HEALTH & WELLBEING BOARD ADDENDUM

4.00PM, TUESDAY, 6 MARCH 2018

COUNCIL CHAMBER, HOVE TOWN HALL

ADDENDUM

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Item 56

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

<u>Supporting information</u>

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'."

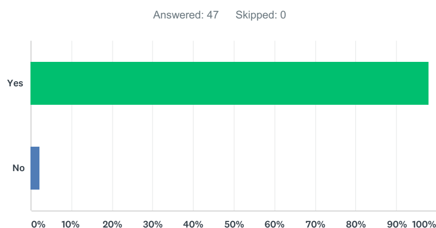
Social Care desperately needs more resources.

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.

The Effects of Reductions to the Social Care Budget Survey of Brighton and Hove GPs Survey Monkey

Q1 Have you experienced patients having problems because of difficulties with Social Care provision?

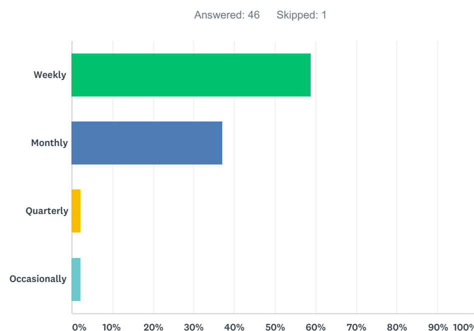
Answered: 47 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	97.87%	46
No	2.13%	1
TOTAL		47

Q2 If yes, how often has this occurred?

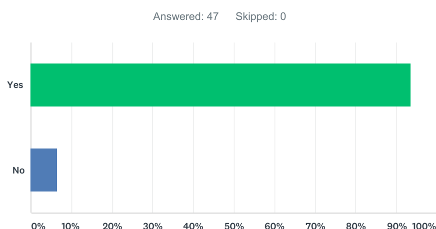
Answered: 46 Skipped: 1



ANSWER CHOICES	RESPONSES	
Weekly	58.70%	27
Monthly	36.96%	17
Quarterly	2.17%	1
Occasionally	2.17%	1
TOTAL		46

Q3 Have you experienced patients being admitted to hospital unnecessarily because of limited Social Care resources?

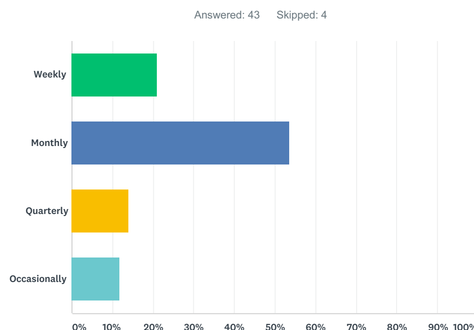
Answered: 47 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	93.62%	44
No	6.38%	3
TOTAL		47

Q4 If yes, how often has this occurred?

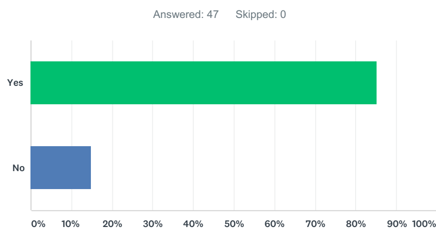
Answered: 43 Skipped: 4



ANSWER CHOICES	RESPONSES	
Weekly	20.93%	9
Monthly	53.49%	23
Quarterly	13.95%	6
Occasionally	11.63%	5
TOTAL		43

Q5 Have you experienced your patients suffering delayed discharge from hospital because of limited Social Care resources? (This might include patients dying in hospital against their previously expressed wishes.)

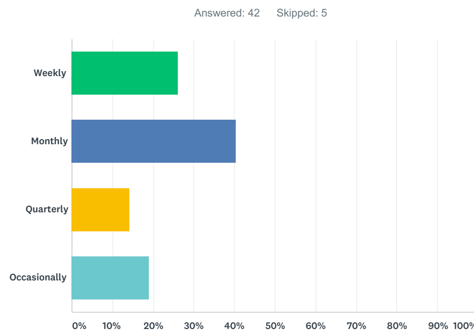
Answered: 47 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	85.11%	40
No	14.89%	7
TOTAL		47

Q6 If yes, how often has this occurred?

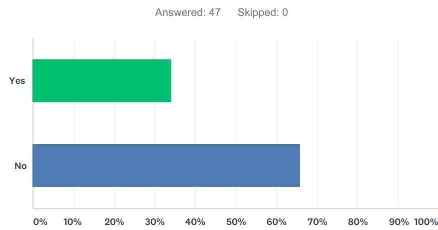
Answered: 42 Skipped: 5



ANSWER CHOICES	RESPONSES	
Weekly	26.19%	11
Monthly	40.48%	17
Quarterly	14.29%	6
Occasionally	19.05%	8
TOTAL		42

Q7 Are you aware that Brighton and Hove City Council plans to further reduce the Social Care budget in 2018 – 2020?

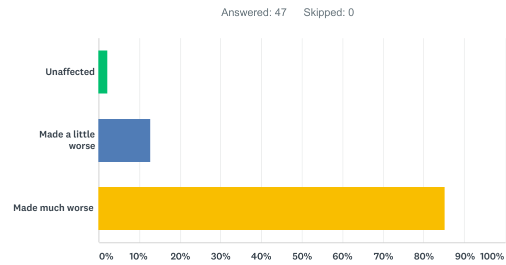
Answered: 47 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	34.04%	16
No	65.96%	31
TOTAL		47

Q8 What effects do you think these further reductions will have on your patients' health outcomes and safety?

Answered: 47 Skipped: 0



ANSWER CHOICES	RESPONSES	
Unaffected	2.13%	1
Made a little worse	12.77%	6
Made much worse	85.11%	40
TOTAL		47

Q9 Any other comments? (individual stories are particularly powerful. If there is any particular instance of a patient suffering the effects of limited social care resources that sticks in your mind please include it (anonymously) here).

Answered: 18 Skipped: 29

RESPONSES

1. It is very difficult to support patients who live alone and are terminally ill to die at home because of the lack of provision for 24 hr social care. These patients often get admitted and die in an acute hospital bed.

2. I frequently see elderly patients who could manage at home with extra support but an "urgent" referral to social services for support is not responded to for several weeks, and rapid response team is too full to take any new referrals. Hospital admission is inappropriate, but patients cannot be let in an unsafe or situation. This is a regular occurence.

3. I referred an elderly patient last week to Access Point social services who didn't have a care package but needed one, probably within a few weeks, to prevent a deterioration in their health or a hospital admission, the email reply I had was that 'we are not an emergency service' and there was a long wait for assessments. In the meantime if things deteriorate for this patient then I know that there is only Responsive services (that are often full to capacity) or a hospital admission for him. Neither of these are the most appropriate or best for the patient. I visited another elderly patient recently who had gout in his big toe and temporarily couldn't get upstairs to the toilet. I tried to arrange a commode for him in order for him to be able to stay in his own house with his wife while his gout improved. Responsive services eventually agreed to do this as 'a one-off' even though this was an incredibly simple and effective way of keeping him at home. This, I think, is a symptom of how they are picking up the pieces of a broken social care service. The thought of this getting worse doesn't bear thinking about.

4. I work as a GP in A&E, attempting to reduce admissions in preventable cases. I am aware of frequent cases that are admitted due to limitations in social care provision. I am also aware that there are beds taken up by patients who are medically fit for discharge, but prevented due to social reasons. This clearly impacts negatively on admission of medically ill patients as well as on elective surgery. Dry detrimental to NHS Care

5. I am finding more and more patients being discharged from hospital with no coherent care package, which is more commonly leading to re-admission. There is an emergency care package service (Urgent home care - based in primary care admin) that sends care to people before their normal carers have done to be re-instated, that although well meaning does not manage to plug the gap particularly well, as these carers have no knowledge of the patient.

6. Increases pressure on gps as families don't understand that gps hand are tied. Had threats of families suing us if patient dies because no social care support

7. In the rural community it is difficult to get any social care to some in outlying areas.

8. It is impossible to leave frail elderly patients at home when they are acutely ill, even if we know they are likely to pick up in 48 hours or so on antibiotics at home, as there is next to no provision of social care, certainly none at short notice. This is most frequently problematic with infections such as urinary infections where the elderly frail person is knocked of their feet for a couple of days and needs someone to go round to help them make drinks and food. Simple tasks as going to the toilet become very unsafe and needs short tem help. This is often made increasingly complex if the patient is caring for an elderly partner with dementia. Last year both the patient and her partner were admitted locally as we were unable to find any support. When we phoned the rapid response team we were told they were full. Please look creatively at managing your funds, I understand times are very difficult but we are robbing Peter to pay Paul.

9. My father-in-law was stuck on an Orthopaedic Ward in Hayward's Heath for weeks longer than he needed to be - despite the fact that we have a live-in carer who manages 95% of his needs ! The package of care needed was minimal - 30 mins twice daily to assist with personal care - even so this was delayed time and time again.We still await a Falls assessment - he fell a year ago!

10. Several patients have really not wanted to go into hospital and not really been appropriate as too frail but could not access sufficient social care and could not get responsive services to respond fast enough to keep them at home

11. There is shocking disrespect and disregard from top levels as to what is happening at ground level, and how detrimental the reduced expenditure has, not just on patient care at home but the then wider effect on admissions to hospital, failed discharges, ineffective care at home and further inappropriate and costly hospital admissions. They need to look at putting in money to social and primary care to improve secondary care.

12. Readmission of elderly patients who have little home support GP visits requested for social problems and loneliness as family to far away.

13. I have tried on numerous occasions to get help for vulnerable patients who are unwell and unable to cope at home alone. Emails to Adult social care might take days to get a response. Then there is no capacity to support the patient. Very bad situation in a supposedly civilised society. It is leaving the frail and elderly in a very vulnerable position many of whom have paid into the system for much of their lives. GP East side of the city

14. I recently tried to refer a patient for carers to support her short term post THR. I was told they were at capacity and could not attend. It took 5 days to get carers out to her in which time her legs were severely oedematous and infected. (she was receiving medical tx in the form of antibiotics but could no get her stockings on and off. Despite this we did not admit her to hospital as the situation at the RSCH is so poor I have had numerous patients sent home from AE without proper treatment. If she had had carers to help her get in and out of bed and move around more and get her legs up she would have recovered much faster. As it was this extended her recovery time and increased the need for social support when she did get it. The burden on the nursing team and GP was significantly increased.

15. The biggest effect has been on acute services that provide rapid response care support and these are the services that have greatest ability to keep Pts out of hospital and in their own home. Further reductions will then affect routine care and this will soon have the same effect. Other services like OT have a very long wait and this increases risks of falling and therefore admission.

16. I have had many patients who have been affected by the cuts in social services budgets. In particular I remember a retired maths teacher who was severely short of breath last autumn. He was diagnosed with advanced lung cancer, and was getting more breathless by the day. He lived alone in an elaborately decorated tiny flat, which was covered in photos of his former students and 'thank-you's from those he had taught. He wanted to die at home. His cancer progressed so fast that he could not be diagnosed with terminal disease quickly enough to set up hospice care and support. He wanted to be cared for at home, but there was no rapid response service for him. The admitting registrar was angry when I explained the reason for the admission, which was nursing support for a man who was dying. She said that dying on a trolley outside A and E was not a fitting or dignified end to a life. I agreed, but had no other options. He died within 24 hours of admission, having spent most of this time on a trolley. It felt shameful and very sad.

17. The restricted social care infrastructure with an aging population with increased acuity of illness and complexity of need means that we need to be significantly increasing funding to stay still with the care levels we have. This would not be good enough. Present funding levels are woefully inadequate, dangerous and directly attributable to patient harm. The number of DTOC to safe community care, the number of readmissions show the inadequacy of the present system. I am ashamed to be part of a system that thinks this is how we treat our most vulnerable at their time of greatest need. To be contemplating further cuts on a failing system is shocking. Those make my these decisions clearly don't have relatives being bounced around the social care and Hospital systems and being offered 5 min drop in calls and labelling them care.

18. overall the increasing elderly and frail population will need increasing social care provision the opposite is happening with entirely predictable results

MEMBER INVOLVEMENT

WRITTEN QUESTIONS FROM MEMBERS OF THE BOARD

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

(I) Question submitted by Councillor Taylor

“Following studies from Public Health England in 2016 and the Annals of Medicine in 2017 vaping was recommended as a safer alternative to tobacco and in particular in supporting smoking cessation. Given news that there is some evidence that vaping itself may be carcinogenic there has been much public concern on their safety. Subsequent reports have shown that this new evidence is specifically referring to nicotine which is of course consumed by smoking. Can the Chair of the HWB reassure residents of this city that vaping is safe?”