

ANDREW MARR SHOW

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JEREMY HUNT

AM: Can I ask you, on your watch has provision for mental health got better or worse?

JH: It's got better, but it needs to get a lot better still. We are treating now 1400 more people every day. We are seeing a real increase in resources hitting the frontline. But when we made that historic change in the law in 2012, when we said that we wanted to end the terrible injustice of the fact that if you break a leg you get treated immediately in an A&E, but if you have a mental health crisis you might have to wait weeks or months to be seen. To change that is going to take a bit of time and we are making progress in the right direction but there's a lot more to do.

AM: You say it's getting better. For a young person who may have an anxiety disorder or depression or an eating disorder or whatever, how long should they have to wait before they're seen by the NHS?

JH: Well, we've said for an eating disorder we have introduced a waiting time standard. I think we're the first country in the world to do that for eating disorders. We've said if it's an emergency you should be seen the same week. But you should certainly be seen within four weeks. We are setting up a whole series of eating disorders units across the country.

AM: Psychosis, depression?

JH: On psychosis again, another example, we are the first country in the world to set up a waiting time standard for your first incidence of psychosis. But in order to deliver that we have to

train up staff, we have to train up psychiatrists, mental health nurses, and that's why I announced in July an additional 21,000 posts that will be recruiting for in the NHS in order to deliver those ambitions.

AM: The Quality Care Commission did a study on this and found some young people were waiting 18 months for any kind of treatment.

JH: Well, that is totally unacceptable. And that is why a couple of years ago we put together a big report, it was actually authored by Paul Farmer, who's the Chief Executive of MIND, as to how we make progress towards this parity of esteem. And what we said was that by 2020-21 we would aim to treat a million more people every year. We've put a billion pounds extra of resources into mental health. But that it was going to take some time to get there because of all the training of new staff, the expansion of capacity that you need. But we are, as I say, making good progress in delivering that.

AM: You make it sound like it's all very sunny, but the Children's Society said, for instance, 30,000 children were turned away in a single year, getting no help at all from the NHS. There is a real problem. And if we look at why there is a real problem it comes down to resources. When you came to power, can you remember how many mental health nurses there were, very roughly speaking?

JH: Well, I do know – I think you're going to tell me that the number of mental health nurses has gone down.

AM: By 5,000, a lot.

JH: Yes, and let me explain why that is. Because over the last five years we've been dealing with the terrible problems that we had

in mid-Staffs, and what that meant was that we needed to get more nurses into hospital wards. Actually over that period we have 11,000 more nurses in the NHS as a whole. But they've tended to go into hospitals where we had that urgent problem to deal with. Overall, in terms of mental health staff, the staff working in mental health trusts, we've got 4,000 more than we had seven years ago. So we are expanding the numbers. Buy you know –

AM: Was it a mistake to take out 5,000 mental health nurses?

JH: Well, it wasn't ever a conscious decision. The reality is that we had a crisis in that we realised that a number of our hospitals across the country were unsafe. And so we had a big effort to make them safer. I think that has borne fruit. But the unintended consequence is pressure on mental health nursing. And what's the overall lesson of this? It is that we don't have enough nurses, and that's why at the Conservative Party conference just a few weeks ago I announced a 25 per cent increase in the number of nurse training places. Because the fact is we need more nurses as we need more doctors.

AM: It does sound slightly – given that you've cut the nurses in the first place, it does sound slightly as if Jeremy Hunt has decided to clear up the mess made by Jeremy Hunt.

JH: Well, with respect, we have 11,000 more nurses in the NHS now than when I became Health Secretary. So I think the one thing you can't say is that I haven't prioritised the importance of nurses in delivering safe care. We also have more people working in mental health. There has been a specific issue on mental health nursing but we're sorting that out.

AM: What about beds? Because it's more or less the same story isn't it? A seven and a half thousand cut in mental health beds, for instance.

JH: Well, there are two things going on here. The first is that we know that it is much better if you possibly can to treat someone with severe mental health problems in the community, where they're properly looked after, often by NHS staff, than it is in what we used to have, the old asylums. So there is a trend away from hospital care.

AM: But there are people who need hospital care. June 1<sup>st</sup> last year there was a moment in London when if you were a young person with a mental health problem there was not a single hospital bed available for you in London, in the capital, one of the world's great cities. That's scandalous isn't it?

JH: Well, we do have a problem with what we call the tier four beds. And in fact we have increased the number of mental health beds in the last year as a response to those issues. But what I would say is in all of this the thing that is most unacceptable is if you're a young person and you need to be an NHS in-patient in a mental health organisation, to have to go to the other side of the country. Because what really matters in terms of your recovery is that you can be visited by your parents or friends..

AM: That is happening again and again because of the lack of nurses and the lack of beds. On your watch.

JH: Andrew, I think you are mischaracterising what is happening, because there is more money, there are more people working in mental health, we are increasing the number of beds, particularly for young people. But Rome wasn't built in a day, and if we are going to achieve Theresa May's ambition of full parity between mental and physical health, then we are going to need to train up

many, many more people to deliver that. That's what we're doing, and we're absolutely determined to end this injustice that we have at the moment with that. But don't forget, as we do this -

AM: You've had seven years to end this injustice. You've been in - you're entering your sixth year as Health Secretary, which makes you the third longest in the post since Nye Bevan, and I can't remember who else. But nonetheless -

JH: Normal Fowler.

AM: Normal Fowler. One of the longest-serving Health Secretaries. Do you not recognise that given the cuts in nurses, given the cuts in beds over time, part of the mental health crisis has happened on your watch, and is the result of the cuts that were made at the beginning of your time?

JH: Andrew, you are only painting a limited picture. What has actually happened on my watch is the biggest expansion of mental health provision in Europe. Other countries are looking at what we're doing. As I mentioned at the beginning of -

AM: So if it's not the beds and the nurses where is the expansion taking place?

JH: Well, for example, on treatment for anxiety and depression, where what we're doing now is considered world leading, it's even being copied by the Swedes, who are looking to import what we're doing on psychological therapies into Stockholm. Overall, we are treating - and I say this for the second time because I don't think it registered - 1400 more people every single day. There is a big expansion. We have 3,000 more people working as talking therapists. But it's not going to -

AM: Both sides are saying so many different things. James Munby, who is President of the Family Court, I'm sure you'll remember this case. There was a 17 year old girl who was suicidal and was about to be released and he condemned, the 'disgraceful,' he said, 'and utterly shaming lack of proper provision in this country.' And he said, 'we, the system, the society, the state, will have blood on our hands.' And he took that judgement and he made sure it went to you. Then things changed for that girl, nonetheless. But it took a high court judge to say that, say it publicly and come to the Secretary of State to get some changes, didn't it?

JH: And he was right to say that. But that is why we are changing. I mean, let me just give you an example. In the last year we are spending over half a billion pounds more on mental health in the NHS. This is at a time when you know, as you know, when NHS resources are very constrained. But the reality is that because we are proud to offer a service that is free at the point of use in the NHS, and rightly so, there is huge untapped demand for mental health provision. We know now that you can in many cases make a mental illness completely better, and because people understand that there's a lot of people who want NHS care. But it's not going to be solved overnight, and we have to be honest with the British people. Our plan is 2020-21 we will deliver the Paul Farmer plan and be treating a million more people every year. We're on track to do that. But it's not going to happen overnight. There's no silver bullet. I'm afraid it does take time.

AM: I want to talk about the NHS a little bit more generally in a moment. Before I do can I just ask you about this morning's front pages here? You've been at Westminster a very long time, you're heard all these stories about sex pests, and one of your colleague, Mr Garnier, has been named on the front page of the Mail on Sunday. Do you think that's the kind of behaviour that allows him to stay as an MP, as a Minister?

JH: Well, I mean, these stories, if they're true, are obviously totally unacceptable and the Cabinet office will be conducting an investigation as to whether there's been a breach of the Ministerial Code in this particular case. Because, as you know, the facts are disputed. But what I would say is that there are mums and dads who have daughters who are politics students hoping to get a job in Westminster, and they must be able to be confident that if they get that job their daughter will not be subject to some of these behaviours that we've been seeing. And so it's absolutely essential that we sort this out.

AM: Nobody wants trial by television. I'm not going to go there. But nonetheless, the Ministerial Code covers this area, does it?

JH: It covers this area and many other areas. But I think it's important - I know you were having the same discussion with Diane Abbott just now, and the other point to make is that this is something that covers behaviour by MPs of all parties. And that's why the other thing that's going to happen is that today Theresa May is going to write to John Bercow, the Speaker of the House of Commons to ask for his advice as to how we change that culture. Because I would actually agree with Diane Abbott. I think things have got better in recent years but there's still a long way to go.

AM: Do you agree with John Mann that there should be some kind of parliamentary Tsar or character who receives allegations of this nature, looks into them and does so in private? That there should be another place that people can go if they feel worried?

JH: Well I think there is merit in the idea of having someone anonymous that you can talk to if you're unhappy about the way that you've been treated, but I think these things need to be looked at I think probably by the Speaker because it's about the conduct of parliament as a whole.

AM: Let's turn back to the NHS in that case. What normally happens in these interviews is I have statistics and you have statistics and we kind of throw them at each other and the public

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JH: We've sort of done that haven't that we a little bit this morning.

AM: We've done it and the public probably get quite bored, so I'm going to do something slightly different and ask you to listen to the testimony of a nurse who spoke to Newsnight last week. She was in Birmingham and this is what she said:

Nurse: The way that things have become in A&E over the last two years you know, we are at breaking point. It can't carry on. The queues on the corridor and the situation that the patients are in and the department's in it's unsafe.

We're probably seeing about a hundred patients more per day than we were a year ago. It just seems to be acceptable to treat people on the corridor and it's not dignified really, is it? To see the NHS as it is now I don't see it getting any better. In my eyes it's just gonna get worse.

AM: Now that's how it feels from the perspective of one nurse in Birmingham. What would you say to her?

JH: Well I listened to that with a great deal of sympathy because I think she speaks for a lot of people who feel an enormous amount of stress on the frontline. Our hospitals have never been busier. Our NHS staff have never worked harder. We have this enormous pressure of an aging population and you know, there is no doubt that we are going to need to find more money for the NHS in the years that come ahead of us because we have a million more over 75s coming down the railway track in the next decade. And what do we want? We want the NHS to be the safest and best health



service anywhere in the world. As a Conservative I believe that good public services are the moral purpose of a strong capitalist economy. That's why we do it. And so what we need to do as a government is to make sure the NHS gets the resources it needs and that has been very difficult because of the financial situation the country's in, but over the last few years we've started to see some significant increases and we need to address that nurse's concerns, because what she wants is what I want which is to make sure we give NHS patients the very best care.

AM: The last time we talked you were very clear and you've just been very clear again that the NHS does need more resources. Now you're just about to lift the one percent cap on NHS pay which will delight an awful lot of people working in the NHS I have to say. Are they actually going to get a pay increase?

JH: Well we have a process now. There's an independent pay review body and they look at this and I think it's you know – it will be wrong for me on air to make a – to give you a view as to where I thought that process would end up because I want to hear what the independent experts say would be a fair pay rise. But I think that one of the things that is behind the frustration of that nurse and other nurses is that they have had pay restraint for many, many years and they want to see some recognition of the very hard work they're doing.

AM: So even a 3% rise would not actually be a pay rise for most people given where inflation is, but just to give people a sense of the scale of what we're talking about, how much would a 3% rise cost the NHS?

JH: Well something of that probably would cost a billion pounds, so it's a serious amount of extra money and you know the Chancellor has said that if we can have a negotiation and look at some of the ways that we could improve productivity at the same

time that he's willing to have a discussion with me about whether extra resources can be found.

AM: Because this is the really crucial question. You've got lots and lots of pressures, mental health, many other things and now the pay pressure too. Are you going to be able to emerge from this – he said delicately – with the kind of new money from the Chancellor that allows you to pay NHS people more without actually cutting back elsewhere in hospitals?

JH: Well this government is absolutely committed to making our NHS the safest, best health care system. We recognise there's a lot of work to do, you've just been talking about mental health, but there are lots of other areas as well. So I will be making a very robust case for the NHS to get the resources it needs as I'm sure other Cabinet ministers will for their departments. But when it comes to money and the NHS every week we have avoidable death, avoidable harm in the NHS that is nothing to do with resources or not principally to do with resources, and if we're gonna be the safest and best we also need to have a culture of safety and quality that comes from inside as well as the cheque from the Chancellor. The two need to go together and so what I would say is that look at what the CQC say, there are signs that they say that the care is getting safer. The Commonwealth Fund, an independent American think tank say that the NHS is the best health care system in the world, so the final thing I would say to that nurse is yes, we face enormous pressures, we're not the only country to do so. Other countries are facing them as well but I think our NHS and our values put us in a better place to deal with those pressures than many other countries.

AM: Perhaps some of those pressures are because we ask the NHS to do so much and do so relatively little ourselves and a very interesting experiment in Hertfordshire where they're not only saying to people that if they want non urgent operations they

can't it while they're still smoking, they're actually going to breathalise them to check that they have not been smoking for 6 to 8 weeks before the operation. Is that the kind of thing that you think is a good idea, it should be expanded, we should see more of this?

JH: Well I do think that we have to allow some local discretion for - to allow for new ways and there are a number of operations where your recovery is much quicker if you're not a smoker and so the thinking behind these kinds of schemes is that they - you know you will have better surgical outcomes if you do this. But it's not something I would mandate for the whole NHS. I think we need to see if works in Hertfordshire.

AM: See if it works there. But it's more the general philosophical question as to whether if you drink too much, if you're too fat, if you're smoking that should be taken into account as a kind of deal between you and the NHS. That it's not all on the NHS to deal with these things.

JH: Well I think I believe in a tax payer funded system where care is not rationed and everyone pays their taxes. But I also believe in personal responsibility and I think we all have a responsibility in terms of the lifestyles that we lead to ourselves and also to our fellow citizens and also in terms of the pressures that we put on the NHS. But I think British citizens understand that because the NHS belongs to all of us and we all need to do our bit to make sure that we don't exacerbate the pressures that are very real.

AM: There's been a real drop, quite a dramatic drop in the number of nurses coming into the NHS from the rest of the EU after the Brexit vote. Are you concerned about that? Are you worried about the effects of that and indeed as you've said in the past, no deal?

JH: Well I think of course Brexit brings a number of concerns to the NHS and what I always try and do is to reassure the brilliant doctors and nurses from the EU who are working in the NHS that we think you do a fantastic job. We want you to stay, we're very confident you will be able to stay. But in a period of difficult negotiations it's probably not surprising that you're going to have some tailing off of applicants from other EU countries. Not least because they have their own aging populations and countries like Spain and Portugal are recruiting nurses in significant numbers for the first time for a while.

Ends