

March 8th 2014

Meeting Fights Mental Health Cuts

Around 170 people filled the council chamber of Stockport Town Hall last Thursday (March 6) to demonstrate the strength of opposition to cuts in mental health care in the borough. The meeting convened by the trade union Unison applauded statements from the platform and the floor by patients, carers and mental health workers.

Paul Foley, Unison's organiser for health workers in the north-west, gave the keynote address, calling on the meeting to take the campaign forward. "Cuts are digging deep into communities the length and breadth of this country and we have got to generate the fight in localities everywhere," he said.

The protest was triggered by the revelation that Pennine Care Trust plans to cut spending on community mental health services by 25% in Stockport over the next two years. Unison says the cut amounts to £650,000 being taken from services.

Speakers at the meeting described how the services provided a lifeline to patients who would otherwise be unable to hold down jobs and live normal lives.

Community services were described as already overstretched. People who failed to get the care and support they needed were said to be putting pressure on both A&E and police services. The point was made that patients who did not receive necessary care in the community could go on to require inpatient care at greater cost to the NHS or even to provoke a prison sentence

Inpatient mental health is another victim of underfunding. Bed occupancy rates of more than 100% were reported. Where no bed was available patients are being shipped to other parts of the country and to private hospitals.

The pressure on potentially vulnerable patients was demonstrated at the meeting by demands for a video camera to be turned off. Recipients of sickness benefits feared that their attendance at the meeting would be seen by DWP and Atos and taken as evidence that they were "too well".

Pennine Care is commissioned to provide community mental health services by NHS Stockport Clinical Commissioning Group. The CCG has rejected accusations that it has been underfunding mental health services. A spokesperson was reported by Mancunian Matters as saying that the CCG is considering a proposal for an extra £2 million to be invested in mental health. No further details are available.

Also speaking to Mancunian Matters, a spokesperson for Pennine Care, said that in common with all other public sector organisations, the Trust was being required to make reductions in spending – "which equates to around £8 million every year for Pennine Care".

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Commissioning for mental health services in England is split. While local clinical commissioning groups have responsibility for community care and some inpatient provision, secure inpatient care comes under NHS England centrally together with several other services that are classified as “specialised”.

Secure inpatient services have been disrupted by a moratorium imposed on new commissioning by NHS England. This has led to patients being moved around the country in a search for unfilled beds, as described at the meeting. According to the Health Service Journal, the moratorium is in response to a £900 million gap in NHS England’s budget for its specialised services, including but not limited to mental health.

The Health Service Journal reports complaints from the private sector that NHS England’s moratorium has held back their plans to build new “independent” hospitals. Despite this temporary setback to the private sector, the direction of mental health policy is towards increasing privatisation both in secure hospitals and community services.

A report by health economists Laing & Buisson says that the centralising of commissioning of secure inpatient care is aimed to level pricing and standards across the country, providing an opportunity for independent hospital chains to expand their business if they can undercut NHS trusts.

The report also argues that privatisation is about to be unleashed on the community mental health services, which have so far escaped this fate. The opening for the private sector comes through the granting of new mental health patients the right to choose provider from next month (April 2014) alongside the extension of the “any qualified provider” principle into mental health. This will enable private companies to step forward to compete for patients. The consequence for financially fragile NHS providers can be imagined.

Ironically the government’s privatising manoeuvres are being carried out under the banner of “parity of esteem” for mental health patients. People at the Stockport meeting strongly felt that the government was not treating users of mental health services with the same respect as people elsewhere in the NHS.