

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 59

Ymateb gan: | Response from: Alzheimer's Society Cymru

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?

Alzheimer's Society Cymru agrees with the priorities chosen by the Committee for the Sixth Senedd.

We strongly believe that the Committee should focus on producing challenging, yet achievable positions for the Welsh Government to take forward, and for the Committee to provide scrutiny on. Alzheimer's Society's report '[Worst Hit](#)' showed that in the first six months of the pandemic, carers across England, Wales and Northern Ireland provided 92 million extra hours of care, and that 25% of all excess deaths were people living with dementia.

It is vital that the work the Committee produces listens to the voices of people living with dementia and their carers, as well as the professional staff who have cared for them to produce



challenging yet achievable evidence-based outcomes that can be delivered on quickly, where appropriate, but that will generate lasting change for the groups hardest hit by the pandemic.

For the first priority identified, public health and prevention, Alzheimer's Society would like to see the Committee focus on co-producing awareness campaigns that highlight the importance of early diagnosis, appropriate support and evidence-based solutions to develop new diagnostic tools to help improve our dementia diagnosis rate. In Wales, the current dementia diagnosis rate is 53%. We estimate that there are 50,000 people living with dementia in Wales in 2021. This diagnosis rate means that only 26,500 have a confirmed diagnosis. The Committee must work to improve this through its focus on public health and prevention.

The health and social care workforce have been one of the hardest pressed groups in Wales during the pandemic. We have seen very public examples of staff facing abuse, being questioned and stopped from doing their jobs whilst delivering health and social care to some of the most vulnerable in our society. It is vital that this workforce is protected, rewarded and enhanced, so that they can continue to deliver the level of care needed to ensure that no-one is left behind in Wales. Therefore, we would like to see the Committee focus particularly on the care workforce as part of this priority. We have heard that Local Authorities in Wales are asking unpaid carers to take on even more responsibility for caring due to staff shortages. In the current climate, this is unacceptable, and, if allowed to continue unchecked, will inevitably lead to the breakdown of the current care system. Therefore, we call on the Committee to focus on extending the Nurse Staffing Levels (Wales) Act 2016 to the care system, and developing an approach that restores the reputation of paid caring.

Wales has some of the world leading dementia researchers based within its universities, including the Dementia Research Institute in Cardiff, CADR, and the Ageing and Dementia Centre at Bangor University. It is vital that the Committee listens to these experts in their field when developing evidence-based innovation in health and social care. It is also vital that the Committee looks into how to protect these researchers, ensure that they are adequately funded, and supported to disseminate their findings to policy makers and decision makers, as well as the general public in order to ensure that Wales maintains its reputation as a world leader in research.

As has already been mentioned earlier in this answer, our unpaid carers have gone above and beyond in Wales to deliver care to their families and friends, ensure that people survived the pandemic, and propped up a care system teetering on the brink of collapse. To have three local authorities in Wales ask unpaid carers to deliver more is a slap in the face of those who have done so much with so little support. In its focus on support and services for unpaid carers, we call on the Committee to ensure that unpaid carers have access to local support hubs, where they can gather information, access mental health support, and seek expert intervention where necessary. We also call on the Committee to prioritise respite care for unpaid carers and to have a focus on ensuring that direct payments can be used for anything that benefits the recipient, including paying for care where necessary.

Finally, we agree with the Committees focus on access to services for long-term chronic conditions. However, for those living with dementia, the battle is different. There is still a widespread lack of knowledge that dementia is a terminal condition. This lack of knowledge often excludes people living with dementia and their families and carers from key services such as palliative and end of life care, although this is slowly changing in Wales. We therefore call on the

Committee to explore 'hidden conditions' and their access to key services in Wales as part of this focus.

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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Gwasanaethau iechyd

Health services

Alzheimer's Society Cymru believes that the Committee should focus on the Welsh Language among health staff.

As our Welsh speaking population ages, it is vital that we recruit and upskill staff to be able to use Welsh with this section of the population when they are admitted to hospital. Being able to receive care in your first language is a clinical right, and not having enough staff to fulfil that right often puts people living with dementia who can only speak Welsh at a clinical disadvantage.

We would also like to see the Committee focus on diagnostic resources in the Welsh language as well. Currently, there is no standard diagnostic resource for dementia in Welsh, and those who take existing tests through an interpreter are often diagnosed as further through their dementia journey than they actually are – placing more pressure on staff, carers and the person themselves. An accurate Welsh Language diagnostic test is vital if we are to support health staff to deliver high quality care for people living with dementia

Gofal Cymdeithasol a gofalwyr

Social care and carers

Alzheimer's Society Cymru believes that the Committee should focus on the Welsh Language among care staff.

As our Welsh speaking population ages, it is vital that we recruit and upskill staff to be able to use Welsh with this section of the population when they are admitted to care settings. Being able to receive care in your first language is a clinical right, and not having enough staff to fulfil that right often puts people living with dementia who can only speak Welsh at a clinical disadvantage.

Alzheimer's Society Cymru also call on the Committee to run an inquiry into paying for care in Wales, and the recommendations of the Holtham Report. It is vital that we as a nation, and the Sixth Senedd focus on reform of the care system during the first two years of the Senedd term. Without this reform, the care system will step closer to the precipice of collapse, a situation that cannot be allowed to occur. It is urgent that the Committee looks at how to reform the care system, how to pay for a reformed system, and drives the conversation on implementation of that reform in order to ensure that our social care system is pulled from the brink of collapse and is instead turned into a system that allows everyone who needs to access it to thrive, and to live as well as possible for as long as possible.

Finally, we would like to see the Committee follow up on the work of its predecessor from the Fifth Senedd and revisit the Social Services and Wellbeing Act (2014). The Committee of the Fifth Senedd produced a hard hitting and strong report on the impact of that piece of legislation, yet we are concerned that the Welsh Government has failed to act on the recommendations of that report. This work must be revisited as part of the Committees focus for the Sixth Senedd if we are to ensure that the Social Services and Wellbeing Act (2014) fulfils its purpose.

Adfer yn dilyn COVID COVID recovery

Alzheimer's Society Cymru would like the Committee to focus on two specific issues regarding COVID-19 recovery.

Firstly, we would like the Committee to focus on the loneliness and social isolation agenda, and its impact on people living with and affected by dementia. Around a third of people living with dementia in Wales live on their own, and our report 'Worst Hit' revealed that for people who survived the first wave of the crisis, the effects of social isolation were severe. 46% of people with dementia in our survey reported that lockdown had a negative impact on their mental health. In a wider group that included carers, 82% reported a deterioration in the symptoms of people with dementia. We must ensure that those who have lived through this period are supported to re-engage with their communities, local environments and services to ensure that this deterioration is prevented from accelerating further.

Secondly, we would like the Committee to focus on digital exclusion and inclusion in the health sector. We are all aware of the immense changes to accessing services as a result of the pandemic, including using digital and tele-medicine. However, the Committee must work to ensure that this move to digital and tele-medicine does not disenfranchise those living with dementia who cannot access digital technology, have no understanding of how technology works, or do not have the cognitive ability to understand digital and tele-medicine.