Written evidence submitted by Rethink Mental Illness [FSR 041]

Introduction
Rethink Mental Illness exists to improve the lives of people severely affected by mental illness. Some of the wide range of services we provide include our information and advice line, over 500 supported housing places across the country, peer support groups for service users and carers and co-production projects to design services that are better suited to the needs of those who use them.

Rethink Mental Illness would welcome the opportunity to discuss the issues raised in this submission in an oral evidence session.

Summary
Services provided by local authorities are crucial to the welfare of people severely affected by mental illness. The services that local authorities provide such as housing, advocacy services, carer support and other services that help people take part in social activities, work and access the services they need. This means that we touch many different parts of the lives of those living with severe mental illness.

Local authority budgets have been cut drastically over the last decade. The 2010 Spending Review led to a 27% reduction in local authority budgets by 2014/15.1 There were further reductions of 1% in 2014/15 and 10% in 2015/16.2 The 2015 Spending Review set out further cut of £6bn by 2019/20.3

Budget cuts have had a very large impact not just on the organisations that provide services for people severely affected by mental illness, but also the people who need those services. Providers are being asked to do more with less in the contracts that are issued and in other cases contracts are not being tendered at all.

Working in a tighter financial environment has a direct impact on the support available to people severely affected by mental illness. Since the publication of the NHS Long Term plan, the situation has become even more critical. The plan has the potential to have a transformative impact for people living with severe mental illness, but its delivery will be contingent on wider services being available.

This response explores these issues in more detail, including specific challenges Rethink Mental Illness faces as a service provider. To ensure that people living with severe mental illness get the support they need and that the NHS Long Term Plan is delivered, we believe additional investment in local authorities is needed at the 2019 Spending Review.

1. Supported housing
1.1 Supported housing is an integral part of recovery for people severely affected by mental illness. It gives a stable environment where tenants can learn the skills they need to live independently and recover their confidence. The availability of staff means that if tenants go through a difficult time or their condition deteriorates, there is someone there to help. Staff also help tenants access services and support, such as treatment for their condition or benefit claims.

1.2 Alongside the benefits of supported housing to tenants, it has wider benefits to our services and to the taxpayer. Supported housing is an essential foundation to reduce out of area placements, inpatient admissions and delayed discharges which routinely cost tens of thousands to the NHS. According to the Crisp Commission, Mental Health Trusts reported that 39% of delayed discharges were caused by a lack of appropriate housing.4 A 30-day delayed discharge

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1 National Audit Office, Financial sustainability of local authorities 2018, March 2018
2 Ibid
3 Ibid
from a secure care ward costs £16,890 and £13,170 from an acute ward. The core costs of mental health supported housing can be met for just £1,000 a month. Even when support costs are factored in, hospital stays are far more expensive. Given these savings, it is concerning to see an estimated shortfall of 35,000 supported housing places by 2020/21.

1.3 The Supporting People programme was launched in 2003 as a £1.8 billion ring fenced grant to local authorities that fund services to help vulnerable people live independently, including staff to support tenants in supported housing. Since the ring-fence was removed in 2009, between 2010/11 and 2016/17 spending fell by 69% - the single biggest drop in any local government spending during that time.

1.4 This has a huge impact both on the financial viability of new supported housing contracts being issued and on the level of support that tenants receive. In some instances it is not possible to deliver a safe, quality service to tenants on the terms being offered. Though these contracts will still be taken on the terms offered, the quality of service will inevitably decline.

‘On a number of occasions in the past year Rethink Mental Illness has actively decided not to bid for a re-tender of a service we deliver – possibly the hardest choice to make as an incumbent provider – as we cannot deliver a quality, safe service. Unfortunately, there is always someone willing to step-in and try and pick up new business which ultimately just encourages a race to the bottom’.

Mark Yates, Director of Operations, Rethink Mental Illness

1.5 Commissioning on this basis encourages the use of zero hours contracts, makes paying the National Living Wage more challenging for providers and significantly reduces training opportunities for staff.

‘My service was paid £17 per hour to provide support in 2016/17. This reduced to £16.15 in 2017/18. For the coming financial year, we have been offered £14.55. Negotiations are ongoing. So far we have managed to keep all of our staff, if this downward trend continues, it will become increasingly challenging.’

Rethink Mental Illness Service Manager (name undisclosed due to commercial sensitivity)

1.6 There are many more examples like this from across the country. In the face of an extremely challenging financial climate, our services have to make difficult choices about whether to continue to run a contract on reduced terms. Examples of the decisions many of our supported housing services have had to take include:

- Not renewing equipment when we normally would and making equipment last longer.
- Reducing the amount of activities on offer for service users to enjoy and benefit from.
- Not buying equipment or investing in technology that would be beneficial, such as a new laptop.
- Not investing in the upskilling of staff.
- Staff hotel rooms when attending learning / informative events away from the service.
- Researching the cheapest options when purchasing items, which takes up significant amounts of staff time that could be spent benefiting service users.
- Encouraging service users to apply for a free bus pass, with the companion option (so staff do not have to claim expenses).

1.7 This reduces the capacity of services to support service users, lowers staff moral and significantly, causes well trained, skilled staff to leave. It also makes long-term planning for the future of services nearly impossible. In this environment, our supported housing services are

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5 New Economy & Cabinet Office Unit Cost Database, March 2015
6 Rethink Mental Illness, Mental Health Supported Housing: Securing financial stability, supply and quality, October 2017
7 The National Housing Federation, Communities and Local Government and Work and Pensions Committees, Future of supported housing, May 2017
8 National Audit Office, Financial sustainability of local authorities 2018, August 2018
constantly required to decide whether it is possible to continue delivering a supportive, effective environment that can help tenants recover.

2. Community services

2.2 Alongside supported housing services, Rethink Mental Illness provides a range of other local authority funded services to people severely affected by mental illness. Our community offer includes advocacy services, carer support and other services that help people take part in social activities, work and access the services they need.

2.3 The impact of cuts to local authorities has been similar to reduced funding for supported housing. Across the country, local authorities are passing on the savings they are being asked to make to providers. The voluntary sector being asked to do more for less in now common place, with drastic results.

‘More for less has now been taken to breaking point where we feel in some areas we simply cannot deliver a quality service with the funding available, so we either do not bid, or cannot agree to a funding cut each year. The number of voluntary sector organisations that have folded in recent years is testament to this as there is simply not enough funding to survive, mean that local, specialist organisations are not able to survive as they are unable to manage the cuts.’

Richard Walsh, Associate Director, Advocacy & Community Services

2.4 Historically community contracts were designed to support specific types of need to ensure that the people using the service got specialist help. However in recent years, a trend has emerged where contracts for supporting different groups of vulnerable people are combined. This means that where people living with mental illness, learning disabilities or substance / alcohol misuse problems would have previously received separate specialist support, contracts are now often merged into one overarching contract to save local authorities money. Contracts for advocacy services are also moving in the same direction. Ultimately, this can potentially lead to clients’ needs not always being met as effectively as they could be.

2.5 Under this trend of merged contracts, different providers must come together to submit a joint bid to deliver a service. This means the overheads of multiple organisations must be met under one contract, in turn reducing the amount of money that reaches the front line.

‘In one of our community services we previously provided support to people living with mental illness to access the support and services they need, as well as social support. The bar for entry to the service was low, which meant we could offer preventive support that stopped clients reaching crisis people and needing to see a doctor or accessing mental health services.

When the contract was reissued, the bar for entry was increased to those eligible for support under the Care Act. The contract was merged with clients with other types of non-mental health need and was awarded on the basis of lowest need. This means that people in the area living with severe mental illness are no longer receiving specialist support.’

Dan Towse – Head of Opportunity Management

2.6 Annual cuts of around 15% in the value of community contracts are now common. This means that services run an increasingly high risk of running a deficit. As staff are the highest cost in providing these services, there is an increased risk of losing staff and expertise if this pattern continues.

2.7 Due to such severe reductions in budgets, local authorities now rarely commission preventative services, carers support, or any services that are non-statutory. This has a damaging impact on the welfare and wellbeing of people living with severe mental illness and those that support them. As a result, they require either more expensive primary care or go without any help at all.
3. The viability of the NHS Long Term Plan

3.1 The NHS Long Term Plan set out ambitions to radically improve services for people severely affected by mental illness by redesigning community services through a place-based approach across health and social care. Over the next five years, 370,000 adults and older adults will be supported to ‘live well in their communities’.

3.2 We welcome this laudable ambition and believe that if implemented, the plan can make real positive change to people’s lives. Currently people severely affected by mental illness are receiving fragmented care that is not meeting their holistic clinical, practical and financial needs. This often results in mental health crisis. Our report Right treatment, right time published last November showed only one in four carers surveyed received an assessment and although three quarters of people surveyed needed supported housing, less than half received it.

3.3 The NHS Long Term Plan itself recognises that action by the NHS is a complement to, not a substitute for, the role of communities and government. Local provision of social care services such as employment, housing and carers support is essential to keep people well in the community and reduce crises and pressure on the NHS.

3.4 Yet across the country these services are under pressure and under threat. In December 2018, Oxfordshire County Council proposed to reduce its contribution to the local mental health budget from £8m to £6.4m by 2022. As a result of local campaigning the proposed cuts were reduced to £600,000. This will come from the mental health social workers budget and will be delayed by a year. Although it is welcome that the full proposed £1.6m cut will not go ahead, it is still concerning to see a large chunk of funding taken from vital frontline staff.

3.5 Local authorities cannot act as equal partners to the NHS if they are not adequately funded. The accessible and high-quality medical treatment promised by the NHS Long Term Plan is simply the first step on a larger ladder for people severely affected by mental illness. Feeling part of a local community by being socially connected, the stability of housing, the ability to work or volunteer are all factors that can tip people into crisis – leaving the NHS to deal with the consequences.

3.6 A Rethink Mental Illness survey of service users and carers in April 2019 found that many people felt opportunities to take part in social activities would have made a huge difference to their recovery and quality of life. Several people shared that their local community centres or drop-ins that had once been a lifeline to keep connected were being shut down.

“They shouldn’t have closed the drop in centre. It has been devastating - the number of emergency admissions has risen so you can now not get a place in hospital locally. Everyone I speak to would like there to be a wellbeing hub and a crisis café - something like that but it is totally dependent on volunteers.”

Anonymous service user

April 2019

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10 Rethink Mental Illness (2018) Right treatment, right time