

## **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 91**

**Ymateb gan: | Response from: [Cynghrair Henoed Cymru](#) | [Age Alliance Wales](#)**

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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 cyhyrsgerbydol.

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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Age Alliance Wales (AAW) was set up in 2003 and is funded by the Welsh Government. It is a powerful alliance of 25 national voluntary organisations committed to working together to develop the legislative, policy and resource frameworks that will improve the lives of older people in Wales.

The priority areas above are of great importance to the people of Wales. However, Age Alliance Wales members would like to draw your attention to the following matters in particular:

#### **Public health and prevention**

Prevention and earlier intervention work is compromised when older people are unable to access primary health services. If people are unable to access care at the time they need it, their situation can escalate to a requirement for more acute interventions.

An Age Cymru survey of older people's experiences in Wales during the Covid-19 lockdown found that 40.5% of respondents had issues with accessing GP services and 6% responded that they could not access GP services at all. Some respondents either gave up trying, resorted to private health care or on occasion they needed a blue light response when they were unable to access NHS services. Issues are likely to remain well beyond the pandemic unless the backlog of patients' needs can be cleared.

## **The health and social care workforce**

Recruitment and retention issues within the social care workforce greatly impacts older people. Age Alliance members are aware of the impact this is having on older people across Wales, particularly with regard to domiciliary care and respite care.

Whilst Age Alliance Wales members welcome the commitment to pay a real living wage to the social care workers, which may ultimately improve the situation, the impact on older people will not be immediate. As such, we are pleased to see this matter is to be prioritised.

## **Access to mental health services**

Stroke Association Wales' individual response notes that anxiety and depression are common following a stroke, but many stroke survivors in Wales are not able to access the mental health services they need during their recovery. The situation is similar for those diagnosed with other conditions, AAW members are aware.

Covid-19 has also had detrimental impact on the mental health of unpaid carers. For example, almost half of stroke survivors and carers Stroke Association surveyed during the past summer said they have felt less able to cope with the effects of their stroke and over two thirds of stroke survivors and carers have felt anxious or depressed.

Alliance members, recognising the shortfall in mental health provisions, therefore support access to mental health services being a priority for the Committee.

## **Evidence-based innovation in health and social care**

During the pandemic GPs increasingly offered online appointments, which were welcomed by many, but as 52% of people over 75 in Wales do not have broadband access, and many older people do not use computers and smart phones, if such a situation should continue it will be important to ensure that those unable to use digital technology do not become excluded from treatment.

Virtual appointments may present accessibility barriers for people affected by stroke or living with other conditions or sensory impairments where vision, dexterity and cognitive ability may be impacted. Similarly, individuals' sensory limitations must be considered when such appointments are suggested.

We support a review of changes to traditional forms of patient interaction that have happened through necessity through the pandemic, identifying those areas that have proved beneficial and those that have not. Areas that have helped reduce waiting times or benefited the patient in other ways should be considered for continuation.

## Support and services for unpaid carers

Our members have noted the need for support and services for carers. We would emphasise the following:

Age Cymru's recent report "For the Moment", which resulted from a survey of older carers, showed that 89% of respondents had not been offered a carers' needs assessment during the pandemic, although 48% said that they needed support. Further, 60% reported feeling stressed and 63% were more tired during the pandemic. It was found that 51% of respondents said that they had not tried to access support either because they don't know what's available, are reluctant to seek external help for either themselves or the person they care for, or don't have the time. 12% had given up paid employment to be a carer and 18% said that their caring responsibilities made it more difficult to do their job.

Similarly, Stroke Association Wales' "Recoveries at Risk" report found the Covid-19 pandemic had a real impact on carers for stroke survivors in Wales. They stated that they had little confidence in services available for carers and didn't receive the carers assessments which they are entitled to under the Social Services and Wellbeing (Wales) Act.

Despite the needs of Wales' carers, arrangements for respite care vary across the country. Knowing what is available and what will meet needs requires meaningful conversations between the carer, the cared for and social care professionals. As such more needs to be done to ensure that carers are aware of what support is available to them and how they can obtain that support.

### **Access to services for long-term chronic conditions, including musculoskeletal conditions**

Alliance members are aware that older people and older carers are facing delays in hospital treatment, with particularly lengthy waiting periods around musculoskeletal conditions. Responses submitted by Alliance members directly provide additional detail on such difficulties, but we would emphasise the following:

RNIB point out that eye care services in Wales were under-resourced and struggling to meet demand even before Covid but, as a result of the pandemic, demand on NHS eye care is outstripping capacity to deliver a safe and effective service. Similarly, in recent years, there has been a substantial decline in the number of Vision Rehabilitation Officers in Wales. RNIB state that in 2018 only 12 local authorities in Wales met the Association of Directors of Adult Social Services and Social Services Improvement Agency's minimum standards of 1 ROVI per 70,000 of the population. In 2021 this has decreased further, with only 6 local authorities in Wales meeting the recommended minimum standard. As a consequence, in some areas of Wales people are now waiting upwards of 12 months to see a ROVI (Rehabilitation Officer for the Visually Impaired).

Delays in obtaining services results in extreme stress, a lack of sleep due to pain, reduced mobility and worsening mental and physical health. Some individuals are therefore unable to work or look after children, a situation detrimental to all. Some older people have had little



option other than to access private services (those waiting for hip replacements may otherwise be required to wait several years before receiving the treatment they need).

AAW members would therefore emphasise that, given the already lengthy delays in receiving treatments before the pandemic, we should not simply aim to return to the pre- pandemic level of service, but to significantly exceed it. Also, as members' responses note, consideration should be given to developing additional support for those currently awaiting their treatment in order to minimise the impact of delays.

## **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**

As noted above and by individual members' responses, waiting times for hospital appointments and treatment are growing. We need to see more than a return to the pre-covid level of provision if we are to see a reduction in waiting times.

For example, continued delays and/or cancellation of appointments at eye clinics is leading to too many people in Wales losing their sight unnecessarily, and the situation has worsened as a result of the Covid-19 pandemic. Such situations are also found by organisations across the Alliance dealing with other conditions. Stroke Association also notes that many stroke survivors in Wales are struggling to access the treatment and support they need to make the best possible recovery. They are not always able to get timely access to vital rehabilitation, like speech and language therapy or physiotherapy, or find their support is withdrawn earlier than they want.

Further, whilst additional funding to address waiting lists will assist, reducing waiting times will take some time to achieve. It is therefore vital that those waiting for diagnosis and treatment are properly supported whilst they await treatment to help slow down any worsening of conditions and to reduce some of the symptoms whilst they await treatment.

Hospital discharge services are a particular concern to Alliance members, who are aware of numerous difficulties across the country. These matters should be addressed without delay.

We would also urge that steps are taken to ensure people can receive information from health services in an accessible format, allowing them to make informed decisions about their own healthcare.

The All-Wales Standards for Accessible Information and Communication were introduced by the Welsh Government in 2013, and since November 2017, GP surgeries in Wales have had the functionality to identify and record the information and communication needs of their patients

with sensory loss. However, RNIB's response points out these have not led to demonstrable change for blind and partially sighted people in Wales. This situation therefore needs to be addressed, with NHS services ensuring that people with sight loss are asked about their communication needs, and that any information is provided in their preferred accessible format. Key staff within health boards should receive training to better understand the communication needs of those with sensory impairments and how to meet their communication preferences.

The Health and Social Care Committee should hold a rapid inquiry into the impacts of the waiting lists and what actions are required to support people that are waiting for diagnosis and treatment. This should include an assessment of the additional volume of services needed through NHS Wales. It should also include consideration of how the third sector and other community groups can be supported and resourced to provide social prescribing services that not only support people to self-care to support their physical health, but also to reduce loneliness and social isolation that will assist in improving their mental health.

## **Gofal Cymdeithasol a gofalwyr**

### **Social care and carers**

Raising and protecting funding for social care is key to all aspects of our response. Alliance members believe it is essential that this funding for social care provision should be ringfenced.

A shift is needed, giving social care preventative measures parity with NHS provision, helping build resilience in the workforce by means of sufficient funding, recruitment and every other means required.

Alliance members are aware of numerous local authorities requesting unpaid carers to carry out more care than they are currently able to provide, a situation believed to be the result of difficulties in recruiting and retaining social care staff. However, members are concerned that the true situation may be somewhat more alarming, believing such requests may reflect a catastrophic collapse of care services.

Care home staff, Alliance members are aware, are leaving the sector, and replacements are not being recruited at anywhere near the same rate. This is causing difficulties for existing care home residents, as well as those who more recently come to need care.

Domiciliary care agencies are handing back their contracts to local authorities, as they are simply unable to fulfil the requirements. However, local authorities are also unable to provide a suitable alternative, experiencing the same issues as the agencies with regard to recruitment and retention of staff. The system appears to be grinding to a halt. There is little capacity to carry out assessments of carers needs or people in need of care, let alone carry out the work those assessments may reveal.

There is a clear need to invest in social care provision. There appears to be a will within the population to make an investment into such care, but there also needs to be a change in legislation to make a hypothecated fund for social care explicitly, to ensure funds gathered are not spent elsewhere.

The Health and Social Care Committee should hold a rapid inquiry into the levels and impact of unmet need, the volume of unmet need that needs to be addressed and actions needed to address the backlog.

## **Adfer yn dilyn COVID**

### **COVID recovery**

In addition to matters above, Alliance members are concerned that if we should be struck by a pandemic or similar catastrophic event in the future we will be in no better a situation than has been the case with Covid19. The Health and Social Care Committee should look into the work which needs to be done to develop a plan for such emergencies.

## **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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Advocacy services for older people in Wales require substantial investment. Responses from Alliance member organisations clarify that although there are statutory duties to provide advocacy services to vulnerable groups, the volume of non-specialist and general advocacy service varies considerably across Wales. As such, we believe the availability of advocacy across Wales should be investigated and inequalities addressed, to ensure that people are not disadvantaged by geography.

Further, it is vital that older people have access to full information as to what provisions they can access through health and social care services. Alliance members are fully aware that carers and people in need of care often do not know what may be available in times of dire need. This situation should be remedied.