

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 03

Ymateb gan: | Response from: Canolfan Niwrotherapi | Neuro Therapy Centre

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?

public health and prevention:

There is a wealth of evidence that these campaigns work and can change people's life, but they tend to concentrate around lifestyle choices – smoking, alcohol and drugs, and weight management which have a health cost associated to them.

There are many people living with health conditions which are not the result of lifestyle choices, and the importance of access to services which focus on preventative medicine for these people should not be ignored. Keeping this group of people socio-economically active, independent and living in their own home reduces the demand and cost to health and social care services, and boosts the economy, and we should look to invest more in these services which are often run by



voluntary organisations working at grass-roots level. More investment in preventative services could see people with LTC stay in work longer, develop more self-management skills which decrease the demand for access to healthcare, and keeps them in their own home for longer so decreasing the demand on Social care. It may also help to address some of the drivers that lead to alcohol, drug and eating disorders. Many of these services also offer support to carers recognising the role they play, and helping them develop skills to look after their own physical health and mental wellbeing.

This becomes more important in the face of an aging population

Eg. Long-term neurological conditions affect 1:6 of the population many of whom are of working age when diagnosed

evidence-based innovation in health and social care: see comments above

support and services for unpaid carers: see comments above

access to services for long-term chronic conditions: see comments above

access to COVID and non-COVID rehabilitation services: see comments above and:

Access to Covid rehabilitation services should not, in my view, be seen as a separate priority as there are often services already available that can support them. For example the Neuro Therapy Centre has been providing therapeutic support, advise and signposting to people living with a neurological condition, and their Carers for 36 years. Alongside access to exercise overseen by neuro-physiotherapists we also provide Oxygen therapy using a bara-chamber which has long been used by the MS and Cancer communities as a means of controlling some of their symptoms. All of these services already exist and could easily be used for the treatment of Covid patients. NHS Healthcare professionals and commissioners however do not always see the long-term cost benefit this brings, and do not invest in them.

If there was a co-ordinated approach to investment in voluntary services that are already addressing many of the priorities identified above, there could be much greater impact made on the physical and mental health of the population (and those who work in health and social care) and on the economy.

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

An aging population and better medicine means that people are living longer. We should look to invest in services that will support people to stay active and independent for longer and look to decrease the health inequalities that some people experience due to the nature of their health condition eg. People living with a neuro condition which often has no cure, need access to ongoing support around health and exercise that helps them stay well rather than responding to a health crisis