**Humbug and Hope**

Apparently I am supposed to write a “Christmas Message” for the faithful.  This is a new one for me, not least because this is the time of year when I wish my first name was Ebenezer.  Has the right ring about it.  Not entirely sure what the form is -  am guessing that I tell you about my State visits to various parts of the world we used to own, the rapturous receptions I received there, and how delightful my grandchildren  (or is it great grandchildren?) are, before calling for World Peace.

So let’s take that as read, shall we?  What has actually been happening back on Planet Earth?  Let’s start with the College. We began the summer with an extended discussion at Council, to agree our top three priorities for the next three years:

1)    Recruitment and retention (workforce and training);

2)    Standards for individual practice and services;

3)    Communication and engagement.

The next step is to translate these in to action.

In relation to workforce, there is a unique opportunity offered by the expansion in numbers for foundation posts in psychiatry. Some 45% of all doctors undertaking the Foundation programme will complete a psychiatry placement. It is of critical importance that we get this right.  This could radically improve the understanding of mental health of doctors across all specialties.  Ensuring a good quality experience will be vital - if we fail on this, we have only ourselves to blame.  Every one of you matters in making this happen. As the Jesuits might have said: “Give the young trainees a good experience and they are ours for life.”

So that’s the exciting stuff. More prosaically, but just as important, we will work with the Department of Health on getting the outcome measures, and the payment systems they inform, into a state where that are at least vaguely ‘fit for purpose’, as the cliché goes.  Probably the single most important step towards parity is to ensure that the funding systems for mental health are similar to those underpinning acute services – and agreeing outcome measures is a step towards that.

Within the College itself, the new Board of Trustees is up and running, with three independent expert lay members, representing the worlds of running large public bodies, law and finance.  I am very confident that this will improve the governance of the College, and we are already undertaking a number of initiatives to make this happen. It will also allow us to make Council more interesting and relevant, and as you know we are exploring if we can live stream the meetings in the future for added transparency.

One thing to watch out for in the New Year is the College’s Commission to review the provision of inpatient psychiatric care for adults, chaired by Lord Nigel Crisp, which will seek to understand the periodic merry-go-round of bed crises. Why do they keep happening here and how do some countries manage to avoid it?

OK, what about in the wider world?  Mental health has seemingly continued to climb the political agenda, with much being promised by the government.  Senior politicians now speak about it frequently, and sometimes, as with Nick Clegg at the Lib Dems conference, even eloquently.  The new boss of NHS England, Simon Stevens, likewise often talks it up, and I have already had rather more meetings with him in the last six months than my predecessor did with his predecessor over her entire term.  No doubting the rhetoric, but ‘what the speeches giveth, too often the Treasury taketh away’.

To be fair, there have been some announcements of more funding for some key areas.  After several prominent negative news stories highlighting the highly stretched nature of Tier 4 CAMHS services, it is good to hear that more funding is in the pipeline.  Other services under severe pressure, which will stand to benefit from both extra funds and new waiting times and access standards, include eating disorders, early intervention in psychosis and liaison psychiatry services– these last two no doubt brought to attention because of the crisis over A and E pressures.

Another piece of good news: for a while we have been keen on the concept of the “named clinician” - the person with whom the buck stops. This is part of the “name on the bed” initiative, which is being adopted now in both medicine and surgery.  On the principle of what is good enough for them is good enough for us (did anyone say parity?), but more importantly because we know it is what patients, carers and GPs want, we have been lobbying for this for mental health.  At the last minute it looked like this had been blocked by the Treasury, but I’m pleased that some very late lobbying indeed led to Jeremy Hunt announcing this at the launch of the second National Schizophrena Audit report in October.  Given that I had asked for this in my introduction for the Secretary of State, this felt like one of those times when one team scores straight after the kick off.

Despite these positive developments, the reality remains that there is no more money and the cuts are still with us.  Mental Health services could be subject to 1.5% cuts next year, on top of real terms cuts for the last three years.  While the latter is disputed, we and others are holding firm on this.  I suspect that most of you reading this would not find that hard to accept.  So we are faced with many unknowns. Will we really get the extra money every politician promises?  Will it really be new money?  Where will it come from?  Where will it go?   Will we really see a true shift in funding from the acute hospital based services to community services?   If so, that would be a first, and, of course, commended.

I don’t recommend reading most government reports – the ones with titles like: “Towards a shared vision:  Better care, better health, better safety, improving access, improving outcomes, improving quality, integrating services, crossing boundaries , a world class service for all”.

You know the type.  But there is one that you should read.  This is Simon Stevens’ Five Year Plan for the NHS (OK, it’s not actually called that – as someone who knows his history he probably would avoid that title). This one really matters, which is why for the first time I am including a link to it (<http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>).   Simon is saying that the future of the NHS depends on how we integrate three fault lines - these three juxtapositions being: primary and secondary care; health and social care; and perhaps most crucially between physical and mental health care. This begs the question of whether this is achievable within the current structures of the NHS. Mercifully, there seems to be little appetite for further disruptive top-down reorganisation of the health service – after all, that worked so well last time, didn’t it?  This at least gives the bruised NHS some chance for recovery from Mr Lansley’s attentions.

Whatever happens after the election, mental health is now a well organised and increasingly influential lobby, with the College partnering with charities and patient groups to amplify our voice.  Even a cynic like me does believe that politicians are listening – but unfortunately the ear that we really need is the Chancellor’s, no matter who wins the election.

So, compliments of the season.   Enjoy it whilst it lasts. As they say in ‘NHS Speak’, next year will be “challenging”, we will need to have “conversations”, which may even be “difficult”, and to “consult”, which will naturally be “widespread”.  You get the message by now.  But let’s however continue to do our best to ensure that throughout this we remain visible, credible and useful.

18th December 2014