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Ymchwiliad i'r Adolygiad Blaenoriaethau ar gyfer y Pwyllgor Iechyd, Gofal
Cymdeithasol a Chwaraeon

Inquiry into the Priorities for the Health, Social Care and Sport Committee

Ymateb gan: Sefydliad Bevan

Response from: Bevan Foundation

Priorities for the Health, Social Care and Sport Committee: response from the Bevan Foundation

1. The Bevan Foundation develops new ideas based on sound evidence to make Wales fair, prosperous and sustainable. It is an independent, non-aligned charity. In the last three years it has made a significant contribution to public policy in Wales on:
 - the outlook for the Welsh society, including health and social care, by 2020;¹
 - improving care at the end of life (for Marie Curie);²
 - reducing smoking prevalence especially amongst disadvantaged groups.³

We welcome the opportunity to submit our views on the Committee's priorities for the coming term.

2. Wales faces major challenges in health and social care in the next five. They include rising demand (as a result of changing demographics and expectations), increased incidence of certain diseases and conditions (mental as well as physical), new therapies and treatments, and unforeseen risks e.g. new diseases, antibiotic resistance. A focus by the Committee on preparedness for the future as well as on the present is vital.

Public Health

3. People from low income groups experience higher levels of ill-health and die at a younger age than those from higher income groups. Some of this inequality is driven by so-called lifestyle factors (e.g. diet, exercise and smoking) and by much less widely recognised environmental factors (e.g. damp housing, poor air quality). The persistence of inequalities raises questions about the effectiveness of public health interventions to date. Our recent work on new devolved taxes highlighted that the Welsh Government could shape behaviour by imposing a levy on added sugar in food and drinks and on the use of sunbeds.
4. We welcome the proposals to consider sport, loneliness and gambling as aspects of public health. **We also suggest that the Committee investigates the effectiveness of current interventions, particularly on low income groups, in respect of the big health risks, namely:**
 - **physical inactivity (i.e. wider than participation in sport)**
 - **poor diet (including malnutrition as well as obesity)**
 - **smoking**
 - **environmental factors (especially housing and air quality).**

¹ Bevan Foundation (2015) **The Shape of Wales to Come: Wales' economy, environment and society in 2020.**

² Marie Curie Cancer Care and Bevan Foundation (2014) **Death and dying in Wales: An analysis of inconsistencies in access to specialist palliative care and hospital activity in the last year of life**

³ Bevan Foundation (2013) **Hitting the Quit Target: Smoking and Low Income Groups.**

NHS Services

5. We welcome the proposals to consider neonatal services, primary care and ambulance services. **We would urge the Committee to add to this list of services to be scrutinised those available for people with mild to moderate mental ill-health, e.g. depression and anxiety.** Mild to moderate mental illness affects around one in five of the population, has a serious effect on people's quality of life and accounts for a significant 'burden' on health services. Parental mental illness is strongly associated with poor outcomes for children, and **we recommend the Committee looks specifically at parental (and especially maternal) mental illness.**
6. We understand the concern with waiting times but do not consider that these should be the sole measure of performance. **We also recommend that the Committee scrutinises:**
 - **equity of access including to end of life care;**
 - **patient safety (including management of hospital acquired infections, compliance with best practice e.g. safety alerts, and adverse incidents);**
 - **preparedness for risks e.g. new diseases.**
7. We anticipate that leaving the EU will have an impact on the NHS including the workforce, regulation of medicines, and environmental regulation. **We suggest that the Committee scrutinise the preparedness of the Welsh NHS for these changes.**

Social Care

8. Demand for social care – both in formal settings and unpaid care – is forecast to rise but social care budgets are under considerable pressure. There are significant concerns about access to and the quality of formal care and about the human rights of those receiving formal care (e.g. deprivation of liberty).⁴ The support for unpaid carers is uneven.
9. We welcome the proposal to investigate the integration of health and social care services and the use of anti-psychotic drugs in care settings. In addition we suggest that the Committee scrutinises:
 - **deprivation of liberty in formal care settings;**
 - **the impact of financial pressures on community-based social care services;**
 - **support for unpaid carers.**
10. We would welcome the opportunity to submit evidence on these matters in future.

⁴ EHRC (2015) **Is Wales Fairer?**