Written evidence submitted by The Association of Mental Health Providers (ASC0138)

House of Commons Health & Social Care Select Committee

Adult Social Care Reform: The Cost of Inaction

About the Association of Mental Health Providers

1. The Association of Mental Health Providers is the national membership body and network for mental health charities in England and Wales, with 300+ members delivering over 3000 services locally, regionally, and nationally. Our members form part of the Voluntary, Community and Social Enterprise (VCSE) mental health sector that provides services, many of which are commissioned by the NHS and local authorities (through their responsibilities under the Care Act in England), to more than 8 million people.

Mental Health Social Care

2. Adult social care and support services play essential roles in keeping people with poor mental health safe, enabling them to recover and live well and in supporting their unpaid family carers. In recent years, the Association has helped to lead a significant amount of activity concerned with illustrating and raising awareness of the of the role the VCSE mental health social care (MHSC) sector plays in the wider health and social care system.

3. The Association convenes and co-chairs, with the Association of Directors of Adult Social Care Services, the Mental Health Social Care Policy Oversight and Advisory Group. This Group was established following evidence produced by both the Association and ADASS for the Department of Health and Social Care (DHSC) on the experience of adult social care services in supporting people with poor mental health and their unpaid family carers during the COVID19 pandemic.

4. The MHSC Policy Oversight and Advisory Group has, amongst other pieces work, produced a paper, at the request of DHSC, which established the identity and boundaries of mental health social care and defined its importance to integrated systems.

5. The MHSC workforce is considerable, embracing roles in acute, community and crisis social care and support services in the VCSE, local authority and NHS settings. The Association's recent work on mapping the profile and profile of this workforce https://amhp.org.uk/transformation-mental-health-social-care-workforce/ evidences this.

6. The Association believes that the reform of adult social care must be informed by an understanding of its contribution to the lives of people with poor mental health and their unpaid family carers and of the investment and sustainability imperatives of the MHSC sector.

7. The Association also believes that the reform of Adult Social Care must be premised on a commitment to effectively implement and resource the Care Act 201, so that people with poor mental health and their unpaid carers are able to benefit from a system of social care and support that is defined by equity, inclusion and the principles and practise of personalisation. The Association has, therefore, sought to address the terms of Committee's inquiry in the light of these considerations.

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?

8. The Association is not aware if this has been valued for MHSC. MHSC sits alongside NHS provided and commissioned mental health services and which, despite the commitment to 'parity of esteem' and introduction of the Mental Health Investment Standard have, in comparison, been underinvested in relative to other NHS services. As a result of this underinvestment there has been a significant negative impact and additional cost for the NHS, local authorities, communities, individuals and their families and society more generally.

9. An overall estimate of the cost of mental health problems to the UK economy is £117.9 billion per year[1] and a conservative estimate is that the mental health spend on social care is £1.2bn per year, whilst secondary mental health care expenditure is £13bn and for primary care is £2.3bn.

10. The Association's view is that if MHSC was invested in effectively, then social and health care reform would have more impact on the ability of local systems to cope with current and future demand., and enable it to take a more preventative approach, alongside people and communities.

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?

11. The drive to more personalised, timely support for people with poor mental health and their unpaid carers - rather than delayed and crisis/reactive care, which is not preventative, and which is, in the main, responding to service pressures - is not achievable without effective social care reform. Interventions of a reactive nature address immediate issues and fail to support people as they face issues of their identity, goals, and relationships[2]. Reactive, short-term services, especially if more narrowly focused only on a medicalised perspective to a person's life, do not help people lead fulfilling lives and engage and
contribute as citizens. Ultimately this places more pressures on families, unpaid carers and communities as a whole.

12. The development of a more strategic view of a socially grounded local mental health system that connects people and communities, rather than dislocating them from social networks - especially as evidenced in the practise out of area placements - is also hindered by the ongoing failure to reform adult social care.

13, The creation and sustenance of social capital for better mental health and well-being - that can be accrued when communities and the VCSE MHSC sector are understood and acknowledged as key partners to be invested in - is frustrated without adult social care reform.

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

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

14. We are not clear as to what is meant by the 'system' here. However, in an ecological perspective of a community, health, social care and related public services system, the costs of inaction on social care reform, as expressed in a failure to invest in social care generally and MHSC specifically - are borne across all these interwoven elements.

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[1] McDaid, D., Park, A.L., Davidson, G., John, A., Knifton, L., McDaid, S., Morton, A., Thorpe, L. and Wilson, N., 2022. The economic case for investing in the prevention of mental health conditions in the UK.

[2] Clark, M., 2024. Relationships and a relational understanding in mental health research: Building on the legacy of Peter Huxley. Social Work and Social Sciences Review, 25(1), pp.4-15.

15. At its worst, these costs are borne by the people living with mental illness or experiencing mental distress (and their family, unpaid carers) and who are not able to lead as fulfilling lives as they'd wish, and whose needs often escalate, potentially requiring crisis and acute mental health care and support because of a lack of available preventative social care and support services.

16. The social security benefits budget is another aspect of the costs to society where, if people were entitled to and could access effective, person-centred non-stigmatising support they could be enabled to move to employment and contribute more to communities and the economy. Investment in MHSC as a social asset could provide more support to people to enter work and sustain volunteering or employment. However, this needs to be set against the context of a welfare system that has become increasingly grounded on a narrative of 'underserving benefits recipients' which stigmatises people, causes many people with chronic, fluctuating mental health problems undue anxiety, and demoralises them in terms of believing they can lead fulfilling lives as citizens.

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

17. Adult Social Care is estimated to contribute £11.1bn to GDP. As such, it needs to be understood as an essential prerequisite rather than as a burden and acknowledge its productive contribution to people's lives, communities and society and the economy as a whole.

18. Many adults of a working age who have life-long/chronic conditions/disabilities aspire to lead fulfilling lives as active citizens, including working, and the availability of good, personalised support can enable them to do this. Removing such support because of cost pressures on services undermines preventative assistance and hinders people's abilities to plan their lives in the knowledge that they have a safety net. Currently the system discourages people from moving away from intensive support as there is a lack of person-centred community support, dissuading people from moving toward recovery, for fear of a 'cliff edge' where they lose all support

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.

19. The Association is not aware of any evidence or work, by any UK government, that has suggested the costs of inaction on adult social care reform have been evaluated.

20. The Association perceives a short-term view and lack of a system perspective, as budgets in one service portfolio do not appear to be considered against those in another e.g. NHS budgets are considered on their own and not with strategic read across to social care or welfare benefits more widely. The 'invest to save' perspective across public services that grew briefly in the mid and late 2000s has, in the Association's experience, been lost to protective, short-term financial planning imperatives.

21. When the needs of people with poor mental health are considered, how they need to develop/regain their identities, whilst dealing with fluctuating health conditions, so as to re-build flourishing lives, it is clear that coordinated support from multiple sources (communities (including VCSE organisations), social networks, housing, welfare benefits etc.) needs to be considered together and not as isolated budgets. Treating health and social care as an ecological system that enables people to live good lives. This is especially true when we consider some of the most marginalised/excluded communities such as street homeless people who face multiple challenges, often including mental health problems, which can't be overcome by a sequential approach to first 'solving' one issue, then another etc.

22. Only by addressing these challenges together e.g. homelessness, the consequences of head injuries and other life trauma, mental health problems, housing and finances etc., will we be able to offer a comprehensive package of support to enable people to recover. In many instances, it is mental health social care and support services provided in and by the VCSE sector which are most effective in keeping these individuals safe and facilitating their recovery.

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