

Expect More Cuts

The public part of the CCG Board meeting on 10 December was limited to an hour, because members were meeting in private before and after it to discuss the huge financial shortfall they face from next year onwards. The CCG has paid BDO consultants £200,000 to produce a five-year money saving strategy, with Pennine Care, Stepping Hill and SMBC chipping in another two hundred grand between them. Perhaps one point in the BDO rescue plan might be: don't waste so much cash on consultants. After discussing such shocking matters in private, members' minds seemed to be elsewhere during the public session.

Twenty minutes was allowed for approval of a redesign and reduction of community mental health services from April 2015. This followed on from the provider, Pennine Care, announcing earlier in the year that cuts were needed to match reduced payments from the CCG. Staff, carers and unions have waged a considerable campaign against cutbacks. They oppose the changes presented by the CCG and Pennine.

The board was told that the financial problem in community mental health stemmed from the "tariff deflator": NHS England has cut funding to Stockport CCG which is passing on the reduction to Pennine. The cut for next year is a bit over £200,000 – a small fraction of the CCG's budget. Ranjit Gill, chief clinical officer, seemed to be almost challenging members to switch this cut to other parts of the CCG's work. He told the board that mental health patients died on average ten years earlier than other people. He said the CCG has increased spending on mental health, but this did not cover these particular patients. Dr Gill also expressed concern about patient safety during the transition but nevertheless endorsed the spending reduction and no board members dissented.

The redesign of the mental health service will enable the reduced staff to see the same volume of patients. The number receiving intensive support at any one time is to be greatly reduced although staff time per intensive patient will increase. The great majority of patients will be moved much more quickly than now from intensive support to "rehabilitation and recovery" where staff time per patient will be shrunk. Another aspect of the change is a doubling of places on the "Prevention and Personalisation Service" led by SMBC but mainly delivered by charities. The SMBC rep said the service would be protected despite the reduction of support to the third sector which is inevitable in future years because the Council faces its own £60 million shortfall in future years.

Next year's reduced spending by the CCG is not likely to be the end of cuts to community mental health since the "tariff deflator" will keep biting in future years. Also, for historical reasons Stockport CCG is apparently paying Pennine Care less than the going rate, and adjustments will have to be made.

Because of the CCG's financial state, the mental health cuts may turn out to be the first instalment of wider reductions to services. We should expect the changes to be glossed as reforms or even improvements.

The next item on the board's truncated agenda was finance, but because the serious discussion of money matters was taking place in the private sessions, the public exposure was brief. The finances are now looking satisfactory up until April. "Non-recurrent" income has filled the budget gap this year, but will not be available to help next year when a £20 million hole is in prospect.

Ethics and complaints

Approval of the CCG's Procurement Policy document was next for discussion – timetabled for just ten minutes. Chief Operating Officer Gaynor Mullins, in introducing the Policy, drew the board's attention to the representations from Stockport NHS Watch and our complaint about the on-off consultation process and its result. Regarding the previously promised inclusion of SNHSW's ethical contractor clauses, Mrs Mullins told the board that the Policy 'doesn't include the clause that we'd promised'. Dealing with the same point, Head of Provider Management Mark Chidgey reported that important parts of our proposed ethical

contractor clauses are not included in the Policy. One of his justifications was that the Policy couldn't try to change the law. Our second issue, visibility of contracts on the CCG's website, is covered by the Procurement Policy, although yet to be implemented to a satisfactory extent. The Policy also touches on another point raised by us – the lack of accountability for and visibility of procurements carried out jointly with other bodies – but no real solution is offered; they will be considered 'case by case'.

Although not credited to us in the meeting, the Policy also includes a clause from us on patient engagement, which Mark Chidgey said would be a big change, since it required the inclusion of patients and their views in every procurement, rather than the present "intermittent" inclusion.

No Board member spoke in favour of incorporating the whole ethical clauses into the Policy. Some support was expressed for the Policy document's requirement that contractors should be "good employers" – a remnant of our clauses that did make it into the document. The Living Wage clause was not included, Mark Chidgey claiming a distinction between Sub-contractors and Supply-chain contracts.

Regarding our submission on contract visibility, Mr Chidgey disclosed that procurements were planned two or three years ahead. A schedule existed but had not been brought to the board. The Policy's aim is to put the procurement schedule on the website for the year ahead and it would include contracts Proposed, Under-way and In-place.

A late addition to the Policy was a clause in section 1.3, allowing a cap to be placed on the number of successful candidates for Any Qualified Provider procurements (currently a competition with limitless winners).

The final agenda item was a proposal to share commissioning of GPs with NHS England, who currently hog the entire role. Stockport will mainly take charge of discretionary payments to GPs and education and training, rather than GPs' full contracts. Even so, since the CCG is constituted as an organisation of GPs, the potential Conflict of Interest in future is major and was stated as such by Gaynor Mullins.