Adferiad

Consultation: Priorities for the Health and Social Care Committee

Adferiad's response

09/09/26

1. Do the Welsh Government's health and care priorities reflect the most significant challenges facing communities across Wales?

   Answer:
   Adferiad broadly welcomes the Welsh Government's focus on prevention, community-based care, integration, mental health, social care, workforce sustainability and reducing health inequalities. These priorities reflect many of the challenges we see through our work supporting people affected by mental ill health, substance use, homelessness, caring responsibilities and complex co-occurring needs.

   However, we believe the priorities need to be considered as part of a connected system rather than as individual areas of policy. People with complex needs frequently move between mental health, substance use, housing, social care, primary care and other services. Where these systems are fragmented, people can experience delays, repeated assessments, unclear referral pathways and gaps in support. The success of health and social care reform should therefore be judged partly by how effectively it improves people's experience of navigating these systems.

   We particularly welcome the emphasis on prevention and community-based support. Prevention needs to include accessible early intervention, not simply action intended to reduce demand on hospitals. People should be able to access appropriate support before their circumstances escalate to crisis point. This is particularly important in mental health and substance use, where early and accessible support can prevent greater levels of need developing.

   We also welcome the focus on strengthening mental health services. Mental health should have parity with physical health and should be treated as a central component of people's health and wellbeing. This is especially significant for people with severe mental illness and complex needs, who can experience major barriers when attempting to access appropriate support.
   Mental health and substance use should also be approached as public health priorities. People living with substance use issues, including those with co-occurring mental health needs, require joined up and person-centred support rather than being passed between separate systems.

   Workforce sustainability and long-term funding are equally important. High-quality services cannot be sustained without a stable workforce, appropriate pay and conditions, effective workforce planning and funding arrangements that enable organisations to plan beyond short-term cycles.

   Finally, the experiences of individuals who use services and unpaid carers should be central to assessing whether these priorities are working. Policy ambition needs to translate into improvements that people can see and experience in their everyday lives.

2. Are any important priorities missing?

   Answer:

While we broadly support the priorities identified, we believe several areas require greater prominence.

Integration of mental health and substance use services should be a specific priority. People with co-occurring needs can find themselves navigating separate systems with different eligibility criteria, referral pathways and approaches. Services should be designed around the needs of the individual rather than organisational boundaries, with multidisciplinary approaches where appropriate.

Access to support also requires attention. Expanding community-based and same-day services is positive, but accessibility should encompass more than the existence of a service. People should be able to understand where to go for help, access support without unnecessary barriers and receive fitting intervention regardless of which part of the system they initially approach.

There should also be greater emphasis on the legislative framework governing mental health and substance use. Individuals affected by these systems need clear rights and safeguards. Legislation should be coherent, accessible and based on the least restrictive principles possible, with mental health and substance use treated with appropriate parity.

Unpaid carers should be recognised as partners in care rather than simply as recipients of separate support. Carers should have meaningful involvement in care and treatment planning, where appropriate, and should be identified early and connected to support in their own right. Policies and services should be developed with carers and people with lived experience rather than simply consulting them after decisions have already been made.

We also believe care and treatment planning and coordination deserves greater attention. Plans are only effective when they are meaningful, regularly reviewed and properly coordinated. Independent coordination through third sector organisations could provide greater consistency and help ensure that people's views, circumstances and outcomes remain central.

Lastly, long-term funding and commissioning should be more prominent. Short-term and fragmented funding can undermine service continuity, workforce retention and the development of preventative approaches. Sustainable funding is fundamental to delivering many of the Government's other ambitions.

3. What are the main barriers to delivering these priorities and measuring progress?

Answer:
The principal challenge is likely to be translating policy ambition into consistent delivery across a complex health and social care system. Many of the priorities identified by the Welsh Government require collaboration between health boards, local authorities, third sector organisations and other partners. Where responsibilities, funding streams and commissioning arrangements remain fragmented, genuine integration can be difficult to achieve.

Workforce pressures are another significant barrier. Recruitment, retention, pay and working conditions affect the capacity of services to maintain existing provision while also undertaking transformation. Workforce planning, therefore, needs to be considered alongside service reform rather than a separate issue.

Funding is also crucial. Short-term funding cycles can make it difficult for organisations to retain experienced staff, develop services and invest in preventative approaches. Sustainable, longer-term funding arrangements would provide greater stability and support better planning.

Moreover, there are challenges around data sharing and information systems. People with complex needs can be required to repeatedly provide the same information to different services, contributing to frustration, delay and duplication. A "Tell Us Once" approach, alongside appropriate and secure data sharing, could improve people's experience while supporting better co-ordination between services.

Measuring progress should also extend beyond activity and waiting time data. These measures are important, but they do not necessarily demonstrate whether people are receiving the support they need or achieving better outcomes.

Evaluation should consider whether people can access support when they need it, whether services are reducing inequalities, whether people experience better continuity and coordination, and whether individuals feel involved in decisions about their care. The people with lived experience, unpaid carers and frontline staff should form part of routine evaluation and not be treated as an additional or optional source of evidence.

There is also a need for greater consistency in how outcomes are measured across sectors. If health, social care and third sector organisations use different measures, it can be difficult to understand whether the system as a whole is improving.

4. What should the Committee focus on to make the biggest difference?

Answer:
The Committee should focus on whether the Welsh Government's commitments are translating into meaningful improvements in people's experiences of health and social care.

A key area should be integration, especially between mental health and substance use services and across health, social care and community provision. The Committee should examine whether people with complex or co-occurring needs are experiencing more joined up pathways, rather than simply whether individual services are meeting their own targets.

The Committee should also scrutinise whether the shift towards prevention and community-based care is resulting in earlier access to support. Prevention should not be measured solely by reductions in hospital demand, there should also be evidence that people are receiving appropriate support before reaching crisis point.

Access and equality should be another priority. The Committee should consider whether reforms are reaching people who face the greatest barriers to services, including people with severe mental illness, substance use needs, complex needs and those experiencing homelessness or other forms of disadvantage.

The sustainability of the health and social care workforce should remain under scrutiny, including recruitment, retention, pay, working conditions and access to suitable training and development. Workforce pressures directly affect the ability to deliver reform.

Another aspect that the Committee should consider is examining whether commissioning and funding arrangements support long-term service sustainability. Ambitious reforms will be difficult to deliver where organisations are working within short-term or fragmented funding arrangements.

Finally, individuals with lived experience and unpaid carers should have a meaningful role in assessing whether reforms are working. The Committee should consider whether people feel listened to, involved and able to access the support they need, rather than only what services are delivering.

Ultimately, scrutiny should focus on the difference that policy makes in practice. The Committee has an important role in testing whether commitments are being implemented consistently, whether resources are reaching the areas of greatest need, and whether improvements are being experienced by the people and communities these services exist to support.