Brighton & Hove City Council

Overview & Scrutiny

Title:	**Health Overview & Scrutiny Committee**
Date:	**27 January 2010**
Time:	**4.00pm**
Venue	**Council Chamber, Hove Town Hall**
Members:	**Councillors:** Peltzer Dunn (Chairman), Allen (Deputy Chairman), Alford, Barnett, Harmer-Strange, Hawkes, Kitcat, Rufus, Hazelgrove (Non-Voting Co-Optee) and Brown (Non-Voting Co-Optee)
Contact:	**Giles Rossington** **Senior Scrutiny Officer** 29-1038 Giles.rossington@brighton-hove.gov.uk

	**The Town Hall has facilities for wheelchair users, including lifts and toilets**
	**An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter and infra red hearing aids are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.**
	FIRE / EMERGENCY EVACUATION PROCEDURE **If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by council staff. It is vital that you follow their instructions:** • **You should proceed calmly; do not run and do not use the lifts;** • **Do not stop to collect personal belongings;** • **Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and** • **Do not re-enter the building until told that it is safe to do so.**

HEALTH OVERVIEW & SCRUTINY COMMITTEE

AGENDA

Part One **Page**

44. PROCEDURAL BUSINESS **1 - 2**

(copy attached)

45. MINUTES OF THE PREVIOUS MEETING **3 - 8**

Draft minutes of the meeting held on 02 December 2009 (copy attached)

46. CHAIRMAN'S COMMUNICATIONS

47. PUBLIC QUESTIONS

No public questions have been received

48. NOTICES OF MOTION REFERRED FROM COUNCIL

No Notices of Motion have been received

49. WRITTEN QUESTIONS FROM COUNCILLORS

No written questions have been received

50. PETITIONS **9 - 24**

Report of the Director of Strategy and Governance with regard to two e-petitions referred to the Health Overview & Scrutiny Committee (copy attached)

51. '3T' REDEVELOPMENT OF THE ROYAL SUSSEX COUNTY HOSPITAL

Update from Duncan Selbie, Chief Executive of Brighton & Sussex University Hospitals Trust (BSUHT), and Duane Passman, 3T Project Director, on the progress of the 3T initiative (verbal)

52. SOUTH DOWNS HEALTH NHS TRUST - INTEGRATION WITH WEST SUSSEX COMMUNITY SERVICES **25 - 38**

Presentation from Andy Painton, Chief Executive of South Downs Health NHS Trust (SDH), on progress to integrate SDH services with West Sussex community services (copy of slides attached).

53. LINK UPDATE

Update on the work of the Brighton & Hove Local Involvement Network (verbal)

54. MENTAL HEALTH: PROPOSED CHANGES TO SERVICES

Verbal update by Darren Grayson, Chief Executive NHS Brighton & Hove, and Lisa Rodrigues, Chief Executive, Sussex Partnership NHS Foundation Trust, on plans to re-design local mental health services

55. 2009/2010 HOSC WORK PROGRAMME 39 - 44

(copy attached)

56. ITEMS TO GO FORWARD TO CABINET OR THE RELEVANT CABINET MEMBER MEETING

To consider items to be submitted to the next available Cabinet or Cabinet Member meeting

57. ITEMS TO GO FORWARD TO COUNCIL

To consider items to be submitted to the 18 March 2010 Council meeting for information

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fifth working day before the meeting.

Agendas and minutes are published on the council's website www.brighton-hove.gov.uk. Agendas are available to view five working days prior to the meeting date.

Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

For further details and general enquiries about this meeting contact Giles Rossington, 01273 29-1038, email giles.rossington@brighton-hove.gov.uk) or email scrutiny@brighton-hove.gov.uk

Date of Publication - Tuesday, 19 January 2010

Agenda Item 44

To consider the following Procedural Business:

A. Declaration of Substitutes

Where a Member of the Commitee is unable to attend a meeting for whatever reason, a substitute Member (who is not a Cabinet Member) may attend and speak and vote in their place for that meeting. Substitutes are not allowed on Scrutiny Select Committees or Scrutiny Panels.

The substitute Member shall be a Member of the Council drawn from the same political group as the Member who is unable to attend the meeting, and must not already be a Member of the Committee. The substitute Member must declare themselves as a substitute, and be minuted as such, at the beginning of the meeting or as soon as they arrive.

B. Declarations of Interest

(1) To seek declarations of any personal or personal & prejudicial interests under Part 2 of the Code of Conduct for Members in relation to matters on the Agenda. Members who do declare such interests are required to clearly describe the nature of the interest.

(2) A Member of the Overview and Scrutiny Commission, an Overview and Scrutiny Committee or a Select Committee has a prejudicial interest in any business at a meeting of that Committee where –

(a) that business relates to a decision made (whether implemented or not) or action taken by the Executive or another of the Council's committees, sub-committees, joint committees or joint sub-committees; and

(b) at the time the decision was made or action was taken the Member was

(i) a Member of the Executive or that committee, sub-committee, joint committee or joint sub-committee and

(ii) was present when the decision was made or action taken.

(3) If the interest is a prejudicial interest, the Code requires the Member concerned:

(a) to leave the room or chamber where the meeting takes place while the item in respect of which the declaration is made is under consideration. [There are three exceptions to this rule which are set out at paragraph (4) below].

(b) not to exercise executive functions in relation to that business and

(c) not to seek improperly to influence a decision about that business.

(4) The circumstances in which a Member who has declared a prejudicial interest is permitted to remain while the item in respect of which the interest has been declared is under consideration are:

(a) for the purpose of making representations, answering questions or giving evidence relating to the item, provided that the public are also allowed to attend the meeting for the same purpose, whether under a statutory right or otherwise, BUT the Member must leave immediately after he/she has made the representations, answered the questions, or given the evidence;

(b) if the Member has obtained a dispensation from the Standards Committee; or

(c) if the Member is the Leader or a Cabinet Member and has been required to attend before an Overview and Scrutiny Committee or Sub-Committee to answer questions.

C. Declaration of Party Whip

To seek declarations of the existence and nature of any party whip in relation to any matter on the Agenda as set out at paragraph 8 of the Overview and Scrutiny Ways of Working.

D. Exclusion of Press and Public

To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: Any item appearing in Part 2 of the Agenda states in its heading the category under which the information disclosed in the report is confidential and therefore not available to the public.

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls.

AGENDA ITEM 45

BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00PM 2 DECEMBER 2009

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Peltzer Dunn (Chairman); Allen (Deputy Chairman), Alford, Barnett, Harmer-Strange, Hawkes, Kitcat and Rufus

Co-opted Members: Hazelgrove (Older People's Council) (Non-Voting Co-Optee)

PART ONE

28. PROCEDURAL BUSINESS

28A Declarations of Substitutes

28.1 There were none.

28B Declarations of Interest

28.2 Councillor Harmer-Strange declared that he had a personal and prejudicial interest in Item 35 on the agenda and would leave the meeting for the duration of this item.

28C Declarations of Party Whip

28.3 There were none.

28D Exclusion of Press and Public

28.4 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

28.5 **RESOLVED** – That the Press and Public be not excluded from the meeting.

29. MINUTES OF THE PREVIOUS MEETING

29.1 That the minutes of the meeting held on 30 September 2009 be approved and signed by the Chairman.

30. CHAIRMAN'S COMMUNICATIONS

30.1 Darren Grayson, Chief Executive of NHS Brighton & Hove, introduced Alan McCarthy, the new Chair of NHS Brighton & Hove, to members.

31. PUBLIC QUESTIONS

31.1 There were none.

32. NOTICES OF MOTION REFERRED FROM COUNCIL

32.1 There were none.

33. WRITTEN QUESTIONS FROM COUNCILLORS

33.1 There were none.

34. MENTAL HEALTH COMMISSIONING AND PROVISION

34.1 This Item was introduced by Claire Quigley, Director of Delivery, NHS Brighton & Hove. The committee also received presentations from Geraldine Hoban, Deputy Director of Commissioning, NHS Brighton & Hove, and Richard Ford, Executive Commercial Director, Sussex Partnership NHS Foundation Trust.

34.2 In answer to a question about the anticipated reduction in the number of in-patient mental health beds across Sussex, members were told that detailed work on this area had yet to be undertaken, but that Sussex mental health services appeared over-reliant upon in-patient beds compared to regional and national averages and to established models of best practice.

34.3 In response to a query as to whether the relatively high local spend on mental health services might in fact be necessary to ensure good outcomes, the committee was informed that it was not always easy to show a clear link between investment in mental health services and improved health outcomes, so the question was a difficult one to answer. However, the city does have very long mental health bed stays compared to national/regional averages, and there is a broadly accepted correlation between unnecessarily lengthy bed stays and poorer outcomes for mental health patients (e.g. loss of independence, loss of work, housing difficulties etc). Therefore, at least in relation to length of stay, there is a compelling argument to say that less reliance on in-patient treatments would be likely to improve rather than worsen health outcomes.

34.4 In answer to a question about whether the proposed reconfiguration of mental health services was a reaction to anticipated ‘real-terms’ reductions in healthcare funding post 2011, members were told that it was only sensible to plan for reduced funding (or a

slower growth in funding), rather than to respond reactively to a funding crisis. However, both the commissioners and the providers of local statutory mental healthcare services believed that greater efficiencies, particularly in terms of reducing length of stay in in-patient beds, would allow local mental health services to maintain or improve on their current quality, even in a more hostile financial climate.

34.5 Other necessary improvements in local mental health services would entail better partnership working with the '3rd sector'; more innovation (particularly in terms of repatriating to Sussex specialist services currently provided in out-of-county settings); better compliance with NICE (National Institute for Clinical Excellence) guidelines; improved access to services; better IT systems (particularly in relation to patient records); more consistent standards of care across Sussex; a rationalisation of SPFT's estates; the development of specialist services (notably for dementia, dual diagnosis, personality disorders and learning disability services) and an increased focus on the mental health of trust employees.

34.6 In response to a question as to how quality could be maintained at the same time as shortening bed stays, members were told that effective discharge planning was key. Planning for a patient's discharge should commence as soon as they are admitted to hospital, so as to ensure that they can be discharged as quickly as possible once it is clinically safe to do so.

34.7 RESOLVED – That the report be noted.

35. NHS BRIGHTON & HOVE: STRATEGIC COMMISSIONING PLAN

35.1 This item was introduced by Darren Grayson, Chief Executive of NHS Brighton & Hove.

35.2 Mr Grayson explained that it had proven necessary to substantially revise the existing Strategic Commissioning Plan (SCP) in light of recent developments in national heal policy – particularly in terms of anticipated changes in PCT resources over coming years.

35.3 Mr Grayson told members that priorities for Brighton & Hove included mental health, drugs and alcohol, and deprivation. There should be more focus on preventing illness, on managing long term conditions and on providing services in the community.

35.4 In answer to a question on unscheduled hospital admissions, Mr Grayson told the committee that there was a growth in such admissions both nationally and locally, and that the NHS could not manage such a growth indefinitely. Key to reducing the number of unscheduled admissions was better management of long term conditions (responsible for much of the growth in unscheduled admissions).

35.5 RESOLVED – That the report be noted.

36. DENTAL SERVICES FOR BRIGHTON & HOVE RESIDENTS

36.1 This Item was introduced by Ann Foster, Lead Commissioner for Dental Services, NHS Brighton & Hove.

36.2 In response to a question regarding details of the NHS Brighton & Hove contract with local dentists Ms Foster promised to supply members with detailed information at a later date.

36.3 In answer to a query on disabled access to dentist's premises, members were told that all new PCT dental contracts required that practices had premises which were DDA (Disability Discrimination Act) compliant.

36.4 RESOLVED – That the report be noted and a further update requested at a later date.

37. ANNUAL HEALTH CHECK 2008-2009

37.1 This item was introduced by the Scrutiny officer present.

37.2 A member offered his congratulations to local NHS health trusts, all of which had performed well in the Annual Health Check. These sentiments were echoed by other committee members.

37.3 RESOLVED – That the report be noted.

38. HEALTH INEQUALITIES: REFERRAL FROM AUDIT COMMITTEE

38.1 This Item was introduced by the Scrutiny officer present.

38.2 Councillor Jason Kitcat told members that he had been a member of the Audit Committee which referred this matter to HOSC. However, on reflection, he agreed that the matter might better be dealt with by the Overview & Scrutiny Commission (OSC) and therefore supported the recommendation for referral to OSC.

38.3 RESOLVED - That the report be noted and referred to OSC as the Overview & Scrutiny coordinating committee.

39. 2009/2010 HOSC WORK PROGRAMME

39.1 Members noted the HOSC work programme.

40. SWINE FLU PANDEMIC: UPDATE

40.1 Darren Grayson, Chief Executive of NHS Brighton & Hove, explained to members the current situation with regard to the swine flu pandemic.

41. ITEMS TO GO FORWARD TO CABINET OR THE RELEVANT CABINET MEMBER MEETING

41.1 There were none.

42. ITEMS TO GO FORWARD TO COUNCIL

42.1 There were none.

The meeting concluded at Time Not Specified

Signed Chair

Dated this day of

# HEALTH OVERVIEW & SCRUTINY COMMITTEE MEETING	**Agenda Item 50** Brighton & Hove City Council

Subject:		**E-Petitions**
Date of Meeting:		**27 January 2010**
Report of:		**Director of Strategy & Governance**
Contact Officer:	**Name:**	**Giles Rossington** **Tel: 29-1038**
	E-mail:	**giles.rossington@brighton-hove.gov.uk**
Key Decision:	**No**	
Wards Affected:		**All**

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 To receive the following E-petitions that have been running on the Council's website and were to be presented directly to the Health Overview & Scrutiny Committee.

2. E-PETITIONS:

2.1.1 To receive the following e-petition to be presented by Mr. John Kapp and signed by 445 people:

"*We the undersigned petition the Council to request that the Health & Overview Scrutiny Committee give consideration to the proposal for a new social enterprise company to contract with the NHS commissioners to provide free complementary and alternative medicine (CAM) vouchers for use in the existing CAM centres in the city, as described in section 9.39 of www.reginaldkapp.org. 'Proposal for a new company to provide free CAM on NHS' and to make a recommendation to the council as to whether or not to declare support for the proposal."*

2.1.2 **Additional Information to the petition:**

Three out of four patients say that they want free CAM on the NHS, and as they pay for the NHS in their taxes they should get their wish. CAM is preventative which only the rich can now afford. Post Darzi, the NHS is supposed to provide prevention and remove health inequalities. The NHS commissioners are about to consult the public on the next 5 year commissioning plan. Please sign the petition to persuade the NHS to put free provision of CAM into their plan.

2.1.3 Additional information provided by Mr Kapp is included as **Appendix 1** to this report.

2.2.1 To receive the following e-petition which was originated by Ms. Earl-Gray and signed by 21 people:

"*We the undersigned petition the Council to request that the local NHS discount the possible provision of free Complimentary Alternative Medicine (CAM) in Brighton and Hove and put resources into proven medical therapies."*

2.2.2 **Additional Information to the petition:**

These treatments have no sound evidence base to support their use. The NHS has a duty to the public to provide treatments that have been proven to work through fair testing in clinical trials. The majority of research into the effectiveness of CAM treatments fails to meet the standards required of fair clinical trials, and therefore the usefulness and effectiveness of many, if not all, CAM treatments remains unknown.

Brighton and Hove's NHS commissioners will soon consult the public on the next five year commissioning plan. Please ensure they do not make the mistake of wasting public money on unproven treatments.

Please sign this e-Petition on the Brighton & Hove Council website to ensure the NHS commissioners make evidence-based decisions about how to spend their money.

2.2.3 Additional information provided by Ms Earl-Gray is included as **Appendix 2** to this report.

3. APPENDICES

Appendix 1: additional information supplied by Mr Kapp
Appendix 2: additional information supplied by Ms Earl-Gray

Appendix 1

Additional Information provided by Mr Kapp

Report for Health Overview and Scrutiny Committee, Brighton and Hove, by the Social Enterprise Complementary Therapy (SECT) committee 18.1.10

Written by SECT secretary John Kapp, who is a Local Involvement Network (LINk) member on the steering group of the National Association of LINk Members (NALM) representing Sussex, and former city councillor 1995-9.

The members of the SECT committee are Barbara Bishop (acupuncturist), Lyn Clark (homeopath) Roy Haitzin (acupuncturist) Patricia Holden (hypnotherapist) Carolyn Jikieni (yoga teacher) John Kapp (meditation leader) Chris Kavanagh, (Lightworks) Penny Kinton (addictions therapist) Stuart Macey (IT consultant) Anne Pether (touch therapist) Tom Sydenham (former NHS healthcare practitioner and proprietor of The Pathway Clinic) Shirley Ward (nutritional therapist)

Proposal for 'Free complementary therapy on the NHS'

Contents

11 Document 'Transforming Mental Health (MH) – Commissioning MH Jan 2010- Jan 2013 - Working Age Mental Health Strategy.

12 Conclusions – commission CAM

References

1 Recommendations – integrate CAM into the NHS

We ask you (councillors on the HOSC) to give your support to this project to provide free complementary and alternative therapy (CAM) to the citizens of the city, which was inspired by the Department of Health's Innovations exhibition at the Excel Centre in London on 18-19/6/09 addressed by Lord Darzi.

We ask you to lobby the following people and their departments as outlined in the table below, who have responsibility for the spending of public money on prevention and treatment of illness, hereafter called 'the commissioners', in support these recommendations:

Government department	Responsibility	Director of commissioning
NHS Brighton and Hove	Health care	Dr Geraldine Hoban
Adult Social Care and Housing	Social care	Denise D'Souza
Department of Works and Pensions	Disability allowance	?

We ask you commissioners to include in your strategic commissioning plans the commissioning of CAM treatments in sufficient bulk (estimated to be 2 million vouchers pa by 2014) to enable all those who choose to have them on both a GP referral, and self-referral basis, hereafter called 'participants' within a maximum waiting time of 18 weeks. Participants should include patients, the unemployed on disability benefit who are too sick to work, public sector staff including healthcare staff who are suffering from stress or burnout.

a) Please commission NICE-approved CAM treatments, including

The 8 week Mindfulness Based Cognitive Therapy (MBCT) course for depression.

Acupuncture and Alexander Technique for lower back pain.

Hypnotherapy for Irritable Bowel Syndrome (IBS)

Under the NHS constitution patients have a statutory right to all NICE-approved treatments provided that their doctor says they are appropriate for them. If NICE-approved CAM treatments are not commissioned, the commissioners will be liable to judicial review from dis-affected patients who know that these treatments are available in the private sector, want them, but cannot afford to pay for them. These treatments cost only a few hundred

pounds, unlike Herceptin for breast cancer or anti-TNF for arthritis, which are a hundred times dearer.

b)Commission generic CAM

Integrate CAM into the NHS as Prince Charles' Foundation for Integrated Health (1) has been campaigning for since 1993. Create a 'Complementary Care Trust' like the Primary Care Trust to provide generic CAM for the city to prevent illness and promote wellness with a budget rising to £100mpa (22% of the present health budget of £450 mpa) by 2014, figures from reference (2)

c) Support our grant application

Actively support our SECT committee's application for a grant of £150,000 from the Social Enterprise Investment Fund (www.seif.org.uk) We have been told that our application will be determined on 15.1.10 and we will be notified by 22.1.10. We intend to use the grant money to set up a company to be a consortium of CAM centres in the city which would provide free CAM at their centres in exchange for £50 CAM vouchers. The company would be an Alternative Provider of Medical Services (APMS) and would negotiate a Service Level Agreement (SLA) contract with the commissioners to provide free CAM in the city in exchange for vouchers given to patients by their GP, as an alternative to prescriptions.

d) Pay public money for CAM vouchers. Public money is presently being paid for CAM as under the counter anomalies, as described in paragraph 10. Vouchers would regularise these anomalies, and make them transparent and accountable. It would also eliminate the present health inequality of most people not having ability to pay for CAM, and make free complementary care available to all, like free primary care from GPs, free secondary care from hospitals, free dental care from dentists, free optical care from opticians, and free prescription drugs from pharmacies.

e) Objective of these recommendations

Our objectives are fully in line with commissioners objectives, which are reproduced below in paragraph 8. Our joint objective is to improve public health in the city. The specific outcome that we want is to make the public health statistics in 2016 (after 3 years of implementation of our proposed CAM prevention strategy) to be twice as good (or half as bad) as they were in 2009, as stated in table 1 below. (2) Suffix 'n' is the city's proportion (1:200) of the national figure; 'c' is the figure from (3); 'g' is a guess, as no official figures could be found. (We asked the director of public health, Tom Scanlon, to check and correct these figures on 19.12.09, but have had no reply to 2 e mails and one phone call)

TABLE 1 ANNUAL MONITORING TARGETS FOR 2016

Target	Statistical number of people pa affected in	2009	2016

number	city		(50% of 2009)
1	Deaths from all causes pa	3,000n	3.000
2	Iatrogenis (doctor induced) deaths (note 1)	200n	100
3	Hospitalisation from iatrogenesis (a million people pa nationally)	5,000n	2,500
4	Deaths from suicide pa	36c	18
5	Drug users	2,250c	1,125
6	Alcoholics	50,000c	25,000
7	Obese	60,000c	30,000
8	Clinically depressed	15,000c	7,500
9	Smokers	50,000c	25,000
10	Long term conditions	40,000c	20,000
11	Teenage pregnancies	40,000c	20,000
12	On disability benefit (2.5m nationally)	12,500n	6250
13	Hospital admissions	100,000g	50,000
14	GP visits	1,000,000g	500,000
15	Deaths in preferred place (home)	750n	1500
16	No of patients dying with living wills (reference 4)	Hardly any	1500
17	Dementia patients killed by drugs (note 2)	9n	4
18	Staff off sick (note 3)	400n	200

Notes			
1	'40,000 deaths pa' from TV programme Nov 2000 'Why doctors make mistakes'		
2	'1,800 dementia patients killed by anti-psychotic drugs' News bulletin 1.12.09		
3	5% staff sickness on 8,000 staff		

2 Our e petition for 'Free complementary therapy on the NHS'

In order to test public support for our recommendations, we confirm putting the following petition on the council website from 30.11.09 – 16.1.10 which receive 445 signatures:

We the undersigned petition the council to request that the Health & Overview Scrutiny Committee give consideration to the proposal for a new social enterprise company to contract with the NHS commissioners

to provide free complementary and alternative medicine (CAM) vouchers for use in the existing CAM centres in the city, as described in section 9.39 of www.reginaldkapp.org. 'Proposal for a new company to provide free CAM on NHS' and to make a recommendation to the council as to whether or not to declare support for the proposal

Three out of four patients say that they want free CAM on the NHS, and as they pay for the NHS in their taxes they should get their wish. CAM is preventative which only the rich can now afford. Post Darzi, the NHS is supposed to provide prevention and remove health inequalities. The NHS commissioners are about to consult the public on the next 5 year commissioning plan. Please sign the petition to persuade the NHS to put free provision of CAM into their plan.'

3 Counter petition: 'Prevent non-evidence-based treatments being offered via local NHS services

The following counter e petition appeared on Brighton and Hove Council website from 11.1.10 -16.1.10 and received 21 signatures:

'We the undersigned petition the council to request that the local NHS *discount the possible provision of free Complimentary Alternative Medicine (CAM)* in Brighton and Hove and put resources into proven medical therapies.

These treatments have no sound evidence base to support their use. The NHS has a duty to the public to provide treatments that have been proven to work through fair testing in clinical trials. *The majority of research into the effectiveness of CAM treatments fails to meet the standards required of fair clinical trials, and therefore the usefulness and effectiveness of many, if not all, CAM treatments remains unknown.*

Brighton and Hove's NHS commissioners will soon consult the public on the next five year commissioning plan. Please ensure they do not make the mistake of wasting public money on unproven treatments.

Please sign this ePetition on the Brighton & Hove Council website to ensure the NHS commissioners make evidence-based decisions about how to spend their money.'

4 Points on which we disagree with the counter petitioners, *italicised above and below*:

a) *Discount the possible provision of free Complimentary Alternative Medicine (CAM)*

b) *These CAM treatments have no sound evidence base to support their use.*

c) The majority of research into the effectiveness of CAM treatments fails to meet the standards required of fair clinical trials, and therefore the usefulness and effectiveness of many, if not all, CAM treatments remains unknown.

5 Points on which we agree with the counter petitioners

a) We agree that the commissioners should only spend public on proven medical therapies.

b) We agree that treatments should have been proven to work through fair clinical trials.

c) We agree that commissioners should not make the mistake of wasting public money on unproven treatments.

d) We agree that the commissioners should make evidence-based decisions about how to spend their money (which is actually our money, as we paid for it in our taxes)

6 The evidence base for CAM

a) Contrary to the counter petition, many CAM treatments have been through clinical trials which have proved their efficacy, giving them a sound evidence base which justifies the expenditure of public money on them.

b) We know of 4 CAM treatments which have received approval by the National Institute of Clinical Excellence (NICE) They are: The MBCT course, acupuncture for lower back pain, Alexander Technique for lower back pain, and hypnotherapy for Irritable Bowel Syndrome.

NICE approval is the gold standard of evidence. Under the NHS constitution all patients have a statutory right to all NICE-approved treatments if their doctor says that it is appropriate for them. If the commissioners do not commission these CAM treatments they will be liable to judicial review from disaffected patients.

c) CAM is continually proving its efficacy in giving good patient experience in the marketplace because people pay their own money for it of their own volition, despite CAM playing uphill against free conventional treatment.

7 The evidence base for conventional medicine

The evidence base for conventional treatments is unsound and unravelling, as the following news bulletins testify:

a) The government apology (14.1.10) with £20 m compensation to victims of thalidomide 50 years after.

b) The announcement (10.1.10) of a European Parliament public enquiry into swine flu vaccinations, which has left governments with millions of unused doses, wasting £hundreds of millions of public money.

c) The announcement (1.12.09) that 1,800 dementia patients are killed by anti-psychotic drugs each year.

d) The announcement (10.09) that drug giant Pfitzer was fined $2.3 bn (£1.6 bn) for deceiving the regulators in the USA over the results of clinical trials.

e) The announcement (8.04) of the withdrawl of a licence for Vioxx after 300,000 deaths from heart attacks.

f) The announcement (11.00) in a TV programme 'Why doctors make mistakes' that 40,000 people pa are killed in UK by doctors mistakes. The figure in USA in 1990 was 50,000 (Dr Deepak Chopra 'The New Physics of Healing') and has since risen to 800,000 (Dr Gary Null, 'Death by Medicine www.garynull.com/articles)

8 NHS Brighton and Hove strategic objectives

These are reproduced from the NHS 'Annual Operating Plan 2009/10' dated Oct 2008 revised March 2009 (2)

a) The five Strategic Commissioning Goals are:

Adding years to life
Maximising life chances for children and families
Developing a healthy young city
Promoting independence
Commissioning nationally recognised best practice

b) Be the leading advocate for health and health care in the city

promote healthy living and a healthy city
provide strong leadership to the local NHS
develop effective relationships with social care and other organisations across the city

c) Improve health and reduce health inequalities

deliver measurable improvements in the health of local people
reduce the 'health gap' between different local communities

d) Increase service quality and choice

commission high quality, evidence-based services
use people's experiences to improve the quality of services
offer people a choice of providers where this is realistic
achieve and maintain an "excellent" rating in the annual health check

e) Increase people's confidence in, and engagement with, the NHS

extend public confidence in local health services
give people a stronger voice in the NHS
be an excellent employer

f) Manage resources effectively

deliver a sustainable financial position for NHS Brighton and Hove
help the rest of the local health economy do the same
demonstrate value for money and effective stewardship of public funds

9 How will these admirable objectives be achieved?

We welcome these NHS objectives which are admirable, but their documents do not say how they will be achieved. Their Strategic Commissioning Plan 2009-14 dated Oct 2008 revised Mar 2009 is just the continuation of the same regime of conventional treatment as before, under which public health has been steadily deteriorating. We believe that these admirable objectives can only be achieved by the radical measure of integrating CAM into the NHS, as Prince Charles and the Foundation for Integrated Health (1) has been calling for since 1993.

Our proposal for free CAM on the NHS should be seen as a pilot scheme for the whole nation. Our city is ideally suited to be the location of this CAM pilot, as we have an unusually high proportion of CAM therapists here, encouraged by Brighton's 'avand guard' atmosphere since the Prince Regent. This would indeed enable the city to become a beacon of world class commissioning, meeting all the government's objectives, including moving care into community health centres, preventing illness, increasing patient choice with better safety, quality and experience, removing health inequalities and getting the unemployed fit enough to work.

10 Present NHS policy on CAM

As a patient representative in the NHS since 2000, the writer (John Kapp) has lobbied continuously for the integration of free CAM into the NHS. While he was on the Patient and Public Involvement Forum in 2007 he obtained a copy of the official written policy of the PCT (now NHS Brighton and Hove) commissioners regarding CAM, which was dated 1997 and stated that no public money should be spent on it because there was no evidence that it works. They said in 2007 that this policy was under review, but would not engage with him in drafting a new policy.

There is now robust evidence that CAM works, and the above mentioned CAM therapies (MBCT, acupuncture, Alexander Technique, and hypnotherapy) have received the gold standard of approval by the National Institute for Clinical Excellence (NICE)

Darren Grayson (chief executive) wrote to us on 5.10.09 : 'We currently commission specific complementary therapies as part of a recognised package of care for certain conditions. (We are not aware of any of these specific therapies, and Darren did not say what they are, so we believe that they are of limited extent) Darren went on: 'We are not, however, intending to commission practice based generic alternative therapy provision at this point

in time'. (ie for the next 5 years) This is the policy which our petition and this report seeks to change.

CAM has been a political football. The British Holistic Medical Association (BHMA) was set up in 1983 by holistic doctors, who founded an integrated practice in Marylebone which is still going. The Major government introduced fundholding, which gave GPs the right to offer and pay for CAM. Many GP practices throughout the country followed the Marlebone pilot, and integrated CAM practitioners into their practices, but the Blair government stopped it. We believe that the official NHS policy on CAM is now honoured more in the breach than the observance, as the following anomalies indicate:

a) According to FIH surveys, (1) more than 50% of GPs presently suggest that their patients should try CAM, but the money does not follow the patient as they have to pay for it.

b) Many doctors have trained as CAM practitioners (such as homeopathy, acupuncture, touch therapies) and prescribe or practice CAM on their patients routinely.

c) Sussex is a CAM backwater compared to other parts of the country. CAM (particularly aromatherapy, reflexology and reiki) is used as a routine treatment for cancer patients in hospitals in London and Walsall.

d) Healthcare staff (eg nurses) receive CAM therapies in NHS premises, such as the Royal Sussex County hospital, where CAM therapists from the charity Active Lightworks treat staff to prevent stress and burnout in exchange for donations.

e) 2 music therapists and 2 art therapists are employed to treat neurologically brain-damaged patients at Swanborough House, Whitehawk, Brighton, which is under the Rafael Medical Centre in Kent (5) The music therapists are registered with the Association of Professional Music Therapists (6) The money to pay the therapists comes from the social services budget of the council.

f) Unemployed people are given free CAM to help them to get fit enough to go back to work. We presume that this comes from the budget of the Department of Work and Pensions.

g) Clients who get direct payments from the Social Services are free to use the money to pay for CAM, and often do.

11 Document 'Transforming Mental Health (MH) – Commissioning MH Jan 2010- Jan 2013 - Working Age Mental Health Strategy.

This document appeared on the e petitions page of the council website next to our e petition, with a link to the above document, which was e mailed to us on 13.1.10. We welcome its contents, but it does not go far enough. It is a statement of aspiration to improve mental health, but no targets are given by

how much by when, and no list is given of which treatments. It says that 4 work streams will decide these issues by the end of March. We hope that the result will be a commissioning plan that is a priced shopping list of treatments, together with the desired outcomes in the form of table 1 above. We would be pleased to engage in the drafting of this plan with the staff of these work streams.

12 Conclusions – commission CAM

We call on commissioners to study the evidence base for both conventional and CAM, and only commission treatments which give good patient experience. These treatments will be safe, effective in curing the illness, will not have side effects, and will give good value for public money. We believe that CAM meets all these objectives, so should be included in the commissioning plans, by integrating CAM into the NHS.

We realise that commissioning CAM requires a paradigm shift in the attitude of the NHS clinicians to CAM from materialism to holism. We also know that there are powerful vested interests led by the drug companies against this integration, because they see their profits reduced by the competition of CAM. Drugs are the most profitable industry in the world. The top 10 of the Fortuna 500 companies are all drug companies, and their combined profits exceed those of the remaining 490 companies, around $35bnpa (10).

They put out propaganda stating that there is no evidence for CAM, as stated in the counter e petition in paragraph 3. They define ‘evidence’ narrowly as randomised controlled trials only, and refuse to accept the evidence of the good patient experience that CAM provides. They reject CAM, and have influenced medical schools to adopt the Victorian attitude of reviling CAM as quackery practiced by charlatans. They have unduly influenced medical research establishments, health regulators and governments throughout the western world (10)

This has created an ‘iron curtain’ between CAM and conventional medicine which is bad for society, with patients frightened to tell their doctor that they are having CAM. As dis-satisfaction with conventional medicine grows, CAM has become a huge and growing industry, said to be the fastest growing industry in the western world. However, only the rich can afford it. This is the biggest health inequality in the world, and is the main reason for the difference in health and life expectancy.

The iron curtain divides not only rich and poor but male and female. The male-dominated left-brained NHS is overwhelmed, and the right-brained, intuitive, female CAM is under-whelmed. Society needs them to get married and lived happily together, instead of next door like neighbours from hell. We believe that this marriage would cure the crisis in the NHS of both staff (Wanless recommended a 50% increase in staff by 2020) and funding, (20% cuts are hinted) because CAM is more cost-effective and safer than conventional treatments. It would also enable the NHS staff sickness rate to be reduced to meet the Boorman targets (11)

We hope that you will support this pilot integration of CAM into the NHS in the city, by acting on our recommendations in paragraph 1. Our committee is representative of many CAM therapies, and we are willing to engage with you in any way that you want, individually or collectively. We can be contacted via our secretary, John Kapp, 22 Saxon Rd Hove BN3 4LE, 01273 417997, johnkapp@btinternet.com . Other relevant papers supporting this proposal are available on other sections of reference 2.

References

1 Foundation for Integrated Health www.fih.org.uk or www.fihealth.org.uk

2 Business Plan for Free CAM on the NHS, see section 9.39 of www.reginaldkapp.org budget part 2.

3 NHS Brighton and Hove website www.bhcpct.nhs.uk

4 Living wills are downloadable from www.compassionindying.org.uk

5 www.rafaelmedicalcentre.co.uk

6 www.apmt.org.uk

7 News bulletin Oct 09.

8 News bulletin 10.1.10 about over-ordered swine flu vaccines

9 Thalidomide apology by the government 14.1.10

10 Book 'The Truth about the Drug Companies' by Dr Maria Angell.

11 The Boorman report was accepted by the government on 1.12.09. It requires the staff sickness rate to be reduced by 1% from 5% to 4%, saving 3.5 million days lost pa.

Appendix 2

Additional Information provided by Ms Earl-Gray

'Prevent non-evidence-based treatments being offered via local NHS services'

Firstly, apologies for being unable to attend the meeting.

My main points are as follows:

1. Treatments that have no substantiated evidence supporting them should not be funded and/ or recommended by the NHS. This protects the public from harmful (or useless) treatments, unregulated practitioners and from wasting their money.

2. The NHS should use their funds to improve existing, essential, yet poorly provisioned services, not treatments that are not proven to be effective. For example, local maternity services are greatly in need of funding for more staff and more training. It is neglectful and unethical to fund unproven treatments while essential services struggle.

3. The general public are increasingly aware of the lack of solid scientific evidence underpinning the misleading claims made by some Complimentary and Alternative Medicine (CAM) practitioners. It is easy to see how tempting it could be for local government and the NHS to want to please the pro-CAM population of Brighton and Hove, however, I think this places the local NHS services at risk of not only embarrassing themselves, but wasting scarce resources and risking public health.

4. If the local NHS wishes to invest any money in CAM, then they should <u>only</u> invest in decent, properly conducted randomised-controlled trials that have enough participants to give meaningful results. We can only decide to offer CAM on the NHS when we know for certain that they work.

I assume that NHS commissioners and others involved in the provision of public health will understand the principles of evidence-based medicine and how these relate to providing an ethically sound range of treatments on a tightly-budgeted public health service. I would be surprised and horrified if anyone with this understanding were to offer CAM on the NHS at the current time.

Integration

South Downs Health NHS Trust
&
West Sussex Health (Community Services)

27 January 2010

West Sussex Health
Healthcare closer to home

South Downs Health NHS
NHS Trust

Background

- Government policy objective to separate NHS commissioning and service provision led to the 2008 *Options for Change* process in West Sussex.
- NHS West Sussex is transferring the contract for community services to South Downs Health NHS Trust.
- This will involve transferring 3,000 West Sussex Health Staff to South Downs Health.

Objective

- To develop the best community services in the UK for the people of Brighton & Hove and West Sussex.

Process

- December 2009: Co-operation and Competition Panel approval given.
- January – February 2010: stakeholder engagement.
- March 2010: Strategic Health Authority, Department of Health approval.
- 1 April 2010: legal creation of new NHS Trust.

Organisational change

- Evolution not revolution.
- No diminution of services.
- Sharing best practice to improve patient care.
- Continuing commitment to Brighton & Hove.

Patient benefits

- Continuity of care.
- Specialist + mainstream services.
- On-going partnership with NHS Brighton & Hove to ensure optimum service delivery and outcomes.
- Enhanced working with other local partners to ensure smoother patient journeys.
- Better patient engagement to improve, develop services.

Community benefits

- Care provided by community services specialists.
- Regular HOSC updates.
- Improved public information on the Trust's performance.
- Enhanced public board meetings.

Taxpayer benefits

- Reduced acute admissions and average length of acute hospital stay reduces local NHS costs.
- Improved joined-up care from hospital to home.
- Enhanced productivity and quality.
- Healthier local population.

Issues

- Organisational integration
  - Community services integral local focus = continuity of clinical teams, care.
  - Clinical services – regionalised business units led by clinicians supporting local staff.
  - Integrated corporate support.
  - Rolling two year transformation programme.

Issues

- Efficiency savings
  - 10 – 15% national NHS budget cuts.
  - Requirement to deliver local operational efficiencies.
  - Focus on corporate support.
  - NHS redeploys before redundancies.
  - May be low-level job losses in Brighton & Hove and West Sussex.

Issues

- Commitment to Brighton & Hove
  - Community services are community focused, delivered by local staff.
  - Trust HQ in Brighton and Hove.
  - Proven 17+ year commitment to local community.
  - Closer partnership working with NHS Brighton & Hove and local partners.
  - Improved patient, public engagement.

The future

- Strategic commissioning intentions of NHS Brighton and Hove and NHS West Sussex will shape service development.
- Management contract for East Sussex PCTs community services will not form part of this integration.

Questions ?

West Sussex Health
Healthcare closer to home

South Downs Health NHS
NHS Trust

HOSC Work Programme 2009/2010

Issue	Date to be considered	Referred/Requested By?	Reason for Referral	Progress and Date	Notes
Dental Services	02 December 2009	HOSC (March 09)	Update requested re: outstanding performance issues	Report 02 Dec 09	Further update required in 6/12 months
Mental Health – commissioning and provision	02 December 2009	SPFT/NHSBH	Brief HOSC members on major reconfiguration of Sussex MH services – presentation by SPFT; paper from NHSBH	Report 02 Dec 09	SPFT will bring their options for consultation back to a later meeting (Jan 2010)
Health Inequalities	02 December 2009	Audit Committee	Referred from Sep 09 Audit Committee	Report 02 Dec 09	Referred to OSC
NHS Brighton & Hove Strategic Commissioning Plan	02 December 2009	NHS BH	Update of PCT's commissioning intentions	Report 02 Dec 09	

Issue	Date to be considered	Referred By?	Reason for Referral	Progress and Date	Notes
LINk Update	27 January 2010	HOSC	Regular HOSC item		Postponed from 02 Dec at request of LINk
Annual Health Check Report Back	02 December 2009	HOSC	Report for information on 08/09 Healthcare Commission performance scores for local NHS trusts	Report 02 Dec 09	
3T Progress Report/Transfer of RSCH acute services to community settings	27 January 2010	BSUHT/Cllrs Mitchell and Turton	Update on progress re: the redevelopment of the RSCH site		Item to include the issue of transferring acute services into community settings
Immunisation/Vaccination	10 March 2010	Cllr Kitcat	Report on city vaccination rates compared to national/regional rates	Moved from Jan 2010	
Breast Cancer Screening	10 March 2010	HOSC	Update on screening services (following recent underperformance)	Moved from Jan 2010	
South Downs Health Trust Integration with West (and East) Sussex Community Services	27 January 2010	SDH	Update on plans to integrate SDH with community provider arms of WSPCT and (potentially) ES PCTs		

Issue	**Date to be considered**	**Referred By?**	**Reason for Referral**	**Progress and Date**	**Notes**
Better By Design	27 January 2010	SPFT	SPFT presenting reconfiguration options to HOSC		
Alcohol Related Hospital Admissions	10 March 2010	HOSC	Examine red LAA indicator with view to setting up an ad hoc panel		
Car Park Charges at NHS trusts	10 March 2010	Cllr Peltzer Dunn	Examine local (acute) trust policy for visitor car parking at hospital sites		
BSUHT emergency planning	10 March 2010	Cllr McCaffery	Examine BSUH planning for acute care in emergencies		To include plans for healthcare provision after a major incident at RSCH site
Public Health	10 March 2010 (possible)	Director of Public Health	Update on public health priorities for the city		Timing may depend on severity of flu pandemic
Licensing Health Impact Assessment	10 March 2010	Licensing Committee	Results of the recent HIA on Licensing (for information)		
Sussex Orthopaedic Treatment Centre Update	05 May 2010	HOSC	Update on SOTC performance (as some performance issues remained unresolved following last meeting in Nov 08)		

Issue	**Date to be considered**	**Referred By?**	**Reason for Referral**	**Progress and Date**	**Notes**
Transfers of Care	05 May 2010	Cllr McCaffery	Examine delays in transferring patients out of acute care		
Swine Flu	05 May 2010	HOSC/Cllr McCaffery	Determine lessons to be learnt from swine flu pandemic, including maintaining acute care provision in an outbreak		
Fit For the Future	05 May 2010 (estimated date)	Joint HOSC	Final results of the Joint HOSC on reconfiguration of West Sussex acute care		
Ad Hoc Panel on GP-Led Health Centre	1st meeting post May 2010	HOSC	12 monthly update on the GP-Led Health Centre (to incorporate report on how the PCT ensures the commercial competitiveness of local health care providers)		
Older People in Hospital	1st meeting post May 2010	Cllrs McCaffery and Barnett	Report on acute care provision for older people		
Older People's Mental Health Care	1st meeting post May 2010	Cllr Barnett	Report on nursing (EMI) provision for older people		

Issue	**Date to be considered**	**Referred By?**	**Reason for Referral**	**Progress and Date**	**Notes**
Patient Experience/Measuring Outcomes	2nd meeting post May 2010	BSUHT/NHS BH	Report on how NHS organisations are increasingly focusing on patient experience, and on measuring outcomes rather than processes		
Community Mental Health Services	2nd meeting post May 2010	Cllr Meadows	Examine how the NHS policy of providing MH services in the community whenever possible impacts upon other services (e.g. police, housing, ASC) and how any costs/risks are shared by partners		
Health Visitors, Midwives and Breast Feeding	2nd meeting post May 2010	Cllr McCaffery	Examine breast feeding uptake and effectiveness of the integration of pre, peri and post natal services		