

Written submission from:	Headway – the brain injury association
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Submission to:	Mayor of London
Title of inquiry:	Better Health For All Londoners: Consultation on the London Health Inequalities Strategy

1.0 About Headway¹

- 1.1 Headway is the UK-wide charity working to improve life after acquired brain injury (ABI).
- 1.2 Headway works to improve life after ABI through providing services, support and information at every stage of the care pathway. Across the UK our network of around 130 Headway groups and branches provides local services to ABI survivors. UK-wide services include a helpline, comprehensive website, Emergency Fund and award-winning publications.
- 1.3 Across London, there are six Headway groups providing a range of services including support, information and advice, drop-in and day centres, respite, rehabilitation, carer support and so on.

2.0 About acquired brain injury (ABI)

- 2.1 ABI is an injury to the brain which has occurred since birth. Causes include: tumour, stroke, haemorrhage, encephalitis, carbon monoxide poisoning, hypoxic injury, and trauma. Traumatic brain injury (TBI) is a sudden trauma to the brain. Principal causes are falls, road traffic collisions, workplace injuries, violent assault and sporting injuries.
- 2.2 In the UK, around 350,000 people are admitted to hospital annually with an ABI-related diagnosis, as a result of trauma, stroke, tumour, or illness.² The

¹ Headway - the brain injury association is registered with the Charity Commission for England and Wales, charity no. 1025852, and the Office of the Scottish Regulator, charity no. SC 039992. Headway is a company limited by guarantee, registered in England no. 2346893.

majority will require some form of support or rehabilitation. Figures for London show over 40,000 hospital admissions for an ABI-related diagnosis in 2013-14, an increase of 17% since 2006-07. This does not include attendance and treatment at A&E or other health services which do not require admission.³

- 2.3 The effects of ABI can be devastating and last a lifetime. Effects can be hidden, often fluctuating, and generally misunderstood. The cognitive, emotional and behavioural, and psychological effects of ABI can be difficult to detect by those without specialist skills.
- 2.4 ABI survivors experience difficulties due to the effects of brain injury (cognitive, psychological, emotional and behavioural difficulties, contributing to issues around communication, social interaction, personal organisation and sensory overload). Stress and anxiety frequently exacerbate the effects of ABI.
- 2.5 Even after a minor head injury, brain function can be impaired temporarily (concussion). Effects include headaches, dizziness, fatigue, depression, irritability and memory problems, lasting for weeks, months or even years.
- 2.6 Survivors of more severe brain injury are likely to have long-term problems affecting their personality, relationships and ability to live independently. Even with rehabilitation and support, survivors and their families are likely to face

3.0 Better health for Londoners

- 3.1 The consultation is on the Mayor of London's draft strategy to reduce/eliminate health inequalities across London. It describes some of the main issues which lead to inequalities in the health of different groups of Londoners, and proposes a set of aims for reducing them. It explains what the Mayor sees as his role in meeting these aims. Finally, it invites others to get involved by giving their feedback and by pledging to do something to reduce health inequalities themselves.
- 3.2 There is a wide variation in the extent to which the needs of ABI survivors are being met across London. Among working age survivors of ABI, many are unable to return to work, and this can lead to poverty and strain on families. Subsequent issues experienced by ABI survivors and their families may include: isolation, depression, alcohol and substance abuse, family breakdown, homelessness and criminality. Sometimes ABI can lead to survivors experiencing lack of insight into their condition coupled with impulsivity, giving rise to engagement in risky behaviour.

² Headway, <https://www.headway.org.uk/about-brain-injury/further-information/statistics/>

³ Headway, <https://www.headway.org.uk/about-brain-injury/further-information/statistics/statistics-resources/>

For ABI survivors and their families, quality of life can be very poor. Their need for involvement with health and social services is an obvious cost to society. However the additional need for or engagement with services including welfare benefits, housing, the criminal justice system and, for children living with a parent affected by ABI, education, can also be significant. The provision of effective and appropriate support and rehabilitation services at an early stage after ABI and, where required, as ongoing support, can improve recovery, restore a greater degree of independence and reduce the impact on society.

Headway hopes that the strategy will lead to an improvement in health outcomes, considering the needs of families and carers as well as those directly experiencing the effects of ABI. The consultation has five strands. This response focuses on Strand 2: Healthy minds and Strand 4: Healthy communities, as these are the most relevant to ABI survivors and their families.

3.3 Strand 2: Healthy minds

"The Mayor wants many more Londoners to feel comfortable talking about mental health. His aim is for fewer people to feel stigmatised and for people across the city to work together to reduce suicide. The Mayor's key ambition is to inspire more Londoners to have mental health first aid training, and more London employers to support it."

Brain injury can result in a vast array of psychological effects. Common issues include depression, anxiety, anger, cognitive issues and problems with regulating behaviour. These issues can develop either because of damage to the areas of the brain that are responsible for managing emotions, or as a result of the ABI survivor struggling to do the things that they once did. Psychological changes are therefore a very common effect of brain injury. An appropriate professional, such as a clinical psychologist, neuropsychologist or neuropsychiatrist will be able to decide whether or not the behaviour that is being displayed can be understood as being a direct consequence of the brain injury, or in fact warrants a diagnosis of a mental health condition.

For people affected by ABI, appropriate and timely access to neuropsychiatric and neuropsychological services is not always available. Support from these services can make a difference to people and enable them to live independent, meaningful lives. Improving access to these specialist services would also reduce the pressure on mainstream mental health services.

Headway welcomes the recognition of mental health needs in the consultation document. However we would like to see a wider definition to include more support for people with ABI, and also others with complex conditions where

mental health needs are only one factor affecting individuals and their families.

Headway welcomes the development of mental health first aid but alongside this we would welcome any efforts to raise awareness of the needs of people with hidden disabilities, and how best to offer help.

3.4 Strand 4: Healthy communities

"The Mayor would like more people to have the power to act on the things that affect their health. He wants more people to have access to groups, places and networks that make their community a healthy place. One way to do this is through social prescribing, which is a way to refer people to community-based services."

Headway welcomes the suggestion of using social prescribing as a way to support people with a range of needs. For ABI survivors, social prescribing would be of benefit in overcoming isolation and loneliness which can often develop, particularly when people affected are no longer able to work or socialise as they did before their ABI.

In 2014 Headway carried out a survey among people affected by ABI and the impact on them of changes to local authority and NHS funding.⁴ The findings:

- 52.8% felt their quality of life had been adversely affected by local authority/NHS funding cuts
- 47.9% had lost or faced reduced access to brain injury services because of a lack of local authority/NHS funding. This included Headway services, neurological and other specialist services.
- 69.9% felt that their long-term support needs would increase because their immediate support needs were not being met

These findings demonstrate the increase in pressure on people affected by ABI and their families. Headway's groups in London provide a wide range of services and support but we are concerned that the long period of financial austerity and cuts has reduced access to services which will have had a detrimental impact on those in need of our support.

Our 2014 survey also asked our groups and branches about the impact on the provision of services.⁵ The findings:

⁴ Headway. A Ticking Time Bomb: The false economy of cuts to brain injury support services, <https://www.headway.org.uk/media/3244/a-ticking-time-bomb-the-false-economy-of-cuts-to-neurological-services.pdf>

⁵ Ibid., p14.

- 89.3% of groups and branches represented reported having to subsidise services, events or outings as a result of funding cuts. This means using reserves in order to maintain vital services or having to use funds intended for other purposes
- 56.9% reported that changes to local authority support had a negative impact on their ability to provide essential support services
- 23.6% reported a decrease in the number of service users accessing their services as a direct result of changes in local authority funding
- 30.6% have had to cut services or activities as a result of reduced local authority/NHS funding
- 83.3% were concerned about their organisation's ability to provide support services in the long-term if local authority/NHS funding cuts continue

Headway welcomes recognition of the benefits to health and well-being of social interaction, which echoes our 2014 report: "All aspects of a person's life are affected when vital services are withdrawn. These don't have to be expensive and complex care services; something as simple as attending a support group and socialising once a week can make a huge difference to someone's life."⁶

However an effective social prescribing scheme may require investment in existing and new community services provided by the voluntary sector, including Headway. Our Headway groups and branches across London provide a range of services to people affected by ABI but, in common with many charities, resources and funding are constant challenges.

Headway welcomes any additional funding that would be provided through the Mayor of London to support, expand and develop our services.

⁶ Ibid., p.11.