

5<sup>th</sup> June 2013

Dear Vaughan Gething AM,

### **Social Services and Wellbeing (Wales) Bill**

Thank you again for considering our verbal evidence to the Health and Social Care Committee on Thursday 2<sup>nd</sup> May 2013. The Wales Alliance for Mental Health sincerely appreciated the opportunity to contribute to your scrutiny of the Social Services and Wellbeing (Wales) Bill and we would like to use this letter to reinforce some of the issues raised during our evidence session.

#### Definition of wellbeing, assessments and care plans

We fully support the Bill's intention to combine different needs assessments and strongly believe that a single, unified assessment would be beneficial for many reasons. It would facilitate a more joined up, holistic approach to health and wellbeing. It would also reduce the distress caused to people with mental health problems who have to repeat their medical history and support needs to several different people for several different health and social care assessments. For the same reasons, we also believe that people should have a single, unified care plan that incorporates all of their health, social care and support needs. However, it is clear that the proposed legislation needs to work alongside existing legislation in order to achieve this aim.

We are concerned that the Bill (as currently drafted) may prevent these good intentions from becoming reality. As you will be aware, the Mental Health (Wales) Measure 2010 includes a legal duty to provide care and treatment plans for people using secondary mental health services. Both primary and secondary legislation state that care coordinators must work with the patient to agree outcome focused care and treatment plans across eight clearly specified life areas, including:

- (i) finance and money;
- (ii) accommodation;
- (iii) personal care and physical well-being;
- (iv) education and training;
- (v) work and occupation;
- (vi) parenting or caring relationships;
- (vii) social, cultural or spiritual;
- (viii) medical and other forms of treatment including psychological interventions

To achieve the ambition of single, unified assessments and care plans that meet all of the individual's health and social care needs, the Social Services and Wellbeing (Wales) Bill will need to complement this existing legislation. We are concerned that the Bill (as currently drafted) could work against the legal duty in the existing Mental Health (Wales) Measure 2010, and therefore result in multiple and potentially conflicting assessments and care plans for people with mental health problems and social care needs.

In particular, the definition of 'wellbeing' in the Social Services and Wellbeing (Wales) Bill includes a number of life areas that are similar - but different - to the eight areas detailed in the Mental Health (Wales) Measure. There is also a glaring omission in the Social Services and Wellbeing (Wales) Bill definition, as it makes no reference to housing or environmental wellbeing. This is

particularly surprising, as it is widely recognised that accommodation and physical environment can have a huge impact on the wellbeing of individuals and families.

It is our belief that the definition of wellbeing in the Social Services and Wellbeing (Wales) Bill should reflect the eight life areas that already exist in Welsh legislation and that planned regulations for care and support plans (as detailed in section 39 of the draft Social Services and Wellbeing (Wales) Bill) should follow the same principles and format as the care and treatment plans set out in the Mental Health (Wales) Measure 2010. Unless this happens, it will be impossible to complete single assessments and care plans for people with mental health problems and social care needs, and the good intentions of the Bill will not be realised.

It is important to point out that we are not proposing this model because we believe that the mental health sector is more important than others, but simply because it already exists in Welsh primary legislation. However, the holistic nature of the care and treatment plan in the Mental Health (Wales) Measure 2010 means that it focuses on all aspects of life and should therefore be transferrable and relevant to a range of different health and social care needs.

We believe that independence is not a separate life area, but an overarching objective or outcome that can be achieved through meeting an individual's needs under the eight life areas listed in the Measure. However, we recognise that some disability organisations feel very strongly that independence needs to be included in the definition of wellbeing within the Social Services and Wellbeing (Wales) Bill. As a result, and in order to avoid conflict with the Mental Health (Wales) Measure, we have the following suggestion.

The definition of wellbeing in the Bill should include the eight life areas detailed in the Mental Health (Wales) Measure, with 'independence' added as a ninth element. As long as this is listed in addition to the Measure's eight life areas, we believe that the Bill and subsequent care plan regulations can still work with the existing mental health legislation. The mental health care and treatment plans include spaces for outcomes associated with each of the eight life areas but also includes a space for '*Outcomes to be achieved may also be agreed in relation to other areas*'. As a result, the addition of 'independence' in the Social Services and Wellbeing Bill would not necessarily conflict with this process. The key, in our view, is the synergy between the eight life areas in the Measure, the definition of wellbeing in the Social Services and Wellbeing (Wales) Bill and the subsequent regulations that detail the content and format of the social care plans.

### Principles on the face of the Bill

We believe that a set of principles should be included on the face of the Bill, in order to clearly define the tone and intent of this legislation. The all-age nature of the Bill requires the principles to be appropriate across the life course and we believe that they should embrace the UN Convention on the Rights of the Child and the UN Convention on the Rights of Disabled People. We believe that the principles should include:

- Assume that the person is the best judge of their own wellbeing, except in cases where they lack capacity to make the relevant decision.
- Follow the individuals views, wishes and feelings at all times, except in cases where they lack capacity to make the relevant decision. Where the person lacks capacity ensure services are culturally appropriate and sensitive.

- Ensure that decisions are based upon the individual circumstances of the person and not merely unjustified assumption.
- Individuals are equal partners in assessments, planning, developing and reviewing their care and support, with access to independent advocacy as appropriate.
- Individuals are encouraged to take personal responsibility as appropriate to their individual circumstances.
- Ensure that adults and children are appropriately safeguarded.
- Ensure that the least restrictive solution is always used where the welfare of the individual is the paramount consideration.
- Carers are engaged and respected.
- Fully adopt the Social Model of Disability which promotes a holistic, whole person approach to wellbeing.

#### The case for prevention, early intervention and health promotion

It is absolutely vital that services to the most vulnerable are protected and enhanced both generally and through this legislation. As stated in our verbal evidence, we also strongly support the commitment to early intervention, prevention and improving whole population health and wellbeing. We do not believe that this intention can be realised unless the Welsh Government considers the development of longer term financial models for resourcing health and social care. This would enable a move away from annual, short term reactive planning and commissioning, allow a longer term strategic view to be taken and achieve a measurable return on investment.

Improved mental health and wellbeing is a worthwhile goal in itself, but it also leads to better outcomes in physical health, health behaviours, educational attainment, employability and earnings, relationships and crime reduction. In addition, the All Wales Mental Health Promotion Network report [Promoting mental health and preventing mental illness: the economic case for investment in Wales](#) estimated that mental health problems cost Wales £7.2 billion per year and advocated early intervention, prevention and mental health promotion as a means of reducing this cost. The New Economic Foundation has also published [The Prevention Papers](#) which examine and support the case for strategic investment in prevention.

Thank you again for the opportunity to contribute to your deliberations and please do not hesitate to get in touch if we can be of further assistance.

Yours sincerely,

**Ewan Hilton**  
Executive Director, Gofal

**Ruth Coombs**  
Manager for Influence and Change, Mind Cymru

#### **On behalf of Wales Alliance for Mental Health:**

- Bipolar UK
- Diverse Cymru
- Gofal
- Hafal
- Journeys
- Mental Health Foundation
- Mental Health Matters
- Mind Cymru