

NHS CHECK
OLDHAM

REPORT 3

MENTAL HEALTH

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1. Introduction

1.1 Welcome to my third NHS Check Oldham Report, part of a regular series of reports that examine how national policies from the coalition Government are affecting local health and care services in Oldham East and Saddleworth. I committed to produce these reports as one of my top ten priorities for Oldham East and Saddleworth following your survey responses about the NHS and care services. These reports are informed by national and local statistics as well as data from other sources, such as patient experiences and Freedom of Information requests.

1.2 My third report is focussed on care and support for people with mental health conditions. Successive Governments have failed to pay enough attention to mental health issues and services for people with mental ill health. This Government legislated for 'parity of esteem' for mental health, but has not fulfilled the promised parity, instead cutting tariffs (how much is paid) for mental health care and presiding over a system that allows vulnerable people to be incarcerated in police cells rather than looked after by mental health specialists and sees young people placed in care facilities hundreds of miles from their families and friends.

1.3 This report examines the current situation in mental health services both nationally and in Oldham East and Saddleworth and looks at what changes Labour would introduce to provide better mental health services, centred around the person, properly integrating mental, physical and social health care.

2. National Context

2.1 One in four of us will have a mental health condition at some point in our lives and one in twelve of us will experience depression.¹ For the first time, stress is the most common cause of long-term sickness absence for both manual and non-manual workers. It is also the most common cause of worklessness.² Undiagnosed or untreated mental illness can have a devastating impact on individuals and their families and it also has real consequences for our society and economy. The annual cost in England is estimated at £105 billion³. It is a real concern that after a falling suicide rates in the last few decades, they are once more on the rise with 4,500 male suicides in 2012; this pattern reflects the experience in the 1980s. It is essential that Governments do all they can to help ensure people with mental ill health are able to stay in work, if possible, and to support people who are unemployed to help them get back into work. This needs timely access to a range of evidence-based mental health treatment and services.

2.2 In recent years, it has become recognised that there is a stigma associated with having a mental health condition which has prevented many people being open about their illness. Action has begun to try to address this through the Time to Change and Time to Talk campaigns⁴ highlighting the need to be open about mental health. An increasing number of sports people and people in the public eye have talked openly about their own mental ill health to try and raise awareness of the issue. However, much more needs to be done and it is notable that stigma remains an obstacle in achieving equality between mental and physical health services.

2.3 In 2012 the coalition Government legislated for ‘parity of esteem’ between mental and physical health, but they are failing to deliver on this promise. **A BBC investigation with the journal Community Care published on 20th March⁵ has shown that Mental Health Trusts have had their budgets cut by 8% in real terms, that’s the equivalent of £600m being taken from mental health services.** In 2013/14 mental health spending accounted for 13% of total NHS spending, despite research indicating that it accounts for 23% of the burden of disease.⁶

2.4 Evidence from people working in mental health, patients and stakeholder charities shows that current pressures on mental health services are increasing to intolerable levels, with vulnerable children and adults travelling hundreds of miles for beds and in some cases not receiving the treatment they need at all. Access to taking therapies is variable across the country and, according to Mind’s recent survey, half of people needing treatment had to wait over three months for an assessment, with 1 in 10 waiting over a year.⁷

2.5 Some of the most shocking testimonies published in the recent Health Select Committee report on mental health services for children and young people relate to access to crisis care services, with colleagues relating issues from their constituencies about young people

¹ <http://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders/data#gid/8000026/pat/44/ati/19/page/0/par/E12000004/are/E06000015>

² House of Commons Library briefing (2014)

³ http://www.yourbritain.org.uk/uploads/editor/files/Public_Health.pdf

⁴ <http://www.time-to-change.org.uk/talking-about-mental-health>

⁵ <http://www.bbc.co.uk/news/health-31970871>

⁶ <http://cep.lse.ac.uk/pubs/download/special/cepsp26.pdf>

⁷ <http://www.mind.org.uk/news-campaigns/campaigns/access-to-talking-therapies/>

locked in police cells due to a lack of emergency mental health beds; vulnerable people placed in care beds hundreds of miles from their homes and long waits before accessing a mental health professional.⁸

2.6 The national tariff is a set of prices hospitals charge for providing various units of care. To pay for changes recommended by the Francis Report, the Government reduced the acute healthcare tariff by 1.5% while the community care and mental healthcare tariff was cut by 1.8%. The difference in the size of the cuts was based on the idea that the safeguards recommended by the inquiry were only required in the acute sector. However, this has since been shown as not being the case, and the tariffs will be reviewed this year.⁹ Meanwhile, mental and community health trusts will incur disproportionate income shortfalls. Another failure by the Government to ensure proper parity between mental and physical health, after they legislated for it!

⁸ <http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf>

⁹ <http://www.parliament.uk/briefing-papers/POST-PN-485/parity-of-esteem-for-mental-health>

3. Local Situation

3.1 As the MP for Oldham East and Saddleworth I have seen a sharp increase in the number of constituents contacting me about access to talking therapies, with testimonies of long waits locally.

3.2 The House of Commons Library produced a note for MPs on waiting times for talking therapies for mental health problems in September 2014¹⁰, which showed that **in 2013-14 49% of referrals in Greater Manchester waited 28 days or fewer for treatment but that in Oldham CCG only 11% of referrals were treated in this time – one of the lowest rates in the country.** In addition, in Oldham 50% of referrals were waiting over 90 days for treatment, the 7th worst performing CCG nationwide.

3.3. In October 2014, I contacted Oldham Clinical Commissioning Group (CCG), asking for an explanation for these waits and also information on what the CCG was doing to improve access to talking therapies. In response, the Managing Director of Oldham CCG stated that, **“It is acknowledged that the reported waiting times for talking therapies 2013/14 were below standard.”** In response the CCG invested resources to improve services, including a contract with Tameside and Oldham Mind to support delivery of improved access to services. It is worth noting that the BBC/Community Care exposé has shown that 2014/15 funding for Pennine Care NHS Foundation Trust, who provide mental health services for people across Oldham, Saddleworth and beyond, has been increased¹¹.

3.4. In January I requested an update from Pennine Care on waiting times for talking therapies for 2014-15 which shows average waiting times for CBT falling from 14.5 weeks in April to 5.8 in December 2014. Similarly, counselling waiting times have fallen from 25.2 weeks in April to 7 weeks in December. Average waiting times for psychosexual counselling have also, fallen, albeit the average wait for Q3 (October to December) was 21 weeks. However, clinical psychology waits have increased from 14 weeks in Q1 (April-June) of 2014-15 to nearly 21 weeks in Q3. Overall, the picture is a lot more positive than last year; although there is clearly work still to do, to ensure all referrals are treated in a timely manner. I will continue to ask the CCG for regular updates on local access to talking therapies.

3.5 On crisis care, the Mind survey¹² shows that for the Pennine Care Trust referrals for crisis care in 2011-12 were higher than the national average but that the Trust does have a crisis house with 8 places as well as access to respite care.

3.6 Oldham Mental Health Services were recently inspected by the Care Quality Commission (CQC), with the March 2014 report¹³ stating that the services were meeting all the appropriate standards and that, “Patients were treated with respect and were involved in discussion about their care and support. Care and support was provided by multi-disciplinary teams. Each patient had a written care and support plan which was regularly reviewed and updated. Appropriate safeguarding procedures were in place and understood

¹⁰ <http://www.parliament.uk/business/publications/research/briefing-papers/SN06988/talking-therapies-for-mental-health-problems-waiting-times>

¹¹ Ibid

¹² http://crisiscareapp.mind.org.uk/Content/PDFs/20140918_Pennine.pdf

¹³ <http://www.cqc.org.uk/location/RT203/inspection-report/INS1-475501400>

by staff. Patients told us they felt safe on the wards. Care and support was provided by a team of staff who were well trained, supervised and supported. Effective quality monitoring took place to enable the service provider to ensure consistently good care was given to the patients. This included mechanisms for identifying when improvements were needed.”

3.7 Oldham CCG has also worked with Pennine Care to plan and manage Out of Area Treatments (OATs) as well, and as a result there have been significant reductions. Local evidence has indicated that the advent of competition in many areas across the country has seen a breakdown in communications between commissioners and NHS providers which has led to many of the issues with patients being admitted so far from their homes. This has been resisted in Oldham.

3.8 In addition to the clinical services provided through Pennine Care, Oldham’s public health service based in Oldham Council, has undertaken some innovative work to protect and enhance community mental health and well-being. There is strong evidence that having more control over one’s life and feeling supported with strong community networks are protective factors, not just for mental health but physical health as well. Participatory budgeting has been used in Waterhead to involve local residents in how a community budget should be spent in the ward. Twenty four proposals were submitted for “Up2Us”, with 16 local projects awarded funding of up to £1,000.

4. The Labour Alternative

4.1 In January 2015, 'Labour's 10 year plan for Health and Care' was published¹⁴. This includes a section (pp14-15) on what we would do to improve mental health services and care. This is reproduced below:

'We will prioritise investment in young people's mental health, ensure all NHS staff and teachers are trained to spot problems, and create a new right to talking therapies in the NHS constitution.'

Mental health is the biggest unaddressed health challenge of our age. The World Health Organisation estimates that by 2030 depression will overtake heart disease and cancer as the leading global burden of disease. As well as the costs to health and quality of life, mental ill health costs the economy £105bn a year, including £26bn to businesses, while the estimated cost of the NHS of untreated mental health problems is over £10bn a year. The prejudice often faced by people with mental health conditions is also reflected in a health system where mental health has always been the poor relation of physical health, receiving less priority and less attention. It is essential that we give mental health the priority it deserves and place it at the heart of the future health and care system.

The Tory-Lib Dem Government's record on mental health has been one of failure and false economies – leading to greater costs and pressure on the NHS. We have seen the mental health budget fall for the first time in a decade, there are hundreds fewer mental health doctors and thousands fewer mental health nurses compared to 2010. We have seen key prevention and early intervention services stripped back, such as Child and Adolescent Mental Health Services, Early Intervention in Psychosis Services and Sure Start services. And this has led to greater pressures on the NHS, including a growing number of young people being placed in adult wards, and many sent hundreds of miles for hospital care as a result of bed shortages.

It was Labour peers that forced the Government to write 'parity of esteem' into law and our approach starts with a commitment to make this a reality on the ground. Central to that will be the key principles of prevention, early intervention and better support set out in the recent report of Sir Stephen O'Brien's Taskforce on Mental Health in Society. Our plans to bring together physical health, mental health and social care into a single system of whole-person care will also ensure mental health problems get picked up and treated, and will place mental health at the heart of the future system. We are also determined to challenge the taboo of mental health, and will continue to support efforts to fight the stigma and discrimination that too many people living with mental health problems still face.

¹⁴ http://www.yourbritain.org.uk/uploads/editor/files/Labour_Ten_Year_NHS_Plan.pdf

We will:

- Ensure that the training of all NHS staff includes mental health.
- Create a new right to talking therapies in the NHS Constitution, just as people currently have a right to drugs and medical treatments.
- End the neglect of child mental health by working to reverse the damage suffered by child mental health services under this Government.
- We will set an ambition that, over time, the proportion of the mental health budget spent on children will rise as we make smart investments to improve mental health in childhood, in the process lessening some of the demand on mental health services when young people turn into adults.
- Ensure that teacher training includes child mental health so that all teachers are equipped to identify, support and refer children with mental health problems
- Women who have miscarried will be given a right to receive high quality follow-up care, including the option of counselling if they need it.
- Over the longer-term, we will work towards further improvements in access to services.
- In Government we will set out a strategy and timetable to deliver a waiting-time standard of 28 days for access to talking therapies, for both adults and children, and to ensure that all children have access to school-based counselling or therapy if they need it.'