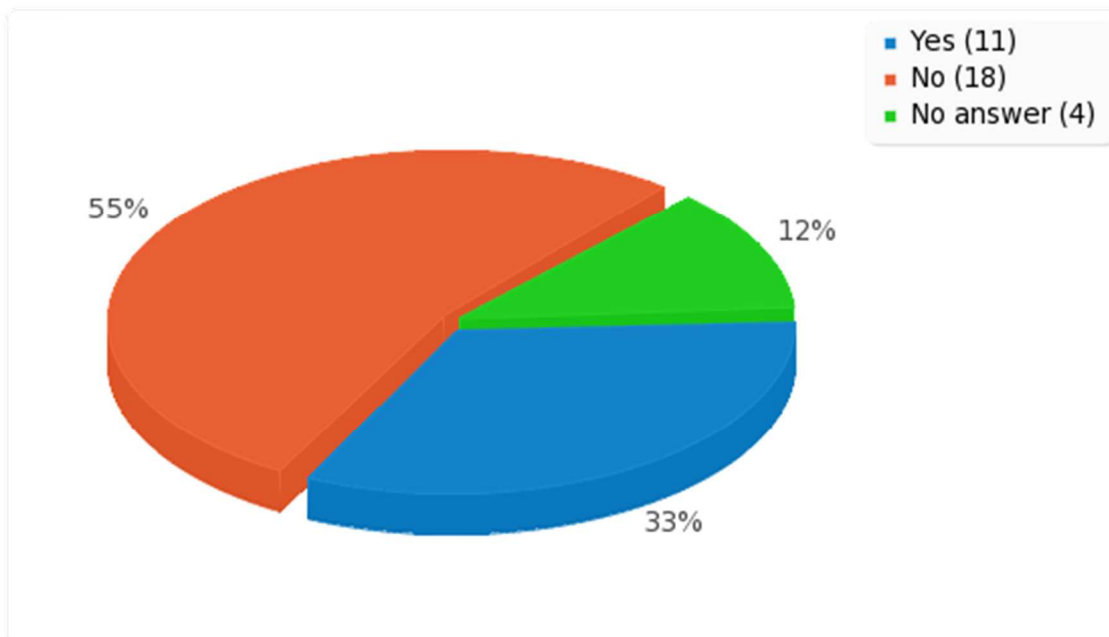
Q11. Do you have any suggestions for how we could reduce the cost of running day services?

- Hire out centres in evenings/weekends (e.g. for yoga)
- Open centres for longer (realise that staffing costs would rise)
- Expand meals service to increase income
- Discontinue providing transport
- Work with charities/community groups/town and community councils
- Move Arlais (Llandrindod) to the Christchurch sheltered housing complex
- Bring in meals from other sources
- Use smaller vehicles for transport (not bus)
- There are no opportunities for further savings
- Move into the local hospital
- Combine with nurseries
- Increase costs for those who can afford
- Close them and use support to access local communities
- Use local buildings/facilities e.g. cafes, pubs
- People who move to Powys should pay more (if not lived here for five years)
- More activities that encourage males and females (e.g. Good Companions)
- Whoever runs them should use business plans

Q12. If you were to participate in activities what time of the day would suit you best?



Q13. Does it matter to you which organisation is responsible for providing daytime activities?



Comments:

- Local authority staff are suitably trained and vetted
- As a trustee of the East Radnorshire Day Centre I naturally trust it may continue to receive some County support to offer its services
- As long as it is good quality care!
- It is the support received which is most important not the building or provider

- Dementia / Alzheimer's is specialised. Trained staff and venue is paramount. Well trained staff and secure unit is necessary. Mandatory training paramount in these services
- Providing they were appropriate
- Already there are other people organising activities. Keep fit, church service.
- Because my mother in law has had a stroke - she needs activities suitable for her and competent staff to support her

Q14. Are there any other comments or suggestions you would like to make about the future of day centres?

- Don't close, carry on as is
- Open longer for more people
- Communities have been developed within day centres – don't let these break down
- Centre is vital for my father's wellbeing – no other facility provides full day care
- Social interaction and family/carer respite are main two needs met by day centres
- Where delivered from doesn't really matter as long as quality of staff is good
- Support and outcomes are most important
- Focus specialist support to those most in need
- A personalised budget scheme may be useful
- Be flexible and responsive to individuals

Q15. Further discussions

This is the first stage of our review process. If you would be interested in taking part in further discussions about day time activities after this listening and learning engagement stage closes please provide your details below.

(Not relevant for this report – information held by the Communications Team)

S16. (Statement of reasons for collection of personal information)

Q17. Have you answered this survey as an individual or on behalf of an organisation or a group of people?

Of those who answered, 15 responded as individuals and 3 as organisations/group of people.

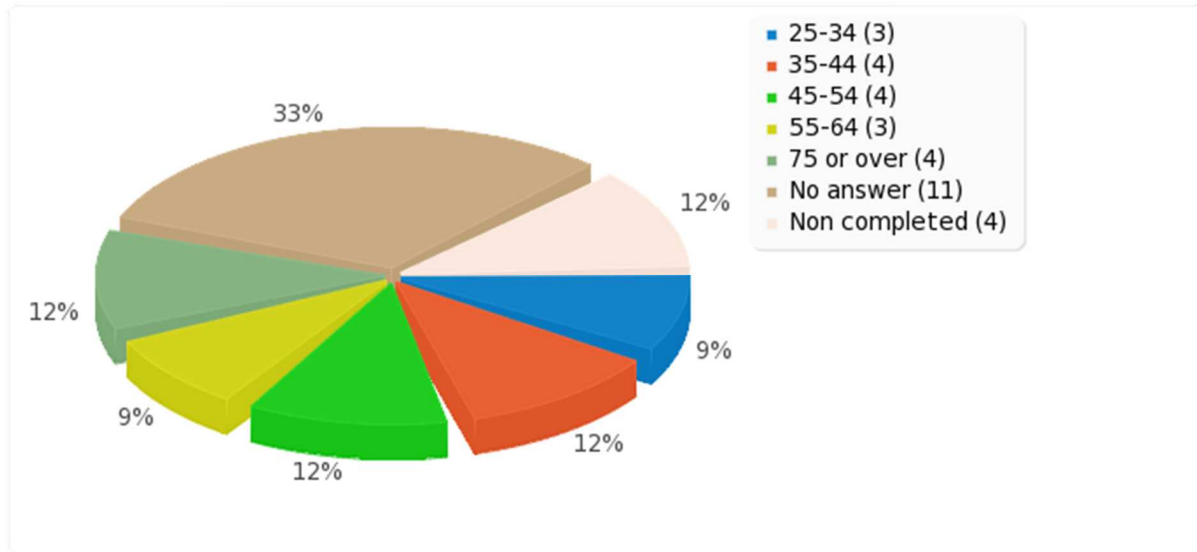
Q18. What is your gender?

Of those who answered:

Male – 4

Female - 14

Q19. What is your age?



Q20. Do you have any physical or mental health conditions, illnesses or impairments, lasting, or expected to last, 12 months or more?

Of those who answered:

Yes – 7

No - 8

Q21. If you answered Yes to the previous question, does your condition, illness or impairment or do any of your conditions, illnesses or impairments reduce your ability to carry out day-to-day activities?

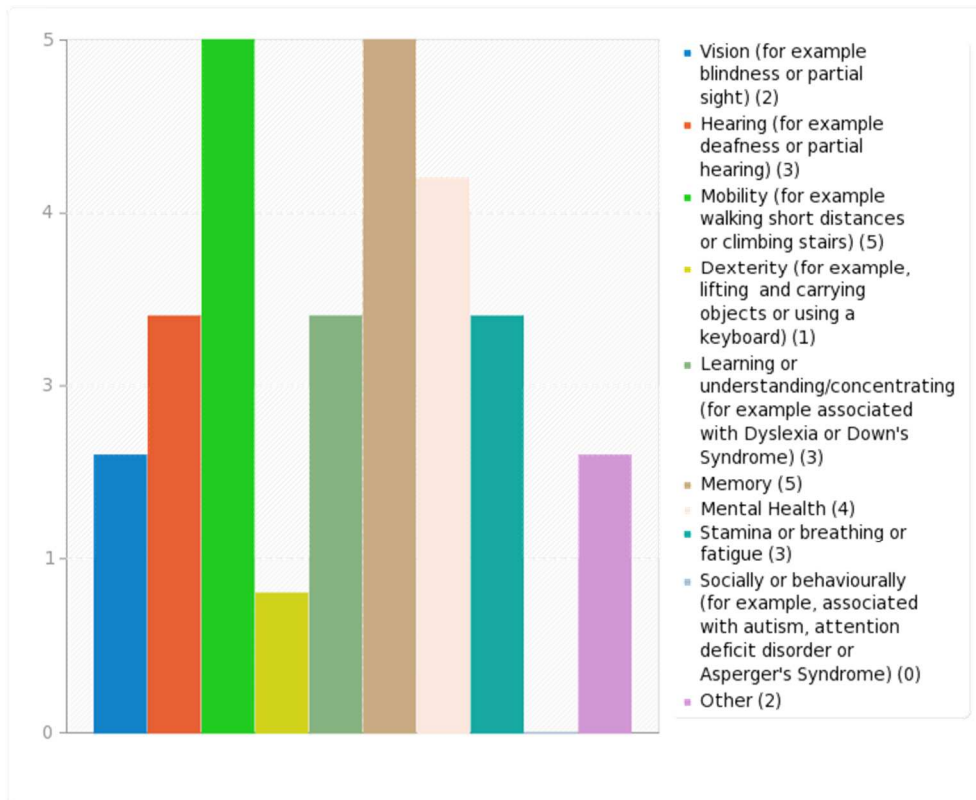
Of those who answered:

Yes, a lot – 5

Yes a little - 2

Not at all - 3

Q22. Do you have any health conditions, illnesses or impairments which affect you in the following areas?



Q23. Can you understand, speak, read or write Welsh?

Of those who answered:

Understand spoken Welsh – 5

Speak Welsh – 4

Read Welsh – 3

Write Welsh – 1

None of the above - 12

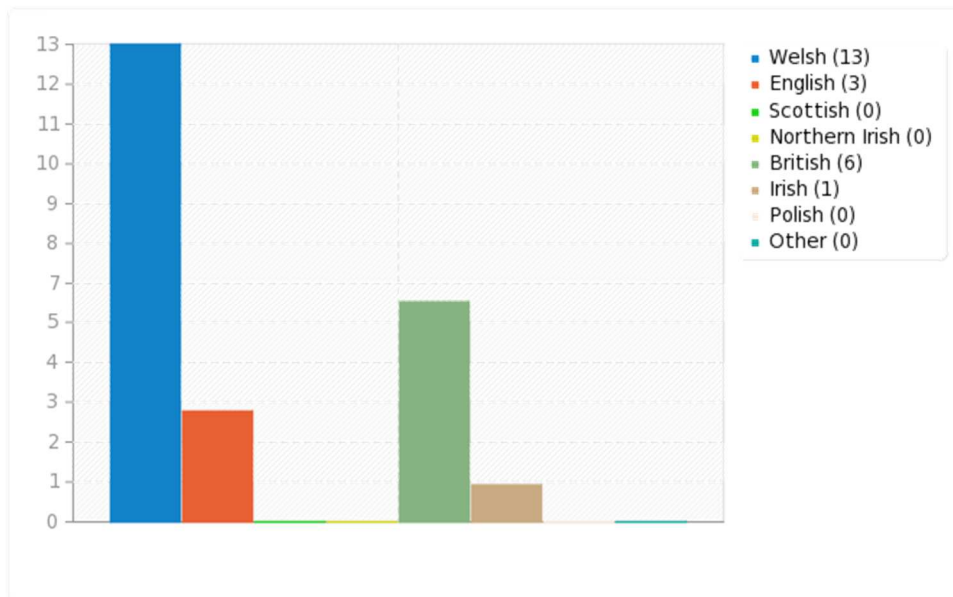
Q24. What is your main language?

Of those who answered:

English – 19

Welsh - 1

Q25. How would you describe your national identity?



Q26. What is your ethnic group?

All who answered this identified as White.

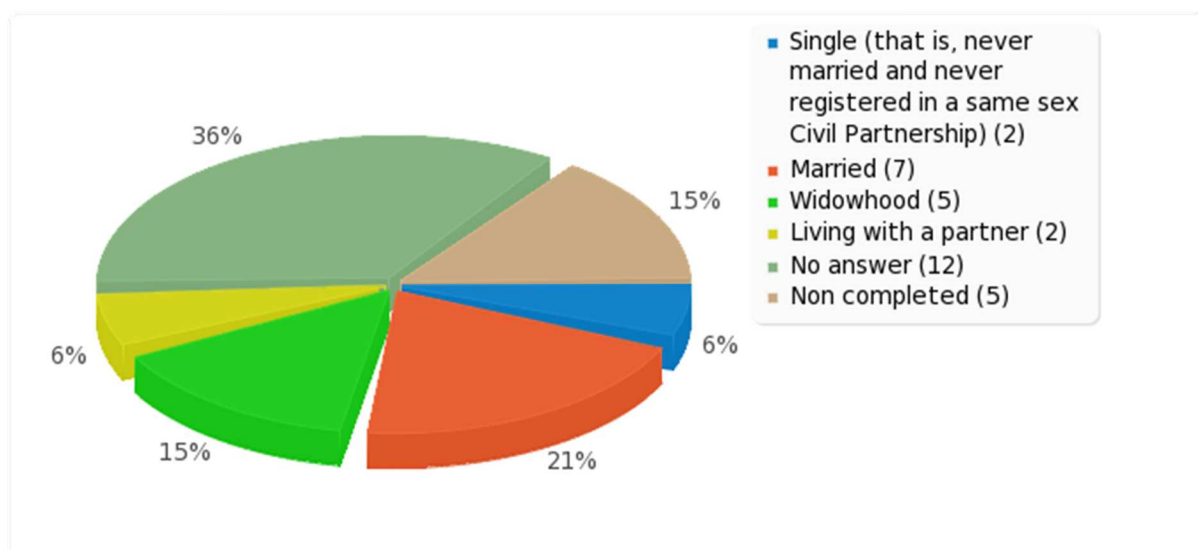
Q27. (If over 16) Which of the following options best describes how you think of yourself?

Of those who answered:

Heterosexual or straight – 16

Prefer not to say - 1

Q28. (If over 16) What is your current marital or same-sex civil partnership status?



Q29. What is your religion?

Of those who answered:

Christian (all denominations) – 12

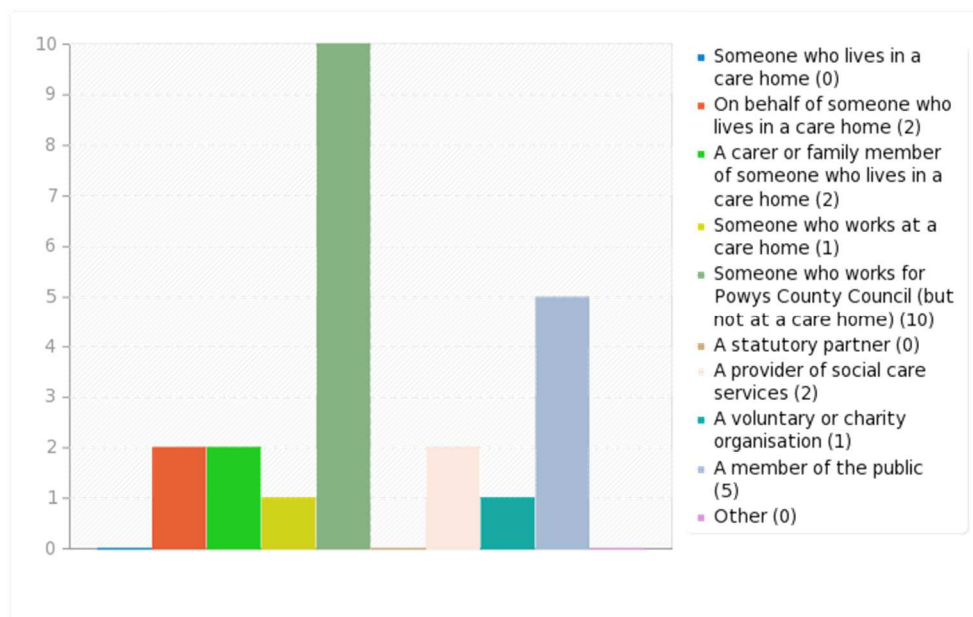
No religion - 5

Q30. Please describe the organisation or group of people on whose behalf you have responded. (If relevant)

- Arlais Daycentre
- Maes Y Wennol Daycentre, Llanidloes
- The Park Day Centre
- Powys County Council - Day Centre Manager
- Bethshan
- East Radnorshire Day Centre - Trustee
- East Radnor Day Centre - Trustee
- East Radnorshire Day Centre - Trustee
- Bethshan Day Care Services
- East Radnorshire Day Centre - Chief Officer
- Royal Voluntary Service Service Manager, Tanat Valley Day Centre

B – Residential Provision (General)

Q1. Are you filling in this survey as:

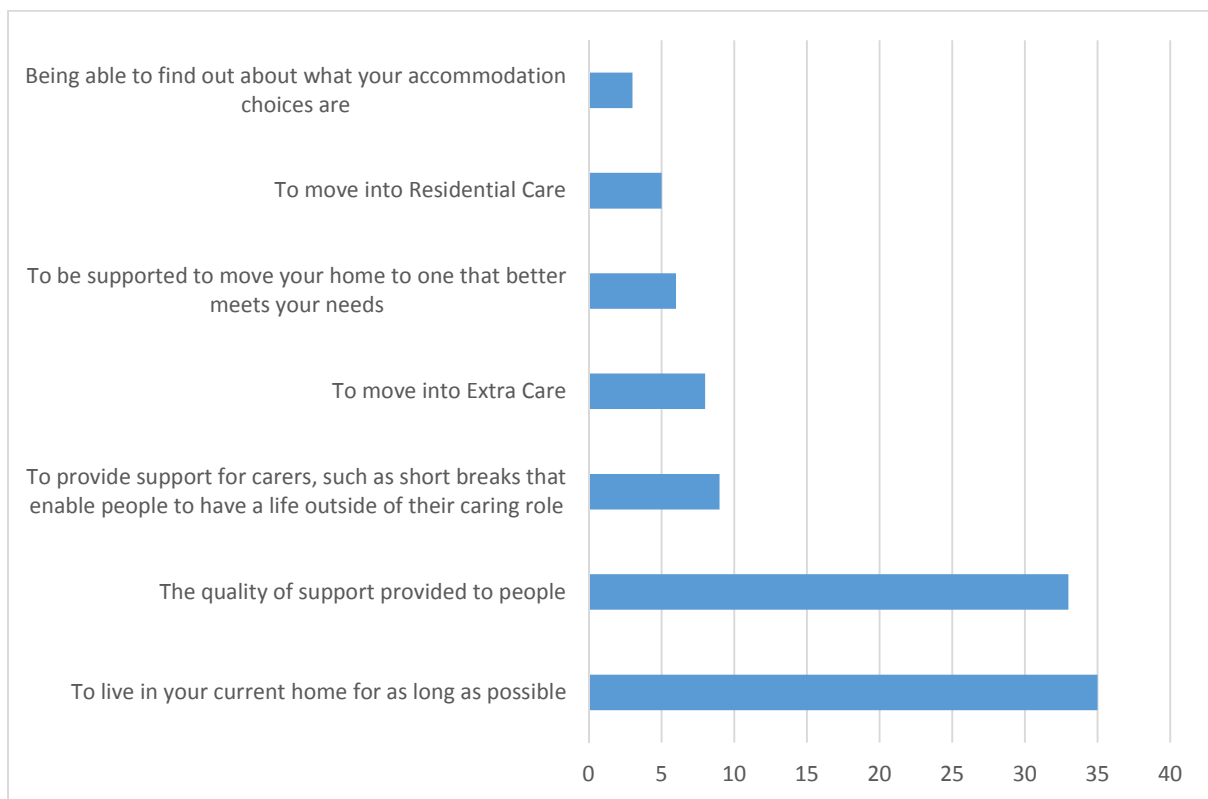


Q2. What things do you think would improve the quality of life for older peoples and make them happier?

- Improve Mobility - Have Day Trips away from the Care Home More Exercise Provision - Help improve Mental and Physical state of older people
- Encourage communication and interaction with local community
- Better trained and knowledgeable care staff - care is a low paid and high turnover industry which needs to be changed to provide sustainable, reliable and sufficient care in the long term of this country as the average age increases
- A dedicated activities person who has facilitation skills and can help residents in the care home participate/relate to each other. A regular programme of events/activities e.g. a morning slot each week when something happens and to which all are encouraged to participate.
- More choices. More flexibility. More services able to support them at home e.g. care through the night and out of 'normal' hours. Care that is flexible and doesn't just look at personal care but also their life choices and interests.
- Greater opportunities for Social interaction. Care to be delivered in a personal needs format not a time limit format
- Give them opportunities to be active in body but more importantly in mind. I believe that tables should not be bare, they should have chess games, card games, knitting, crochet, boots and boot polish/brushes etc.

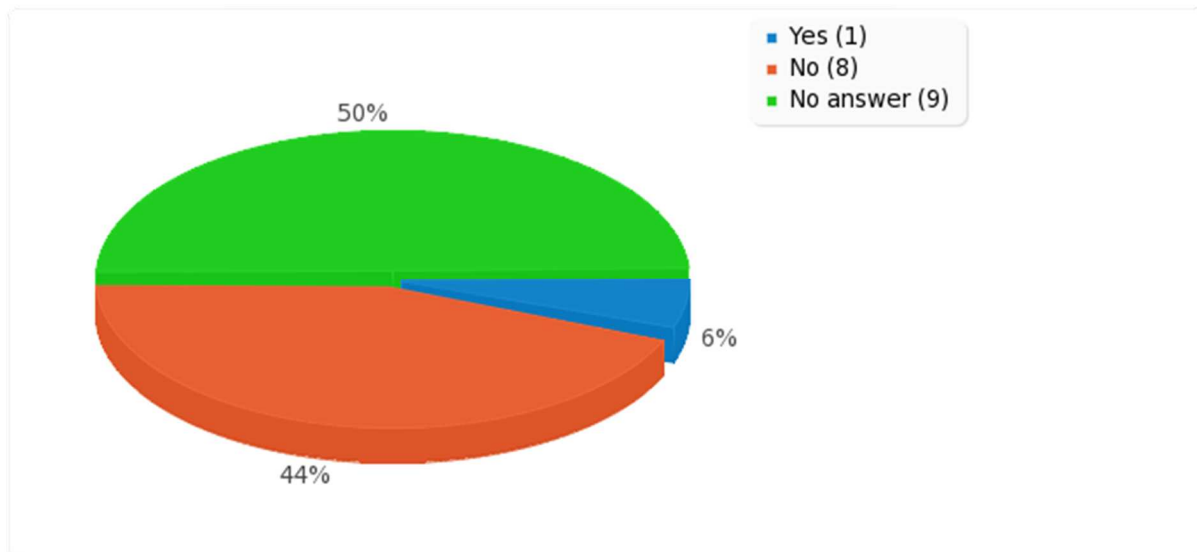
- Social interaction
- Regular change of environment
- Carers with time to meet their needs. Properly rewarded Carers supported to do their job properly.
- Being as independent as possible. Friends and family being able to visit at times that suit them.
- Being personal, value older people and listen to older people.

Q3. What is most important to you, or for older people in general, to remain as independent for as long as possible?

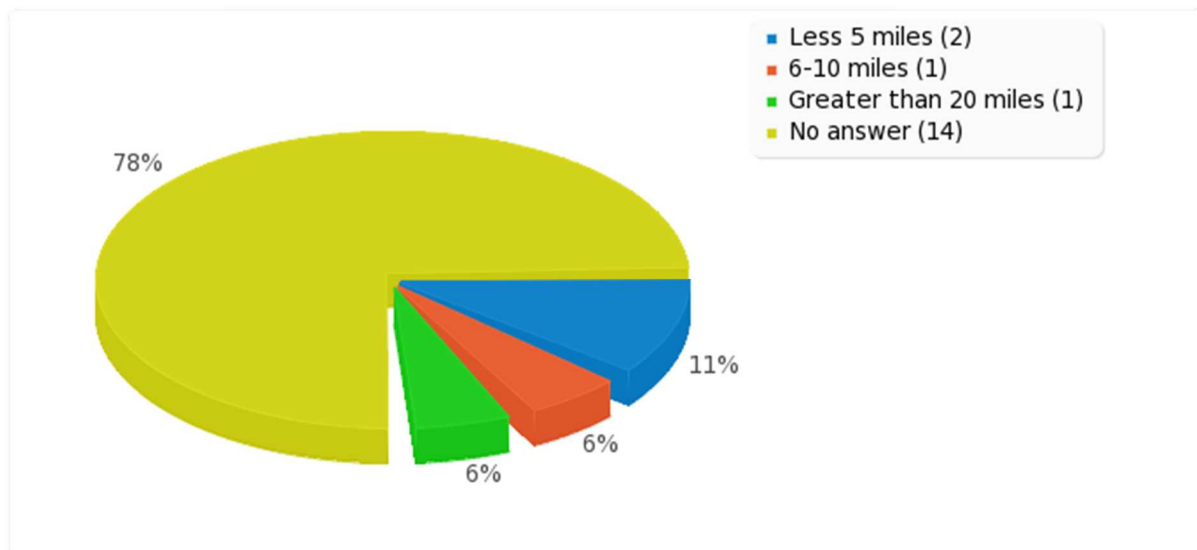


(The scale refers to the ranking points allocated to each response. Therefore the higher the score, the more frequently that choice was ranked highly).

Q4. Are you thinking of moving home to ensure that you will be able to continue to live independently, or as a result of increased care and support needs?

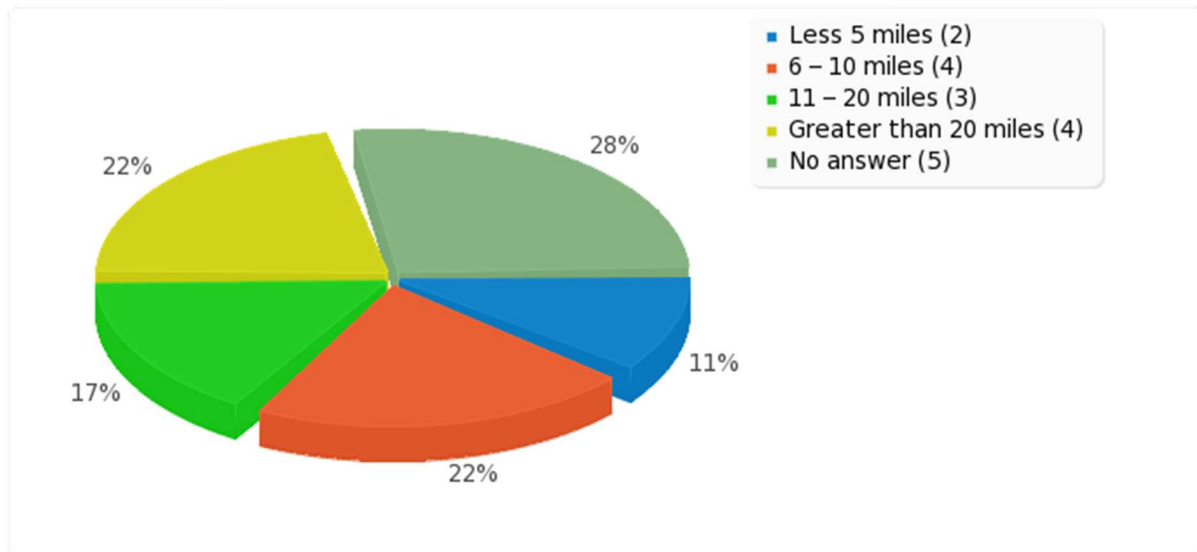


Q5. If you answered 'yes' to question 4, how far do you think you would be willing to move to find more suitable accommodation?

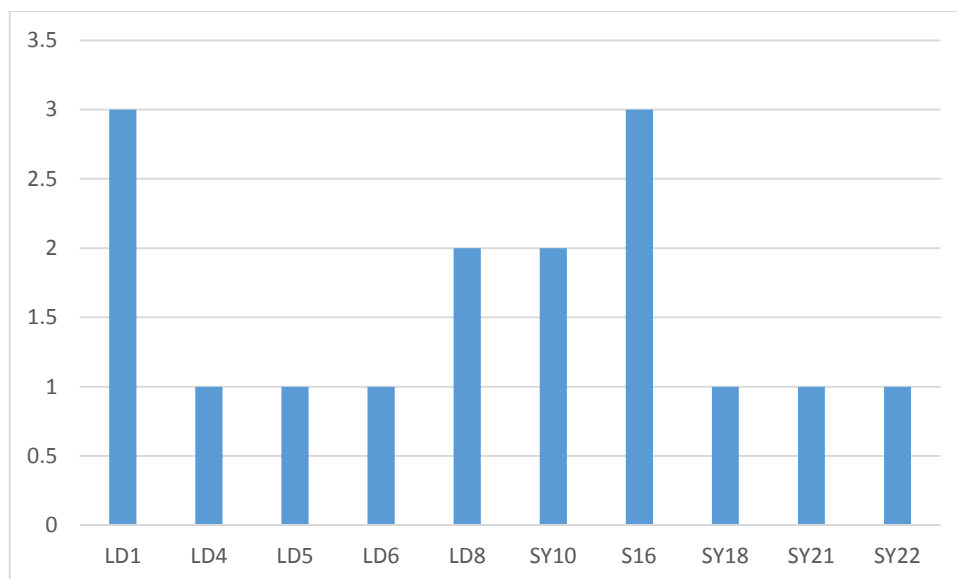


(* A few respondents who answered No to the previous question also answered this question).

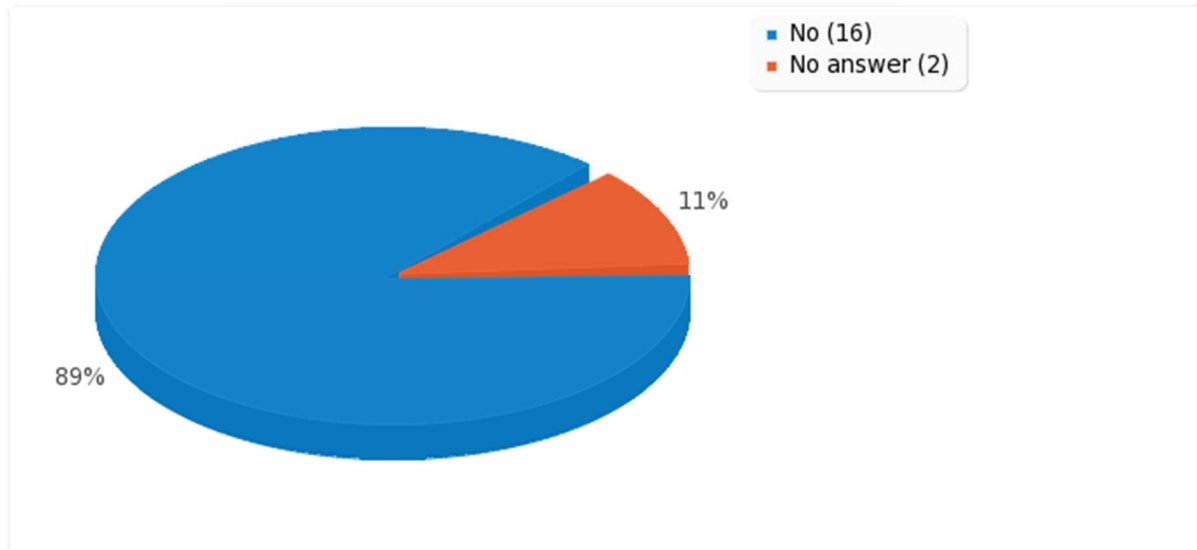
Q6. How far would you be willing to travel in order to visit your family/friend/relative in a residential care home?



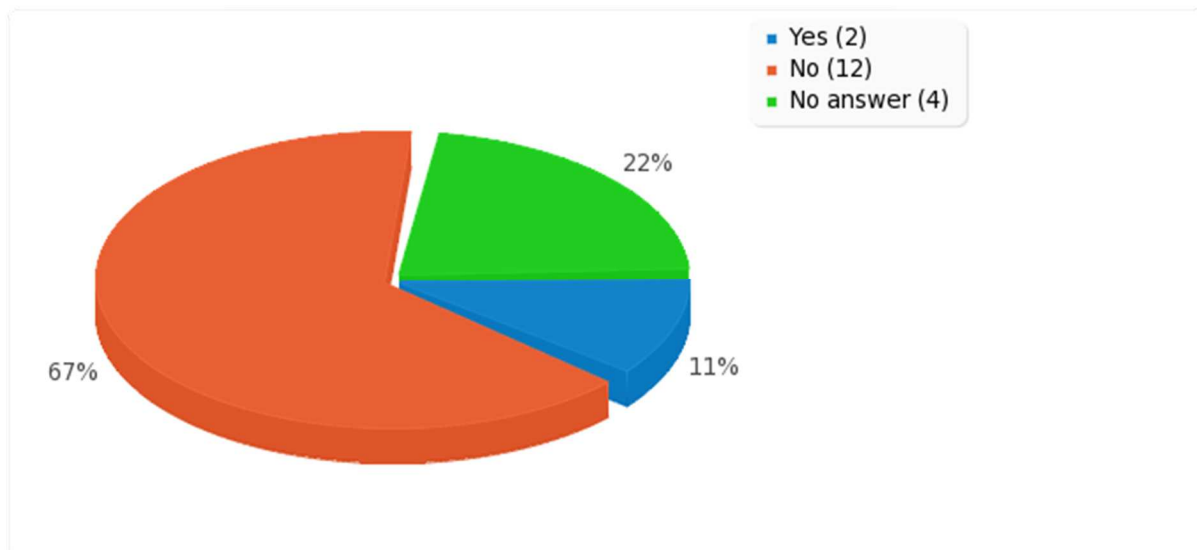
Q7. What is your current postcode?



Q8. Do you think that there is sufficient accommodation that is suitable for older people to live in to meet their needs?



Q9. Do you feel as though you have sufficient information about the different types of accommodation and future housing options close to where you currently live?



Q10. Are there any other comments or suggestions you would like to make about the future of care homes?

- Care Homes should be made more part of the community it should be, where possible, a base for older people rather than a home. Older people should be encouraged / allowed to leave the care home during the day to interact with the local community.

- Huge financial crisis is impending when it comes to providing care for older persons.
- More purpose built care homes are definitely needed. There is not enough choice in the area around Builth Wells. They need to be run with imaginative as well as caring management/staff. Individual rooms need to be larger.
- We need more care homes - there aren't enough available within North Powys. Limited choice. Limited competition. Long waiting lists.
- To link them in with the community far more, for children in school to do voluntary work as part of their learning so they can gain insight. To ensure people in homes are not invisible.
- Care homes should be better based on people's needs rather than diagnosis. Local care homes will ensure older people have better links with family and friends - which is often lost when having to move 20 plus miles away.
- Care Homes run for profit are not the best option for caring for the elderly needs.
- I believe that new staff should be suitably qualified before starting work or at least whilst on training should not be allowed to work 1:1
- More choice needed and more places made available. Insufficient capacity creates bigger problems and higher costs in the long run.
- Care homes can be wonderful places, but need to be well run and affordable.
- With the bedroom tax it has changed things dramatically. Ideally two bedrooms is best, so loved ones can stay.
- 1. The structure architect plans for elderly. 2. Plain/simple structure plans for those who have dementia. 3. Remove the 'person in question only' to pay for their care costs and ask their family to support costs also. Let's all chip in to fund the costs.
- We are desperately in need of nursing care beds especially dementia beds in the East Radnor area of Powys. As people live longer and Powys continues to attract retirees, care homes are full. We need to support people to live in their own homes as long as it is safe to do so. Day services need to be carefully considered. It would be short sighted of PCC to cease day services as they are much more cost effective than full time care, and often enable people to live independently for longer. Day care costs PCC £3.49 per person, per hour at East Radnor Day Centre. This would seem very good value for money.
- As a representative of a care provider there really has to be sufficient funding to keep pace with increasing costs eg national living wage or home will really struggle to maintain high standards of care. There has to be an acknowledgement that the numbers of private residents is declining and cannot be used to justify a less than costs fee level for Powys funded residents.

Q11 Further discussions

This is the first stage of our review process. If you would be interested in taking part in further discussions about care home services after this listening and learning engagement stage closes please provide your detail in the box below.

(Not relevant for this report – information held by the Communications Team)

S12. (Statement of reasons for collection of personal information)

Q13. Have you answered this survey as an individual or on behalf of an organisation or a group of people?

Of those who answered:

Individual – 9

Organisation or group of people - 1

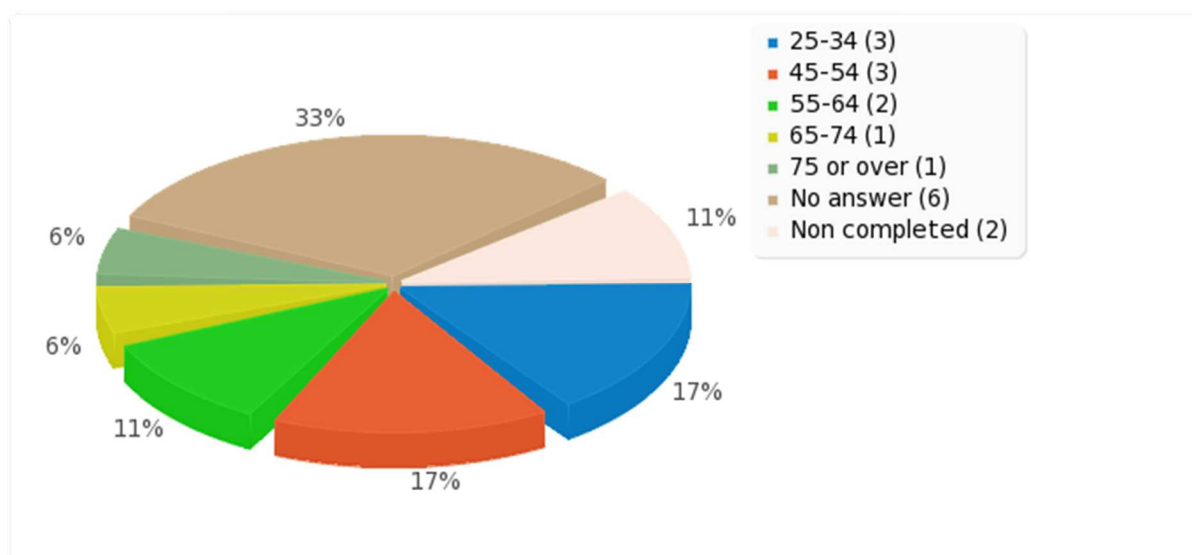
Q14. What is your gender?

Of those who answered:

Male – 3

Female - 7

Q15. What is your age?



Q16. Do you have any physical or mental health conditions, illnesses or impairments, lasting, or expected to last, 12 months or more?

Of those who answered:

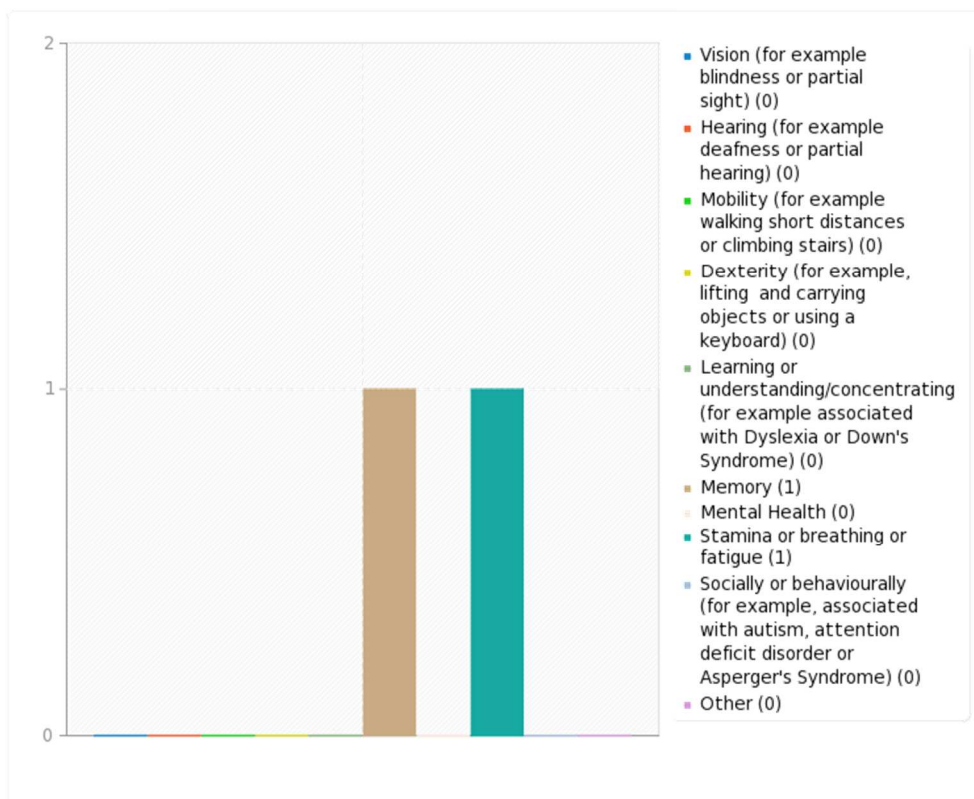
No – 9

Yes - 1

Q17. If you answered Yes to the previous question, does your condition, illness or impairment or do any of your conditions, illnesses or impairments reduce your ability to carry out day-to-day activities?

All those who answered said No.

Q18. If yes, please indicate what these are:



Q19. Can you understand, speak, read or write Welsh?

Of those who answered:

Understand spoken Welsh – 2

Speak Welsh – 1

Read Welsh – 1

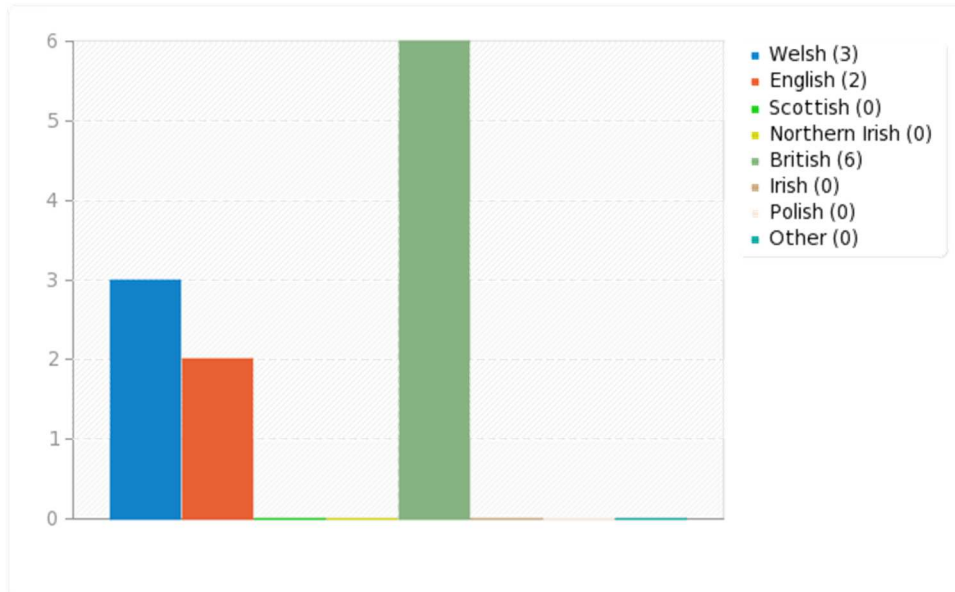
Write Welsh – 1

None of the above - 8

Q20. What is your main language?

All who answered, responded English.

Q21. How would you describe your national identity?



Q22. What is your ethnic group?

Of those who answered:

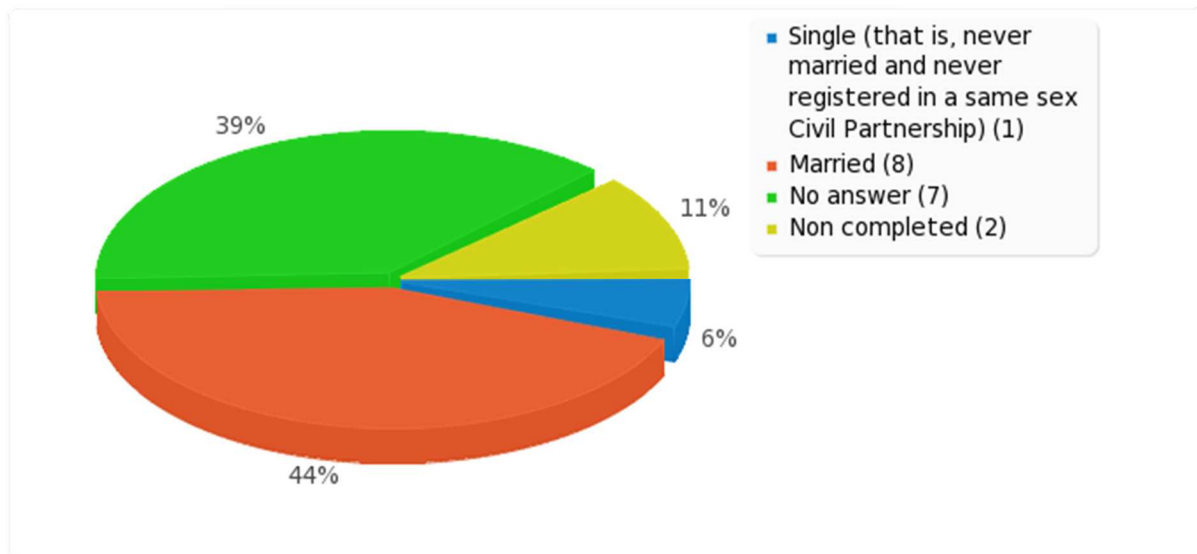
White – 9

Black - African/Caribbean/British - 1

Q23. (If over 16) Which of the following options best describes how you think of yourself?

All who answered identified as Heterosexual or straight.

Q24. (If over 16) What is your current marital or same-sex civil partnership status?



Q25. What is your religion?

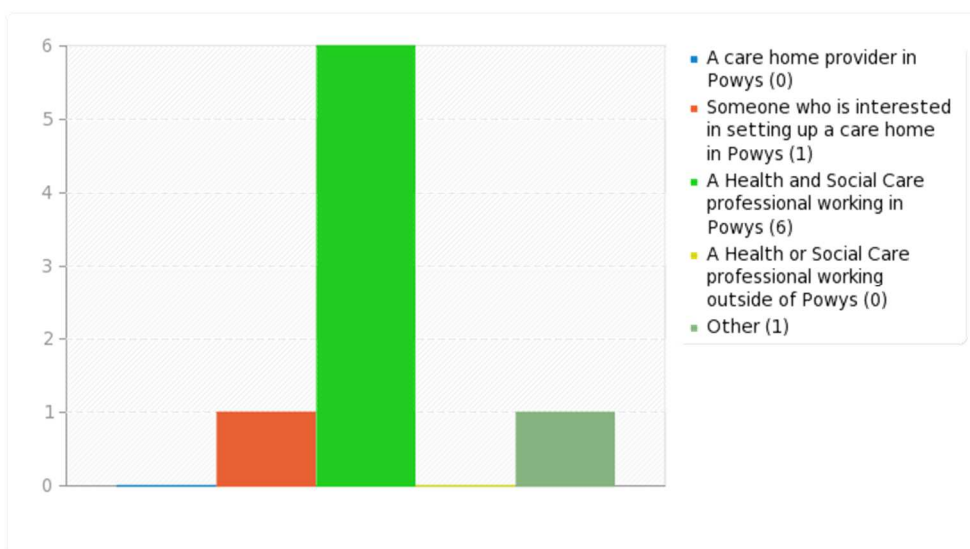
Of those who answered:

No religion – 5

Christian (all denominations) – 5

Residential Provision (Professionals)

Q1. Are you filling in this survey as:



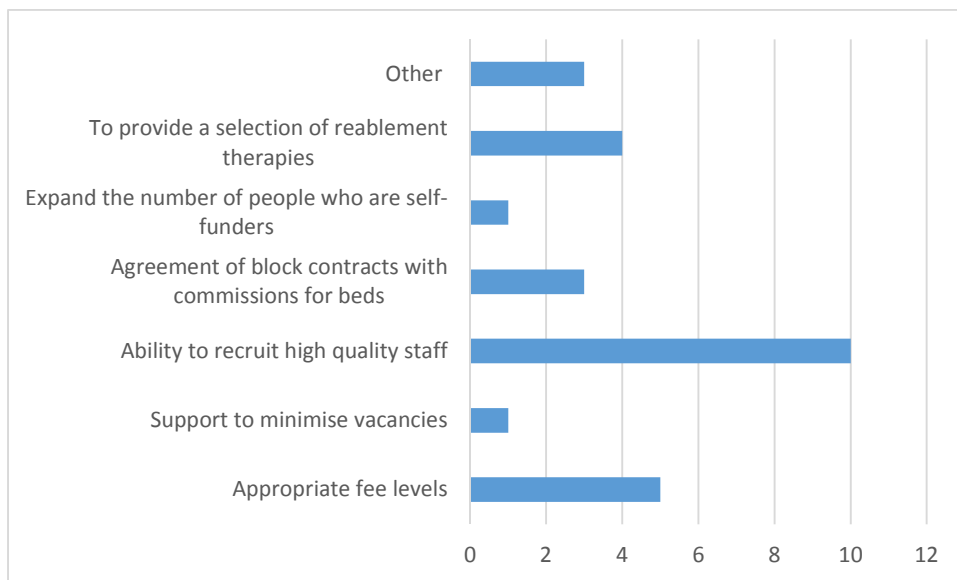
Other: Care Assistant in PCC Day Centre

Q2. What things do you think would improve the quality of life for older people and make them happier?

- More social clubs or at least places more disabled friendly with wheelchair access.
- Better transport links and facilities - only Dial a Ride in area that's capable of transporting a wheelchair
- More extra care, residential and nursing placements
- The opportunity to meet with other people, as isolation can be one of the biggest problems
- To be respected as adults, with a past. There is, sometimes, a tendency to chivvy older people along and use levity inappropriately, treating them the way you might a child.
- Full participation in community activities Extensive activities day/evening to engage in
- Ability to be spontaneous
- Staff support to leave the home
- Lunch/coffee out on a regular basis
- Links to local interest groups
- Links to schools/colleges~ voluntary work
- Shop in the home so people can buy essential items themselves
- Library visits
- Making own hot drinks/snacks as able
- More choice and support for care at home. More flexible care at home. More choices and options for care homes.
- More choice and flexibility locally Local options are very important Being assessed based on need not diagnosis.
- Making the decision or (due to levels of need) having to move to residential care is extremely hard for older people. To then be faced with only having one or two options of homes in the area they have lived all their lives is awful. It is vital that local places are available for people so that they can remain their own community and also have friends/ family visit as often as possible. This helps them keep their identity.
- Services should also be more flexible, more respite opportunities are important. To support older people to live at home for as long as possible, their carers have to be looked after as well. We have limited respite we can access in Powys, this is at times due to what contracts we hold with homes, but sometimes is also due to homes not assessing older people on their level of need but on their diagnosis (i.e dementia)

- Fly the flag for Day Centres - Developing the Day Centres. They are why isolated people live longer!! People don't claim benefits and can stay in work. In my mother's case she didn't want to attend to start with. She'd never joined with anything in her life. However after the first couple of weeks it became all she lived for and all she could talk about. It was her life. It kept her in her own home at least 2 years longer. If you close the day centres you will have more sick elderly. You will have more people on benefits because family members won't be able to work. The whole community will be affected - a downward spiral!! Keeping day centres open relieves isolation. They also become a source of information for the elderly, e.g. news, medical help, contacts, care

Q3. What do you think is the most important consideration for providers to be able to support older people in general, to remain as independent for as long as possible?



Other : Keep day centres open - they enable older people to stay in their own homes a lot longer

Q4. What changes do you think would assist you to operate as an integral and effective part of the wider health and social care system?

- Integrated more with Local Health Board - Extra skills training to lessen workload in other areas of H&S Care
- Sufficient community assessors, to ensure assessments on people bed blocking are done ASAP, to minimise such blocking.
- More communication between departments

- High quality staff Higher staffing ratio so it is not just the I.e basic personal/nutritional care are being covered, that real interaction with the community is considered to be a necessity as opposed to a bonus. Transport issues looked at/developed.
- Consistent charging. More homes - more choice, more competition, less waiting lists
- To look at the current contracts held with some homes in the area. To increase amount of respite beds in the area (for people with all level of needs) More flexibility

Q5. Do you think that there is a need for care home providers to offer a broader menu of generic and specialist services such as intermediate care beds to facilitate hospital discharge, or temporary respite support?

- Yes - intermediate care beds would prevent bed blocking in the hospitals and if a reablement services was included to enable people to return home. Temporary respite with help from family carers and may reduce the number of permanent care places required.
- Intermediate care beds is an excellent idea. - Temporary respite could be very useful to help families out of difficult times and so reduce risk of family breakdown.
- Would help prevent bed blocking
- Care beds where assessments can be completed after medical issues have been attended to so that hospital beds can be freed up, more robust system where rehab is goal orientated and time limited.
- Yes - 'step down' and 'rehab' type beds to aid transition between home/hospital/residential care.
- Yes, having transitional beds for people to move from hospital to care homes whilst waiting for care or long term placements would be much better for people than remaining in hospital for at times months! This would also reduce DTOC's. Also having beds that could be joint funded with health to support people to avoid hospital admission. We have many urgent calls for respite that are not always appropriate. Having short term beds available for people to access in times of crisis i.e. recovering from infections, off legs would be very useful. Especially if where the beds are could have access to physio, OT, SW to provide the support they need to return home.
- Yes - keep cottage hospitals open, they provide the intermediate care beds. They could do with opening up wards not closing them down.

Q6. Should the care home market be supported to diversify and develop care home based service options, such as community hubs or outreach for

domiciliary care and “bring the outside in” by enabling community groups and lunch clubs to meet within the care home?

- This is a possibility in certain care homes the needs of the current residents would need to be thought about. As, if they have dementia or prone to wandering, it could make them more vulnerable.
- Yes
- Yes - bring community clubs to the homes.
- Yes
- Yes
- Good idea!

Q7. Should the Powys care home market be supported to develop more capacity to support people with dementia, including promoting diagnosis of dementia and supporting people who have dementia continually through the progression of their illness?

- Society as whole needs support and development to meet the needs of those with dementia. I do believe that depending on level of dementia it becomes difficult integrating with residents who don't have dementia.
- Research has shown that dementia is a disease that is going to affect many more people in the future, so investment in diagnosis and care should be a priority.
- Yes
- Yes, need to look at the contract with res. homes that will only take a fixed number of people with dementia~ this looks simply at the diagnosis as opposed to the individuals actual needs.
- Yes
- Yes, Many homes (due to the type of contract held and variations etc) will not accept people with a diagnosis of dementia regardless as to whether this is their primary need or not. People who have a diagnoses if dementia really loose out on respite/ residential care opportunities. It could be said that some people with dementia are also more likely to require respite etc to ensure their carers have regular breaks which in turn supports them to stay at home for as long as possible.

Q8. Should the Powys care home market be supported to develop more capacity to support therapy-led rehabilitation and intermediate care services for older people, including services for people with an acquired brain injury?

- Yes
- Rehabilitating people back from illness and/or injury so that they can enjoy an autonomous life again would be extremely worthwhile.
- Yes
- Yes therapy led rehab can work in peoples own home if they engage.
- Yes
- Yes definitely

Q9. Should the Powys care home market be supported to develop more capacity to support people with nursing care needs?

- Yes - but with all the above you would need more staffing with a higher level of training to ensure needs are fully met.
- Not sure. Perhaps this would be too much for the market to deal with and possible be detrimental to the residential clients. Perhaps best left to current nursing home provision.
- Yes
- Yes. Very limited choice around Welshpool, work needs to be done re transport for relatives who can no longer drive so that they can visit as they want, so that the reason for blocking a bed is waiting for the one home family can easily access.
- Yes
- Yes, we have very limited Nursing respite available in the area.
- Yes

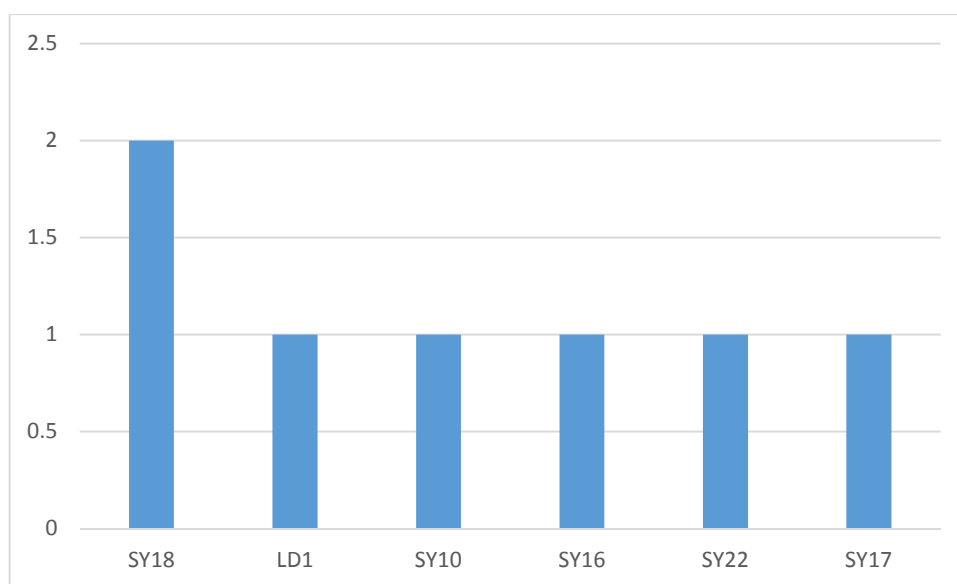
Q10. Do you think that care homes are able to recruit sufficient high quality staff members with the appropriate skills, knowledge, qualifications and experience that they need to deliver high quality, personalised care to those with complex needs and/or at the end of their life?

- There are probably care homes that could do this, it would make a difference where in Powys they are located.
- Care workers need to be valued more, with salaries that reflect this value, if suitable people are to be recruited. As well as professional skills, staff should have a respect for the individuality of residents.
- Yes
- Not evident at present. Staffing levels seem to be the bare minimum, activities seem better for people who are not needing 1;1 support. Staff training is very good if after it

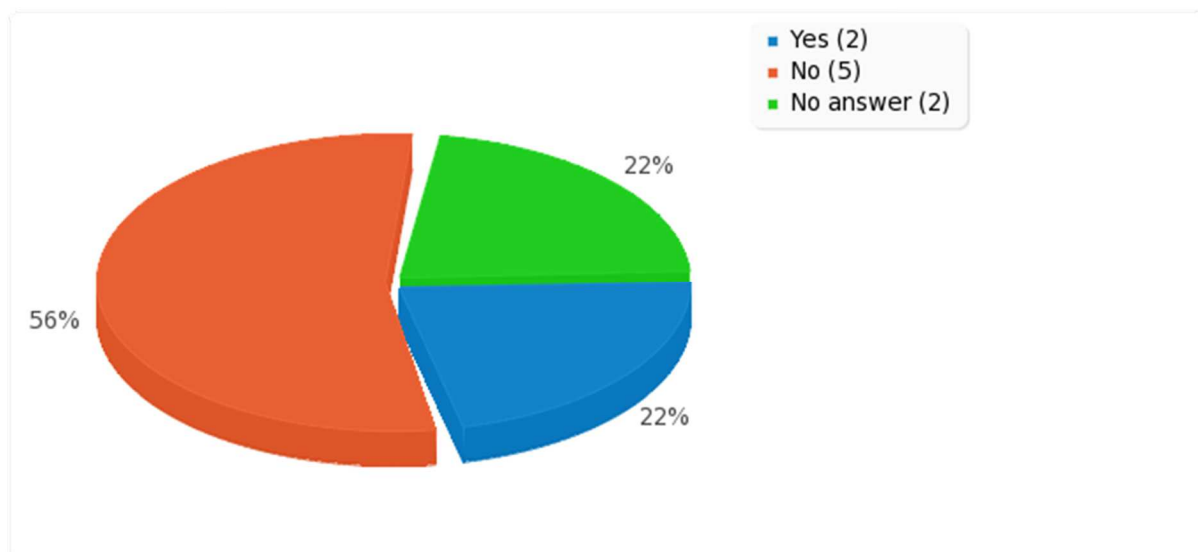
they are supported by the whole system to undertake what they have learnt ie time to engage in communication rather than practical events only.

- Variable.
- Some staff members in local homes are excellent. More training may be beneficial to those working with people who have mental health illnesses and complex needs.
- I have noticed that the care staff standard appears to be getting poorer. They are employing anybody! The rate of pay is so poor they are not always getting a good quality calibre of staff applying for these jobs

Q11. What is your current postcode?



Q12. Do you think that there is sufficient accommodation that is suitable for older people to live in to meet their needs?



Q13. Are there any other comments or suggestions you would like to make about the future of care homes?

- The community is mainly older people and everyone is only getting older!! In the local area there doesn't appear to be sufficient numbers of care home places. If services could be established within the community that the older people can access then this could reduce the need for care home placements.
- Think care homes should be the last resort if able to stay at home.
- Bring homes to the community and the community to the homes.
- More options and flexibility required.
- More places needed

Q14. Further discussions. This is the first stage of our review process. If you would be interested in taking part in further discussions about residential provision after this listening and learning engagement stage closes please provide your details below.

(Not relevant for this report – information held by the Communications Team)

Q15. Have you answered this survey as an individual or on behalf of an organisation or a group of people?

Of those who answered:

Individual – 3

Organisation or group of people - 2

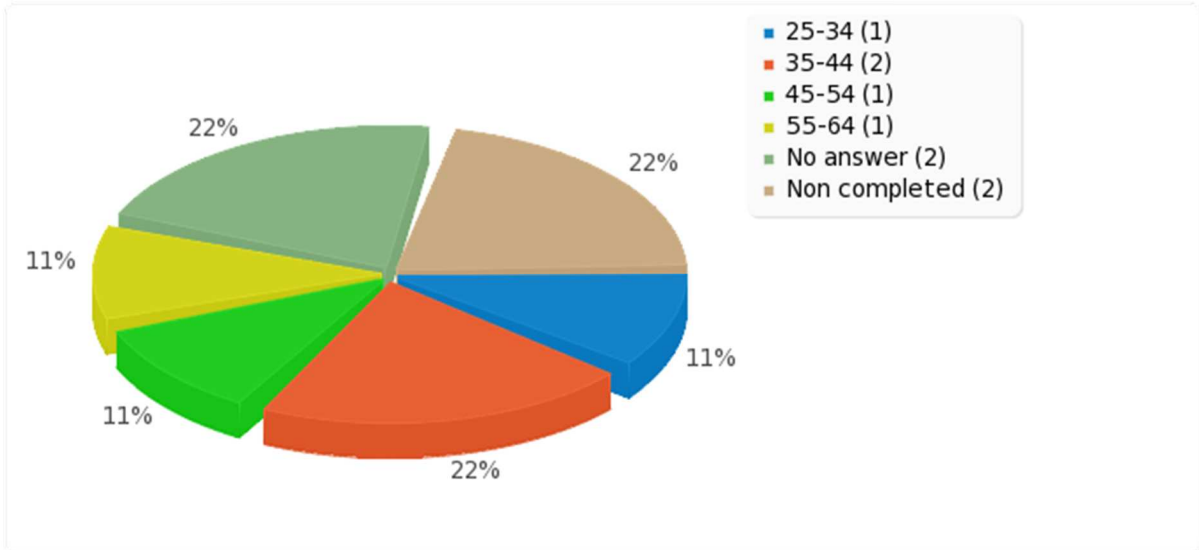
Q16. What is your gender?

Of those who answered:

Male – 1

Female - 4

Q17. What is your age?



Q18. Do you have any physical or mental health conditions, illnesses or impairments, lasting, or expected to last, 12 months or more?

Of those who answered:

Yes – 2

No – 3

Q19. Can you understand, speak, read or write Welsh?

Of those who answered:

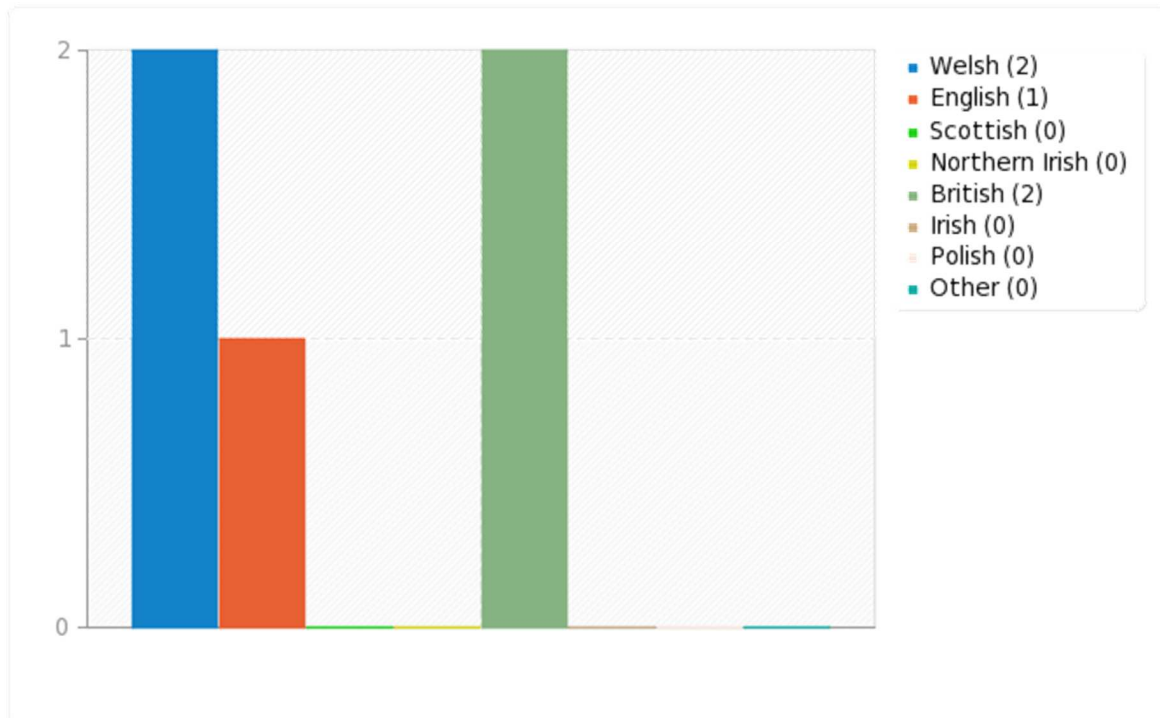
Understand spoken Welsh – 1

None of the above - 4

Q20. What is your main language?

All who answered said English.

Q21. How would you describe your national identity?



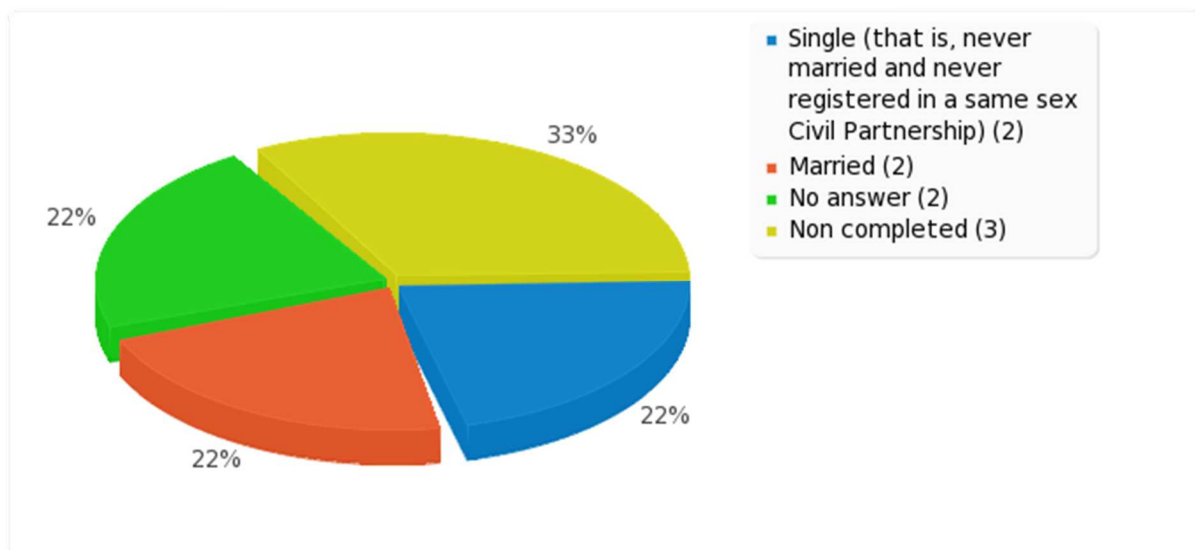
Q22. What is your ethnic group?

All respondents identified as White.

Q23. (If over 16) Which of the following options best describes how you think of yourself?

All respondents identified as Heterosexual or straight

Q24. IF OVER 16: What is your current marital or same-sex civil partnership status?



Q25. What is your religion?

Of those who answered:

Christian (all denominations) – 2

Buddhist – 1

No religion - 1

Q26. Please describe the organisation or group of people on whose behalf you have responded.

- Maes Y Wennol Day Centre, Llanidloes
- Older People Montgomeryshire

C – Fair and Affordable Care

Q1. Bearing in mind that we cannot charge any service user more than £60 per week for any care that you receive – this limit is set by the Welsh Government and is outside our control – what steps do you think we could take to help manage increasing financial pressures on our budget?

- Better procurement and commissioning of services i.e. not using spot contracts, better prior planning of number of beds/hours of care required, less wastage of hours e.g. carers attending when not required. Faster returning of hours when they are no longer needed. Greater financial awareness by social care staff
- A general means test - if people have savings in excess of £x (e.g. £30,000 or £40,000) then they find their own care - we will just advise and link them up. We can be involved to assess and recommend, but the contract is between the care company and the client.
- Be realistic as to what services we do actually offer. Have policies that state what services we actually deliver so variations across the county will diminish. Lobby Welsh Govt. re realistic costs.
- Reduce County Councillors pay by 2% - would not be missed - we are expected to have drastic cuts. Lobby Welsh Assembly re rurality and knock on costs of providing a service of any kind in Powys. Move Day Centres from Powys County Council to voluntary sector - provide funding but at a lower rate than it costs PCC now. Look at other ways to charge service users.
- Is it true councillors are paid to go to funerals? If so stop that. 2. Shut off more street lights. 3. All Council owned buildings - heat reduced slightly and staff wear more. 4. People who attend day centres are doing so because either they or their families have become desperate. 5. Are people who use leisure centres desperate? No. 6. Welfare should come at the top of the list before theatres etc.
- To press the Welsh Assembly Government that this amount payable does not sustain the budget. To check carefully each home before questionnaires are delivered - many of the residents and clients cannot answer these questionnaires; a waste of money, time and effort.

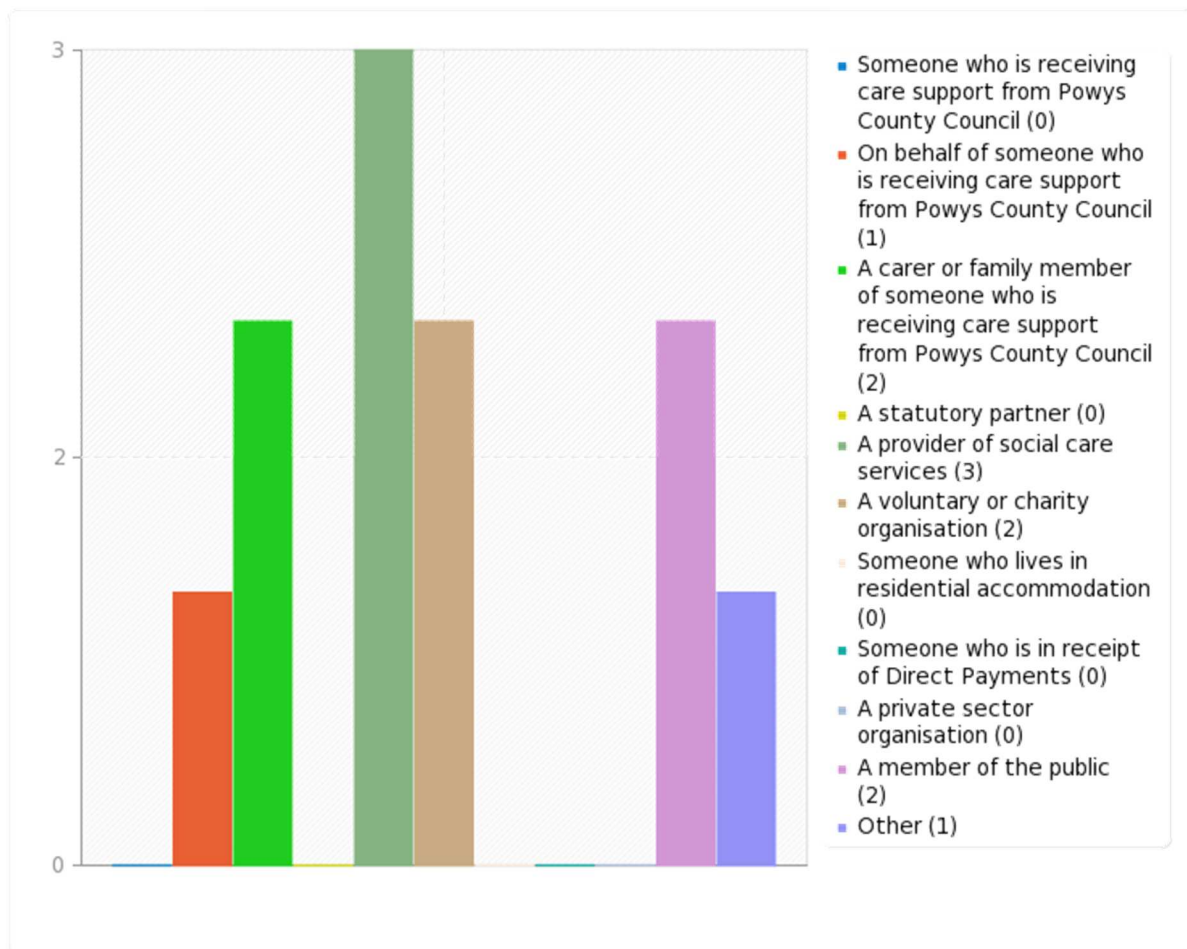
Q2. In our issues sheet, we give some examples of how services can be delivered (e.g. residential care or Direct Payments) and their respective costs. Are there other ways you feel we could be meeting the needs of the service user but also managing tax payers' money responsibly?

- Hard to say - there will be genuine people who need support and fair charging, but there will be others who are financially driven and 'out for what they can get'.
- A lack of respite beds will eventually lead to carers failing to cope and adding to your costs. It has taken me 4 months to find 1 weeks respite. I almost pre book in advance because homes tell me they cannot say what vacancies they have because social services pre book all the beds. Is that right? Is it true?
- The social services team is only dealing with people who are in a crisis situation, other requests are left for months before they are allocated a social worker. By reducing the number of social workers and changing the areas they cover the department is seriously over stretched. Therefore hardly any preventative work is going on. There are a huge amount of people who could be accessing our service but are no longer being referred by Powys Social Services and therefore wasting money.
- Check finances before direct payments are passed. Careful 'means' tests. Perhaps we have handed money out in the past too freely. Why not spend money on care in our elderly life!!!

Q3. Following on from this, what technology could help us achieve these aims?

- Not informed enough on current technology to make a judgement
- Not sure - the current older generation aren't necessarily technology literate. Carer check in systems are helpful to indicate exactly how long carers are required.
- We use very limited assistive tech other than the pendant.
- More social workers not technology is needed. Or at least put one member of the team to cover one area, cutting down on travel time!
- Electronic chairs. Nursing beds in the homes. Mobile phones - large pad. Electronic comfy chairs.

Q4. Are you filling in this survey as:



Other: Not stated.

Q5. Are there any other comments or suggestions you would like to make about a Fair and Affordable Charging policy?

- I cannot find respite care because of a lack of beds. Social services seem to book all the beds. Even though I would love to pay £92 per day while social services only pay the homes £55 per day. What is going on? I would really like to know.
- When doing listening and learning survey there is no point in asking people who do not use the day centre whether they would use it. They are probably not desperate yet!! They probably have a family member who still takes them out into the community, or are able to still access it themselves. There is a saying 'it will never happen to me'. Most of us hope that we will be lucky enough just to leave this planet in our sleep...however that's not always the case.
- Ask individuals now to start saving for later. Set up a saving scheme to make people aware. Press the Welsh Assembly Government about raising charges - people are willing to pay!

Q6. Further discussionsThis is the first stage of our review process. If you would be interested in taking part in further discussions after this listening and learning engagement stage closes please provide your details below.

(Not relevant for this report – information held by the Communications Team)

Q7. Have you answered this survey as an individual or on behalf of an organisation or a group of people?

All of those who answered this question, answered as individuals.

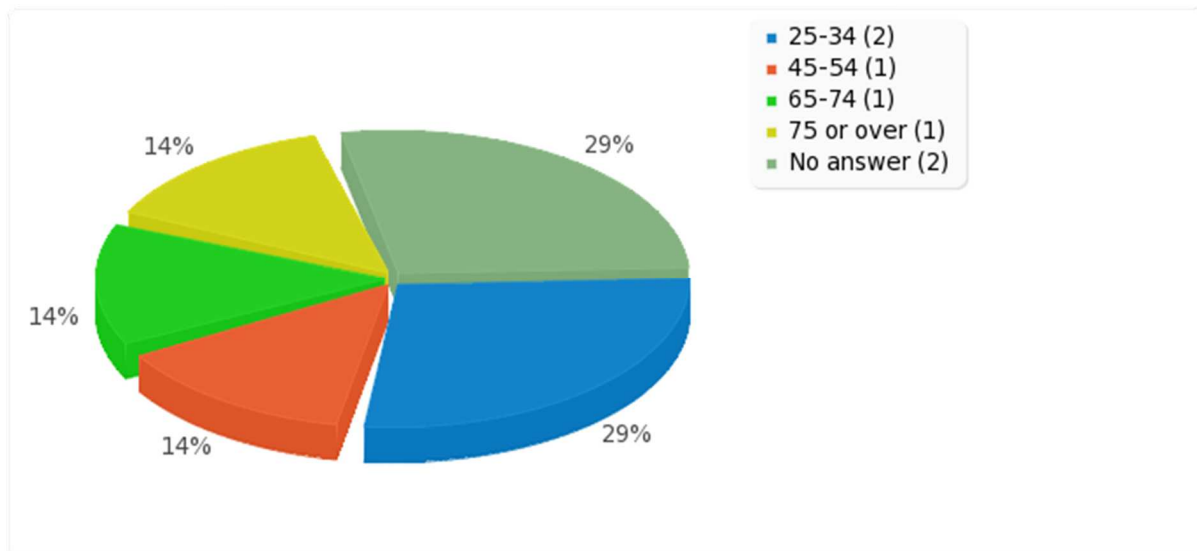
Q8. What is your gender?

Of those who answered:

Female: 3

Male: 2

Q9. What is your age?



Q10. Do you have any physical or mental health conditions, illnesses or impairments, lasting, or expected to last, 12 months or more?

Of those who answered:

No: 3

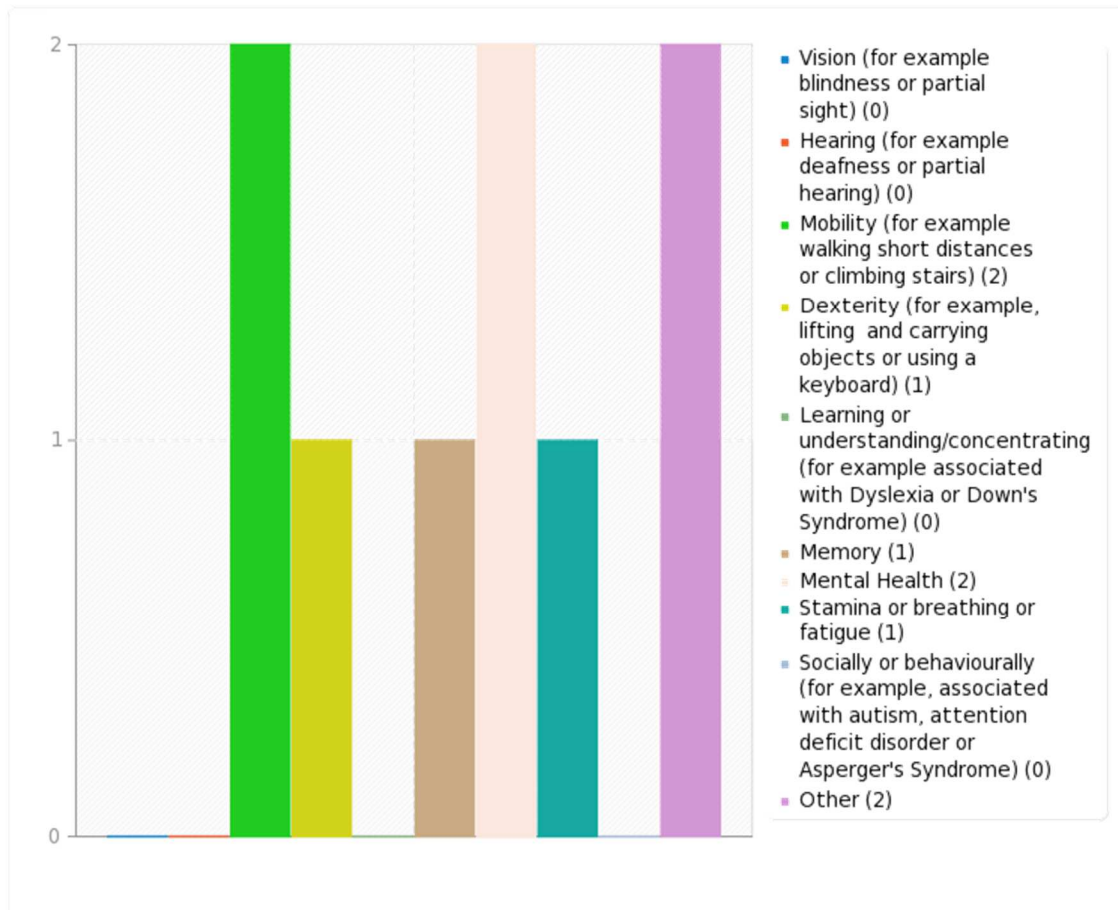
Yes: 1

Q11. If you answered Yes to the previous question, does your condition, illness or impairment or do any of your conditions, illnesses or impairments reduce your ability to carry out day-to-day activities? In answering this question, you should consider

whether you are affected whilst receiving any treatment or medication for your condition or illness and/or using any devices such as a hearing aid.

The one respondent answered “Yes, a lot”.

Q12. If yes, please indicate what these are:



Q13. Can you understand, speak, read or write Welsh?

Of those who answered:

Understand spoken Welsh – 2

Speak Welsh – 1

Read Welsh – 1

Write Welsh - 1

None of the above - 3

Q14. What is your main language?

All who answered, said English.

Q15. How would you describe your national identity?

Of those who answered:

Welsh – 2

English – 2

British - 2

Q16. What is your ethnic group?

All who answered, answered, White.

Q17. (If over 16) Which of the following options best describes how you think of yourself?

All who answered, answered Heterosexual/Straight.

Q18. (If over 16) What is your current marital or same-sex civil partnership status?

All who answered, answered Married.

Q19. What is your religion?

Of those who answered:

No religion: 2

Christian (all denominations): 2

Q20. If you are completing this survey on behalf of an organisation please provide the following information:

No one responded as an organisation.