



## **PUBLIC INVOLVEMENT**

### **(A) PETITIONS RECEIVED FROM MEMBERS OF THE PUBLIC**

The following petitions have been received for the Health & Wellbeing Board meeting to be held on the 6 March 2018:

#### **(I) End the Crisis in Primary Care**

“We the undersigned petition Brighton & Hove Council to end the crisis in primary care by adopting a policy of medication to meditation, by mass-commissioning mindfulness courses that teach self-care, funded by the Better Care Fund, so that GPs can prescribe them instead of antidepressants to treat the epidemic of depression and addiction.”

Lead petitioner: John Kapp on behalf of SECTCo

5 Signatories as of 1 March 2018

#### Supporting information

1. The root cause of the crisis is not shortage of money, but a toxic system where GPs and nurses don't want to work, because they can only over-prescribe drugs which generally do more harm than good.
2. Before 1980, when antidepressants started to be mass-marketed, mental disorders (called 'nervous breakdowns') were rare (less than 1 in 1,000) Now, 1 in 10 adults are on antidepressant medication, numbering 30,000 in the city of Brighton and Hove, and 6 million in England.
3. This proves Robert Whitaker right, who published 'Anatomy of an epidemic' in 2010, saying that the root cause is the medication given to treat it.
4. The Improving Access to Psychological Therapies (IAPT) programme was launched in 2006 to 'end the Prozac nation' but antidepressant prescribing has since more than doubled from 30 to 65 million monthly prescriptions annually, mostly against NICE guidelines, which say that talking therapy should be the first choice of treatment.
5. Like street drugs, medication has harmful and addictive side effects, making patients go round in a revolving door, overwhelming primary care, and causing the crisis in A&E and GP surgeries, and burning out GPs (who now retire at an average age of 55) and nurses (for whom there are now more than 30,000 vacancies)

6. The solution is for the Council to mass commission the NICE recommended Mindfulness Based Cognitive Therapy (MBCT) 8 week course, so that GPs can prescribe them, instead of having to prescribe antidepressants, breaking their Hippocratic oath 'do no harm' and making them feel so guilty and ashamed that they burn out and have to take early retirement at an average age of 55.

7. The Better Care Fund (BCF) was enacted in 2013 to create Community Care Centres as mental A&Es to treat vulnerable patients, personified as Rachel, (65, depressed and in sheltered accommodation), and Dave, (40, alcoholic and homeless), for which the city has been allocated over £20 mpa since 2015, which is enough to treat 20,000 Rachels and Daves annually.

8. However, in answer to a public question at the HWB on 13.6.17, no Community Care Centres have yet been created, and no Rachel or Dave has yet been treated, which is a scandal. For further details see paper 9.118, and other papers on section 9 of <http://www.reginaldkapp.org>

## **(B) WRITTEN QUESTIONS FROM MEMBERS OF THE PUBLIC**

The following written questions have been received for the Health & Wellbeing Board meeting to be held on the 6 March 2018

### **(I) Submitted by Daniel Harris**

"I've read the big health and care conversation report and note that homeless people were mentioned in this report just 8 times.

There were almost 2800 conversations, I also sadly note that this survey managed to get just 15 people either homeless or affected by homelessness to respond. More people affected by homelessness died in Brighton and Hove in 2017 than responded to this survey.

We know homeless people use A&E services 5 times more than the average Brighton and Hove resident so **what steps will the council take to rectify this social injustice and ensure the voices of those truly affected by homelessness are reflected in this report?"**

### **(II) Submitted by Amanda Bishop**

"In relation to the Big Care Conversation I note some respondents reported concerns around mental health waiting lists and risks to suicide. I note that Brighton & Hove have 50% higher suicide rates than the national average. But these are 2013/2015 reported figures. Do you think (or know) if this has increased, and what steps are you taking to ensure respondents concerns in this area are being prioritised, resulting in less suicides and better mental health care?"

## **(C) DEPUTATIONS FROM MEMBERS OF THE PUBLIC**

### **(I) The Effects of Reductions to the Social Care Budget, a Survey of GPs**

“Is the present level of spending delivering the services people need?

GPs in Brighton and Hove have told us that the lack of Social Care may result in unnecessary hospital admissions and delay discharges.

But how does this really affect patients and the GPs trying to care for them?

Demand for Social Care is rising but the budget to meet it is falling.

A survey of all Local Authorities undertaken by the Association of Adult Social Services (ADASS) (<https://www.adass.org.uk/media/5994/adass-budget-survey-report-2017.pdf>) states the problems. The need for Social care is rising each year - as the numbers of the elderly and the disabled rise. The costs of Social Care are rising – due to the rise in the National Living wage and Statutory Duties. Since 2010 Council budgets have been reduced each year. They are forced to make savings each year. (Brighton and Hove Policy Resources Committee agreed this February to make further savings in the Community Care budget (savings that they say mean reducing demand and diverting people from publicly funded services))

Many councils were ‘close to collapse’ in 2016/17. They were saved by an improvement in the Better Care Fund and being able raise extra funds for Adult Social Care. But the ADASS report makes it clear that this additional funding only temporarily eased the problems. They are clear that the resources Social Care needs are not being met. Only 9 of the 138 Directors who responded to their survey (4%) felt fully confident of being able to deliver their statutory duties in 2018/19.

But the really important questions are: What does it actually mean to patients and GPs if they can’t access Social Care? How often do the difficulties GPs have mentioned to us occur?

To try and find out we sent a survey to 124 GPs in Brighton and Hove – 47 responded. All but one had experienced patients having problems because of difficulties with Social Care provision – over half had experienced these weekly, another third monthly. All but three had experienced patients being admitted to hospital unnecessarily because of limited Social Care resources – a fifth weekly, a half monthly. A large majority had experienced patients whose discharge had been delayed. For a quarter this had occurred weekly. A third were aware of Council plans to further reduce the Social Care budget in 2018-2020. A large majority thought that further reductions would severely worsen patients’ health outcomes and safety.

18 GPs then gave their own comments and these give a clear picture of the difficulties they and their patients are having. GPs have experienced difficulty in getting a response to their requests and difficulty in getting adequate support. Their feeling of frustration is palpable – and, too, their feeling of shame that the system of which they feel a part should have failed their patients. The pressures on the NHS and Social Care are now so great that some GPs have said to us ‘at what point should care professionals declare the system is no longer safe or sustainable and resign?’”

The patients are suffering and it is probably the most vulnerable who are suffering the most, - the ones with the least voice to speak up. Some have been discharged without adequate social care; some have been unable to get care at home and have reluctantly been admitted to hospital. In the worst instance there was no care for a retired teacher with cancer who wanted to die at home. He had to be admitted. He died within 24 hours having spent most of that time on a trolley.

As The Argus stated 'this should be a wake-up call to us all'."

Social Care desperately needs more resources.

Signed by:

Dr Christopher Tredgold (Spokesperson)

Dr Jane Roderic-Evans

Dr Judith Aston

David Jones

Dr Anne Miners

Dr Yok Chang

Dr Richard DeSouza

Dr Tim Worthley.