

**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 136**

**Ymateb gan: | Response from: Comisiynydd y Gymraeg | Welsh Language Commissioner**

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## Question 1: Initial priorities identified by the Committee

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.

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

You can comment on as many or few of the issues as you want.

In your answers, you might want to think about:

- What impact or outcomes could be achieved through any work by the Committee?
- How the Committee might address the issue?
- When any Committee work should take place?
- Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

#### General Comments

The Commissioner has already written to the Committee to note the importance of considering the impact of health and care legislation and policy on the Welsh language. It is not sufficient only to scrutinize legislation directly related to the Welsh language. Consideration of the Welsh language must be mainstreamed into each of the Committee's priority areas and when scrutinizing every aspect of legislation and policy that comes before the Committee in the health and care field. Below we comment on some of the Committee's initial priorities.

#### Public health and prevention

When responding to a number of consultations in the areas of public health and prevention we often highlight the need to consult with Welsh speakers and include groups that work closely with Welsh speakers locally and nationally. This is to ensure that Welsh speakers are able to express their views and that preventative work takes account of their needs.

#### The health and social care workforce

There is no doubt that the ability of the workforce to provide services in Welsh is at the core of providing care in Welsh. We will be responding to the Committee's consultation on the health and social care workforce. We have already recommended to Government that it should :

- Establish a Welsh language learning strategy for the health and care sector which will ensure that all practitioners leave publicly funded health and care training with appropriate Welsh language skills and language awareness. Alongside this, invest significantly to improve the skills of all health and care workers, building on the current Work Welsh programmes.

- Undertake a review of how the active offer; people's ability to receive Welsh language services and the clinical need to do so has permeated and how it is implemented among workers involved in the care of priority sectors including children and young people, older people and people with mental health problems.

### **Access to mental health services**

We are concerned about the extent to which mental health services are available in Welsh in all parts of Wales in accordance with the active offer. This is due to concerns expressed to us by members of the public, articles in the press as well as the findings and follow up work of the Children, Young People and Education Committee *Mind over Matter*<sup>1</sup> report of the fifth Parliament on the emotional and mental health of children and young people. There are a significant number of people who live their lives through the medium of Welsh, and therefore wish to discuss and communicate their feelings through the medium of Welsh. One of the essential elements of mental health services is the communication between individuals, and one of the fundamental elements of communication is language. If mental health services are not available in Welsh we are very concerned that people are not receiving the care that is suitable for them. As it is recognized that the impact of Covid-19 will lead to an increase in people suffering from mental health problems it is likely that these shortcomings will intensify. It must be emphasized that providing mental health services in Welsh is one of the priorities of the *More than Just* framework and it would be very reasonable if the Committee focused specifically on access to mental health services through the medium of Welsh.

At the end of 2018 the Welsh Language Commissioner and Alzheimer's Society Cymru published a report on dementia care for Welsh speakers. It identified gaps in provision in many areas including in the diagnosis and resulting care available to Welsh speakers living with dementia. In September 2020 the Care Inspectorate Wales<sup>2</sup> published a national review of care homes for people living with dementia. As with the 2018 report there were examples of good practice in terms of Welsh language services. However, a number of the findings unfortunately reflected the findings of the first report, for example it stated that 'Less than half of care homes provide a bilingual service and it would appear many care homes do not identify people who are Welsh speaking. This could be harmful for people whose preference is to communicate in Welsh and an infringement of their individual rights.' (P.6). The 2018 report contained 15 recommendations for different stakeholders including the Welsh Government, local authorities, health boards and the then Health and Social Care and Sport Committee. That recommendation asked the Committee to undertake a review of the extent to which the requirements of the Social Services and Well-being (Wales) Act 2014 are being implemented in relation to the provision of dementia care through the medium of Welsh. We remain of the view that the recommendation needs to be implemented. We also believe that the Committee needs to scrutinize further to ascertain whether the dementia action plan published in 2018<sup>3</sup> has led to improvements in dementia care

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<sup>1</sup> [The Emotional and Mental Health of Children and Young People in Wales \(senedd.wales\)](#)

<sup>2</sup> [Adolygiad cenedlaethol o gartrefi gofal i bobl sy'n byw gyda dementia | Arolygiaeth Gofal Cymru](#)

<sup>3</sup> [dementia-action-plan-for-wales.pdf \(gov.wales\)](#)

for Welsh speakers and what further improvements need to be made to strengthen the provision.

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

We believe that there is an opportunity in Wales to innovate through research into the importance of providing health and social care in the language of patients, and methods of doing so. Although there is a general recognition of the importance of providing care through the medium of Welsh, it is fair to say that further research and evidence is needed in Wales and internationally that demonstrates the difference that receiving care, including assessments, in their language of choice can make to people 's clinical health outcomes. The recent *More than Just Words* evaluation highlights the need for a better evidence base to inform decision-making about the provision of services in Welsh, 'The data shortages, and therefore evidence of need... has often made it difficult for heads of services to justify allocating resources to delivering Welsh language services, especially when other clinical priorities for which data on need has been available, are competing for these resources'<sup>4</sup>. Innovative evidence about providing Welsh language services could therefore contribute to improving services in Wales and beyond. The *More than Just Words* evaluation also highlights examples good practices that already exist in Wales but notes that there is a lack of sharing of this good practice and recommends (recommendation 4) that the Government should consider establishing a central online portal to facilitate the process of gathering these examples [of good practice] and to make them widely accessible across the sector. We would urge the Committee to consider this in its work.

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

In her testimony given to Caring for our future An inquiry into the impact of the Social Services and Well-being (Wales) Act 2014 in relation to carers, the Older People's Commissioner stated: "... when you're in a caring situation, and it can be really difficult and you might be at a point of crisis, it's so important, then, that you're able to access services in the Welsh language if that's what you want to do."<sup>5</sup> In our response to the Welsh Government's consultation on a Carers' national plan for Wales we underlined the need for more action to be taken to ensure that support is available to carers through the medium of Welsh. We look forward to contributing to further work in this field by the Committee.

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<sup>4</sup> 5.7, page 42. [Evaluation of More than just words.... the follow-on strategic framework for Welsh language services in health, social services and social care, 2016-19. \(gov.wales\)](#)

<sup>5</sup> [cr-ld12887\\_-e.pdf \(senedd.wales\)](#)

## Question 2: Key priorities for the Sixth Senedd

**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?**

You can comment on as many or few of the issues as you want.

In your answers, you might want to think about:

- What impact or outcomes could be achieved through any work by the Committee?
- How the Committee might address the issue?
- When any Committee work should take place?
- Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

### **a) Health services**

#### **Digital Services**

The recent evaluation of the *More than just words* framework found that there are gaps in the digital provision that support the provision of Health Services in Welsh<sup>6</sup>, that limit the extent to which any data relating to the Welsh language or recorded in Welsh can be shared within and between services and settings (this shortcoming was also identified in the Welsh language Commissioner and Alzheimer's Society Report on the dementia care of Welsh speakers). Although Digital Health and Care Wales is a new organisation that was set up during the last Senedd term by the Welsh Government, as in the case of Health Education and Improvement Wales, it does not have to comply with Welsh language standards. In the Commissioner's response to the consultation on the remit of Digital Health and Care Wales we suggested that the new authority should be given specific duties 'in relation to making digital resources available in Welsh; promoting Welsh language digital services; and enabling bodies providing health and care services in Wales to comply with the expectations made of them under Welsh language standards'. This is supported by the *More than just words* evaluation that recommends that 'Digital Health and Care Wales needs to support the development of IT systems that incorporate bilingualism at the design and development stage, especially systems capturing language preference and workforce skills information'<sup>7</sup>. As you scrutinise the work of this new organisation we ask that you ensure that it mainstreams the Welsh language into all its activities and facilitates the use of the Welsh language in all possible ways.

<sup>6</sup> Please see section 12.13 for example

<sup>7</sup> Please see page 98.

### **Primary care**

The evaluation of *More than just words* states 'The aims of *More than just words* relate to all health, social care and social services in Wales. Stakeholders were of the view that in many cases, *More than just words*' impact on Welsh language service provision has been strengthened by the statutory influence of the Welsh Language Standards. However, independent primary care settings (e.g. GP practices, dental practices and opticians) are currently exempt from the standards, even though it is through primary care that most individuals come into contact with health and care services in Wales (9.16). This finding underlines the importance of strengthening the expectation made of primary care providers to provide services in Welsh. In this respect we recommend that the Government commits to placing further duties on the primary care sector by introducing regulations before the end of the Senedd term. We would urge the Committee to take action to ensure this happens.

### **b) Social care and carers**

The Welsh Government will shortly be publishing an evaluation of the Social Services and Well-being (Wales) Act 2014. In considering this evaluation and the implementation of this Act we would encourage you to consider the extent to which it has improved the provision of social care services through the medium of Welsh. Please also see our recommendation above in answer to question 1 that the Committee undertakes a review of the extent to which the requirements of the Social Services and Well-being (Wales) Act 2014 are being implemented in relation to the provision of dementia care through the medium of Welsh

### **c) COVID recovery**

During the COVID-19 pandemic the Commissioner has received a number of complaints about COVID-19 provisions through the medium of Welsh in particular services provided in conjunction with the UK Government. Any recovery arrangements after COVID must respect the needs of Welsh speakers, the requirements of the Welsh language standards and the active offer.

## **Question 3: Any other issues**

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

The Welsh language in health and care is an issue that needs to be prioritised during this Senedd. Receiving care in Welsh is essential for many people because of their age or health conditions but it is also the wish of many people regardless of their situation and, as such the principle of the active offer is essential. During the period of the last Senedd Welsh language standards were introduced for local authorities responsible for social services and for health boards, and duties in relation to the Welsh language were placed on primary care providers. However, at the same time the Welsh Government set up two important authorities in the health and care field, namely Health Education and Improvement Wales and Digital Health and Care Wales without placing any requirements for them to comply with Welsh language standards, in particular policy making standards. *More than just words*, the Welsh Government's Strategic Framework for Welsh Language Services in Health, Social Services and Social Care has been in place since 2012 and the Welsh Government recently published an evaluation of the implementation of the framework for the 2016-19 period.<sup>8</sup> The Welsh Government now intends to set up a small task and finish group to develop a 5 year work plan for *More than just words* based on the recommendations of the recently published evaluation and other evidence. The Welsh Government will also publish an evaluation of the Social Services and Well-being (Wales) Act 2014 shortly. At the beginning of a new Senedd we believe that it would be useful to consider the position of the Welsh language in the health and care sector and the work of the Government and other health and care agencies in this respect. In doing so it would be possible to revisit the field during the term of the Senedd in order to ascertain whether the availability of services to Welsh speakers in Health and care has improved as a result of the work of these agencies during the period of the Senedd.

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<sup>8</sup> [Evaluation of More than just words: final report | GOV.WALES](#)