

## Health and Care Scrutiny Committee

---

Meeting Venue

**By Zoom**

---

Meeting Date

**Friday, 8 March 2024**

---

Meeting Time

**2.30 pm**

---

For further information please contact

**Kath Flanagan-Jones**

01597 826524

katharine-maria.flanagan-  
jones@powys.gov.uk



County Hall  
Llandrindod Wells  
Powys  
LD1 5LG

04.03.2024

---

The use of Welsh by participants is welcomed. If you wish to use Welsh please inform us by noon, two working days before the meeting

---

### AGENDA

<b>1.</b>	<b>APOLOGIES</b>
-----------	------------------

To receive apologies for absence.

<b>2.</b>	<b>DECLARATIONS OF INTEREST</b>
-----------	---------------------------------

To receive declarations of interest from Members.

<b>3.</b>	<b>DISCLOSURE OF PARTY WHIPS</b>
-----------	----------------------------------

To receive disclosures of prohibited party whips which a Member has been given in relation to the meeting in accordance with Section 78(3) of the Local Government Measure 2011.

(NB: Members are reminded that, under Section 78, Members having been given a prohibited party whip cannot vote on a matter before the Committee.)

<b>4.</b>	<b>MINUTES AND ACTIONS LOG</b>
-----------	--------------------------------

- (i) To authorise the Chair to sign the minutes of the meeting held on the 1<sup>st</sup> December 2023 as a correct record.
- (ii) To review the actions log.

(Pages 5 - 20)

<b>5.</b>	<b>UPDATE ON THE JOINT SCRUTINY WORKING GROUP - LEISURE REVIEW</b>
-----------	--

To receive an update from the Chair of the Joint Scrutiny Working Group - Leisure Review.

(Pages 21 - 24)

<b>6.</b>	<b>CORPORATE SAFEGUARDING BOARD ACTIVITY REPORT</b>
-----------	---

To receive and consider the Corporate Safeguarding Board Activity Report.

(Pages 25 - 32)

<b>7.</b>	<b>POWYS COUNTY COUNCILS RESPONSE TO LLAIS ENGAGEMENT REPORTS</b>
-----------	---

To receive and consider Powys CC's response to Llais following receipt of the engagement reports from the Builth & Llanwrtyd and the Ystradgynlais localities.

(Pages 33 - 74)

<b>8.</b>	<b>WORK PROGRAMME</b>
-----------	-----------------------

To note the scrutiny forward work programme.

(Pages 75 - 78)

<b>9.</b>	<b>EXEMPT ITEMS</b>
-----------	---------------------

RESOLVE to exclude the public for the following items of business on the grounds that there would be disclosure to them of exempt information under categories 1, 2 & 3 of The Local Authorities (Access to Information) (Variation) (Wales) Order 2007).

The Monitoring Officer has determined that categories 1, 2 & 3 of the Access to Information Procedure Rules apply to the following items. His view on the public interest test (having taken account of the provisions of Rule 14.8 of the Council's Access to Information Rules) was that to make this information public would disclose information relating to the financial or business affairs of any particular person (including the authority holding that information).

These factors in his view outweigh the public interest in disclosing this information. Members are asked to consider these factors when determining the public interest test, which they must decide when considering excluding the public from this part of the meeting.

<b>10.</b>	<b>TRANSITION BETWEEN CHILDREN'S AND ADULT SERVICES</b>
------------	---

To receive and consider a presentation on the Transition between Children's Services and Adult Social Care.

<b>11.</b>	<b>NOT FOR PROFIT FOSTERING FRAMEWORK AND BUSINESS CASE</b>
------------	---

To receive and consider the report and business case for the Not for Profit Fostering Framework.

(Pages 79 - 106)

**Committee Reflection**

Following the close of the meeting, the Committee is asked to take 5 to 10 minutes to reflect on today's meeting.

This page is intentionally left blank

## MINUTES OF A MEETING OF THE HEALTH AND CARE SCRUTINY COMMITTEE HELD BY HYBRID MEETING - ZOOM - COUNTY HALL ON FRIDAY, 1 DECEMBER 2023

### PRESENT

County Councillor A Jenner (Chair)

County Councillors G E Jones, J Ewing, L Rijnenberg, C Robinson, C Walsh,  
L Brighthouse, H Hulme,

Cabinet Members in attendance

County Councillors S Cox , S C Davies and D A Thomas

Officers in attendance (Powys County Council)

Neil Clutton (Professional Lead – Strategic Property), Nina Davies (Director of Social Services and Housing), Rachel Evans (Head of Commissioning and Partnerships), Sharon Frewin (Head of Adult Services), Sharon Powell (Head of Children’s Services), Mari Thomas (Deputy-Head of Finance).

Officers in attendance (Powys Teaching Health Board)

Joy Garfitt (Interim Executive Director of Operations/Director of Community and Mental Health), Clare Lines (Assistant Director – Transformation and Value), Carly Skitt (Strategic Planning Manager), Hayley Thomas (Interim Chief Executive), John Thomas (Communications & Engagement Specialist).

<b>1. APOLOGIES</b>
---------------------

Apologies for absence were received from Cllrs Edwin Roderick, Benjamin Breeze, Elwyn Vaughan, Richard Church (Cabinet Member for a Safer Powys), Lynette Lovell (Director of Education and Children), Jane Thomas (Head of Finance/Section 151 Officer) and Wayne Tannahill (Associate Director of Capital, Estates and Property, PTHB).

<b>2. DECLARATIONS OF INTEREST</b>
------------------------------------

The Committee received the following Declarations of Interest from Members relating to items to be considered on the agenda:

- County Councillor Chris Walsh declared a personal interest relating to items 10, 11 and 12, due to being an Independent Member of Powys Teaching Health Board.
- Nina Davies (Director of Social Services and Housing) declared an interest due to being an Associate Member of Powys Teaching Health Board.

<b>3. DISCLOSURE OF PARTY WHIPS</b>
-------------------------------------

The Committee did not receive any disclosures of prohibited party whips which a Member had been given in relation to the meeting in accordance with Section 78(3) of the Local Government Measure 2011.

<b>4. MINUTES AND ACTION LOG</b>
----------------------------------

**Documents Considered:**

- Draft minutes of the Health and Care Scrutiny Committee meeting held 3<sup>rd</sup> November 2023.

**Observations and Recommendations:**

- Proposed by County Councillor L Rijnenberg and seconded by County Councillor C Walsh, the Committee moved to authorise the Chair to sign the minutes of the previous meeting as an accurate record.

<b>5. STRATEGIC RISK MANAGEMENT - QUARTER 2</b>
---

**Documents Considered:**

- Strategic Risk Management Report – Quarter 2 (2023)

**Background:**

- During Quarter 2 there were 15 risks listed on the Strategic Risk Register which were contained within Appendix A of the report. The summary of the strategic risks within a heat map was contained within Appendix B.
  - The remaining strategic risk was withheld from the public report due to the need to preserve commercial confidentiality.
- The report provided assurance updates for each strategic risk from the relevant risk owner and Service Area.
- The heatmap (Appendix B) showed that:
  - Five out of the 14 strategic risks were rated as *likely* having a *major* impact.
  - EDR0011 was rated as *almost certainly* having a *major* impact.
  - ASC0064 was rated as *likely* having a *severe* impact.
- The Strategic Equalities and Risk Officer noted the strategic risks relating to health and social care, namely strategic risk ASC0064 – “Welsh Community Care Information System (WCCIS) is not fit for purpose, then it will impact upon service area’s ability to carry out our statutory operational duties”.
  - The impact rating for ASC0064 increased from *major* to *severe*, which equated to an increase from a residual rating of 12 to 20.
- The Strategic Equalities and Risk Officer reported additional strategic risks relating to health and care, including:
  - ASC0066 - If a Social Care provider(s) fail then the pressure on care homes, domiciliary care providers, supported living and other providers would become unsustainable.
    - Residual rating reduced from 20 to 12.
  - ASC0071 - If there is insufficient capacity to respond to the longer-term demand in Adults' services in timely manner.
    - Residual rating of 9.
- Cabinet was requested to deescalate strategic risk PCC0008 – “If planned power outages (rota disconnections) occurs then it may affect our ability to deliver services”.

**Issues Raised by the Committee and Responses Received:**

<b>Issues Raised by the Committee:</b>	<b>Responses Received:</b>
<p>Regarding WCCIS, if information was not recorded then there was potential to compromise the safeguarding of children and adults. For example, if information had not been recorded about a person, a pattern of behaviour may not be identified by the police, social workers and other multi-agency teams involved.</p> <p>One of the workarounds to mitigate this was that more administrators would enter the data on behalf of social work staff. Given the shortages in the labour market and general recruitment difficulties, could assurance be provided that there were enough staff to mitigate these issues?</p> <p>The Chair added that WCCIS had featured on the risk register for some time and had asked previous Heads of Service whether people were being put at risk. The Head of Children confirmed that there was an instance where information could not be accessed to undertake an assessment with a child, although they were able to mitigate this it was still a risk.</p>	<p>The Director of Social Services and Housing reported that WCCIS was a significant risk for both service areas and corporately, as outlined in the Strategic Risk Register report.</p> <p>There had been many instances, some quite recently, where the system had not been working as it should. This resulted in read-only data access; however, the issue was in updating new data onto WCCIS. When the system was not available, a backlog of information would occur which needed to be entered onto the system.</p> <p>There was a service and cost implication as this resulted in staff needing to input data at a later date, thus requiring overtime payments, due to the work needing to be undertaken outside of normal working hours. The Director of Social Services and Housing noted that there was not a problem with staffing the data administrators at present.</p> <p>The Head of Adult Services reported that although there were mitigations for WCCIS, it remained a significant risk. There had been multiple sustained outages during the previous weeks. The key risk areas were weekend and out-of-hours cover by emergency teams, and how the Service ensured they could access the correct information.</p>
<p>Committee Members had previously been assured that a new system would be implemented with different models/options to be provided. Had there been a decision on the replacement system for WCCIS?</p>	<p>The Director of Social Services and Housing confirmed that the Council would be moving to a new system which was guaranteed, with an indicative timescale of quarter 3 (late 2024/early 2025). This was also when WCCIS was due to cease operation. The change to the new system would be implemented across Wales.</p>

	<p>The options report had been prepared and considered, with the decision being made within the next week or so. In the interim period, the Director of Social Services and Housing and the IT support team would continue to escalate any issues and concerns with WCCIS daily. If necessary, follow up with the national team, Welsh Government and ADSS Cymru would also occur.</p> <p><b><i>N.B. ADSS Cymru – Association of Directors of Social Services Cymru.</i></b></p>
<p>If the new system was not due for implementation until 2025, Committee Members needed assurances that there were contingencies in place, which would not increase the cost implications which could put service users and staff at risk.</p>	<p>The Director of Social Services noted that there were cost implications involved with paying staff overtime, when completing data entry outside of their normal working hours due to system outages.</p> <p>The Council was therefore escalating and identifying the contractual obligations to ensure the system worked how it should.</p> <p>Data cleansing had already started, as the transition to the new system would take time due to the large volumes of data needing to be transferred, and to ensure that the system was robust and prepared moving forward.</p>
<p>In relation to the cost impact, would there be a specific pressure identified for both Adults' and Childrens' Services in the next budget?</p>	<p>The Director of Social Services and Housing replied that this pressure was not anticipated to be included in the budget, as the impact now was minimal. Although it was not currently anticipated, there was a possibility that the position may change.</p>
<p>Do you anticipate the WCCIS strategic risk to continue to escalate on the Strategic Risk Register?</p>	<p>Performance had been poor during the previous few weeks so this risk needed to be reviewed at the next quarterly reporting of the Strategic Risk Register.</p> <p>The Head of Adult Services reported that teams were doing as much as possible to ensure the system was operational following outage periods. The point on data cleansing was</p>



	reiterated, due to the need to prepare for the new system implementation.
When the update was available, how would this be communicated across the Council and to the Scrutiny Committee?	The Director of Social Services could provide Health and Care Scrutiny Committee with an update regarding the WCCIS replacement options. <b>ACTION</b>
Regarding Strategic Risk ICT0029 – Cyber Issues, did the Council still utilise operating systems that were no longer supported by security updates, such as Windows 7/8, which could be open to compromise?	The Director of Social Services needed to seek clarification before providing an answer to the question. <b>ACTION</b>
The Chair asked whether the Cabinet Member for Finance and Corporate Transformation wanted to raise anything relating to the Strategic Risk Management report.  The Chair requested that Cabinet ensure that the Health and Care Scrutiny Committee be kept up to date with regard to the WCCIS system and associated strategic risk.	The Cabinet Member noted that the report would be thoroughly scrutinised by the other Scrutiny Committees, and would also be considered by Governance and Audit Committee.
	With regard to the closed strategic risk, RCPCH0007, the Head of Commissioning and Partnerships confirmed that the risk had been resolved and closed.

**Actions:**

- Director of Social Services and Housing to provide Health and Care Scrutiny Committee with an update regarding the outcome of the WCCIS replacement options report.
- Director of Social Services and Housing to seek clarification as to whether the Council still utilised operating systems no longer supported by security updates, which could cause security compromise.

**Observations and Recommendations:**

- Recommendation that the Health and Care Scrutiny Committee receive updates on the WCCIS strategic risk.

<b>6. CORPORATE SAFEGUARDING BOARD ACTIVITY REPORT</b>
--

**Documents Considered:**

- Corporate Safeguarding Board Activity Report

**Background:**

- The Director of Social Services and Housing provided the Committee with an update on the work of the Powys Corporate Safeguarding Board, for the meetings held 4th August and 15th September 2023.
- Nine actions were rated as 'green, on-track' and one as 'amber, slightly off track'.
  - The amber recommendation related to expectation of contractors in respect of safeguarding training.
- The annual safeguarding self-assessment audits were discussed by the Board.
- A dashboard had been created which allowed the actions to be monitored and progress tracked. Work was ongoing by Heads of Service to update their actions.
- The Board were shown a presentation about the implementation of a tiered approach to contract management, and prioritising resources for contracts.
- There were discussions around Channel and Community Safety Partnership agreement arrangements. It was agreed that officers would undertake work around proposals, which would be fed back to the next Board meeting in December.
- Safeguarding Theme of the Month – the Board were informed that Spotlight on Safeguarding Communications had started, with regular updates and communications released.
- A safeguarding conference hosted by Powys had taken place, with a focus on rural safeguarding.
- White Ribbon Day walks had been held across Powys.
- Reports by exception were received from Housing, Education and regarding safeguarding training for Adult and Children Social Care.
- The Volunteering for Powys County Council policy was included for the Board's information and noted that it had been approved.
- The Board were informed that 98.5% of Members were compliant with mandatory safeguarding training, with mitigating circumstances for the 1.5% non-compliance.
- A safeguarding vlog was discussed and would be provided to the Board at the meeting on 14<sup>th</sup> December 2023. The following meeting was scheduled for 14<sup>th</sup> March 2024.

**Observations and Recommendations:**

- Committee Members reviewed the scrutiny action tracker and were satisfied with the Director of Social Services and Housing's responses to the previous actions, relating to the link contained within the Corporate Safeguarding Board Activity Report not working.
- The Chair confirmed that following a request from the Committee, both the Chair and Vice-Chair attended the National Safeguarding Conference. The Chair wished to formally note that the event was well organised with innovative presentations on best-practice.
- The Chair noted the presentation provided by the New Zealand group, She Is Not Your Rehab, and asked that the Committee be updated if

similar initiatives on intergenerational trauma, violence and abuse were to be discussed at a Welsh-level.

- There were no other questions from Members.

## **7. WINTER PRESSURES**

### **Documents Considered:**

- Winter Pressures (2023) Cabinet Report

### **Background:**

- The Head of Adult Services provided an overview of the Winter Pressures report, which was presented to the Cabinet on 14<sup>th</sup> November 2023.
- The Head of Adult Services noted that what were previously considered winter pressures were now being seen throughout the year, with increased demand and complexity impacting on care and support options.
- Specific details were requested regarding hospital discharges. A range of support options were needed to ensure admissions were reduced; to keep people living in their own homes for as long as possible; to reduce delay discharges and the length of stay in hospitals, which should delay the need for more enhanced care and support.
- The report noted there were a significant number of people waiting for more timely assessments. The Head of Adult Services assured the Committee that new operational processes provided increased and enhanced capacity through a managed agency. There was now around 100 people awaiting allocation, which was a significant drop from 300 people waiting in September 2023.
- As a result of the changes to the operational processes, there had been a decrease in the number of people being delayed from hospital discharge due to social worker assessments.
- It was important to note the unique factors and demography of Powys which pressured social work teams and health colleagues, due to the absence of a district general hospital. Staff needed to travel to a number of hospitals around Powys' border which dispersed resources due to the travel time involved.
- Consequently, during crisis periods, staff needed to attend more escalation meetings to manage demand and allocate resources effectively.
- Compared to the rest of Wales, Powys had more people waiting for domiciliary and residential care, there was also a lack of nursing beds available in the county. Work was ongoing within the Commissioning and Partnerships Service to develop these care markets.
- The number of people awaiting domiciliary care had decreased, however it was important to note that in September 2023, more than 800 hours of extra domiciliary care were provided compared to the year before which was not meeting the demand.
- Mitigations included reviewing how the Council operated by enhancing the locality model, allocating resources in the right place at the right time.
- Work continued with third sector partners and with Powys Teaching Health Board to develop the Home First and reablement programme.

- A review was expected into the reablement programme, to ensure it was fit for purpose.
- Social work capacity had increased as well as trailing different roles in the social work teams with discrete functions. For example, having officers dedicated to carers assessments and hospital discharges which had seen a significant reduction in delays, thus allowing risk to be managed more effectively.
- Conducting the first of a two-week review into the 'perfect week for discharges', which included the Council, third sector, Health Board colleagues reviewing the discharge process, to ensure it was as efficient and effective as possible.
- The escalation process had been reviewed to ensure continuous communication rather than meeting when crisis periods approached.
- The frailty project embedded learning from occupational therapist teams, with significant increase in capacity.
- By undertaking online and telephone assessments and triaging, the waiting list for occupational therapy in North Powys to the six week target which was an appropriate target to set.

**Issues Raised by the Committee and Responses Received:**

<b>Issues Raised by the Committee:</b>	<b>Responses Received:</b>
<p>Are you expecting the trends to continue to improve with the extra resources put into place?</p>	<p>The Head of Adult Services noted that it was hoped that they would improve, although it would likely plateau over the following months due to winter pressures from respiratory illnesses.</p> <p>Further work was required around the third sector, especially around the Social Value Forum and preventative agenda. Once the market had been developed sufficiently as well as capacity within the assessment process, the next focus would be prevention.</p>
<p>Regarding the data on numbers of open referral and delays, which were contained within the monthly service reports. It would be helpful for the Committee to review the trends in these data at the end of Quarter 1, as to whether there was a downward trajectory. <b>ACTION</b></p>	<p>Not at present.</p>
<p>Will you be requesting additional funding for the Hospital Discharge Team? Would there therefore be a budgetary impact, or had this already</p>	<p>The increased capacity currently in place was limited to March 2024. During this window of opportunity, enhanced work was ongoing with</p>

<p>been considered within the current budget?</p> <p>In relation to the aspects mentioned by the Head of Adult Services, was additional resource required in next year's budget?</p>	<p>teams such as data cleansing and streamlining operational and assessment processes to become more effective and streamlined.</p> <p>The Locality Model was being explored, including developing more robust links with community connectors and local area coordination.</p> <p>No, not at this point.</p>
<p>It was pleasing to see the number of people waiting to be allocated a social worker had decreased, which was attributed to operational changes.</p> <p>Had there been a loss of a care company in Newtown?</p>	<p>The Head of Commissioning and Partnerships was aware of the matter and could provide an update in writing to Health and Scrutiny Committee Members. <b>ACTION</b></p>
<p>Was there a need to restructure care companies, with a focus on allocating carers to specific areas, such as one town to reduce mileage and travel time? There were also people requiring care living in rural communities which needed to be addressed.</p>	<p>The Head of Commissioning and Partnerships responded that there was an extensive programme of work ongoing, known as Transforming and Modernising Domiciliary Care and Direct Payments.</p> <p>The focus was on developing a locality, catchment-based approach, to reduce travel and downtime for staff. The Service were also working closely with providers to understand whether this approach would work, and around attracting people into the workforce.</p> <p>Meet the buyer events were currently being undertaken to attract providers, who would then move onto the Council's dynamic purchasing system (contract mechanism). There were sometimes issues when new providers entered Powys, as they were competing and drawing on the same workforce. Attracting new staff into care work was therefore important.</p>
<p>Could day centres be utilised to assist with hospital discharges, or for use as a package of care?</p>	<p>The Head of Adult Services agreed that a locality model was pivotal. The Head of Service confirmed that the use of day centres was a potential route to improve hospital discharges and return</p>

	<p>people to their local communities.</p> <p>Further engagement work was ongoing to establish what mattered most to people, so that they could be connected with the appropriate groups already in operation within the local area, which may be a day centre.</p>
<p>The Day Opportunities engagement process was already underway, what were the Council doing to specifically target and find information relating to day centres and day opportunities? The meeting in Welshpool was attended by third party organisations, although no service users were physically present.</p> <p>Were the Health Board involved so that feedback could be received around opportunities for outpatients, and people waiting to return to live within their community?</p>	<p>The Head of Adult Services confirmed that the service were communicating with Health Board colleagues, and this extended to the Live Well partnership, and were also likely ongoing within the Age Well partnership.</p> <p>There was a role for the Assessment Team to capture data and combine this with other information held within Dewis and Info Engine, to align with the work of community connectors. The outcome will likely be around a redefined role for local area coordination.</p> <p>The information would be collated around January and options would then be decided upon. The findings and options considered by the service would then be provided to scrutiny to consider before final decisions had been made.</p> <p>The Cabinet Member for a Caring Powys noted that the Day Opportunities Review was not solely focused on day centres, however they were involved within the review to form a larger picture of what provided motivation and pleasure for people utilising day opportunities.</p>

**Actions:**

- To review the open referral trends contained within the monthly service updates, following Winter/Quarter 1.
- Head of Commissioning and Partnerships to provide a written response regarding the closure of a care company in Powys.
- To review the options following the Day Opportunities engagement exercise – add item to the work programme for April 2024.

**Observations and Recommendations:**

- The report was noted.

<b>8.</b>	<b>JOINT WORKING (ACCELERATED SUSTAINABLE MODEL)</b>
-----------	--

**Documents Considered:**

- ‘Better Together’ presentation provided by Powys Teaching Health Board (PTHB).

**Background:**

- The PTHB Assistant Director – Transformation and Value provided Committee Members with a presentation around joint working and the accelerated sustainable model.
- The PTHB Interim Chief Executive noted that both the Council and Health Board experienced shared challenges across Powys relating to demands on services, workforce and finances.
- The long-term, health and care strategy had been in development since 2017, which set out to establish a clear vision on how public sector organisations within Powys would work together, with a focus on well-being and shared service delivery.
- A joint executive team between the Council and Health Board had been established, there had also been agreement to consider how joint working could inform Sustainable Powys.
- A copy of the presentation slides were provided and were available to view within the agenda pack.
- The Director of Social Services and Housing noted that in addition to working with PTHB, the Regional Partnership Board also had a role in linking with other partner organisations operating in Powys. There was a focus on prevention, Home First, person-centred rebalancing, in addition to finding digital solutions and incorporating place-based planning.

**Issues Raised by the Committee and Responses Received:**

<b>Issues Raised by the Committee:</b>	<b>Responses Received:</b>
Regarding the Better Together slide, would this work also feed into other projects such as the North Powys Wellbeing Hub, in terms of delivery?	Yes, they were. The overarching model was a whole Powys approach, although elements were modelled specifically for the delivery of North Powys Wellbeing Hub.
Regarding the leading edge approach to frailty outlined in the presentation, the commissioning of a professor to lead on this work was mentioned, how would the professor’s expertise be utilised and would learning be available to the Council?	Different clusters of funding were collated together alongside the evidence-based clinical guidance to agree what a leading edge frailty service needed to look like. The professor was therefore not going to identify an approach away from this.  It was already known in Powys that a primary and community-oriented model was required due to the absence of a district general hospital. Working with

	<p>the clusters, Powys County Council and the Regional Partnership Board, the professor would lead on specific issues such as developing complex geriatric assessment, and how this can be undertaken in Powys to prevent people needing multiple appointments and medicines, for example.</p> <p>It was confirmed that the professor would be employed and paid for by Powys Teaching Health Board.</p>
<p>How do you ensure that the 'No Wrong Door' policy worked in practice?</p>	<p>The Assistant Director – Transformation and Value responded that whilst intergenerational thinking was a well embedded concept within mental health and children's healthcare, it was not so well embedded for older persons' healthcare.</p> <p>Noted that one single front door is not fit for purpose. For example, the Director of Community &amp; Mental Health noted there was availability for citizens of Powys and more widely in Wales, to access a 24-hour mental health crisis phone line to speak with a professional in Powys, with onward referral to the next appropriate service if needed.</p> <p>The key principles were about wrapping support, assistance and information around the individual, to guide them to the next step. This required individual services to speak with each other to gain a greater understanding of the individuals' needs, such as around mobility and the wider social perspective of their mobility needs. Support could also take the form electronically by email, online materials or by posting leaflets and written materials.</p>
<p>How do you plan to gather and communicate intelligence gathered, such as local community and support groups?</p>	<p>PAVO and the Dewis search engine were important to provide information about local community and support groups. Community connectors also updated the 111 call centre practitioners, to provide updates on the various agencies, sports clubs, and</p>



	<p>other local groups available within communities.</p>
<p>How do you plan to aid people to access help before reaching the crisis point?</p>	<p>Within the context of frailty, GPs and primary care services were working on scoring frailty, by looking across the practice population. Individuals with recurring urinary tract infections for example, may also have problems with balance which then increased the frailty score.</p> <p>The frailty model would then become relevant at an earlier stage of frailty, to connect the person with a group such as pilates, to strengthen core muscles. It could also extend to the person needing their glasses checked, or referral for a full frailty assessment.</p> <p>Relationship development between practitioners and individuals was helpful due to the small number of staff working within the call centre, so people felt comfortable to ring back and to update on how they were feeling.</p>
<p>Have you considered the role of county councillors in information sharing?</p>	<p>PTHB could attend Member Development sessions to update Members on new models of care and developments, and to attend scrutiny again in future.</p>
<p>Community councillors across Powys also have a role to play, with town and community councils being well placed amongst Powys communities. In the context of frailty, what are you doing or planning to do around communications to ensure people who are fit, stay fit for longer?</p>	<p>The Regional Partnership Board had an important role to play around shift to prevention. Awareness needed to be built around frailty, as it was not just related to the Age Well programme, but also Live Well.</p>
<p>How would you involve children in this process?</p>	<p>PTHB officers attended Start Well meetings which provided an effective conversation, topics included children who were cared for by their grandparents for example.</p> <p>Public health protection work within PTHB may be shared with county councillors and with town and community councils, to increase their</p>

	<p>awareness of protection and prevention work that was already in place and ongoing.</p> <p>The Cabinet Member for a Caring Powys noted the Regional Partnership Board were focused on systemic change around healthy weight. As part of the series of workshops, there was a focus on breastfeeding and its importance in building resilience at the beginning of a person's life. This then led on to conversations around how breastfeeding rates could be increased, by working with people to help and prepare before birth.</p>
--	--

**Observations and Recommendations:**

- Recommendation for an in-person Member Development session from Powys Teaching Health Board – focusing on themes rather than high-level updates only.

<b>9.</b>	<b>EXEMPT ITEM</b>
-----------	--------------------

The following motion was proposed by County Councillor C Walsh and seconded by County Councillor G E Jones, the Committee therefore:

**RESOLVED to exclude the public for the following items of business on the grounds that there would be disclosure to them of exempt information under categories 2 and 3 of The Local Authorities (Access to Information) (Variation) (Wales) Order 2007).**

<b>10.</b>	<b>THERAPEUTIC ATTACHMENT TEAM PRESENTATION</b>
------------	---

The Head of Children's Services provided a presentation to Committee Members regarding the work of the Therapeutic Attachment Team.

<b>11.</b>	<b>NORTH POWYS WELLBEING HUB</b>
------------	----------------------------------

The Strategic Planning Manager provided a presentation and updates regarding the North Powys Wellbeing Hub.

<b>12.</b>	<b>Q2 STRATEGIC RISK REGISTER - CLOSED RISK</b>
------------	---

The Head of Commissioning and Partnerships provided an update regarding the confidential strategic risk RCPCH0007 and reported that the issue surrounding

the strategic risk had been resolved. Formal de-escalation of strategic risk RCPCH0007 would therefore be sought from Cabinet.

<b>13. WORK PROGRAMME</b>
---------------------------

**Documents considered:**

- Health and Care Scrutiny Committee Forward Work Programme 2022-2027

**Background:**

- The Health and Care Scrutiny Committee work programme was included in the agenda pack for the Committee to note, and to consider any additional items for inclusion.

**Observations and Recommendations:**

- The Chair and Vice-Chair had previously met with the Scrutiny Officer to review the work programme.
- The work programme was noted.

**County Councillor A Jenner (Chair)**

This page is intentionally left blank

# 5

## Working Group Report to the Economy, Residents and Communities Health and Care / Learning and Skills

<b>Working Group:</b>	Joint Scrutiny Working Group – Leisure Review
<b>Meetings Held:</b>	From May 2023 – January 2024

### **Matters Considered:**

The purpose of the Working Group was to examine, scrutinise and seek assurance on the effectiveness and impact of the Officer Working Group processes for the Leisure Review. In particular the Working Group considered the reliability, breadth, and depth of the information that the Officer Working Group had accessed while undertaking the Review.

The Working Group were not required to consider the potential outcomes and recommendations of the officer group and understood that the process would be undertaken by the Scrutiny Committees when the draft final report and recommendations were produced later in the year for consideration by Cabinet.

The Working Group were tasked to examine, scrutinise, and seek assurance around each element of the Leisure Review Workstreams, including:

1. The financial sustainability of the contract
2. The interaction with the school's service
3. Communication / engagement with stakeholders
4. Data / insight
5. Consideration of accessibility, poverty, equality agendas
6. The consideration of alternative delivery models
7. The conclusion of the asset review of the centres
8. Communications and engagement

### **Outcomes / Concerns / Observations:**

- officers from the services were commended on the significant number of detailed documents, data, analysis, and officer time provided.
- questions, queries, and challenges aimed at officers were answered with complete clarity and confirmation although some information requested was not provided.
- aligned timelines with the Officer Working Group supported information to be shared at the earliest availability.
- Initial concerns were raised around resources and assurance sought to ensure that the process and officer work could be conducted and concluded comprehensively, that all options were being explored, budget processes and sustainability considered. Members received the required assurance.
- It was stressed that the pace in which the Council undertook the review was crucial to residents, staff and all those involved in the leisure industry. Timescales were realistic for the process to be conducted, completed and for proposals to be compiled and presented in a timely manner.
- the Working Group stressed the importance of the links identified between internal parties and officers, officers were encouraged to strengthen links to enable the Working Group to be kept informed and provide support during the process.
- It was noted that the information provided, and data analysis was only related to the Leisure Facilities run under the Freedom Leisure contract and did not include other leisure facilities run in the authority by charities, sports clubs, and other bodies.

**The eight elements of the process scrutinised provided:**

## **Working Group Report to the Economy, Residents and Communities Health and Care / Learning and Skills**

- assurance that all investigative aspects were thoroughly researched, and a full and comprehensive data set was provided to benchmark and provide comparisons.
- valuable insights were gained from external guests providing first hand experiences to the Working Group to gain further understanding and knowledge of potential alternative options for the management and control of leisure facilities.
- the approach to engagement was all-inclusive and evidence demonstrated the expansive range reached and the return of valuable data received. Engagement methods and the span of reach were encouraged by the Working Group to ensure that as many of the residents in Powys took part as possible through the survey undertaken.
- Members received details regarding the level of school utilisation of facilities and examples of how facilities are being used to support individual residents' wellbeing goals and health preventions, although the group did not receive sufficient input from Schools, Health, or Social Services.
- confirmation was received from officers in respect to regular updates on performance from Freedom Leisure together with feedback from Sport Development and other services the data received is subject to compliance and internal audit checks.
- Consideration was given to the Council's Corporate & Strategic Equality Plan that sets out the Stronger, Fairer, Greener Vision for the future and includes the well-being key priority objectives.

### **The documents provided and scrutinised included:**

- a full cost matrix with Finance Officers on hand to explain each step of the process and how the different elements of the review fed in to produce proposals for consideration. This included the provision of an interactive model that officers can use in the future that provided a very good analysis of the potential impact on service delivery to users and the available alternatives
- a summary of the detailed condition surveys and decarbonisation assessments offered evidence demonstrating that processes had been undertaken to a high standard and consistent throughout. Members also received details of the methods used to assess the revenue and capital requirements needed to meet the authority's aspirations for conditions of the building in the portfolio.
- an in-depth review of the condition survey was undertaken, and the processes followed by officers, in respect to the dry and wet facilities provided at the Leisure Centre in Ystradgynlais.
- a presentation from a Trustee of the Hay on Wye Swimming Pool and the Manager of Crickhowell Sports Centre was given to provide two different delivery models in respect of a charity run pool and a School managed dry sports facility.
- full analysis of the public engagement survey and the lengths taken to ensure inclusivity for the residents and how the results were a fundamental part in demonstrating how wide and varied the leisure offer was within Powys.

### **Information not provided Working Group.**

- members expressed concern that some of the financial performance data of each Leisure Centre was not accessible to be shared.
- payments to Freedom Leisure were not split between dry use facilities and pool use which the Working Groups felt schools would struggle with costings.

**Working Group Report to the Economy, Residents and Communities  
Health and Care / Learning and Skills**

- Information was provided for the number of schools using each pool, but the number of hours of swimming undertaken by schools over the year for each pool was not provided. (But now available)

**Conclusions:**

- overall, the Working Group concluded that each element had been considered and conducted thoroughly for the best outcome for the residents of Powys and the Council as a whole.
- that from the results of the customer survey, the facilities were seen to be a very valuable facility for each of the localities that they were based in.
- that the running and operational costs of the current portfolio of assets, can be met within the Council's current budget for the service and that Freedom Leisure appear to be running the centres at a profit. However, the capital requirement and investment exceeds the budget available now and, in the future, this will now need to be reviewed in light of the budget proposals for 2024-25 and future years.
- that there was an apparent significant difference, based on the figures presented, in the cost per activity across each of the centres. Although the lack of a full breakdown of the £2m+ paid by the Schools Service for its use of the facilities places a level of unreliability on these figures.
- that following the completion of the condition surveys and other property work that the authority has a significant capital investment requirement to bring the current portfolio of assets up to its condition target and to meet net Zero carbon targets.
- that a number of the dry side facilities were essential to meet the curriculum requirements of the Co-located high school site.
- that the draft report produced contains the full dashboard analysis of the data for leisure facilities in the county managed and run by other providers. And the total number of hours delivered to meet health and wellbeing needs are presented on a per centre basis (referrals & Welsh Government schemes).
- Assurance was provided that the School Service as part of the Schools Transformation Programme works closely with the Leisure Team to provide total costs of delivering the school curriculum including all transport cost as well as direct delivery.

**Recommendations to the Economy, Residents and Communities / Health and Care / Learning and Skills Scrutiny Committees:  
Recommendations to the Cabinet;**

Scrutiny's Recommendation	Accept (plus Action & timescale)	Partially Accept (plus rationale, action & timescale)	Reject (plus Rationale)
1. When Scrutiny is undertaken on the final report the members of the scrutiny committee/s should be provided with the full financial performance and activity data.			

**Working Group Report to the Economy, Residents and Communities  
Health and Care / Learning and Skills**

2. That a more detailed analysis of the school usage of swimming pools would be considered in future evaluations. For example the distance in which schools travel to facilities and the full transport cost and provision.			
3. To ensure that the total cost of delivering the school curriculum include all transport cost as well as direct delivery.			



# 6

## Powys County Council Scrutiny Report Template

<b>Committee:</b>	Health and Care Scrutiny
<b>Date:</b>	8 <sup>th</sup> March 2024
<b>Subject:</b>	Corporate Safeguarding Board Activity Report – From December 2023 Meeting

### 1. Who will be the Lead Officer(s) / Lead Cabinet Member(s) presenting the report?

<b>Name:</b>	<b>Role:</b>
Nina Davies	Interim Director of Social Services and Housing
Councillor Church	Portfolio Holder for a Safer Powys

### 2. Why is the Scrutiny Committee being asked to consider the subject?

To scrutinise the way the Corporate Safeguarding Board monitors safeguarding across the whole Council, and progress against the Action Plan.

### 3. Role of the Committee:

#### **The role of the Committee in considering the subject is to:**

To read and note contents of the update regarding the Corporate Safeguarding Board, scrutinise the work and its impact, and provide constructive challenge to the Council about its safeguarding activity in an impartial and independent manner.

### 4. Key Scrutiny Questions:

#### **What Key areas should the Committee focus on:**

Summary of most recent Corporate Safeguarding Board activity including updates about work in progress, achievements and action plans.

### 5. Guiding Principles for Scrutiny Members:

#### **To assist the Committee when scrutinising the topic:**

5.1 Impact the matter has on individuals and communities :

5.2 A look at the efficiency & effectiveness of any proposed change – both financially and in terms of quality

**[focus on value]**

5.3 A look at any risks

**[focus on risk]**

5.4 Looking at plans and proposals from a perspective of:

- Long term
- Prevention
- Integration
- Collaboration
- Involvement

**[focus on wellbeing and future generations]**

- 5.5 The potential impacts the decision would have on:
- protected groups under the Equality Act 2010
  - those experiencing socio-economic disadvantage in their lives (when making strategic decisions)
  - opportunities for people to use the Welsh language and treating the Welsh language no less favourably than the English language [focus on equality and the Welsh language]

**[focus on equality and Welsh Language]**

**Key Feeders (tick all that apply)**

Strategic Risk		Cabinet Work Plan	
Director / Head of Service Key Issue		External / Internal Inspection	x
Existing Commitment / Annual Report	x	Performance / Finance Issue	
Suggestion from Public		Referral from Council / Committee	
Corporate Improvement Plan		Impacting Public / other services	
Service Integrated Business Plan			
Suggestion from Members			
Partnerships			

**CYNGOR SIR POWYS COUNTY COUNCIL.**

**CABINET EXECUTIVE**

For Cabinet 27<sup>th</sup> February 2024  
For Governance and Audit 1<sup>st</sup> March 2024  
**For Health and Care Scrutiny 8<sup>th</sup> March 2024**

**REPORT AUTHOR:** Nina Davies, Interim Director of Social Services and Housing

**SUBJECT:** Corporate Safeguarding Board Activity Update

---

**REPORT FOR:** Information

---

**1. Introduction**

1.1 Cabinet is asked to note this Activity Report from the Corporate Safeguarding Board on 14<sup>th</sup> December 2023.

**2. Agenda discussions**

**2.1 Review of Progress against actions on Safeguarding Regulatory Tracker**

The updates against the Actions in the Tracker were reviewed, noting all are blue/completed or green/on track.

**2.2 Feedback from Cabinet, Scrutiny and Governance and Audit.**

The Board were advised of the comments and feedback from these governance forums, which had noted the Board's progress.

**2.3 Regional Safeguarding Board Annual Report.**

The Board were provided a copy of the Regional Safeguarding Board's Annual Report and advised that it provides a strategic overview of Adults and Childrens Safeguarding in the Region. Within it, a snapshot of PCC' safeguarding work was provided, including Powys' Child Exploitation Strategy that has been rolled out in other Regions. The Board were advised that Powys has received awards for their Child Sexual Exploitation work.

**2.4 Feedback on National Safeguarding Week (13-17<sup>th</sup> November 2023)**

The Board were informed that many Officers put in considerable work to ensure that Powys' hosting of the Annual Safeguarding Conference went well. There were a wide range of themes across both Adult and Childrens safeguarding subject areas; it was extremely well received and there was good attendance. Powys represented itself well and will host again in 2026.

The Board discussed the various presentations and speakers. Thanks were extended to all those involved for their hard work and commitment in making a very powerful, enjoyable, thought-provoking day which was a good mix of interacting and listening.

**2.5 Child Performance Licensing and Child Work Permits Progress Update.**

The Board was provided with a report outlining the number of Licences and Permits that had been awarded. The Board were advised that the team continues to address issues that arise, such as a child being employed without a permit. It was highlighted that that week's 'Spotlight on Safeguarding' focussed on Child Work Permits, directing readers to the 'Child Employment' section of the website.

[News Child employment \(sharepoint.com\)](https://www.powys.gov.uk/news/child-employment-sharepoint-com)

Next steps are being progressed, including some targeted awareness raising communications about the Regulations where child licencing is relevant.

The Board learned that joint work with the Royal Welsh Show is underway to create a positive link and increase knowledge about this matter ahead of the 2024 Show. Next year the team will have a presence at the Show to promote conversations about Child Work Permits, and the Show organisers will make information and applications available to exhibitors and trade stands etc, so applications are made in advance.

## 2.6 Safeguarding VLOG for Members and Governors

The Board were provided links to a recorded PowerPoint and Talking Head Vlog that consider some of the regular and more unusual questions, alongside some myth busting around safeguarding to provide a problem-solving resource. This will be used to support Member and other's development, creating links to safeguarding. The Board were asked to view the resource and feedback to Education Services.

[Safeguarding Talking Heads](#)

[Safeguarding PowerPoint](#)

## 2.7 Education Safeguarding Action Plan

The Board considered a confidential report from the Head of Education.

## 2.8 Reports by Exception were provided as below:

### a) Safeguarding in Housing including Young (16/17-year-olds) People's Housing.

The Board were informed that the number of 16 and 17 year olds who became homeless had risen by 4 to 7 since the report for the agenda had been written. Reasons for this and outcome of cases were explained, and data back to Quarter 1 provided to show changes or patterns. Data showing homelessness of Powys' Care Experienced young people will be included in future reports.

The Board discussed the demand on Housing Services and the complexity of the work creating continued pressure; numbers in temporary accommodation and the duration of stay was shared.

The Board were advised that a Welsh Government Consultation around the proposals to amend the Homelessness Legislation and duties around homelessness in the Social Services and Wellbeing Act is underway. The Consultation ends on 16th January 2024, and an update will be provided to the next Board in March 2024.

[White Paper on ending homelessness in Wales | GOV.WALES](#)

### b) Safeguarding in Education, including Elective Home Education and Fixed Term Exclusions

The Board were informed that in the last year contact with Elective Home Educated children and their families has increased from 2% to 72%. The number of elective home educated learners who have never been in a school has increased from 7% to 25% in the last year. The Board discussed this, reasons for children becoming electively home educated, and the challenges around how electively home educated children become known if they have never attended a school. The Board were advised that Powys are taking part in a 'Children Missing Education' Pilot which will look at such matters.

The Board were informed that numbers of Fixed Term Exclusions continue to increase, mirroring the Welsh and UK picture and considered to be an impact of the pandemic. The majority of Exclusions are in secondary age learners, but with an increase in Exclusions for primary age learners. The most common reason is persistent disruption. The Board were informed that a Working Group of Head Teachers will develop a common approach in terms of threshold and data to drive change in this area, alongside consideration of how the Pupil Referral Unit can assist.

### c) Mandatory Safeguarding Training, including VAWDASV

The Board were informed that compliance was 92.3%, and that increased compliance was seen in frontline services without access to IT, for example HTR showing 97% compliance.

The Board were informed that school staff's compliance with the VAWDASV Level1 training was low but had increased from 47% in Quarter 2 to 59.9% at end Quarter 3. The Board were advised that school's use of the (now) mandatory Training Matrix was improving compliance and that a deep dive had shown the non-compliant staff were largely occasional staff, and that more than one person

in each school had been Level1 trained. Targeted comms will be issued in the New Year about this, and other work will progress to improve and maintain compliance.

The Board were informed that a Steering Group has been set up for VAWDASV Level3 trained staff to support their professional development and provide mutual support; and that the White Ribbon Walks in November were very positive, resulting in high number of hits on the White Ribbon Instagram page.

d) Adult Social Care Safeguarding Performance, including Deprivation of Liberty Safeguards.

The Board were taken through the report about Adult Safeguarding noting there was no significant shift in trends in safeguarding issues. Pressures continue around Deprivation of Liberty Safeguard work (DoLS) in terms of backlog, demand and capacity. Funding and Team structure are being interrogated aiming to increase capacity. Benchmarking data around DoLS work in other Welsh Authorities will be included in the next report to map against Powys data.

The Board were informed that on investigation, the higher number of safeguarding referrals from / about care home staff may be due to a gap in the referrer's knowledge understanding about what is or is not safeguarding, the context and situation. This can indicate a need for increased understanding or training about what abuse and neglect is; this is built into an Action Plan with Providers if / when themes and trends are picked up in the safeguarding process.

e) Childrens Social Services Safeguarding Performance

The Board were updated about the Joint Inspection of Child Protection Arrangements (JICPA) completed in October and advised that it was an overall positive experience giving opportunity for reflection.

The Board were taken through the Childrens Safeguarding report, noting that 88% of referrals did not require statutory intervention, and that domestic abuse, and alcohol and substance misuse were key factors in most referrals. The Board were informed that numbers of children on the Child Protection Register was showing a downward trajectory, with 21 children being deregistered showing interventions had helped to reduce the level of risk.

Discussions were held about the reasons for changes in performance, such as numbers of referrals reducing in August when schools are out, increases in section47 Safeguarding Assessments increasing in October following on from the spike in referrals from schools after the new term starts in September, completion of these assessments within timescales being impacted by WCCIS downtime/slowness, staff's reduced ability to complete the paperwork because they need to prioritise the direct work, manager ability to sign off the assessment.

3. Future Agenda Items, in addition to the standing agenda items, are currently to include:

The Board noted the Forward Plan and were informed that the Regional Safeguarding Board Quarterly Newsletter will be provided for each future meeting.

**March 2024** – Joint Inspection of Child Protection Arrangements Report

- Education Safeguarding Action Plan
- Spotlight on Safeguarding Progress update
- Safeguarding in Contract Management – Next Steps, incl case studies
- 23/24 Safeguarding Self Assessments
- Community Safety Partnership
- Workings of Builth Wells Safety Group

**June 2024** - Preparations for National Safeguarding Week (annually, November)

- Annual Private Fostering Report
- Services' Safeguarding Audits in Self-Assessments

## Annual 'Spotlight on Safeguarding' programme

**Sept 2024** – For Information - Director of Social Services Annual Report  
Child Employment at the Royal Welsh Show - update

### 4. Other business included:

4.1 The Board were provided with the Director of Social Services Annual Report 2022-23 for information, in both English and Welsh.

4.2 The Board were provided with the [Regional Safeguarding Board Quarterly \(autumn\) Newsletter](#) for information.

4.3 The Chair thanked the Councillors and officers for their work over the last year in driving the Board's work forward and making significant improvements in that regard. The Chair wished all Board members Nadolig llawen a blwyddyn newydd dda, Merry Christmas and Happy New Year.

### 3. **Future Corporate Safeguarding Board Meetings**

Future meetings are scheduled for 14<sup>th</sup> March 2024, 13<sup>th</sup> June 2024, 12<sup>th</sup> September 2024 and 12<sup>th</sup> December 2024.

### 4. **Recommendation.**

Cabinet receives this briefing as an update from the Chair of the Corporate Safeguarding Board, to ensure awareness of work to date.

<b>Contact Officer:</b>	Nina Davies, Interim Director of Social Services and Housing
<b>Tel:</b>	01597 827683
<b>Email:</b>	nina.davies@powys.gov.uk



This page is intentionally left blank



## Report on What We've Heard in Powys

**Event: Community Focused Engagement in Builth Wells & Llanwrtyd Wells Locality**

**Date: November 2023**

### What We Did

This is the third locality in which we have undertaken focused engagement for a period of a month. The aim of this engagement was to capture people's lived experience of accessing and receiving health and/or social care services, irrespective of whether the services are provided within the locality or outside the local area. We want to find out about services provided within Wales or in England.

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 initially carried out research to find out what activities would be happening in the locality. We made contact with the Community Connector for the area to check what groups or activities they were aware of.

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 made excellent links with organisations who agreed to help raise the profile of Llais and help to gather feedback from the people who use their services. We are very grateful to these organisations for their help and support:

- Age Cymru added our surveys and leaflets into goody bags they were handing out at Wyeside Theatre and they took additional surveys for distribution to people they help.
- Builth Wells Home Support Team were willing to take our generic surveys to each household on their books (approximately 90 people) and assist with completing them if required.

- Builth Wells Community Support said they could include surveys in prescription, food bank and shop deliveries that they undertake.
- We were invited to join the Police Community Support Officer ‘Cuppa with a Copper’ sessions.
- Someone from Bumps to Buggies offered to take surveys to distribute to their group

We were able to arrange visits under the Welsh Government Code of Practice on Access to Premises and Engagement with Individuals. This allowed us to talk to people about the services they were receiving at the setting we visited and also about other services they received. These visits included the GP surgeries, pharmacies and Glan Irfon Health & Care Centre.

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

Visit to Builth Wells Medical Practice
Visit to Llanwrtyd Wells Surgery
Visit to Llanwrtyd Wells Pharmacy
Age Cymru Drop-in Event, Builth Wells
Co-Op, Builth Wells
‘Cuppa with a Copper’, Builth Wells Library
MIND, Builth Wells
Advocacy Session in Builth Wells Library
Builth Wells Livestock Market
Meeting with Wellbeing Ambassadors at Builth Wells High School
Builth Wells Community Support Lunch Club
Visit to Glan Irfon, Builth Wells
Engagement outside Boots, Builth Wells

We had two surveys available for people to complete – one was a general survey for people to provide comments about any aspect of health or social care and the other was a survey about accessing GP services. These surveys were available online and in paper copy.

## **What We Heard from Conversations with People**

### **GP Services**

Some people spoke about positive experiences of accessing GP services from Builth Wells Medical Practice. We heard from people who felt that they were able to get appointments when needed and that staff were friendly and helpful. People appreciated the fact that they could make appointments by visiting the surgery in-person and not just by telephoning. Some people commented that they did not always see the same doctor but they were not concerned about this.

The most common concern raised by people about the medical practice was the fact that it is difficult to get through on the telephone, with some people stating that it was quicker to walk to the surgery than to wait on the phone. Several people commented that their calls were often cut off whilst they were waiting to speak to someone. Some people said it was stressful trying to call.

Telephoning for an appointment is particularly difficult for people who have hearing loss. One person, who explained that they were hard of hearing, said it is sometimes easier for them to walk to the surgery to make an appointment but they have mobility issues which makes walking difficult and they do not drive.

People raised issues about communication, including difficulty speaking directly to a doctor and promised calls not returned.

We heard from people who do not like being asked to explain to the receptionist about their health concerns.

A number of people made comments about not having face-to-face appointments with a GP. One person said a home visit to a patient with cancer who was unwell was refused and they had to send a photo and discuss issues over the telephone.

Some people felt that the waiting time for non-urgent appointments was too long.

### **Dentistry**

There were some positive experiences with local dental services. Some people had successfully registered with an NHS dentist in Builth Wells after a long wait. Another person received timely assistance when an emergency dental appointment was provided in Builth Wells through the 111 service.

However, most people who discussed dentistry explained how difficult it was to register with an NHS dentist in the area. Some people had been on a waiting list to be registered with a local dentist, with one person stating that they had been on the list for five years but still not registered.

Some people were registered with the dentist in Hay on Wye but that was now a private practice. The high cost of private dental care was mentioned, with one person explaining that a tooth extraction cost them £600. People commented that the dental practice in Brecon was taking on private patients and they felt that this was causing delays for NHS patients.

Two people who had used 111 to access urgent dental care explained that they had difficulty getting to the dentist where the appointment was booked because of distance to travel.

Having dental appointments cancelled last minute was an issue raised by some people. In one instance, the number of cancelled appointments had led to the patient transferring to an NHS dentist out of area.

## **Pharmacy Services**

We received positive comments about Llanwrtyd Wells Pharmacy, with comments such as “service is excellent”, “very convenient”, “The pharmacy in Llanwrtyd Wells is fantastic. I go to them before trying a doctor”.

## **Waiting Times for Planned Care**

People told us about long waiting times to see a specialist. Examples given were:

60 month expected wait to see a dermatology specialist;

Minimum two year wait for hip replacement surgery;

Nearly three year wait for kidney surgery (still waiting);

One year wait for cataract surgery (still waiting and unable to see).

Some people were resorting to paying for private healthcare, incurring significant cost.

One person explained that, at the start of Covid, their diabetic eye screening appointment was cancelled and it had still not been re-arranged.

### **Care in Hospital**

We heard from a person in their 90s who attended Hereford Hospital as an emergency with a heart problem. They were discharged at 2am after receiving treatment. They had to book in to a hotel for the rest of the night and travel there via taxi.

We heard about a patient's poor experience in hospital which the family believed was related to staff shortages. The patient asked for help to get in to bed from the chair and it took an hour before someone was able to assist – the patient fell asleep in the chair.

People commented on the long wait in A&E.

One person suggested that walk-in centres are the way forward as a way to treat people who do not need to attend A&E. They had experience of centres in the Midlands.

### **Distance to Services**

A number of people commented on the distance to a district general hospital, with many people speaking about travelling to Hereford Hospital or Prince Charles Hospital.

### **Transport Options**

We received some very positive comments about the community transport scheme available in Builth Wells.

One person spoke about the limited public transport options. There is one bus per week which travels direct from Builth Wells to Hereford. The bus leaves Builth at 9.30am, arriving in Hereford at 11.20am and then returns from Hereford at 1.40pm – this leaves only a small window to access appointments. On other days, there is a

bus from Llandrindod Wells to Kington, with a change in Kington to go on to Hereford. If the buses are running late, this leads to missed appointments.

The roads to Hereford are prone to flooding in high rainfall, which leads to diversions and much longer travel times.

### **Ambulance Services**

People expressed their worries about ambulance waiting times, with people providing examples of a 2½ hour wait following an accident, and an anticipated wait of 8 hours which led to a family member driving a patient who had a seizure to hospital.

We heard an individual's positive experience following a fall, where the ambulance arrived in a reasonable time and they were treated in the ambulance and did not need to be transported to hospital.

### **Social Services**

We were told about a patient who was stuck in hospital for two months whilst they waited for a care package. The person was eventually transferred to a care home.

One person spoke about inappropriate comments made by someone when they were suffering with depression and contacted Social Services to seek help.

### **Services Provided by Third Sector Organisations**

We heard from people who thought that the services and groups run by the local MIND are vital for the community and they felt that they must keep running.

### **Issues Raised by Builth Wells Community Support and Builth & Llanwrtyd Wells Home Support Teams**

Builth Wells Community Support runs schemes to help people live healthy independent lives within their community. They provide a community car scheme, shopping and prescription delivery service, a befriending service and have a satellite branch of Llandrindod Foodbank.

The Home Support Team provides support and help to individuals so that they can continue to live in their own home.

The Community Support Team raised some questions and comments about the appointments system for the Autumn Covid vaccination programme. They were receiving requests from some people who needed transport to Bronllys and others who needed transport to Glan Irfon for their vaccination, often on the same dates. The Community Support Team had asked at the start of the programme whether patients would be able to access vaccination locally, instead of having to travel to Bronllys, but they were told that would not be possible, but they started to receive transport requests from people needing to attend Glan Irfon. They also said it was unhelpful that they were having difficulties rearranging appointments unless the patient was present.

During November, the Health Board was able to organise an additional outreach clinic at the Pavillion in Llandrindod Wells. This led to Builth Wells Community Support receiving an unexpected surge in demand for transport and they would have appreciated advance notification of this from the Health Board to allow them to prepare for this.

*We made contact with the Health Board to request an update on the Covid vaccination programme and we made them aware of the above concerns.*

The Home Support Team raised an issue with us about the need to weigh used incontinence pads if a patient needed a larger size of pad.

We also received some comments about the length of the waiting time between the assessment and starting to receive continence products. One person told us that they were informed the wait would be three months and so they sourced products themselves at a substantial cost.

*We contacted the Health Board to ask how the Continence Service works and whether weighing used incontinence pads was a usual request. The Health Board's Continence Service Manager provided an explanation of the assessment process and the need to ensure that the correct size and absorbency of pad is provided for patients.*

## **Discussions with Young People**

We met with a group of 10 Wellbeing Ambassadors at Ysgol Calon Cymru, Builth Wells Campus. These are pupils in the school who represent their peers and meet to discuss ways to improve wellbeing for pupils attending the school.

- Pupils spoke about the emotional wellbeing/mental health support available in the school. The school has male mental health ambassadors, to try to encourage more boys to talk about their mental health. They have 'Are You OK' boxes around school. There are teachers trained in mental health first aid and pupils know who they are and where they can go to talk to them. They have had people from MIND go in to school. There are specific quiet areas/rooms in school that pupils can go to if they feel that they need some time out. The pupils in the group felt that this was all good. However, some said that they did not think there was enough money going to the priority of emotional and physical health of students.
- The Wellbeing Ambassador meetings had been put on hold for a little while but there was an intention to start them up again.
- Pupils did not think that the school has a School Nurse. When asked if they were aware of the text service, ChatHealth, they had seen posters. However, they mentioned that posters had been removed because the imagery on them was considered to be inappropriate. They also commented that the posters were of little use to them in school because they were not allowed to use their mobile phones whilst in school – so they could not make use of the QR code or text number. They thought it would be better if the posters were in other places outside of school, such as GP surgery, around town or in places/clubs that young people attend.

*Because we have had recent contact with the School Nursing Team about promoting ChatHealth, we have let them know the comments made by the pupils about the posters and where they might be best placed. We were advised by the Team that they also hand out business cards to pupils with contact details and a QR code on them which allows young people to scan the code outside of school hours.*

- The pupils spoke about how use of technology was put into place during COVID but, as time has gone on, things have changed and they are no longer able to use it.
- The pupils said that they don't feel old enough or confident to make contact with doctors themselves. They would not know how to go about making appointments.
- Some of the pupils spoke about the waiting time for orthodontics being too long. One young person had been waiting for 2 years and they spoke about the impact



this had on their confidence.

- Pupils commented on the difficulty in registering for a dentist and the waiting times for dentist appointments. One person explained that their parent had a dental emergency and ended up having to pay a lot of money to go private.
- Regarding hospital appointments, some pupils said that they got frustrated about the waiting time in the clinic/hospital for their appointments. One person explained that they had been in to hospital for day surgery and had to wait more than six hours before they went down for their surgery. Another person explained that they had recently been for a hospital appointment which was booked for 10.20 but it was after 12 o'clock before they went in for the appointment.
- They spoke about ambulance waiting times. They provided examples of long waits following a rugby injury and following a motor cycle accident. Another example given was of a family being advised that it would be best if they could take the patient to hospital themselves or face a long wait for an ambulance – this caused a lot of stress and worry for the family during the journey. The young people spoke about the impact that these experiences had on the patients and the people with them; sometimes this had a long-lasting effect on someone's emotional wellbeing.

The young people said that the ambulance waiting times were particularly worrying because everything is so far away.

- They also spoke about long waiting times in A&E.
- **Because of worries about ambulance waiting times, a number of the pupils in the group said that they would like to see First Aid courses in school. Some pupils had received first aid training in groups/activities they attend outside of school and they thought it was important for all young people to receive training.**
- We spoke about the intention for Llais/Junior Start Well Board to carry out a mental health survey with young people. **The pupils present said that they would prefer this to be done as an anonymous survey rather than through small focus groups – they would feel more comfortable putting their views through an online survey rather than having to speak about things in front of other people. They suggested that this could be done through school – they do sometimes complete surveys whilst in school. They said it might be possible to arrange this through the Head Teacher.**


## Visit to Glan Irfon Health & Care Centre

Glan Irfon has a 12-bed health and care unit which provides short stay reablement. We were able to visit the reablement unit and engage with the six people who were staying in the unit.

We received the following comments from people on the unit:

- A patient spoke about their experience at Shrewsbury Hospital. They had been moved from bed-to-bed, around hospital wards, seemingly because there was confusion about which specialist was needed. There was very little communication between each department and each specialist seemed to care only about their own 'silo'. They did not communicate information to each other or with the patient. The patient felt that their questions had been ignored by specialists. It had been difficult to sleep due to bright lights always being on and the wards were noisy. The patient reported it as a stressful time.

Since arriving at Glan Irfon, the patient was receiving some physiotherapy but felt that this was not provided regularly enough.



Being treated as a number rather than a human being has been a frustrating experience

- A patient spoke about their experience of being in and out of hospital for a number of years. They had been in hospital since July. The patient was frustrated that the care package and home adaptations required were taking a long time to be organised. The patient felt that the lack of communication and updates was demoralizing.
- Another patient was desperate to get home and stated that there had been no explanation as to why there was a delay in organising a care package. The patient described their room as a 'prison cell' and said the stay at Glan Irfon was like a 'place for the forgotten'. The staff were described as kind and friendly. However, the patient did not have a social worker and therefore experienced a sense of 'being cast aside', not being able to access the professional advice and transfer of care information they might have been able to obtain in a hospital setting.

## Surveys

We had two surveys available for people to complete, either online or via paper copy. We had a general survey where people could tell us about any health or social care service they received, and a survey about GP services.

The online links to the surveys were included on flyers which were circulated at all engagement sessions and copies were sent to organisations to share publicly.

We are very grateful to the Builth Wells Home Support Team and Builth & Llanwrtyd Wells Community Support for circulating paper copies of the surveys to their clients. This led to us receiving a good number of completed surveys.

### General Survey – Tell us about health and social care services you've received

We received **93** responses to this survey from people with an LD postcode.

The services people commented on were:

Service	Number of Comments
Builth & Llanwrtyd Wells Home Support Service	46
GP Services	20
Carers	13
District Nursing Service	5
Dentist	4
Builth Wells Community Transport	3
NHS	2
Non-Emergency Patient Transport	2
Social Care	2
Waiting for Planned Care	2
Ambulance Service	1
Cancer Care	1
C-Mat Physiotherapy	1
Dementia Care	1
Dignity of Care in Hospital	1
Glan Irfon Health & Care Centre	1
Parkinson's Nurse	1

A summary of what we heard within the survey responses is below:

## **Builth & Llanwrtyd Wells Home Support**

People provided positive feedback about the Home Support service, expressing gratitude for the practical and emotional assistance and support.

Clients appreciate the regular visits or telephone calls from the Home Support Team. The service helps people to maintain their independence and it is credited with contributing to their overall wellbeing. People expressed appreciation for the help with medication management, including collecting and delivering prescriptions and medication, and also with daily tasks such as reading letters, managing appointments and performing household duties.

The service is described as flexible and is commended for its quick response and willingness to assist with various requests. The staff show compassion and understanding towards their clients.

People said they recommend the service to friends and family and they emphasized the positive experiences they had.

The service is reported to go above and beyond expectations.

Comments made about how things could be improved related to the desire for more staff within the Home Support Team and also a wish that the support workers could provide more of the 'care' type services.

## **GP Services**

Feedback about GP services was mixed, with some patients satisfied with the service received, while others expressed concerns about accessibility, professionalism and the quality of medical assessments.

There were multiple comments about staff being friendly, helpful and providing a good service.

Some patients expressed difficulty in securing appointments, with a preference for face-to-face appointments rather than telephone appointments. Some people felt that diagnosis was incorrect or delayed because they were unable to obtain a face-to-face appointment with a doctor.

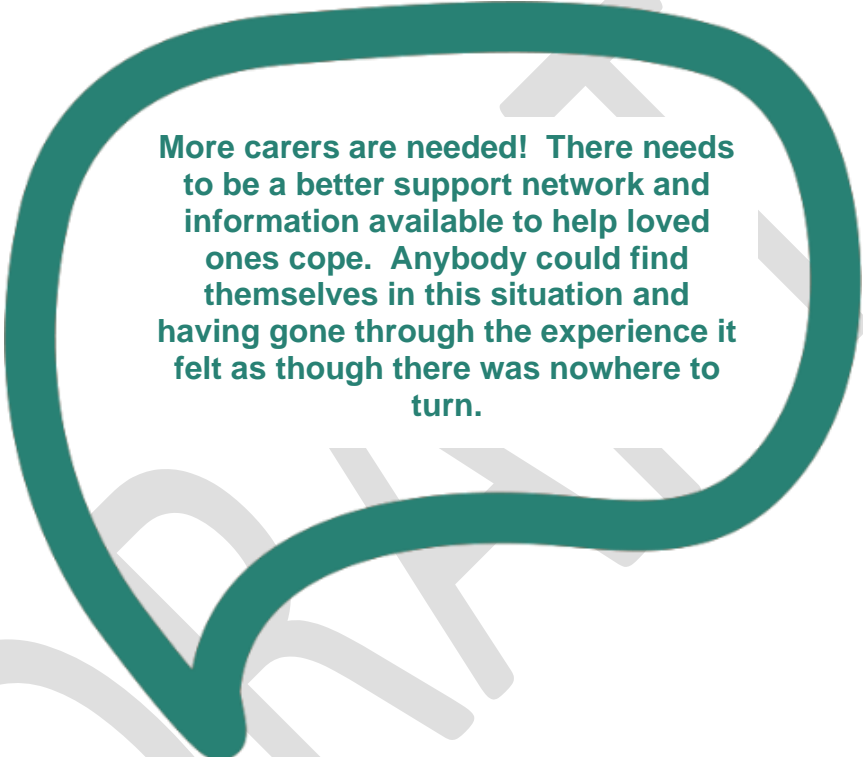
The need for more doctors was mentioned.

Some people commented on changes to the system in recent years and some patients expressed frustration that home visits were refused.

## **Carers**

People gave positive feedback about paid carers and were grateful for the practical and emotional support which contributes to their well-being.

People commented on staff shortages and the difficulty in setting up care packages, especially in the rural areas. This led to people trying to care for their loved ones without support and without respite. One person had a package of care agreed four months ago but, despite contacting Powys County Council on a regular basis, it has not been possible to arrange the care yet.



**More carers are needed! There needs to be a better support network and information available to help loved ones cope. Anybody could find themselves in this situation and having gone through the experience it felt as though there was nowhere to turn.**

Some individuals said that they wished carers were given more time for the visits and they expressed a desire for more social interaction during care visits.

One person commented that their carers were usually late and this led to fear of falling and toileting accidents.

### **District Nursing Service**

The feedback about district nurses was mainly positive. Nurses are described as friendly, well-trained and helpful, providing gentle and polite assistance with dressing changes.

However, there was one suggestion for improvement, with a request for better collaboration between the district nurses and GP surgery. The specific issue highlighted was regarding a request for patches and cream, where the patient felt

that they themselves should not have to request supplies or pick them up from the surgery for the district nurse to use.

## **Dental Care**

The feedback about dentists was around difficulties accessing NHS dental services and the waiting time for an appointment. Some people commented that NHS dentists had gone private recently which impacted on the availability of NHS appointments. At one of the group sessions we attended, 83% of attendees reported that they were either registered with a dentist elsewhere or they were not registered at all because they could not register with the dental practice in Builth Wells.

Poor communication over appointment notification was mentioned and an example was a patient not receiving notification that an appointment had been cancelled.

## **Builth Wells Community Transport**

People also complimented the community transport service, stating that it is a wonderful service with helpful people. The service helps people to maintain their independence.

## **NHS in General**

The general feedback on the NHS includes concerns about remote diagnosis, long waiting times for doctor appointments, delays in accessing specialists, nursing staff exhibiting a perceived 'don't care' attitude, and the necessity of resorting to private healthcare for timely treatment.

There are frustrations about the absence of a district general hospital in Powys, leading to potentially life-threatening delays when waiting for an ambulance and the perceived unfairness in the distribution of healthcare services. There was also comment about the perceived wasteful spending on correspondence in Welsh, with the suggestion that resources could be better allocated.

## **Non-Emergency Patient Transport**

One person commented that it was very hard to book hospital transport.

## **Social Care**

There were some comments about the need for more help to be available and offered to older people, with examples of help with physical tasks around the home and help at meal times.

### **Waiting for Planned Care**

There were a number of comments from people who were waiting for planned care. Examples given related to gall bladder surgery, spinal, renal and cataracts. In one case, a patient had their surgery cancelled three times, one of which was after they had been prepped for the surgery.

### **Ambulance Service**

We received positive comments about ambulance crews who have helped a patient after several falls – the patient commented that the staff have ‘done a brilliant job’ and ‘staff are well trained and very helpful’.

### **Cancer Care**

We were told that only limited care was available to a patient who was diagnosed with cancer, because there was only one Cancer Nurse in Powys.

### **Clinical Musculo-Skeletal Assessment & Treatment Service**

Positive comments were made about the service provided by C-MATS.

### **Glan Irfon Health & Care Centre**

The service and staff at Glan Irfon was praised.



## Parkinson's Nurse

A patient outlined their positive experience of being monitored by the Parkinson's Nurse, stating that they received regular visits and checks and the care provided is excellent.

## Patient Survey about GP Services

We received **71** completed surveys.

Name of GP Practice

Builth Wells Medical Practice (inc Llanwrtyd Wells)	55
Llandrindod Wells Medical Practice	4
Rhayader Surgery	4
Dyfi Valley Health	2
Wylcwm Street Surgery	2
Brecon Medical Group	1
Glan Irfon Builth Wells	1
Haygarth Medical Centres	1
Vale of Neath	1

## Ease of making routine appointments

There was a mixed response, with 39 people responding that they found it very easy or easy, 18 stating that it was OK and 14 people responding that they found it difficult or very difficult when making routine appointments.

The majority of people (64) made their appointments over the telephone, and others made appointments in-person.

Two-thirds of the respondents were able to obtain an appointment within a week of their request, with 12 of them waiting less than 48 hours, 17 people waited 1-2 weeks, 6 people waited 2-3 weeks and only one person had to wait more than 3 weeks.

## Ease of accessing urgent appointments



There was also a mixed response about making urgent appointments, with 29 people stating that it was easy or very easy, 25 people stating that it was OK and 13 people stating that it was difficult or very difficult. 4 people had not needed to make an urgent appointment.

### **Using My Health Online**

No respondents had used My Health Online. 20 people had heard of it but didn't use it and 51 people did not think that their surgery had it available.

It is noted that My Health Online was scheduled to be retired at the end of December 2023 and it is now suggested that patients download and register for the NHS Wales App.

### **Ease of requesting a repeat prescription**

The majority of people had no difficulty requesting their repeat prescriptions. Only 2 patients reported that they found it difficult.

### **Privacy at the Reception Desk**

Only 35% of respondents felt that they had enough privacy at the reception desk area and the rest of respondents felt that it could be better.

### **Travelling to the Surgery**

The majority of respondents travelled to the GP surgery by car, with 14 of them stating that they used the community transport or taxi. 14 people stated that they were able to walk to the surgery.

### **Surgery Opening Times**

Only 3 respondents were not happy with the surgery opening times. Most people (57) reported that they were happy or very happy and 11 people thought the opening times were OK.

### **Helpfulness of Staff**

Most people were satisfied with the helpfulness of staff, with 12 being very happy, 34 being happy and 19 thought it was OK. 6 people were not happy with the staff.

### **Communication**

Only 1 person reported that they were not able to communicate in their preferred language. This person commented that there were no Welsh speaking receptionists.

62 people felt that the communication they received from their GP surgery was adequate.

Comments about communication were as follows:

I only moved to area three years ago from England. I've had no information on routine health screening for over-70s.
No problem with GP services in general. Just problems getting through in the morning for an emergency appointment. Can wait 25 minutes plus on the phone, so sometimes I have to walk around to the surgery.
Rude staff. Very untrained.
Ten minutes time is not enough for some complaints and you can only talk about one illness at a time. If you have two illness you have to make a second appointment. More doctors are required. The old system worked fifteen years ago and it worked much better too!
Too long winded. Having to explain why I need a consultation. Doctor never reads any letters I send, no response.
Waiting for results etc.
Waiting times are unacceptable. Can't get to see my GP on times. Difficult to get through on phone in morning.

We gave people the opportunity to make any further comments about the service and we received the following information:

Always had a fab service when coming with my baby.
Don't go there usually but seems it works well.
Excellent surgery. Particularly when it comes to dealing with my son who is twenty months. Good communications from clinicians. My only criticism is the amount of time it takes to get through to somebody on the phone.
Friendly staff. Clean area.
Good service. No problems or misunderstandings.

Happy with our surgery after so many people have got problems with the Builth Wells one [Llanwrtyd Surgery].
I think it's working fine.
Never had any problems. Responds quick, prescriptions ready. Very quick when ask for urgent appointment.
Not any problems.
Our Doctors, Nurses and staff do their best. Thank you!
Respectful Staff. Good communication with clients.
They will call if they need to speak to me.
Very helpful staff. Understanding Doctors.

Have had bad experience with own surgery, especially receptionists. Young lady who thinks its better to decide something instead of book me to see a doctor.
I am a healthy over-70s and rarely need to use any GP. But I'm unsure if they can adequately deal with routine healthcare or preventative healthcare. I feel I can only contact if I had an Emergency or something serious.
I have had problems getting an appointment with a doctor (rather than practice nurse etc) and with being referred on when necessary.
It is not easy to see a doctor straight away. Over phone to say 'try these tablets', then phone us back again when we inform them that they don't work.
It is often difficult to get through to reception. When I do it is 'there are no vacancies for two weeks'. When phoning again it is often another seven to ten days before I can get to see my Doctor. Sometimes we are offered another Doctor but I, like others, prefer our Doctor.
Just need trained staff and understanding doctors.
Miss the walk-in service which we had for years.
No Paediatrician in Builth Area. Why?  There never seems to be any patients waiting in the surgery so why aren't surgeries not going back to the days when patients could go in to see the doctor?

Receptionists are not qualified to ask medical conditions and give their opinion.
Doctors used to do home visits. These are now very few and far between. Why?
Not everyone has access to online services to be able to use those, but the assumption is often made.
No respect.
Providing better healthcare for the elderly, i.e. annual check-ups. Very poor people skills - no bedside manner, compassion or understanding of ageing needs.
Struggle to get house visit by doctors.
The process of ringing a doctor, getting an appointment to receive a phone call from a doctor, which is usually a week away, and then, having to wait another week to actually see the doctor is protracted. Need to go back to pre-pandemic. Ringing a doctor and making an appointment without the waiting for call-back (often the waiting is all morning till 13:00), just to speak to a doctor and then having to make another appointment.
The surgery appears to be improving lately, but has a long way to go. Particularly with reception setup and receptionists. It has been absolutely terrible in the past. Room for improvement!
Very difficult to get through to the reception. Results can be given over the phone in a 30 minute window - not realistic when working 2 - 2.30pm.
Walk in service.
Wish GP would have pharmacy inside to reduce travel time and paying for parking.

## Who We Heard From

Our surveys include equality and diversity monitoring questions so that we can get an understanding of the experiences and perceptions of different groups of people in the community.

The following table is a snapshot of the people in Powys who shared their views and experiences. People do not always tell us everything about themselves when they come to share their experiences and views with us.

**167** people completed our surveys

We received **0** responses in Welsh

**167** people completed some or all of the equality and diversity questions

**74%** were women and **25%** were men, **1%** preferred not to say

**1%** identified as a trans person

**22%** identified as heterosexual; **1%** asexual; **5%** bisexual; **1%** Gay; **67%** preferred not to say and **4%** gave no answer

The average age of people sharing their views with us was **76**. The youngest was **25** and the eldest was **101**

**95%** were White (Welsh, English, Scottish, Northern Irish, British), **3%** were White Irish, **1%** White Other and **1%** Asian

**62%** of people stated Christianity as their religion; **8%** Other religion or belief; **17%** No Religion; **3%** Buddhism; **10%** preferred not to say

**16%** of people said they had a disability or long-term health condition

**25%** of people were carers

**2%** of people were pregnant

Regarding financial status, **20%** have just enough for basic necessities and little else; **24%** have more than enough for basic necessities and a small amount of disposable income; **3%** don't have enough for basic necessities and sometimes run out of money; **50%** have more than enough for necessities, and a large amount of disposable income; **1%** don't know/prefer not to say and **2%** gave no answer

## Summary

During this period of engagement, we have heard feedback about a wide range of different services.

In the main, people are appreciative of services they receive, in many instances giving praise about staff and the care provided, particularly about services received locally. But we also heard concerns about difficulties in accessing services for various reasons, in particular about telephone contact with the GP Practice, difficulty accessing NHS dental care, shortage of paid carers and waiting times for planned care.

People are aware of the immense pressure within the health and social care system.

*[POSSIBLY MOVE TO FRONT OF REPORT]*

DRAFT

## What We've Done With What We've Heard

[Describe partnership working / workshop and the outcomes from that]

DRAFT

This page is intentionally left blank





Nina Davies  
Cyfarwyddwr  
Gwasanaethau  
Cymdeithasol a Thai  
Director of Social  
Services and Housing

Lynette Lovell  
Cyfarwyddwr Addysg a  
Phlant  
Director of Education  
and Children

Powys County Council  
County Hall  
Spa Road East  
Llandrindod Wells  
Powys  
LD1 5LG

*Ffôn / Tel :* 01597 827515  
*E-bost / E-mail :*  
[socialservicesfeedback@powys.gov.uk](mailto:socialservicesfeedback@powys.gov.uk)  
*Dyddiad / Date :* [01 February 2024](#)

Dear Llais,

Thank you for your most recent engagement report from the Builth & Llanwrtyd locality.

Thank you for continuing to provide the Feedback Reports to the Social Services Feedback team alongside myself so they can progress relevant aspects through the Quality Assurance processes for both Adults and Childrens Services. This considers learning and outcomes, and promotes best practice from complaints, compliments and feedback; actions are noted and monitored and themes are recorded in the Annual Complaints Report. The Llais Feedback Report and Powys' response to the same will be considered at Social Services Briefings to Portfolio Holders and provided to Health and Care Scrutiny.

As previously requested, Llais may wish to share 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>

A more limited response has been provided where the Feedback was anonymous and / or limited. If an individual requests a detailed response on their personal circumstances, please encourage them to make contact via the contact information provided above. In some instances, it was not clear which council service the Feedback related to; and in some cases it may have related to other organisations' service delivery such as Powys Teaching Health Board's Mental Health Services for example.

Comment	Response	Action
<b>A patient was unable to leave hospital for two months, due to the delay in setting up a care package. They were eventually transferred to a Care Home.</b>	The shortage of carers to provide care to those in the community is a national issue, which can contribute to discharge delays. Powys County Council continues to work with partner agencies and providers to manage and address the continuing challenge around shortage of carers. Initiatives such as the Health and Social Care Academy and a more streamlined council recruitment process for carers is now in place. This is already showing benefits and providing some relief, but we recognise there is still work to be done to address the shortage in packages of care due to shortage of carers.	

<p><b>A patient had experienced many hospital' stays and had been in hospital since July. They were frustrated that the care package and home adaptations required were taking a long time to be organised. They found the lack of communication and update was demoralizing.</b></p>	<p>Further to the comment above, noting this is in relation to a specific named care setting. Adult Services identified that establishing a specific worker liaising with this setting would be helpful. A Reviewing Officer has been identified to support residents with information and advice, work is on-going to make this sustainable.</p>	
<p><b>A patient did not receive any explanation about why their care package was delayed. They described their room like a 'prison cell' and that Glan Irfon was like a 'place for the forgotten' although the staff were kind and friendly. The patient did not have a social worker and described feeling 'cast aside', unable to access professional advise and information about the transfer of care which they might have been able to get in a hospital setting.</b></p>	<p>Please see both responses above. We are sorry to hear anyone's experience that is not positive, and would welcome the opportunity to learn more about this specific individual and the circumstances they found themselves in.</p>	
<p><b>People commented on staff shortages and the difficulty in setting up care packages, especially in the rural areas. One example was a package being agreed 4 months ago but was not arranged despite contacting the Council on a regular basis. This led to people trying to care for their loved ones without support and respite.</b></p>	<p>Please see the previous responses. We are very sorry for any delay in setting up a package of care and continue to work on addressing the challenges that prevent packages of care being delivered in a timely manner.</p>	
<p><b>One person spoke about inappropriate comments made by someone when they were suffering with depression and contacted Social Services to seek help.</b></p>	<p>We would very much like the opportunity to understand their experience and the situation within which the comment arose to promote a change of practice that may be necessary.</p>	
<p><b>A number of pupils said they would like to see First Aid courses in schools, because of</b></p>	<p>The Director of Education has agreed to share this concern with Headteachers, and signpost to organisations that deliver First</p>	<p>Director of Education to liaise with</p>

<p>worries about ambulance waiting times. Some pupils had received first aid training in groups/activities they attend outside of school, and they thought it was important for all young people to receive the training.</p>	<p>Aid Awareness sessions and could deliver life-saving skills to pupils in school.</p>	<p>Headteachers and share details of organisations who could deliver First Aid sessions such as St John Ambulance Cymru.</p>
<p><b>We spoke to young people about the intention for Llais/Junior Start Well Board to carry out a mental health survey with young people.</b> The pupils said that they would feel more comfortable and prefer this to be done as an anonymous and online survey rather than through small face-to-face focus groups. The pupils suggested this could be done through school, as other surveys are done that way, and might be possible to arrange through the Headteacher.</p>	<p>This point will be shared with the Children's Commissioning Team who facilitate the Junior Start Well Board.</p>	
<p><b>Some individuals said that they would like Carers to have more time for visits and for there to be more social interaction during them.</b></p>	<p>Powys County Council has committed to care calls of no less than 30 minutes. Feedback shows that, on occasion, this can be longer than the individual needs and is generally sufficient to ensure the care needs are met. This is balanced with ensuring minimal risk to not overwhelming staff or reducing capacity to deliver care.</p>	<p>We will continue to monitor views from Care Providers and from representatives on service user forums.</p>
<p><b>One person commented that their carers were usually late and this led to fear of falling and toileting accidents.</b></p>	<p>Unfortunately, there are times where carers may be unavoidably delayed, for example if another service user is unwell and requires unplanned additional care, or there are traffic works taking place. Care Providers are always happy to receive feedback from service users, especially if the matter is persistent.</p>	
<p><b>There were some comments about the need for more help to be available and offered to older</b></p>	<p>Please encourage residents to contact ASSIST if they feel they may benefit from additional support to help meet their</p>	



<p><b>people, for example help with physical tasks around the home and help at mealtimes.</b></p>	<p>needs. A call handler will have a 'what matters' conversation with the individual to understand their care and support needs better to refer them on to the Service for assessment or signpost them to another service that can meet their needs.</p> <p>ASSIST 0345 602 7050 <a href="mailto:assist@powys.gov.uk">assist@powys.gov.uk</a></p>	
---	---	--

I hope the information and comments provided above are helpful, informative and constructive. Please confirm if this approach to responding to your Feedback still meets with your requirements.

Yours sincerely,

Nina Davies  
**Cyfarwyddwr Dros Dro Gwasanaethau Cymdeithasol a Thai**  
**Director of Social Services and Housing**





Eich llais mewn iechyd | Your voice in health  
a gofal cymdeithasol | and social care

## Summary Report on What We've Heard in Powys

**Event:** Ystradgynlais Locality Focused Engagement

**Date:** September 2023

### What We Did

We arranged to have a presence in the locality of Ystradgynlais for the month of September. Llais volunteers were invited to attend with staff and we had one volunteer who was able to take part. We ensured that, for each day we were in the area, there were multiple sessions to attend so the team travelling down could all lift share and then split up on arrival.

The reasons for this focused engagement are as follows:

- To raise awareness of Llais and engage with the public
- To spread awareness of the Llais Complaints Advocacy Service
- To obtain the views of people about their health and social care services
- To seek feedback on rural health and social care
- To encourage people to consider becoming a volunteer for Llais

We engaged with approximately 200 people during the month. Some people just took away the information flyers, others took away information and links to our online surveys and some people were willing to share their views with Llais representatives. We had paper copies of the surveys available for people who were unable to complete them online. Paper copies of surveys were also posted out to Ystradgynlais Group Practice and staff were asked to put them out on display in their surgery waiting rooms.

### Where we went

6<sup>th</sup> September  
Coelbren Coffee Morning  
The Hub at Abercraf Post Office and Café  
Cymru versus Arthritis Support Group

12<sup>th</sup> September  
 Coelbren OAP Club  
 Ystradgynlais Warm Hub  
 Ystradgynlais Over 50s Fitness  
 Ystradgynlais Welfare Hub

15<sup>th</sup> September  
 Ystradgynlais Friends Tea Bar  
 Ystradgynlais Hospital Outpatients MIU/Outpatients/X-Ray  
 Ystradgynlais Volunteer Centre

21<sup>st</sup> September  
 Ystradgynlais Library -  
 Coffee & chat – 10.30 -12 pm  
 Creative Writing – 11 – 12.30 pm  
 Sewing Group – 12 -2pm  
 Purls of Wisdom Knitting Group – 2 -3.30 pm  
 Audiology Group  
 Ystradgynlais Volunteer Centre  
 Community Café  
 Community Foodbank

25<sup>th</sup> September  
 Pengorof Surgery  
 Tesco

28<sup>th</sup> September  
 Ystradgynlais Youth Club

## What we heard

Topic	No. of people providing comments
GP Access	
Positive	18
Could do better	24
Dentistry	
Positive	3
Could do better	14
Hospital Access	
Positive	11
Could do better	7
Elderly Care	
Positive	5

Could do better	8
Pharmacy Service Could be better	3
Distance to services Could do better	3
Other Concerns	2

During the month, we received comments which reflected a range of experiences and opinions, with some patients sharing positive experiences, whilst others faced challenges in accessing services and communicating their needs effectively.

The feedback from people in the community can be summarised as follows:

### **GP Access**

- Several individuals praised Pengorof Surgery for its pleasant and polite staff, ease of getting appointments and care provided by nurses.
- Seven Sisters Medical Practice received compliments for its service, with people commenting that they were seen quickly.
- There were mixed feelings about the triage system at Ystradgynlais Practice. Some people did not like having to explain to the receptionist the reason for their call. There were some comments about the length of time waiting for a call back.
- There were concerns and frustration expressed with the long waiting times on the phone when trying to contact Pengorof Surgery and Dulais Valley Primary Care Centre. There were comments about the potential cost for pay-as-you-go mobile phone users.
- Some people spoke of the lack of availability of appointments when they did manage to get through on the phone.
- People spoke of the difficulty of getting face-to-face appointments with a doctor, which sometimes led to issues in diagnosis and treatment.
- Difficulty for older people in using the appointment system, particularly early morning telephone calls and difficulty explaining over the phone what is wrong.
- Patients mentioned difficulties in accessing Ystalyfera and Abercraf branch surgeries. There was a feeling that these surgeries were understaffed. There were also concerns about the difficulty getting to Pengorof Surgery for some patients because of its location.
- Some people spoke about issues with getting prescriptions, while others expressed concerns about obtaining medication without proper consultation, eg when a prescription was provided from a telephone call.

## Dentistry

Overall, there was a mix of satisfaction and frustration with the availability and quality of dental services in the area, with long waiting lists and limited options for NHS dentists being common concerns.

- The NHS dentist in the area is generally highly regarded, but there is often a long wait for appointments.
- Some people complained about cancellation of appointments and the inability or long wait for them to be re-arranged.
- Some individuals have resorted to private treatment due to issues with NHS dentists.
- There were mixed experiences with private dental care and dissatisfaction with the cost.
- The lack of available dentists in the area has resulted in some people having to seek dental care in neighbouring regions.

## Hospital Access

- People expressed appreciation for all the services provided at Ystradgynlais Hospital – with people praising the Minor Injuries Unit for its prompt service; positive comments were received about the IBS nurse; the Audiology Department was commended for being friendly and efficient; the hospital staff were reported to be caring and supportive during the COVID pandemic.
- Concerns were expressed about the under-utilisation of Ystradgynlais Hospital, which is seen as a very important resource in the community.
- The Day Hospital closure was seen as having a significant negative impact on the community and there were calls for it to be re-opened.
- There was positive feedback about Morriston Hospital's diabetes treatment service and coronary care.
- Positive experience was provided about cancer treatment, with community support in Powys and treatment provided in Singleton Hospital.
- There were concerns about very long waiting times for planned surgery, particularly shoulder and knee surgery. People spoke about waits of 5, 6 and 8 years and some people had resorted to private healthcare due to the extensive wait.
- We heard praise for ambulance crews but concerns about ambulance resources being stuck outside emergency departments, leading to inadequate coverage in Powys.
- It was reported that there was difficulty in obtaining recommended equipment for a baby due to having a Powys postcode and it was suggested that the parents should purchase the equipment themselves.



- Challenges in accessing maternity care were reported, with a patient being sent to Neath Port Talbot Hospital initially and then having to transfer to Singleton Hospital because doctors not available in Neath.

## **Elderly Care**

- Positive experiences were reported with services like Tŷ Croeso Day Centre, Neath Crisis Centre and the monthly hearing aids service in Ystradgynlais Library.
- There was praise for district nurses and St David's Hospice for their support and making arrangements for end-of-life care at home.
- There were concerns about the availability of social workers for older people.
- There was a desire for better support for people living with dementia locally, including the need for a dedicated key worker who could provide consistent support and guidance.
- There was a need for more community-based care options due to the area's ageing population and geographical challenges, which can complicate accessing services.
- We heard about the reluctance of older people to complain about services due to fear.

## **Pharmacy Services**

- There were concerns about availability of certain medications and pharmacies not able to fulfil prescriptions.
- There was frustration that a community pharmacy was not providing some expected services, eg Hay Fever review.
- People spoke of difficulty in finding a pharmacy which could dispense medication out-of-hours, with an example given of a prescription provided at Morriston Hospital on a Sunday.

## **Social Services**

- There were questions about the fairness of access to services, particularly around Flying Start.

## **Distance to services**

- There are challenges related to the distance to healthcare services. One person mentioned that their daughter had to stop getting vaccinations in Brecon due to difficulties with public transport.

## Other Concerns

- Housing concerns were raised, particularly in relation to lack of social housing and the high cost of new builds. There was concern that new developments in the area might strain local services, and there was a need for better health and social care infrastructure.
- There were challenges related to disposing of incontinence products, with the lack of council-provided service for this purpose and the cost of disposal bags being a concern.

## Discussions with Young People

- Young people attending Ystradgynlais Youth Club spoke about positive experiences of varying health services - attending GP, dentist, orthodontics, A&E and hospital appointments for long term health conditions. They said that doctors and nurses spoke directly to them in a way that they were able to understand.
- There was limited awareness of the school nurse service and ChatHealth.
- Some young people mentioned assessments for ADHD/Autism but were unsure about the outcomes and waiting times.

## Surveys

We had two surveys available for people to complete, either online or via paper copy. We had a general survey where people could tell us about any health or social care service they received, and a survey about GP services.

### General Survey – Tell us about health and social care services you’ve received

We received 8 responses to this survey from people with an SA postcode.

The services people commented on were:

GP Services	2	Both respondents reported difficulty getting timely appointments, which resulted in delays in receiving relevant treatment.
-------------	---	---

Public transport to be able to access services	2	Two respondents emphasised the need for improved public transport to access services, with one person mentioning living in a remote valley area and unable to drive.
Audiology	1	Excellent service at local hospital.
Lack of social housing	1	Concern about lack of social housing in the area, particularly for older people.
Dentist	1	Difficulty getting an appointment and frustration that the first question asked was about NHS or private status, rather than addressing the dental issue. They also mentioned the high cost of seeing a hygienist.
Social Services	1	A respondent with a daughter with Autism mentioned that they no longer have contact with social services. Expressed concern about limited opportunities for their daughter to interact within the local community.

## Patient Survey about GP Services

We received 43 completed surveys.

Name of Practice	No. of responses
Ystradgynlais Group Practice (Pengorof, Abercraf, Ystalyfera surgeries)	32
Dulais Valley Primary Care Centre	5
Amman Tawe Partnership	2
Practice not named	2

## **Ease of making routine appointments**

There was a mixed response, with 19 people responding that they found it easy or OK and 22 people responding that they found it difficult or very difficult when making routine appointments.

The majority of people (31) made their appointments over the telephone, and others made appointments in-person or via the My Health Online service.

Almost half of respondents were able to receive their appointment in less than 48 hours, 6 people waited under a week, 8 people waited 1-2 weeks, 4 people waited 2-3 weeks and 5 people had to wait more than 3 weeks.

## **Ease of accessing urgent appointments**

There was also a mixed response about making urgent appointments, with 11 people stating that it was easy or very easy, 14 people stating that it was OK and 14 people stating that it was difficult or very difficult.

## **Using My Health Online**

Only 11 people reported using My Health Online. 26 people had heard of it but didn't use it and 8 people did not think that their surgery had it available.

## **Ease of requesting a repeat prescription**

The majority of people had no difficulty requesting their repeat prescriptions. Some people used My Health Online for this purpose.

## **Privacy at the Reception Desk**

About half of respondents felt that they had enough privacy at the reception desk area and about half felt that it could be better or that it was not private.

## **Travelling to the Surgery**

Most people travelled to their GP surgery by car. 8 people said they usually walked, 4 people said that they used a taxi sometimes, 1 person said they would use the community car scheme and 1 person used public transport.

## **Surgery Opening Times**

There was only one person who was not happy with the surgery opening times. Most people (31) reported that they were happy or very happy and 11 people

thought it was OK.

## **Helpfulness of Staff**

Most people were satisfied with the helpfulness of staff, with 21 being very happy, 10 being happy and 10 thought it was OK. 2 people were not happy with the staff.

## **Communication**

Only 1 person reported that they were not able to communicate in their preferred language.

36 people felt that communication they received from their GP surgery was adequate.

Some suggestions for improvement were:

- Using telephone call or text instead of letter
- Not having to telephone several times for test results
- More timely appointment letters – some letters arrived late, very close to or after the appointment date

## **Comments about the service**

The comments received suggest a range of concerns related to telephone accessibility, appointment availability and availability of staff. Key points included:

- Inefficient phone system – Patients mentioned that it is challenging to get through on the phone to make appointments. They often had to call multiple times and then sometimes were told that appointments were only available for emergencies.
- Inflexible appointment system – The system of calling in the morning for a doctor to decide if a face-to-face appointment is needed was criticised for its lack of flexibility.
- Long waiting times – Many patients expressed frustration with long waiting times for a doctor call-back. Some had to wait several hours before receiving a call.
- Lack of support for vulnerable patients – There were concerns raised about the lack of support for vulnerable patients.
- Staffing – Patients called for more staff to handle phone calls and return calls promptly. There were comments about the need for more clinical staff, particularly district nurses. Reliance on locum doctors was mentioned. Concerns about part time doctors were noted.

- Doctors rushed – Some patients felt that the doctors seemed rushed and uncaring during appointments.
- Praise for staff – Positive comments highlighted the helpfulness of nurse practitioners and reception staff.
- Bilingual service – there was a comment requesting the option to speak in Welsh.
- Location related issues – Accessibility to treatment and appointments was raised as a concern for patients living in Powys but using a GP practice in another region. An example given was accessing physiotherapy, where the patient was not able to access the service in Neath (which was quick) but had to wait for referral through Powys system (much slower).
- Vaccination opt-out – There was a suggestion about allowing patients to opt out of flu and COVID vaccinations rather than postponement, to save NHS resources.
- Travel for appointments – Some patients mentioned having to travel to a different surgery when appointments were not available in their nearest surgery.
- Hope for improved service – Some patients expressed hope for a return to the level of service they had before lockdown.

## In Summary

This report reflects a mixed range of opinions and experiences.

In the main, people are appreciative of services they receive, in many instances giving praise about staff and the care they provide. However, we also heard concerns about difficulties in accessing services for various reasons.

We are aware of the immense pressure within the health and social care system but the ability to address some of the concerns raised would likely lead to an improved experience for the population.



**Nina Davies**

Cyfarwyddwr Gwasanaethau Cymdeithasol a Thai  
Director of Social Services and Housing

Neuadd y Sir / County Hall  
Llandrindod Wells  
Powys  
LD1 5LG

**Private and Confidential**

Ffôn / Tel : 01597 827683  
E-bost / E-mail: [nina.davies@powys.gov.uk](mailto:nina.davies@powys.gov.uk)  
Eich cyf / Your ref :  
Ein cyf / Our ref : ND/  
Dyddiad / Date : 15<sup>th</sup> November 2023

Dear Llais,

Thank you for your most recent engagement report from the Ystradgynlais locality.

It would be helpful if when future reports are sent to myself, they could also be copied to the Social Services Feedback team [SocialServicesFeedback@powys.gov.uk](mailto:SocialServicesFeedback@powys.gov.uk)

The Social Services Feedback Team will review the reports and progress relevant aspects through the Quality Assurance process for both Adults and Childrens Services to consider learning and outcomes and promote best practice. Agreed actions are noted and monitored, with themes recorded in the Annual Compliments and Complaints Report.

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

It may be useful to Powys residents if Llais shares the Powys County Council's Social Services Feedback leaflet at engagement events and / or signposts residents to the Feedback webpage at <https://en.powys.gov.uk/article/11274/Social-ServicesCompliments-Comments-and-Complaints-Process>

A response is limited by the anonymised and more generalised nature of some of the comments received. Additionally, it is difficult to respond where there is no indication of whether the resident is providing feedback about a service received from Social Services only, or one provided jointly with Powys Teaching Health Board for example. Therefore, I would ask that Llais remind residents that they can make personal contact with Powys County Council to raise their issues and concerns and receive a more tailored response to their individual situation.

They can use these contact details [SocialServicesFeedback@powys.gov.uk](mailto:SocialServicesFeedback@powys.gov.uk) 01597 827515

Comment	Response	Action
<p><b>Concerns about the availability of social workers for older people.</b></p>	<p>Social Workers continue to be recruited to fill vacancies as they arise. Where necessary, assessments are prioritised, and a waiting list is in place to ensure effective assessments take place for those in most urgent need.</p> <p>Powys County Council continue to monitor resources, including staffing, to ensure effective and efficient services.</p> <p>Individuals who need care and support, or are on a waiting list are encouraged to contact the ASSIST Team on 0345 602 7050 or <a href="mailto:assist@powys.gov.uk">assist@powys.gov.uk</a></p>	
<p><b>Better support is needed for local residents living with dementia, including the need for a dedicated key worker to provide consistency.</b></p>	<p>Care and Support for those living with Dementia, plus information about Community Support Services can be accessed through our ASSIST Team, who work closely with Community Connectors.</p> <p>Please contact them on 0345 602 7050 or <a href="mailto:assist@powys.gov.uk">assist@powys.gov.uk</a></p> <p>Support Services can also be researched on DEWIS which is a register of community support services <a href="http://www.dewis.wales">www.dewis.wales</a></p>	
<p><b>More community-based care options are needed due to the areas ageing population and geographic challenges that can complicate accessing services.</b></p>	<p>The Social Services Commissioning Team work to review and help develop community-based care options to support the delivery of social work within the community. Work is ongoing with health and third sector partners through the Regional Partnership Board.</p> <p>Residents are welcomed and encouraged to inform the Social Services Feedback Team about key services that they feel are missing in their community.</p> <p><a href="mailto:SocialServicesFeedback@powys.gov.uk">SocialServicesFeedback@powys.gov.uk</a> 01597 827515</p>	
<p><b>Older people are fearful of raising a complaint about services.</b></p>	<p>The Social Services Feedback Team is there to help and support individuals who wish to make a complaint, which can also be made anonymously.</p>	



	<p><a href="mailto:SocialServicesFeedback@powys.gov.uk">SocialServicesFeedback@powys.gov.uk</a> 01597 827515</p> <p>Complaints are always taken seriously, investigated and are an important part of improving practice and service delivery and development.</p>	
<p><b>Fairness about access to services was raised, particularly around Flying Start.</b></p>	<p>Flying Start Service provision is determined by the areas defined by Welsh Government, based on areas of deprivation and targeted to give those shown to be the most at risk of deprivation a 'flying start' in life.</p>	
<p><b>Concerns about housing, the lack of social housing, high cost of new builds, the strain that new developments will put on local services; there is a need for a better health and social care infrastructure.</b></p>	<p>These service areas are a matter for the Housing and Planning Teams.</p> <p>The effect of new housing developments on all local services, including social care, are an important consideration. These inform service plans to improve access to all Council services as part of the Regional Partnership Boards Area Plan.</p>	<p>Comments will be passed to the Head of Housing and Head of Planning for consideration.</p>
<p><b>Concern about the disposal of incontinence products, cost of disposal bags and lack of council-provided service for this purpose.</b></p>	<p>Infectious Clinical Waste collections are organised by Powys Teaching Health Board, individuals should contact their local Community Nursing Team at their GP Practise. Infectious Waste includes used bandages, needles and swabs. Non-Infectious Waste, such as incontinence pads, stoma bags, sanitary products etc. should be double bagged and left with the normal waste collection.</p> <p>Additional waste capacity can be applied for online <a href="https://en.powys.gov.uk/article/998/Clinical-Waste">https://en.powys.gov.uk/article/998/Clinical-Waste</a></p>	<p>Comments will be passed to the Head of Household Waste and Recycling.</p>
<p><b>A resident advised their daughter (with Autism) no longer has contact with Social Services and raised concern about her limited opportunities to interact within the local community.</b></p>	<p>Individuals with Care and Support needs, including carers, can request an assessment to explore whether Social Services or a community-based service can meet their needs.</p> <p>For Adults : 0345 602 7050 or <a href="mailto:assist@powys.gov.uk">assist@powys.gov.uk</a></p> <p>For children and young people: 01597 827666 (office hours) 0345 054 4847 (outside office hours) <a href="mailto:csfrontdoor@powys.gov.uk">csfrontdoor@powys.gov.uk</a></p> <p>Support may also be available from the Integrated Autism Service within Powys Teaching Health</p>	

	<p>Board. <a href="https://pthb.nhs.wales/services/learning-disabilities-services/integrated-autism-service/">https://pthb.nhs.wales/services/learning-disabilities-services/integrated-autism-service/</a></p> <p>Support Services can also be researched on DEWIS which is a register of community support services <a href="http://www.dewis.wales">www.dewis.wales</a></p>	
--	--	--

I hope the information and comments provided are helpful, and welcome feedback on the response format and / or service provision.

Yours sincerely,



Nina Davies

**Cyfarwyddwr Dros Dro Gwasanaethau Cymdeithasol a Thai**  
**Director of Social Services and Housing**

## 8

**Health and Care Scrutiny Committee  
Forward Work Programme  
Jan – July 2024**

Jan	Work Programming	
26-01-24	Pre-Meeting – Budget	
<b>26-01-24</b> Tuesday 2.00 p.m.	Scrutiny of budgets for: <ul style="list-style-type: none"> <li>● Adult Services</li> <li>● Children Services <ul style="list-style-type: none"> <li>○ Use of agency staff and impact on the budget.</li> </ul> </li> </ul>	Nina Davies/Sharon Frewin/Rachel Evans/Jackie Pugh  Lynette Lovell/Sharon Powell/Jackie Pugh
09-02-24	Pre-Meeting (if required)	
<b>09-02-24</b> Fri 2.00 p.m.	Alternative Budget (if required)  Cancelled – no alternative budget proposed.	
08-03-24 2.00 p.m.	Pre-meeting	
<b>08-03-24</b> Friday 2.30 – 4:30pm	<p>Minutes</p> <ul style="list-style-type: none"> <li>● 01/12/23</li> </ul> <p><i>Q3 Strategic Risk Report</i></p> <ul style="list-style-type: none"> <li>● <i>Considered at joint scrutiny instead?</i></li> </ul> <p>Corporate Safeguarding Board Activity Report</p> <p>PCC response to Llais feedback</p> <ul style="list-style-type: none"> <li>● Ystradgynlais and Builth</li> </ul> <p><u>Confidential Session</u> Transition between Children’s and Adult Services</p> <ul style="list-style-type: none"> <li>● Planning and management of the transition and support required.</li> <li>● How does this change?</li> </ul>	<p><i>Bets Ingram/Directors/ Heads of Service/Jackie Pugh</i></p> <p>Nina Davies / Cllr Richard Church</p> <p>Nina Davies/Lynette Lovell</p> <p>Sharon Frewin/Sharon Powell/Gavin Williams</p> <p><i>(Service requested this report be considered in confidential session, due</i></p>

**Health and Care Scrutiny Committee  
Forward Work Programme  
Jan – July 2024**

	<ul style="list-style-type: none"> <li>Financial impacts and considerations.</li> <li>Anonymised case studies may be considered in confidential session.</li> </ul> <p><b>Reflection:</b> Review Self-assessment workbook/action log before annual self-assessment session on 15/03/24</p>	<i>to risk of identifying service users)</i>  Scrutiny Officer/Committee
<b>15-03-24</b> Friday 14:00	Self-Assessment	
11-04-24	Pre-Meeting	
<b>11-04-24</b> Thurs 10:00 a.m.	<p>Foster Carer annual feedback review</p> <p>Safer Accommodation update</p> <p>JICPA Report</p> <p>Scrutiny of the options following the Older Persons Day Opportunity Review and Redesign and Locality Model.</p>	<p>Sharon Powell/Charlie Darwin</p> <p>Sharon Powell/Rachel Evans</p> <p>Lynette Lovell/Nina Davies</p> <p>Rachel Evans/Sharon Frewin/Cllr Sian Cox</p>
23-05-24	Pre-Meeting	
<b>23-05-24</b> Thursday 10.00 a.m.	<p>Election of Vice Chair</p> <p>Q4 Risk Report</p> <p>Corporate Safeguarding Board</p> <p>Responding to Powys County Council's recruitment and retention challenge in social care through:</p> <ul style="list-style-type: none"> <li>GOO</li> <li>staff development and our offer</li> </ul>	<p>Scrutiny Team</p> <p>Bets Ingram</p> <p>Nina Davies/Cllr Richard Church</p> <p>Sharon Powell</p>

**Health and Care Scrutiny Committee**  
**Forward Work Programme**  
**Jan – July 2024**

	<ul style="list-style-type: none"> <li>including making the best use of the H&amp;S Care Academy</li> </ul>	
	Social Services End of Year Performance Review	Nina Davies/Lynette Lovell/Sharon Powell/Sharon Frewin/Rachel Evans
	Direct Payments Review update	Rachel Evans/Nina Davies
	Work Programming	
18-07-24	<b>Pre Meeting</b>	
<b>18-07-24</b> Thursday 2.00 p.m.	Annual Complaints Report	Steve Holcroft/Nina Davies
	Annual Report of the Director of Social Services	Nina Davies
	Our challenge with and plans for Residential Care	Sharon Powell
	Extra Care Strategy update	Rachel Evans
20-09-24	Pre-Meeting	
<b>20-09-24</b> Fri 10.00 a.m.	Adult Services Q1 Performance	Sharon Frewin
	Children's Services Q1 Performance	Sharon Powell
	Corporate Safeguarding Board	Nina Davies / Cllr Richard Church
	Review the Unaccompanied Asylum-Seeking Children (UASC) allocation process.	Sharon Powell/Charlie Darwin
	To review the actual cost of the proposed modelled average cost savings relating to UASC placements.	

This page is intentionally left blank

By virtue of paragraph(s) 14 of Part 1 of Schedule 12A of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank



By virtue of paragraph(s) 14 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank