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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: Hafal

Response from: Hafal

18 August 2016

Response to Committee's consultation on its Forward Work Programme

Priorities for the Health, Social Care and Sport Committee

We think the main priorities of the Committee should centre on the following four questions:

1. **How beneficial has the integration of health and social care services been for people who directly use these services, and for their families, particularly as it applies to those using mental health services?**

2. **How far are we reducing health and social care inequalities in Wales, especially for people with mental illness?**

3. **Is prudent healthcare working, and is it ensuring best outcomes and best value for people with mental health problems?**

4. **How well are we meeting the physical health care needs of people with mental health conditions, how important is the role of sport, and how are we increasing access for people with psychological problems?**

Integration of health and social care services

We hear from many people who use secondary mental health services about how they feel let down because of weaknesses in delivering fully integrated services across health and social care agencies. Health boards and local authorities have varying interpretations and are at different stages of developing fully integrated mental health services.

We would like to see examples provided from health boards and local authorities across Wales of where they provide holistic and coordinated services to people through a single, fully integrated and jointly funded service, and what evidence is available to support the notion that people achieve better clinical and social outcomes as a result.

Examples could include:

- Where a single health and social care assessment process for people accessing mental health services has been developed

- Where there is single budget for mental health services across health and social care

- Where there are single integrated performance frameworks or single outcomes frameworks that have been established

What has been the impact on those in greatest need as a result of a general trend of moving from specialist community mental health support services to more generic support services?

Reducing health and social care inequalities in Wales

The scale of inequality for people with a diagnosed psychiatric condition is huge. People with mental illness have the lowest employment rate for any main group of disabled people, endure greater poverty, have poorer housing, have fewer training and educational opportunities and experience greater social isolation.

Poverty and mental illness often go hand in hand, and people with a diagnosed psychiatric condition are far more likely to be in debt and be reliant on welfare benefits:

- People with mental illness are around three times more likely to be in debt and have financial problems

- People with mental illness are over five times more likely to cut down on the use of the telephone, gas, electricity and water than the general population

- When people using mental health services are asked about the major issues that concern them in their daily lives, personal finances are consistently identified as a major source of difficulty and distress

Currently the economic activity rate of people with a mental illness is the lowest for any group with long-term health problems:

- People with mental illness are far more likely to be jobless than the general population

- People with mental illness are far more likely to lose their job because of their illness

- Around 40% of people who claim benefit due to incapacity to work have a mental health problem

We would like to see examples from Public Health Wales and from the Welsh Government of how and where they have targeted specific vulnerable and marginalised groups of disabled people to ensure that these health and social care inequalities are being addressed and being reduced. We would also like to see accessible data being made available that demonstrates clear progress being made in reducing health and social care inequalities.

Prudent healthcare and achieving best outcomes and best value for people with mental health problems

In its *"Achieving prudent healthcare in NHS Wales"* paper (2014) Public Health Wales emphasizes that, "the main driver behind prudent healthcare in NHS Wales is not saving money, but ensuring the people of Wales receive the best possible care from the available resources". This captures what prudent healthcare should be about. It should promote services which are as effective as possible at getting patients well - and as efficient as possible in achieving this.

There is a need to look at the human cost and the financial cost when developing services. The good news is that those costs are not inversely proportionate: recovery-focused services with an emphasis on co-production mean better outcomes for service users/patients and a reduction in financial cost.

In the attached paper we highlight 5 mental health case studies to show how prudent healthcare can work in practice: **Prudent Health Care in Practice: 5 Case Studies**

We would like to see practical examples of where both health boards and local authorities are applying prudent healthcare principles that are resulting in better outcomes for service users and achieving best value for money.

The physical healthcare needs of people with mental health conditions and the important role of sport

People with a serious mental illness and their carers face many inequalities when it comes to their physical health. People with a serious mental illness such as schizophrenia or bipolar disorder can have a life expectancy between 15 to 20 years lower than the general population (Wahlbeck et al, 2011); over 8 in 10 carers have seen a negative impact on their physical health as a result of their caring responsibilities (Carers UK, 2013).

Welsh legislation and policy aims to tackle this inequality. For example, the Mental Health Measure (2010) prescribes a holistic Care and Treatment Plan for people using secondary mental health services which includes a section for setting, "Personal Care and Physical Well Being" goals.

"Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales" (2012) states that, "People who experience mental health problems should be assisted to enjoy the same life expectancy and quality of physical health as the general population", and advocates, "tackling less healthy lifestyles, smoking and poor diets, and increasing opportunities for physical exercise, including in inpatient settings".

Attached is a guide for mental health services on how to promote physical health for service users and carers: **Let's Get Physical!: A guide for mental health services**

We would like to see examples of where Public Health Wales are targeting people with mental health conditions and taking action to increase life expectancy for this highly vulnerable group of people. We would also like to see to what extent Public Health Wales, along with health boards and local authorities are promoting and encouraging the use of sport amongst people with mental health problems, and how this is playing an important part in a person's recovery. How are local authorities in particular, increasing accessibility to sport and leisure services for people with psychological problems, as they would for people with physical disabilities?

About Hafal

Hafal (meaning 'equal') is the principal organisation in Wales working with individuals and families affected by serious mental illness. We are managed by the people we support, and our 195 staff and over 100 volunteers provide direct help and support across Wales to over 1500 people with a serious mental illness and 1600 carers.

The charity is founded on the belief that people who have direct experience of mental illness know best how services can be delivered. In practice this means that at every project our clients meet to make decisions about how the service will move forward, and the charity itself is led by a Board of elected Trustees, most of whom either have experience of serious mental illness themselves or are carers of a person with a mental illness.

Our mission is to empower people with serious mental illness and their families to enjoy equal access to health and social care, housing, income, education and employment, and to achieve a better quality of life, fulfill their ambitions for recovery, and fight discrimination.

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