

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 02

Ymateb gan: | Response from: Ceri Higgins (Unigolyn / individual)

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?

The evidence provided by Welsh government has concluded different to that of evidence shared by organisation and individuals in Wales in relation to their experiences during the pandemic. For example carers organisations have shared harrowing evidence on the realities of social care and unpaid caring in Wales. Committee members have continuously questioned the health minister and the deputy health minister and Welsh governments directors and received responses saying that they could not find any examples of packages being stopped, or COVID powers having been used, and they speak to carers forums and organisations. This isn't true, as I myself whilst responding as an unpaid carer shared with Welsh government in relation to the carers consultation, and the bereavement consultations, and share with organisations and ministers and MS s that the support for my parents, and one sadly at end of life due to COVID and dementia, was



removed when authorities felt covid was a risk to them. Therefore the ministers response are inaccurate, and misleading and not representative of a true reflection of unpaid caring in wales. This is a matter of accuracy and scrutiny, and should be addressed as a matter of priority. Reading minutes from all MAG meetings and evidence sessions with organisations and local authorities , WLGA and NHS it is clear that the real picture of the impact on unpaid carers has been swept under the carpet. With Local authorities also saying no covid powers have been used. This isn't the case, as again my example is clear and been shared with them, and so have many others across wales. The evidence of the ministers and wales governments responses are available on your senedd tv for all to see. Failure to address this will means that any new developments in social care or support for unpaid carers will be based on flawed evidence that is being ignored. This will cost lives.



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

Recognise that unpaid carers are a huge part of health services indirectly, as they care for health conditions. Health should support unpaid carers as a priority. Without the 96% of care in Wales being unpaid (statistics.gov) Health would fail to achieve the needs of its population full stop.

In principle unpaid carers should be part of the health remit and given the necessary training and information to complete their roles. And the same priority for respite or leave from it.

The committee should bring together again an assembly of constituent unpaid carers to discuss the above in detail. As already described above you cannot rely on the accuracy of the evidence being provided by the Welsh Government to be a true reflection of needs on grass roots levels. The MAG and engagement of unpaid carers should be on an apply for a position basis, to ensure that there is a good cross section of unpaid carers, and not just those that are young people and influenced by other roles. For example an unpaid carer on the RPB should not be on the national engagement network as there could be a conflict of interest.

Gofal Cymdeithasol a gofalwyr

Social care and carers

The carers assembly could discuss matters such as paid care and social care. Unpaid carers are the largest care workforce in Wales, and in the world (WHO2020) in the same context we have a youth parliament and older persons input and children's care there are unpaid carers that come under neither remit. The carers organisations have no legal obligation and are voluntary membership organisations.



Adfer yn dilyn COVID

COVID recovery

Stop focusing on recovery for unpaid carers, we have had no breaks for 17 months and are just trying to survive not recover. There needs to be specific discussions around this. Putting enormous amounts of money into recovery where the focus on moving forward is key is one that has a lack of understanding of the impact on unpaid carers and the real issues. The announcement around the respite fund is an example of this. Local authorities have failed to reply to unpaid carers around the £1.75 mil and no one knows what's happening around the £1.2 mil. Imagine doing your role without leave in 17 months. It's inhumane and life impacting.



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?

As a committee you have identified inaccuracies and raised recommendation to Welsh government. They have responded. What happens next. We need feedback. Otherwise its scrutiny for scrutiny sake and not for accuracy purposes.

Regular grass roots level conversations and not just surveys and conversations with organisations. That's not true coproduction. How can you expect services and organisations across Wales to do the same if the message isn't the same for Welsh government and the Senedd.

In the last few years we have shared our experiences with the measuring the mountain, the SSWB act into unpaid carers, the report through the COVID lens. The full external evaluation of the SSWB act, and still unpaid carers are being spoken about with stigmatising language, lack of understanding of their roles, and lack of appreciation of the fact they are 96% of care in Wales. This is not about identifying unpaid carers, as we are only building them up to receive support we know isn't being provided. It is now a matter of recategorizing the unpaid care provided, and not using lack of identification as an excuse for not addressing realities. Do differently think differently. There is a huge amount of work to do to rescue the reputation of the committee as the above has made many unsure of its purpose and its power and its value. This is concerning for the nation

