

## **Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)**

**This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)**

**HSC PSS 31**

**Ymateb gan: | Response from: Mencap Cymru**

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### **Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor Initial priorities identified by the Committee**

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrysgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

#### **C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?**

##### **Q1. Which of the issues listed above do you think should be a priority, and why?**

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Mencap Cymru welcomes the opportunity to present our thoughts on your work. Our response has been written in consultation with parents, our support services and front-line staff.

We feel that there are three key priorities from the areas you have outlined; The health and social care workforce; Access to mental health services; and Support and services for unpaid carers. Of which the Health & Social Care is the most urgent.

#### **The Health and Social Care Workforce**

People are the most important resource our sector has. Before Brexit and prior to COVID there were issues that long needed to be addressed; pay, recruitment and retention. Brexit highlighted the potentially fragile nature of the workforce, with 6.4% of staff being non-UK EU nationals. A



workforce that was already stretched, underfunded, and understaffed before the events of the last eighteen months.

COVID has further highlighted these long-standing issues, recruitment is now harder than it has ever been. Retention is difficult as staff feel depleted, undervalued, and exhausted and can find far better paid roles in other sectors with far less responsibility. From a regulatory standpoint care is treated as a profession, but it is not paid as one. Our existing workforce are dedicated and do their job because they want to make a difference, but increasingly for many this comes at the cost of their own quality of life.

Providers of care and support services cannot compete with other industries many of who now pay almost £2 an hour more for roles that compared to social care would be considered unskilled. During the first year of COVID social care was an attractive proposition for people who had lost work, but as society has opened up and furlough ends it's clear that for many it was seen as a last resort. It should never be the last resort. There is no shortage of people needing care and support, but there is now a pressing shortage of people to provide that support.

Due to COVID, Welsh Government and society at large is more aware of the incredible work our health and social care staff do, but our collective appreciation must be matched by collective action, and mean more than a weekly clap on doorsteps.

Other industries can respond to staff shortages by increasing wages and giving bonuses. Without properly funded social care and properly paid staff society as a whole will be poorer, the burden will once again fall on families.

**Recommendation:** For the committee to urgently consider the effect COVID and Brexit is having on staff recruitment, and how the Welsh Government can use its powers to make social care a better funded and valued profession.

Speak not only to organisations like ours, but care workers and the people they support directly. Investigate how we can make social care a profession.

### **Access to mental health services closer to home**

We believe that there are at least 31 Welsh people residing at Assessment and Treatment Units in England, this provision is larger than any setting in Wales. Living far from family and community will itself be damaging to people's well-being.

Whilst the Welsh Government must be commended for limiting the size of Welsh ATUs, sending Welsh citizens to England for treatment renders these regulations moot.

We run the risk of repeating the mistakes of institutionalisation where people with a learning disability and mental health issues are denied the opportunity for treatment near their loved ones.

**Recommendation:** We call on the committee to review the impact of out of county provision on those in-patients, their families and their communities. This line of enquiry will require input from health boards, local authorities, providers and families.

### **Support and services for unpaid carers**

For this consultation we spoke with unpaid carers from Ynys Mon and Swansea along with staff from the Wales Learning Disability Helpline. One theme that has been constant is parents feeling disempowered to challenge decisions, or to take control of their lives.

There is a perception amongst the unpaid carers we speak to that there is a lack of training and support, and that whilst the regional partnership boards work well at a strategic level, there is no evidence of the NHS and social services working in partnership on the ground.

We heard from one parent whose child was put into an ATU for a short period, they disagreed but did not want to challenge for fear of losing what support they normally get. People spoke about not knowing what they were entitled to, that parents have to be proactive and 'do a lot of the work', especially if they feel they are entitled to more support, whilst also fearing that to speak up would result in punishment in terms of the support they currently receive. We also heard time and time again of parents not wanting to challenge the status quo, despite being unhappy with it. In many situations co-production is a rhetorical passage used in care plans, but parents/carers rarely feel empowered or supported to work on co-produced solutions.

We have become aware of carers being asked to continue paying social service charges during COVID even though they have not been delivered. The feeling we get both directly and indirectly through our staff is that many are afraid to challenge this in case their service is stopped completely.

Even now, as things open up some of our families are paying full price for half the hours they would normally receive, but few are willing to complain because *"this is the life we have committed to"*.

This suggests a culture of fear amongst unpaid carers, warranted or not, this needs to be addressed. Unpaid carers should feel confident and comfortable to seek the support they need, they shouldn't be made to feel grateful because they feel underwhelmed. This reduces confidence in the system.

Connected to this is the allocation of direct payment hours. We heard from Mencap Mon, one of our network partners that some parents only get a handful of hours a week. It is hard, if not impossible to find someone to work four hours a week with one parent asking *"is it worth all the bother? Might as well do it myself because it's easier"*. These lack of hours are compounded in rural areas by travel distance. A third of someone's support hours could easily be eaten up by travelling somewhere.

**Recommendation:** The committee should scrutinise the appeals process for social care decisions, look into the allocation of direct payment hours, increased social care charges, and review how services in Wales empower unpaid carers to take control of their lives. We have a number of parents who will be able to discuss this with you

## Blaenoriaethau allweddol ar gyfer y Chweched Senedd

### Key priorities for the Sixth Senedd

**C2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:**

- a) gwasanaethau iechyd;
- b) gofal cymdeithasol a gofalwyr;
- c) adfer yn dilyn COVID?

**Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:**

- a) health services;
  - b) social care and carers;
  - c) COVID recovery?
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#### **Adfer yn dilyn COVID**

##### **COVID recovery**

Connected to our previously reported issue around paying for day services that were not received is the future of day services.

Some local authorities are yet to confirm plans to reopen day centres and day services. Some are offered one to one support hours instead. But such arrangements rob people with a learning disability of the opportunity to socialise with peers and long-standing friendships. The Our Social Networks project, which collected stories of friendships and relationships uncovered a number of romantic relationships that existed due to the space and support offered by day centres.

If day services are to be redesigned, they must be co-produced. They must ensure that they do not result in long-standing friendships and relationships being ended because they are based around one location or service. People will have their community of people removed in favour of being placed in their community, but lacking interaction. Day services are not about the activities people do, but the relationships they experience.

**Recommendation:** The committee must urgently investigate how day services plan to reopen in a way that fosters well-being and community

How does the Welsh Government plan to ensure that day services are not replaced or altered in a way that leaves people with a learning disability alone in their local community, rather than surrounded by

## Unrhyw faterion eraill

### Any other issues

#### C3. A oes unrhyw faterion eraill yr hoffech dynnu sylw'r Pwyllgor atynt?

#### Q3. Are there any other issues you wish to draw to the Committee's attention?

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Some families have told us that they are unhappy with their access to primary healthcare since COVID. People with a learning disability are at greater risk of health problems. The move to less face to face consultation risks diagnosis happening later, leading to worse outcomes. We are concerned that GPs move to a hybrid model for general appointments and annual health checks risks widening health inequalities.

The Welsh Government's own "Improving Lives Programme" says "*To reduce the health inequalities, reasonable adjustments have to be made to all services for people with a learning disability and resource must still be put into specialised learning disability services.*"

We feel strongly that people with a learning disability should always having access to face to face health care is a reasonable adjustment.

**Recommendation:** The committee must scrutinise the Welsh Government's plans to transform the delivery of urgent and emergency care to ensure people with a learning disability are able to seek face to face care when they want it