



Health and Social Care Bill

Briefing from Centre for Mental Health, the Mental Health Foundation, Mind, Rethink and the Royal College of Psychiatrists,

Second Reading House of Commons - January 2011

Centre for Mental Health, the Mental Health Foundation, Mind, Rethink, and the Royal College of Psychiatrists are working together to ensure that the Health and Social Care Bill works for people with mental health problems, and improves the quality and availability of mental health services.

Combined, our organisations support millions of people with direct experience of mental distress, carers, psychiatrists and academics with expertise in this field.

This briefing looks at the potential impact of NHS structural change on mental health services and service users. A separate briefing on Clauses 30 -37, which make specific amendments to the Mental Health Act 1983, is being drawn up by the Mental Health Alliance. Please contact a.cobb@mind.org.uk if you would like to receive this document.

Introduction

One in four people will experience mental distress at some point in their lives. The NHS in England spends more on mental health services than any other disease category, including cancer or heart disease. Mental health services have improved in recent years but remain patchy and inconsistent, with too few people being involved in decisions about their care, and too many people facing lengthy waiting times for treatments.

Our organisations therefore welcome the leading principle behind the Health and Social Care Bill . to reform health care so that there are no decisions about me without meq We also welcome efforts to integrate NHS, public health and social care services. The current boundaries and distinctions between these services are

artificial and unhelpful for people experiencing mental distress, who rely on a range of services.

However we have concerns about four key areas of the reforms which, if poorly implemented, will adversely affect people with mental health problems. We will be seeking reassurances on these issues as the Bill progresses:

1. Consortia Commissioning – Mental Health Expertise

- Any changes to the current commissioning system must result in continuous improvements in the quality of mental health services, as set out in clauses 19 (1) and 22.
- In response to a recent survey undertaken by Rethink, 31 per cent of GPs said they did not feel equipped to commission mental health services, compared to 75 per cent for diabetes and asthma services. We are therefore concerned that the proposed commissioning reforms may compromise, not improve, mental health services. 42 per cent of respondents reported lack of knowledge about specialist services for people with mental illness, and 23 per cent cited a lack of knowledge about mental illness.
- It is particularly important that GPs commission mental health services well and wisely at a time of severe NHS spending constraints.
- The abolition of the National Mental Health Development Unit in March 2011 will create a major gap in mental health advice for commissioners and front line service providers. It is vital that the NHS Commissioning Board prioritises mental health commissioning advice and support to consortia, especially given GPs own admission of lack of confidence in this area.
- The Bill must ensure GP consortia obtain all the necessary expertise they need to commission services effectively. A statutory duty to undertake a full joint needs assessment with their local authority partners of all the needs of their population would help towards this.

2. Public involvement – under-represented groups

- We welcome the Government's commitment to strengthening public involvement in the design of local health and social care. Clauses 19 and 22 ensure that the NHS Commissioning Board and consortia involve patients and the public in decisions about services, while Part 5 of the Bill establishes Healthwatch England and Local Healthwatch, to provide information on care services, and to obtain the views of members of the public.
- However it is imperative that the Bill not only places a duty on the relevant bodies to involve people in local decision making, but also actively to seek the views of under-represented, hard-to-reach groups, who may be less able or less likely to engage with civic life.
- Stigma and discrimination, which affects nine out of ten people with mental health problems¹, often prevents people from taking part in activities that most of us take for granted . like accessing information about health services, using that information to make informed choices, and engaging with local decision making and complaints systems.
- There is a real danger that the Bill in its current form will encourage those who can shout the loudest to do so, at the expense of those who are less able to engage. Further detail on exactly how the Commissioning Board, consortia, Healthwatch England and local Healthwatch and the proposed Health and

¹ Stigma Shout survey, 2008

Wellbeing Boards will actively seek the views of under-represented groups is crucial. One option would be for regulations to set out specific duties for these bodies to capture the voice of groups at risk of not having their voice heard.

3. Care pathways – fragmentation risk

- People with mental health problems often rely on a range of services across social, primary, secondary and specialist health care, often simultaneously. It is vital that a service user's journey along the care pathway is smooth and coherent. Experience tells us that individuals who have to undergo repeated reassessments and see an array of different professionals in different services take longer to recover than those whose journey is well managed with a fully coordinated care plan.
- The Bill opens up the healthcare market to any willing provider. Whilst we do not object to this in principle, so long as there are assurances about the quality of care provided, we are concerned that an increasing number of specialised providers will make an individual's care pathway more complicated, difficult to navigate, and less effective.
- Commissioners will need to be fully supported to ensure they commission a full range of evidence-based services. It is particularly important for mental health that all commissioners – including commissioners in the NHS Commissioning Board, the consortia, and local authorities – are subject to a duty to work together to create a comprehensive package/care plan for each patient that is then overseen by a single care coordinator. Primary care commissioners must also be free to fully engage their colleagues in secondary care without fear of breaching the competition laws introduced in clause 60.
- We are concerned specifically about the coordination of health care for offenders, most of whom have a range of mental health problems. The decision to commission prison and secure hospital care nationally may improve consistency in these services but will not encourage GP consortia to own the care of offenders. This may disrupt already fragile links between prison, secure and community mental health services and could hinder the development of diversion services.

4. Public health

- We welcome the creation of Public Health England and the proposal for Directors of Public Health to be located in local authorities. We also welcome the statutory requirement to set up Health and Wellbeing Boards. If these new arrangements view public mental health to be as important as physical health (and understand how the two are inextricably linked) this will be a major step forward.
- Outcome measures for public mental health for people of all ages must be given equal weight to those for physical health, and we would look to regulations to ensure that the responsibilities of Health and Wellbeing Boards include a duty in this respect.

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