Written evidence submitted by Turning Point (CSR0074)

Introduction

1.1 Turning Point is a social enterprise, focused on improving lives and communities. We have over 50 years’ experience of supporting people with complex needs including those affected by mental health issues, learning disability, substance misuse, criminal justice, housing and employment challenges. We employ approximately 3500 people and operate in over 200 locations. We also provide the secretariat to the All Party Parliamentary Group on Complex Needs and Dual Diagnosis.

1.2 We are responding to this inquiry on behalf of our staff and the people we support and hear from who are in receipt of health and social care services. To that end our response focuses on three areas:

- Achieving efficiency savings: their scale and impact
- Achieving service transformation set out in the Five Year Forward Plan by way of better integration between health and social care
- The impact of the comprehensive spending review on the integration of health and social care

Achieving efficiency savings - scale and impact

1.3 The NHS is halfway through the most austere decade in its history, even though its budget is both ring-fenced and increasing. Despite investment to fund the Five Year Forward View, the NHS is under pressure and many providers are sharing their concerns in regards to balancing budgets while investing in new models of care alongside the implementation of seven-day services, responding to increasing need, coping with an ageing population and the challenge of trying to achieve £22bn in efficiencies by 2020.¹ When you consider mental health, social care and public health the view is bleaker.

Local authorities – Social Care

1.4 The Chancellor announced in November 2015 that the government will be cutting the amount given to local authorities by 3.9% every year, this will amount to around an 18% cut by the end of the Parliament.² There is a real danger that this is going to lead to an increase in pressure facing frontline services as already baron local authorities are forced to cut back even further on effective preventative services.

1.5 Even before November’s Spending Review, two-thirds of older and disabled people in England seeking help with care from their local authorities were turned away. That translates into nearly 1.85 million requests for support made in 2014, while only 664,000 (approx.) people received help. The number of people receiving council help fell by 28% between 2009-10 and 2013-14.³ This is largely as a result of £4.6bn worth of cuts to social care budgets since 2010⁴ and is concerning to see as a

² Comprehensive Spending Review, November 2015, page 88
³ Health and Social Care Information Centre stats reported here: http://www.bbc.co.uk/news/health-34415364
⁴ Janet Morrison, Chief Executive of Independent Age
provider of care services to people with learning disabilities, particularly as eligibility criteria has increased over the last five years to only support people with substantial or critical need.

1.6 A number of uncertainties make the new settlement for social care difficult to gauge fully but it is clear that spending will be broadly flat in real terms over the parliament, with the extent of any small increase or decrease depending on how much is raised through the new social care council tax precept. The government estimates this could raise £2 billion a year in cash terms by the end of the parliament if all councils use it to raise the full amount every year. However, estimates published by the Office for Budget Responsibility indicate that the precept could raise up to £1.6 billion. It also seems unlikely that all councils will choose to levy the full 2% every year for the next four years, on top of any other rises for other services. To put this into perspective, only around half of councils chose to increase Council Tax this year.

1.7 Without effective measures to address the wide variations in how much councils can raise through their tax base, this could disadvantage deprived areas – often areas with the highest needs for publicly funded social care – which will be able to raise less income through the precept than wealthier areas.

1.8 As a provider of social care services this dependency on a tax rise maintains the current uncertainty that exists around social care funding and what this means for individuals and their carers. We are already working in a system that does not invest in preventative services, instead only funding crisis provision. However even though we support people who fall into the ‘substantial’ or ‘critical’ need categories, we are seeing a significant amount in terms of savings being requested by commissioners.

1.9 In the financial year 2015-16, compared to the previous year of 2014-15, twelve contracts across Turning Point’s learning disability, substance misuse and mental health services were subject to funding cuts of over £1m, with the greatest impact felt by learning disability services.

1.10 Many councils and CCGs have reached the point where efficiencies have run out across all their services and are therefore now reducing their availability. This effectively means that not only have proactive prevention schemes been cut, but acute services are also on a decline leading to bed shortages; this is an unsustainable model.

**Local authorities – Public Health**

1.11 Another key issue is that public health grants are being significantly reduced. This year alone they’ve seen an in-year cut of £200m and going forward will face 4% yearly reduction (20% over the course of the parliament), despite public health being a key factor of the Five Year Forward View.

1.12 Local authorities, who only took over responsibility for public health in 2013, are not currently in a position to reverse underinvestment in some areas such as mental health and are actively cutting services including sexual health and substance misuse provision. With an ever shrinking budget, many competing health priorities and an increase on demand due to an increase both in population and age, resource greater than that committed in the Spending Review is required. So too is a different approach to how services are designed and delivered.

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5 Comprehensive Spending Review, November 2015
6 Office for Budget Responsibility
Achieving service transformation set out in the Five Year Forward Plan by way of better integration between health and social care

1.13 The Five Year Forward View sets out new models of care that require organisations to work in a different way, to improve outcomes and reach more people. Social care and health providers are increasingly collaborating to develop joint services and tackle demand which improve outcomes to vulnerable people in a financially sustainable way. Based on the experience of people we support, more needs to be done to refocus away from expensive acute care to community support, primary care and prevention activity in communities, to tackle demand drivers properly.

1.14 This requires investment in community provision that contributes to wider NHS, public health and social care outcomes. It also points to the importance of social value and commissioners having an understanding of it when making decisions. For example, for every £1 invested in Turning Point’s drug and alcohol treatment services in South Westminster, between 2.5-3.5 times as much value is created for our services users and the wider population. In Gloucestershire, this figure is between 5-6. In Wiltshire, it is 6-8 times more likely and in Wakefield, it 7-9 times. In East Kent, this figure is 8-10.7

1.15 In regards to the service redesign that is required, some forward looking areas are investing in community-led commissioning. Turning Point’s Connected Care methodology for example, is being used to co-design services to better meet the needs of local communities, to make more efficient use of available resource. For example, our project in Worcester worked with the local CCG to deliver the Worcester Strengthening Healthy Communities Project to improve health outcomes in three areas. The project sought to understand the factors that influence lifestyle choices, health and long term condition management and how people engage with local health services. The project found that people were too reliant on A&E and unaware of community initiatives that were more effective and cost efficient. As an output of the Connected Care project, a promotional campaign was carried out, a local drop-in service run by residents was established and a lifestyle group set up which stopped people going to A&E unnecessarily. This short term investment clearly had long term benefits that helped the whole community. We have found that projects like this that integrate early intervention programmes produce savings of up to £2.65 for every £1 spent.

Better Care Fund

1.16 We know from people we support who have complex needs that they often struggle to get the support they need as in most cases each service is administered by separate service providers. The result is that people either fall through the gaps in service provision or keep going round the system. This can be at significant cost to themselves, local communities and the public purse. Evidence has shown that the best model for helping those individuals with multiple needs is an integrated service that aims to address all of the issues they face in one place.

1.17 The Five Year Forward view points to a number of models that seek to integrate services in this way. The extension of the Troubled Families Programme is very welcome, as this has been very successful at engaging families who would otherwise struggle to access the support they need.

7 Social Return on Investment (SROI) of Turning Point’s Services, March 2015, assured by Social Value UK.
1.18 The Better Care Fund (BCF) is another key mechanism to seeing this integration happen. Unfortunately, the BCF money will not be made available until 2017-18 and backloading the funding means most councils are unlikely to see any positive impact in the short to medium term, perhaps even as little as £100m in the first year.\textsuperscript{8} This will increase in 2018/19 before the full £1.5 billion is delivered in 2019/20. Additional funding is always a welcome move but it risks arriving too late with the sector already struggling to adequately meet the needs of this group and a further significant cut in funding to follow next year.

1.19 Although welcome, the BCF is not guaranteed to be split 50:50 between health and social care; health providers could in fact receive the vast majority of it. Unless there is a change of policy, analysis projects a potential funding gap for adult social care of £6bn by 2020/21 and £13bn by 2030/31. Although the BCF is not the answer to this gap, it could help if assigned in a way that supports true integration.

1.20 Turning Point, as a provider of both health and social care services, is keen to see the people that we support that straddle both systems, are able to be supported by the BCF. We hope to see the expansion of the BCF to support people of all ages who have complex health and care need; to increase integration in order to improve services; improve health and wellbeing outcomes; and reduce demand on the acute sector.

1.21 Social care plays a key role in a sustainable NHS and its potential reach is significant; from safeguarding the most vulnerable to making an important contribution to the national economy in terms of cost savings. Reductions in funding for social care, as we have seen over a number of years, has increased the pressure and financial burden on the NHS. If social care is not put on a sustainable footing, this will affect other NHS services.

1.22 In committing only to invest additional money in the NHS, and not social care or public health, the government risks prolonging the pressure facing the most vulnerable people with complex needs. A wide range of people connected to the system can and will be affected. This may push the whole social care system into further crisis with profound knock-on effects to individuals and their families, other local government services, the NHS and local communities. If health and social care are not funded in an integrated way, the whole Five Year Forward View could end up being undermined.

\textit{The impact of the comprehensive spending review}

\textbf{Health and Social Care}

1.23 Spending on adult social care fell by 9% in real terms between 2009/10 and 2013/14; without more than £2 billion worth of support from the NHS budget this would have been nearer 14%. This has meant a fall of more than 25% in the number of people aged 65 or over receiving community-based, residential and nursing care services, as well as a much stricter eligibility criteria. These reductions have occurred even as the aging population has increased the need for care. Turning Point and other organisations are also seeing an increase of older people with complex needs.

\textsuperscript{8} Stothart 2015
1.24 We have seen that the 2015 CSR has provided some recognition of the pressures facing social care. However, despite a growing older population and increasing demand for services, spending on social care as a proportion of GDP will slip back to around 0.9% by the end of the parliament. While NHS England’s budget will rise by £7.6 billion in real terms over the period, other health spending will fall by more than £3 billion, a 20% cut, and the impact on other related budgets is having a detrimental impact. Local authorities are spending on average just 1.1% of their public health budgets on dealing with mental health issues. That’s £40m from a £3.3bn public health budget.

**Additional costs/ lack of funding**

1.25 Providers face significant challenges over the next five years to deliver services to more people and without adequate support and resource, there is a risk that some providers will fail or exit the publicly funded market altogether. This in turn is likely to cause a cyclical effect in that it will make it even harder for people to get the care and support they need and create further pressures on families and carers and the NHS.

1.26 There is much scope to achieve better value from integration, changing needs and demography; this would ultimately require a higher share of GDP to cover both the NHS and social care.

**Mental Health**

1.27 The government’s commitment to ‘parity of esteem’ between physical and mental health has been demonstrated by both the previous coalition government and the current one, is of course welcome. However this has not translated to parity of funding.

1.28 The current spending commitment to mental health is a welcome one, but there is still a significant shortfall given the many years of underfunding that still have not been addressed. In regards to NHS funding, despite mental health accounting for nearly a quarter of the burden placed on the NHS, it only receives 11% of funding.

1.29 Since moving public health budgets into local authorities remit, very few Joint Strategic Needs assessments have adequate consideration of mental health, with a Freedom of Information request finding that only 1% of total public health spending was on mental health.9

1.30 Mental health is all too often forgotten when people discuss public health and its importance is only slowly being recognised. It is integral to public health given that mental health has a real impact on a range of public health issues. Better public health provision can however significantly improve the population’s mental health which can lead to savings on spending for acute mental health care.

1.31 As a provider of mental health services across the country, we have seen that a lack of funding or provision will mean more people will inevitably turn to their GP or local A&E unit, end up out of area or accessing hospital beds when a community alternative could have been used. Turning Point’s crisis model provides a community-alternative to hospital provision where 80% of residents would otherwise have ended up in hospital, which is often a less therapeutic environment and significantly more expensive.

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Substance Misuse

1.32 Alcohol and substances services have almost universally been cut over the last five years, a trend that continues in the new Spending Review period. The impact of this has been, on a positive note, more integration of services between drugs and alcohol provision, sexual health and other public health services. There is still a lot more that could be done in this area and there is a risk that substance misuse services, or others which are deemed easier to cut politically, take the brunt of cuts. This would be short sighted due to the cost benefit of early intervention, prevention and community provision detailed previously.

Conclusion

1.33 Although cuts can be detrimental, they also (to a degree) provide an opportunity for providers to do things differently, to develop new partnerships, to integrate provision in different areas where needs overlap, and deliver digital solutions.

1.34 Overall providers like Turning Point have seen a significant shift in commissioning priorities and funding over the last five years. Given the impact of the 2015 Comprehensive Spending Review, we expect increasing pressures related to the living wage, apprenticeship levy, increasing need, more multiple and complex needs and an ageing population, to name just a few of the prominent challenges facing organisations. The challenges now facing the sector require a whole-scale shift in how health and social care services are commissioned, designed and delivered.

1.35 Models like Connected Care, community alternatives to statutory provision and innovative partnerships clearly provide some of the answer. However there is also a need for commissioners to be ambitious and brave in implementing the Five Year Forward View and new models of care, to radically change the current landscape of services to achieve this vision.

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