

**ROYAL COLLEGE OF PSYCHIATRISTS BRIEFING FOR HOUSE
OF LORDS DEBATE ON THE NHS IN LONDON
(WED 10th OCTOBER)**



Earl Howe to ask Her Majesty's Government what are the principal challenges facing the National Health Service in London. (*Dinner break business, 1 hour*)

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and the Republic of Ireland and is the professional and educational organisation for doctors specialising in psychiatry.

We are pleased that the important and timely subject of the National Health Service in London is to be debated in the House of Lords. We believe that one of the core challenges that faces the NHS is in developing mental health services to ensure that there is safe and effective mental healthcare in London.

We welcome this opportunity to present an outline of mental health services in London and to give, in particular, our view on the proposed reforms to health services as set out in *Healthcare for London: A Framework for Action*.

Mental Health in London: Background Information

Mental disorders in London place a significant burden on health, social and economic costs to society, even outstripping cancer and cardiovascular disease.

Within the United Kingdom, London's level of mental health need is second only to the North East.

- Admissions for serious mental illness (particularly those involving detention in hospital) are above the national average.
- The number of people of working age in London who are in contact with mental health services is 15% higher than England as a whole.

It is for these reasons that money should follow need and encourage further growth in services for both serious mental illness and common mental disorders.

London has been at the forefront of innovative practice by mental health services in the United Kingdom. But these advances are threatened by likely disinvestment in London's mental health services over the coming year.

Improvements in mental health practice, recently acknowledged by the World Health Organisation, including advances in research and development, together with information technology strategies, have set the pace for the delivery of safe and effective mental healthcare in London.

However, a sizeable proportion of Mental Health Trusts in London are being expected to bail out financial shortfalls in Acute Trusts. Such measures can only lead to closures, and stifle safe and effective service delivery.

Healthcare for London: A Framework for Action

The Royal College of Psychiatrists is broadly in favour of the proposals set out in Lord Darzi's review of NHS services in London entitled: "Healthcare for London: A Framework for Action", but concerns remain that the broad objectives need to be met by the necessary financial investment, whilst also taking into account other areas of clinical need.

Key Issues:

- **No Health Without Mental Health**

Initially, the College was extremely concerned that the original six key areas of care delivery in Darzi's Review did not include mental health.

Although we are reassured that mental health will be added as a seventh care pathway, following the early phase of the review process, the College is keen to track the progress of the aims outlined as they influence the development and improvement of mental health services. The Government must ensure that the warm words embodied in its principles are carried through, and do not leave mental health services out in the cold.

Having acknowledged that the London NHS Review must include a mental health pathway, we would urge Lord Darzi to put on record, especially as the 10th of October is World Mental Health Day, that any future NHS reforms will never again ignore mental health.

- **Consultation**

This strategic planning for London's healthcare is, in principle, a timely and laudable endeavour. However, the College believes that any consultation must:

- 1) Include Medical Directors of Mental Health Trusts and Foundation Trusts, as well as other key stakeholders such as NHS London, the Healthcare Commission, social care providers, service users and carers.
- 2) Involve mental health clinicians. The clinical working group membership for the mental health pathway is made up of Chief Executives of Mental Health Trusts, who as a rule are not clinicians, together with a Management Consultant and a Race Equality Director. The other groups seem to be made up of front line clinicians from a variety of professional groups. This discrepancy is worrying. We are worried that Chief Executives are able to give the same type of advice as clinical staff. **It does say something about the way that psychiatry is still perceived as a non-medical specialty – with reform involving outside organisations, and those in race relations, rather than the psychiatrists who actually work with patients.**
- 3) Include other benchmarking exercises and the inclusion of more familiar and widely used outcome measures such as HoNOS (Health of the Nation Outcome Studies).
- 4) Go hand in hand with key drivers for change such as the Mayor of London's *Reducing Health Inequalities* consultation and changes to the delivery of mental healthcare that are espoused by *New Ways of Working*.

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