Priorities for the Senedd Health and Social Care Committee

A response from Cymorth Cymru

14th September 2026

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

Partly

Please outline your reasons for your answer to question 1

We represent not-for-profit homelessness and housing support providers in Wales, which provide support to a variety of people, including people experiencing homelessness, care experienced young people, people with a learning disability, and people fleeing violence and abuse. All receive vital care and support to live independent and fulfilled lives in their communities. We welcome the majority of the priorities identified above, but we are particularly pleased to see:

- expanding community-based care and shifting towards prevention;
- workforce planning and service sustainability, including improving pay, terms and conditions for the social care workforce;
- strengthening mental health services;
- reducing health inequalities and improving public health

However, we urge the committee to ensure that within each of these priorities, there is a focus on ensuring that people who face the greatest marginalisation and adversity are able to benefit.

As a result, we encourage the committee to ensure that the following specific issues are considered within the committee's priorities and workplan:

Existing priority: Expanding community-based care and shifting towards prevention

- **Homes not Hospitals:** Ending the placement of people with a learning disability and autistic people in inappropriate hospital settings.

Existing priority: Workforce planning and service sustainability, including improving pay, terms and conditions for the social care workforce

- **Real Living Wage:** Improving the delivery of the funding required to support the delivery of the Real Living Wage commitment for social care workers.

Existing priority: Reducing health inequalities and improving public health:

- **Inclusion health:** Improving access to health services and reducing (physical and mental) health inequalities for groups who face the greatest marginalisation and adversity, by promoting an inclusion health approach.

The key goal in each of our suggestions is to ensure equitable health and social care for everyone in Wales, as well as the necessary recognition, reward and support for the critical workforce who deliver this.

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2. Are any important priorities missing?

Yes

Please outline your reasons for your answer to question 2

Homelessness and Social Housing Allocation (Wales) Act 2026

There are important new duties within the new Homelessness and Social Housing Allocation (Wales) Act 2026, which will impact health and social care partners and improve outcomes for people at risk of homelessness.

The legislation introduces a new “ask and act” duty, requiring specified public bodies (including health and social care) to take action when it considers that an individual may be homeless or at risk of homelessness. This could include referral to the local authority housing department, providing information about help available from other services, or a to consider whether there are any other steps they could reasonably take to help the applicant to secure or retain their accommodation. The “ask and act” duty supports a shift towards preventative and early intervention approaches to homelessness needed in Wales to ensure cases of homelessness remain rare, brief and unrepeated.

The Act also expands an existing duty to cooperate, meaning that it will apply to a wider range of public bodies (including health and social care), enabling local authorities to request the cooperation of these bodies to deliver its functions to prevent homelessness. This will be particularly important for people who are experiencing multiple challenges and may need joined up care and support from housing, health, social care and the criminal justice system.

Health and social care colleagues will be key partners in delivering these duties, which are scheduled for implementation in September 2028. We therefore recommend that the Health and Social Care Committee makes time in its work programme to consider what support will be required for health and social care partners to ensure these legal duties have the greatest possible impact.

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

- **Homes Not Hospitals:** The main barriers appear to be lack of resources to support community placements, lack of joined up decisions and funding between health and social care to facilitate a community placement, a lack of planning to ensure suitable housing is available, the need for more training and/or support to avoid decision-making that results in inappropriate placements, and a lack of data to monitor and ensure accountability. We suggest the committee familiarises themselves with the ‘From Hospitals to Homes’ report.

- **Real Living Wage:** The main barriers are a lack of transparency and accountability for ensuring the appropriate funding is made available to local authorities and health

commissioners, and in turn passed on to social care providers. While the majority of social care workers are being paid the RLW, the implementation of this policy beyond the first year has caused significant problems for care providers and commissioners. Many of our members (who are not-for-profit) are paying the RLW but do not receive the adequate funding to cover this cost, resulting in significant and unsustainable budget deficits. An independent evaluation, conducted by Cordis Bright, states:

> *"Most providers and care commissioners reported that, in the first year of the policy's implementation, the level of funding was sufficient. However, in the second year of implementation, the funding provided was reportedly insufficient to pay the RLW."*

- **Inclusion health:** This greatest barrier is that inclusion health is not currently viewed as a strategic priority for the Welsh Government or health boards, despite the potential for this drastically improve people's health and life expectancy, as well as save public money through reduced use of emergency and acute health services. By comparison, in Ireland, inclusion health is a national priority, with the Health Service Executive having established a National Office for Social Inclusion, which aims to reduce inequalities in health and improve access to mainstream and targeted health services for under-served and socially excluded groups in Ireland. Within the Health Service Executive regions, there are leadership roles dedicated entirely to social inclusion, with a budget and staff team to deliver inclusion health within that region. The budget for social inclusion in Dublin North is currently €40 million.

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

Inclusion health

- Inclusion health aims to improve access to healthcare and reduce health inequalities for marginalised groups who are currently not served by traditional healthcare models. These groups experience stigmatisation, social exclusion, discrimination and "severe, overlapping and multiple disadvantages" across their lives, significantly increasing their risk of poor health and reduced life expectancy. On average, people experiencing homelessness die 30 years earlier than the general population. This an area that could have a massive impact on people's lives, as well as delivering benefits to health services through reduced use of emergency and acute health services.
- There are some strong examples of inclusion health work across Wales, however this is often driven by passionate individuals as opposed to being systemic. We would urge the committee to make inclusion health one of its key priorities and support calls for an inclusion health strategy.

Delivery of Real Living Wage commitment (RLW)

- The not-for-profit care providers that we represent are committed to paying the real living wage and ensuring the workforce are properly rewarded for the skilled and difficult work they do in our communities every day. However, the delivery of the RLW commitment has been a significant challenge, with the necessary funding for the RLW uplift not reaching care providers. This is a particular issue for third sector supported living services who are paying the RLW because they believe it's the right thing to do, but have not received the funding for this. Alongside the National Insurance increase, this has left huge black holes in their budgets and threatens the sustainability of support they provide in their communities.

- Reviewing the mechanism by which the funding is passed in from Welsh Government, to local government, to social care providers is a key priority, as well as re-considering the recommendations about hypothecation which were made in the independent process evaluation which was published before the end of the last Senedd term.
- The National Provider Forum is currently conducting a survey which will monitor the ongoing impact of the RLW funding shortfall. We will gladly share these results with the committee once the has been gathered.

Homes not Hospitals

- Too many people with a learning disability and autistic people in Wales are placed in unsuitable hospital settings for long periods of time, when they should be provided with a home and support in their communities. Whilst in these settings people can be subject to restrictive practice, are isolated from their family and community and do not have the right environment to lead fulfilled and independent lives.
- The parent-led 'Stolen Lives' group has been vocal in its calls for immediate action. In response to this, the previous Welsh Government formed a task and finish group under the Learning Disability Ministerial Advisory Group, which published a report titled 'From Hospitals to Homes'. We recommend that the committee prioritise consideration of these recommendations and action which can be taken to stop unnecessary hospital placements and bring people home to their communities in an appropriate supportive setting.