

## Written evidence submitted by Birmingham Supported Living 2010 (ASC0019)

### Adult Social Care Reform

- How much is inaction on adult social care reform costing the NHS and local authorities, and what impact does this have on patients and the public?

The lack of acute psychiatric beds is having a massive financial impact on the NHS and local authorities. Accident and Emergency units are inundated with people who need urgent mental health assistance. Unfortunately, they are too often turned away by a triage system that doesn't work. Birmingham is one of the only cities where people are unable to self-refer to the Home Treatment teams leaving vulnerable people in one of the biggest cities in the UK without access to a crisis services.

Birmingham Social Services is at breaking point, and we have on several occasions had to wait over 12 months to 18 months for allocation of a social worker.

The outcome of this for patients and the public is that people are often in danger either through neglect or what can happen in some cases people become dangerous and end up with criminal histories which could have all be avoided if there were enough specialist psychiatric beds and services.

- What is the cost of inaction to individuals and how might people's lives change with action on adult social care reform?

It is costing people their lives. I work for an organisation that provides supported accommodation for vulnerable adults who suffer with mental ill health and learning disabilities. When we have assessed residents for placements from hospital often the past history indicates that the person has been mentally ill and unsupported in the community for lengthy amounts of time. Due to the decline with their mental health in the community and lack of appropriate services prior to admission the individual has often been subject to severe neglect, serious physical health problems, frustration and withdrawal of help from families, criminal offences and financial abuse. All of this could be avoided if there were more acute psychiatric beds available, more expertise available within community mental health services and social services. In addition to that homeless services should also have experts and direct access to mental health services and social services as part of their service.

Recently due to our expertise in placing people with mental ill health in supported accommodation I was invited to assess a gentleman at Sifa Fireside in Birmingham. The gentleman had been referred to us via the Housing Solutions. There was limited information regarding his mental history, and we were informed that he had been evicted from washing court a well-known hostel due to his hoarding. During the assessment the gentleman was able to inform me that he was under the Northcroft CMHT and that he collected his medication from them monthly. I arranged with the manager of Sifa to go away and gather more information before we could offer him a place. I managed to speak to the CPN at Northcroft who confirmed that the gentleman was under their care, she confirmed that he did collect his medication but was unsure if he was taking it, she also informed me that he had a long history of mental illness, homelessness, readmissions to hospital and also that there had been a recent safeguarding regarding concerns that he was being financially abused. The CPN handed over the details of the social worker who was dealing with the case and I contacted her, as there was no reply I then emailed the social worker and the duty social worker team to ascertain how they could help towards supporting this gentleman to be placed in appropriate accommodation.

While I was waiting for responses and more information from everyone, I agreed to place him in one of our projects. Within 24 hours of the placement, it became very clear that the gentleman was mentally very unwell, while I had been informed that he had been evicted due to hoarding the hoarding was in fact the chaos of his mind and the voices that he was responding too. Within the following 24 hours we managed to get him admitted to hospital where he is still receiving treatment. My concern is how long had he been left within the community suffering and how much longer would he have been left without the right treatment. Unfortunately, this is not a one off and I too often receive calls from referral agencies who have neither the expertise or understanding of the level or type of mental illness or vulnerability they are dealing with

- What NHS and local authority service reforms are not happening as a result of adult social care pressures, and what benefits are patients and the public missing out on?

Firstly, the NHS services do not seem to understand that we are all now being inspected under the same CQC framework. NHS services think they can just discharge people without ensuring that the right support is in place, they have a disregard for services like ours and do not appreciate our expertise. In addition to that when residents decline mentally and need an acute bed their expectation of us is unrealistic as we are too often put in positions where we are managing difficult and challenging residents while having to wait weeks for a bed.

As a result of this people's recovery takes longer and placements that worked prior to their admission are withdrawn.

- Where in the system is the cost of inaction on adult social care reform being borne the most?

Waiting for acute beds on psychiatric wards is putting extreme pressure on crisis teams, GPs, Accident and Emergency units, supported living providers and residential providers

- To what extent are the costs of inaction on adult social care reform considered by the Government when evaluating policies, including within the Budget and Spending Reviews? How should these costs be assessed and evaluated?

I have no knowledge on how the government, policies makers and budget and spending reviews consider the costs of inaction on adult social care reform. It appears to me that they need a better understand of the workings and the impact of inaction of the system at ground level. Research and funding need to be allocated amongst the crisis teams and emergency services including homelessness to address the ongoing issues of people with mental health conditions being left to live in squalor, severely neglected and dying as a result of inadequate services and lack of acute psychiatric beds.

- What contribution does adult social care make to the economy and HM Treasury and how might this change with action on reform?

The workforce within adult social care and the contributing providers of products and services makes a huge contribution to the economy and HM treasury. With the right action where staff are paid the salary that correctly reflects the work they do, and funds are distributed and allocated to the right services reductions in costs could be achieved.

More acute psychiatric beds would mean that people who need that specialist care could receive it when required rather than waiting for up to 8 weeks which then has a significant impact on crisis services, emergency services, GPs, police services, fire services and supported living placements and residential placements

If you need any further information, I would be able to share care notes and interactions evidencing our experience of the cost of inaction which is impacting our residents and our organisation on a daily basis. Please do not hesitate to contact me

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