# Election

So there is an election coming on and we have published our [wish list](http://www.simonwessely.com/Downloads/manifesto.pdf) and [our top six asks](http://www.rcpsych.ac.uk/pdf/Making%20Parity%20a%20Reality-%20RCPsych%20manifesto-%20website.docx.pdf).

And even before a vote has been cast, some of these have already been adopted by all the main parties, at least in part. That’s not a surprise, because all the main parties have been trying to outdo each other when it comes to talking up mental health. But whoever wins will lack the money to make good most of their promises. Sure, there will be some gains.  It is inconceivable that there will not be more resources devoted to CAMHS, although much will simply make good the drastic cuts that have happened over the last five years.  There will be investment in perinatal, although not as much as we would wish for. There may be further investment in psychological treatments, and one hopes that it will be spent on improving access to psychological treatments, which is related to, but not the same as, Improving Access to Psychological Treatments. We love the verb, but we are concerned about whether or not the noun is the best way to deliver psychological treatments to those with long term or severe disorders.

But let’s not fool ourselves, there is still “no more money”. Recently NHS-England’s guidance for CCGs stated that it expected them to increase their spending on mental health, but note the word “expects”. Ever since the car crash of the Lansley Bill, the centre cannot mandate. It’s a case of “England Expects Every CCG To Do Its Duty”, but unfortunately there is no Admiral Nelson and a fleet of battleships to insist.   I spoke last week at the NHS Confederation, the organisation that represents all the providers – i.e. all the Trusts. When asked if the assembled ranks of Chief Executives and Finance Officers anticipated that their local CCGs would indeed do the right thing, only three raised their hands.  And yes, all of you outside England are now trying to suppress your smugness – I know it doesn’t apply to you, and am jealous.

So next year will be the most difficult ever for public finances.  And when push comes to shove, the traditional big beasts will continue to take the lion’s share – winter pressures, A and E departments, cancer waiting lists and drugs and so on.  The current rhetoric around mental health may be good for our self-esteem, but frankly even if does unlock the hearts and minds of local commissioners, this may not extend to their wallets.

Of course, there are many people in positions of influence and power who both care about mental health, and are aware of these likely obstacles.  So the Department of Health is doing what it often does in these circumstances – setting up a Task Force.  This is going to report soon after the election, and the idea it will set out a blue print for mental health over the next parliament.  I will be on it, and I will keep you informed, but don’t forget- there is no more money.  We will I am sure see some improvements – most particularly as I already mentioned in child psychiatry, but don’t expect the broad sunlit uplands just yet.

So now politics leaves Westminster for the hurly burly of the election.  But to be frank, when it comes to the NHS, we already know the outcome. That is because in a political masterstroke Simon Stevens, the Chief Executive of NHS-England, released  what was basically the NHS manifesto, known as the Five Year Forward View - or FYFV as we now all have to call it -  some weeks ago, and which all the main parties were left with little choice but to adopt it.  And we should welcome that, because it is generally a Good Thing, as they would have said in 1066 'and All That'.

It has three main priorities – linking up health and social care, moving from secondary to community care, and bridging the mental/physical divide.  We of course are in pole position to help with all these goals.  After all, in the last half century we have managed to move nearly all of our activity from a hospital to a community setting – no one else has come even remotely close to this. It would be nice if occasionally the scale of our achievement could be acknowledged, but in the meantime, we can justifiably give ourselves a big pat on the back.

The pace of change is scary. You have all heard about the vast experiment that is Manchester, where the entire health and social care budget has been handed over to the Local Authority.  Bold, brave, and very scary. It might be a master stroke, but until we know that I am rather glad this radical experiment is not happening in my back yard.  Having said that, if rumours are to be believed, I suspect Manchester will not be alone before long. Did I hear you say “surely, no more top down reorganisations”? You might very well think that; I couldn’t possibly comment.

So what do we do? We definitely don’t stand back from the tumult.  Mental health is very much now at the forefront of these developments – it not a coincidence that the 5YFV (come on, you know what that means by now) only mentioned two specific clinical areas – one was the cancer, the other mental health. I am meeting Simon Stevens monthly – his predecessor never once met my predecessor (and this was not for the want of her trying I should add).

We are seen as potential modernisers, because of the alignment between the overall goals of the forward vision, and what we believe in. But we need to act.  In my first blog on this site, I urged everyone to hug a medical student if you want to save our profession.  Now it’s time to hug a GP – because I genuinely believe that our future is not just to move physically into community settings (which we have probably achieved as much as is possible), but to move now to real partnerships with primary care. I have done this at home – now we have to do it at work.

30th March 2015