



Policy briefing: social care funding and mental health

September 2019

Introduction

Successive governments have pledged to take action to resolve the long-running issue of the way adult social care is funded in England. There is now welcome recognition across all political parties that a sustainable and fair funding settlement for social care is vital for the future health of the nation.

A successful funding settlement for social care must begin with a recognition that a significant proportion of adult social care supports people of working age: it is not just for those in later life. Social services have specific responsibilities in relation to mental health, as they do for people with learning disabilities and other care needs, at all stages of life.

This policy briefing explores the principles that would need to underpin any sustainable social care settlement from the perspective of mental health support for working age adults.

Responsibilities

Social services' responsibilities in relation to mental health for adults come under three main statutory frameworks:

Care Act:

- Provide social work services and social work counselling
- Assess need and eligibility for community care
- Assess needs of carers
- Arrange personal budgets
- Advocacy

Mental Health Act:

- Provide section 117 aftercare
- Employ Approved Mental Health Professionals (AMHPs)
- Identify and appoint Nearest Relative
- Provide statutory Independent Mental Health Advocacy (IMHA)

Mental Capacity Act:

- Deprivation of Liberty Standards
- Employ Best Interest Assessors
- Provide statutory advocacy

Social work is the cornerstone of mental health social care. Social workers are highly skilled professionals whose support and advice are essential to many people's lives. They build

trusting relationships with individuals and families, ensure that people get the resources they need to live independently, and connect them to opportunities in their communities to promote inclusion. Social work also plays an important part in managing hospital admissions for people in a crisis, including preventing out of area admissions and facilitating timely and effective discharge for those who need a spell of inpatient care (Trewin, 2017).

Local authorities have a key role in commissioning a range of specific services such as supported housing, home care and enablement, employment and day/activity services, including specific services for young people and those with autism. Local authority social work services are also responsible for the effective transition of young people moving to adult services and joint working with children's services and Child and Adolescent Mental Health Services.

Joint working between the NHS and local authorities (for example embedding social workers within NHS community teams) is well established and widely regarded as a model for other services. However, in some areas this is fragmenting as local authorities struggle to meet their Care Act obligations (Woodbridge-Dodd, 2018).

The Care Act also requires local authorities to assess the needs of carers, including those who care for a family member or friend with mental health difficulties. Many are struggling to meet this requirement or lack the resources to offer the support carers require (Matthews, 2017).

Local authority responsibilities under the Mental Health Act are particularly important. Approved Mental Health Professionals (AMHPs) are predominantly social workers and they seek to ensure that a person's rights are upheld when the Act is being used while also protecting people's safety using the least restriction possible.

The workforce

According to data from ADASS (2018), each local authority has an 'average' of 36 whole time equivalent mental health social workers, equating to 10 per 100,000 population. Social workers comprise 75% of the local authority mental health workforce, the remainder are support staff.

There were an estimated 3,900 whole time equivalent AMHPs in England in 2018, of whom only 3400 are practising (Skills for Care, 2018). There is a shortage of AMHPs in many areas due to the pressures on Local Authorities to train and support this essential professional group. AMHPs carried out a total of 140,000 MHA assessments in 2016/17, equivalent to an average of 40 each and compared with around 45,000 people admitted after assessment.

The Mental Health Act Review (Wessely et al., 2018) has significant implications for the social care workforce. Its recommendations will mean that substantial investment will be needed both in the AMHP workforce, as they will take a bigger role in safeguarding people's fair treatment, and in the necessary expansion of statutory advocacy services.

Funding

Adult social care for mental health cost £1.35bn in 2015/16 out of the total adult social care budget of £14bn. A significant and growing proportion of this funding is spent on section 117 aftercare for people who have been subject to the Mental Health Act.

The Mental Health Act Review (Wessely et al., 2018) identified serious concerns about the funding and provision of health and social care support for people who have been subject to the Act. It found that while section 117 aftercare offered an important safety net to people who have been treated compulsorily, there were variations between areas in the level of support and disputes between agencies about responsibility for funding ongoing care. It also noted that social care outside section 117 required payment by the individual, many of whom have state benefits as their main income.

The Review called for the establishment of Statutory Care Plans for people who have been admitted to hospital for their mental health which would combine section 117 aftercare provision with Care Act social care and Continuing Health Care (CHC). This is an important recommendation that a new social care settlement will need to address. The review also included an expectation that health and social care must work together and pool budgets.

Future funding principles

For people of working age, social care funding cannot be resolved through an insurance or co-payment system. Mental illness tends to begin early in life and often emerges during teenage years and twenties. Learning disability and autism are usually lifelong. A social care funding settlement that requires people to save or insure themselves for future risk cannot meet the needs of people of working age with mental health or learning difficulties.

A sustainable solution for mental health social care needs to recognise:

1. Social care support can provide good value for public money: by enabling people to live independently and prevent relapses.
2. Setting high thresholds for access to social care support may undermine these benefits: limiting access to early help and prevention pushes more people towards crises and long-term difficulties that could have been averted.
3. Health, social care and housing support cannot be easily separated in people's lives: yet separate funding streams and boundary disputes in practice undermine joint working and shared responsibility.
4. Local authorities play a vital part in securing people's rights, dignity and wellbeing in relation to the Mental Health Act: modernising the Act will require investment in the services that councils commission (AMHPs, advocacy and aftercare).
5. Social care services offer essential support to carers: this needs to be resourced adequately alongside services for people with mental health difficulties.
6. Local authorities often support small but vital voluntary and community organisations that meet the needs of the most marginalised: funding cuts have seen many disappear at a very high cost to statutory services.

7. Co-payment arrangements for mental health social care add complexity, bureaucracy and inequity to the system: with high transaction costs and the risk that people lose out on vital support.
8. The move to community and prevention based services outlined in the NHS Long Term Plan cannot be achieved without full partnership with local authorities and social care as well as public health. This needs equivalent funding for a similar period of time (i.e. at least five years).

We need a funding settlement that provides clarity about the shared responsibilities of health and social care services for people's mental health, and that acknowledges and supports the distinctive role of local councils in promoting wellbeing and prevention, sustaining independence and improving quality of life.

Conclusion

The NHS Long Term Plan provides financial security for the NHS over the next five years, with a guarantee that mental health services will receive a fair share of this funding. The Government must now do the same for social care, and within that for mental health.

The new settlement for social care must therefore:

- Provide parity of esteem for mental health with other social service functions
- Secure fair funding for people of working age
- Resolve the confusion between health, housing and social care funding for people with ongoing care needs
- Enable local councils to invest for the future in their workforce and their community

References

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