Written evidence submitted by Rocovery Focus (CSR 0054)

Introduction

We are Recovery Focus, a new national group of expert partners with the shared aim to inspire individual recovery nationwide. Between us we’ve more than 200 years’ experience of developing and running personalised services that work with people with mental health, substance misuse and other complex needs to achieve their ambitions. Each partner organisation has its own rich history of success but together we believe we can lead the way in evidence based recovery pathways that we can tailor to meet local and individual needs.

Our partner organisations include the charities Richmond Fellowship, Aquarius, Croflands Trust, CAN, My Time and 2Care. Together we provide a range of mental health and substance misuse support services across England including:

- Residential care
- Supported living
- Crisis support
- Employment support
- Treatment services
- Preventative services
- Community-based support
- Peer support networks
- Carer and family support.

In relation to the House of Commons Health Select Committee inquiry into the Comprehensive Spending Review we would like to highlight three main areas of concern to Recovery Focus.

Investment in mental health services

Between 2010 and 2015 mental health trusts in England saw a cut in funding in real terms of 8.25% whilst demand for services was still rising.¹This 8.25% equated to around £600 million - an exact figure is not available on mental

¹ [http://www.communitycare.co.uk/2015/03/20/mental-health-trust-funding-8-since-2010-despite-coalitions-drive-parity-esteem/]
health funding trends as the Government axed its national survey of spending on mental health services in 2013. Although Recovery Focus welcomes the additional funding in the Comprehensive Spending Review for mental health we feel the £600million announced only brings investment back to 2010 levels.

Despite the political rhetoric of giving mental health parity of esteem with physical health, the NHS physical health budget still dwarfs that of mental health. The total budget for NHS England in 2015-16 was £116.4 billion of which only £6.7 billion was allocated to mental health trusts. Similarly, it’s estimated that local authorities will spend just under £40 million in 2015-16 on mental health – that equates to just 1.1% of their public health budget.

To assist the public with assessing whether the Government is acting on its pledge for parity between mental and physical health it would be useful for the Department for Health to collect identifiable information on spending in physical health which the Minister Alistair Burt confirmed back in October 2015.

Our concern is that without further investment in mental health services or a rebalancing of the NHS England budget to more equally distribute funding between mental and physical health, it will be difficult to meet policy objectives such as the new mental health waiting time targets (maximum 18 weeks wait for talking therapies and treatment for first episode of psychosis within two weeks of referral) and improving access to crisis support. One of our partners Richmond Fellowship has been willing to invest its own capital to create more community-based crisis houses in partnership with the NHS but the barrier has been a lack of NHS funding to support this. Yet our own evidence shows that crisis house models are effective in diverting people away from hospital and therefore have the potential to save the NHS money in the long term whilst giving individuals support in a more appropriate environment.

For example, at our Trevayler service in Derby we can take same day referrals through the local NHS crisis resolution home treatment team allowing

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Mental health trust budget - [http://www.communitycare.co.uk/2015/03/20/mental-health-trust-funding-8-since-2010-despite-coalitions-drive-parity-esteem/](http://www.communitycare.co.uk/2015/03/20/mental-health-trust-funding-8-since-2010-despite-coalitions-drive-parity-esteem/)

us to start providing support as soon as possible. A typical length of stay at Trevayler is around nine nights at a cost of just under £1,400 per person compared to a nine night stay in a psychiatric ward at a cost of just over £7,000. In its first six months of operation Trevayler helped 58 individuals, only eight of whom went on to require hospital admission. This demonstrates that the voluntary sector can be a cost effective partner when it comes to providing high quality mental health services and should factor more in local commissioning plans.

**Investment in substance misuse support**

One of the founding principles of Recovery Focus is the belief that mental health support and substance misuse support should be better integrated because people are complex individuals with complex issues and you can’t successfully address one without the other. So we are deeply concerned by the cuts to public health budgets announced in the Comprehensive Spending Review as this puts substance misuse services at risk and consequently people’s recovery at risk.

We are already seeing reductions in budgets for substance misuse services for 2016-17 of between 5% and 10% along with a potential 10% reduction per annum for the following two years yet we strongly believe that this is a false economy. Alcohol is one of the three biggest lifestyle risk factors for disease and death in the UK, after smoking and obesity, and represents 10% of the UK burden of disease and death. Furthermore alcohol related illnesses costs society £21 billion a year.4

Reductions in funding for preventative work, for example training to mobilise primary care services to conduct alcohol screening and brief intervention services, has serious implications for Recovery Focus partners Aquarius and CAN as they rely on local authority funding to provide drug and alcohol services in the Midlands.5

But research in the alcohol field clearly shows that brief interventions can have a positive impact on reducing drinking and encouraging people to seek help at an early stage in their drinking career which may prevent harmful and

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5 Point 1.107 of the Spending Review
hazardous drinking. It would also save the tax payer millions of pounds on treating people with drug and alcohol related illnesses in the NHS.

Changes to housing benefit and the impact on social housing

At Recovery Focus we are concerned with point 1.125 in the Comprehensive Spending Review relating to changes to housing benefit which pledges to cap the amount of rent that housing benefit will cover in the social sector to the relevant local housing allowance.

We believe that a key part of someone’s recovery journey is having a stable roof over your head and support to maintain your tenancy. Recovery Focus partners provide a number of supported living schemes to help people bridge the move from a residential recovery setting to living independently in their own homes. In many of our schemes we’re also the social landlord and have a strong track record in providing good quality accommodation paired with quality staff to support our tenants.

Many of our tenants rely on housing benefit to pay their rent, indeed for one of our partners Richmond Fellowship 90% of its rental income comes from housing benefit. Any reduction in housing benefit for individuals seriously risks their ability to keep their tenancy which would leave them no longer eligible to receive the expert support we provide through our supported housing schemes thus jeopardising their whole recovery journey.

Not only is a housing benefit cap a risk to the people we support, it is also a huge financial risk for our partner organisations. For example at Richmond Fellowship rental income represents 20% of its annual turnover. So any reduction to this income puts pressure on our ability to provide a wider range of services and invest further in innovative ways to provide health and social care. For example, last year in our West Sussex supported housing scheme we ran a pilot study in partnership with the NHS and the Home Office to provide an alternative place of safety to police custody. We invested our own capital to convert a room in our supported housing scheme into a suitable place of safety. A copy of the Home Office report into the pilot is available here - https://www.gov.uk/government/publications/alternative-place-of-safety-west-sussex-pilot-evaluation-2015
Overall the proposed changes to housing benefit are deeply concerning for the services we provide. If the people we support can’t pay rent, they can’t be in our housing schemes and therefore can’t get the support they need for their recovery. Their wellbeing and vulnerability could be worsened further as they could be left homeless.

22 January 2016