

DEPUTATIONS FROM MEMBERS OF THE PUBLIC

A period of not more than fifteen minutes shall be allowed at each ordinary meeting of the Council for the hearing of depositions from members of the public. Each deputation may be heard for a maximum of five minutes following which one Member of the Council, nominated by the Mayor, may speak in response. It shall then be moved by the Mayor and voted on without discussion that the deputation be thanked for attending and its subject matter noted.

Notification of three Deputations has been received. The spokesperson is entitled to speak for 5 minutes.

Deputation concerning the Curing the NHS' Dementia by Mass Commissioning the MBCT Course

(Spokesperson) – Mr Kapp

I am a complementary therapist, and a facilitator of the Mindfulness Based Cognitive Therapy (MBCT) 8 week course (1) which is NICE-recommended (2) to improve mental health by teaching people self-help tools by which to better manage their emotions, so they don't need to go to A&E. There are more than 20 facilitators in the third sector of the city (3) providing this course for clients who pay the going rate (£150-370). This course is provided free on the NHS, but the waiting time is 20 years unless you are suicidal. (4) causing health inequalities as the poor can't afford it.

3 years ago, to reduce the waiting time, I created the Social Enterprise Complementary Therapy Company (SECTCo) (5) whose slogan is: 'medication to meditation', and whose mission statement is: 'Give a man a pill, and you mask his symptoms for a day. Teach him mindfulness, and he can heal his life'. To get public sector contracts I sent hundreds of e mails, documents, phone calls, to commissioners. These were not answered, because there was no-one at home who could make a decision, even to say: 'no'. The NHS did turn 65 last week, and decision paralysis is a symptom of dementia. Even Jeremy Hunt says it is sick. My experience proves that **it has dementia**. For the sake of both doctors and patients, we need to cure it. I am the Julia Bailey of Brighton, and pleading for your help now,

The government has done it's part by filling the democratic deficit in health. You are now responsible for public health, and for directing the strategy of the new Clinical Commissioning Group, (CCG). I am therefore calling on you councillors **to play doctor to the CCG** and cure it's demented paralysis by banging heads together. Please set up a 'chemist shop' voucher system by which GPs can prescribe the MBCT course as easily as Prozac. This would boost their morale by restoring their original function as teachers, (6) Then patients could access the course free within a few weeks from the third sector, so wouldn't need to go to A&E. This will fill the disconnect (7) between drugs and talking therapies, and restore patients' trust.

Please do not dismiss this proposal automatically as 'privatisation by the back door'. It is just a way of reducing waiting times for effective treatment, which has had all-party support nationally for more than 7 years. (8). Opening up the market to local complementary therapists would create local jobs and keep the money in the local economy, benefitting our citizens, rather than swelling the profits of drug companies. It will also improve health, reduce inequalities (9) and save taxpayers' money.

First recommendation. The Council authorises the CCG to engage with SECTCo to do 2 pilot trials of the MBCT course for £5,000 (10) and to engage a researcher to evaluate them, and report back to Council in November.

Trial 1. Up to 12 patients referred from a GP surgery in Hove.

Trial 2. Up to 12 sick council staff.

Second recommendation. The Council instructs the CCG to consider this proposal to set up a voucher system for the MBCT course in the city, and report back to the Health and Wellbeing Board (HWB) at its next meeting on 11.9.13.

Councillor Jarrett, Chair of the Health & Wellbeing Board will reply.

Supporting Information:

References

1 Author. I took this MBCT course myself 5 years ago in the voluntary sector in Brighton, paying £185 for it. It transformed my health, so I took the teacher training and have run 7 courses to date, for a total of about 70 students. A researcher conducted a trial last year in which 22 students took part. They increased their positivity score by 20% on average, and the best half of 11 students improved by 30%.

2 The evidence base for the MBCT course

- a) **NICE Clinical Guidelines** CG 23, (Dec 2004) and CG 123 (May 2011) for patients who had suffered previous bouts of depression. Other trial results are given below:
- b) The trials in 2002 (Teasedale et al) halved the 5 year relapse rate for patients who had suffered 3 previous bouts of depression.
- c) It has a 30 years evidence base from more than 500 clinical trials, showing it to be effective in improving mental health for almost anybody, including drug and alcohol addicts, see Breathworks, Manchester (Gary Hennessey) www.breathworks.org.uk
- d) It is used by Transport for London, with 20,000 staff, where it has reduced staff absence by 73%.
- e) It is being taught in schools, where it improves performance in all areas, and there are moves to get it included in the core curriculum. www.mindfulnessinschools.org
- f) A Survey by the Mental Health Foundation showed that 3 out of 4 doctors think that all patients would benefit from mindfulness. www.bemindful.co.uk/mbsr/evidence
- g) A recent trial of 15,000 patients shows that talking therapies are better than drugs. (Source: PLOS Medicine, 2013; 10: e1001454)
- h) Polls show that 3 out of 4 patients want free complementary therapy on the NHS. (Foundation for Integrated Health, 2009).

3 Third sector provision of the MBCT course

There are 30,000 depressed patients in the city, and potentially they all have the statutory right to a MBCT course under the NHS constitution if their doctor says it is clinically appropriate, as it is a treatment which is NICE-recommended. If all those patients asked their GP for a prescription for this course, and if 20 patients were to be treated together in a class, to deliver their statutory obligation the CCG would need to commission 1,500 courses over say 3 years, say 500 courses pa.

A full time MBCT facilitator can provide up to 25 courses pa, (one course on each day of the week, - 5 per week – on a cycle repeating 5 times per year) so to provide 500 courses pa the CCG would need to commission 20 facilitators.

There are more than 20 MBCT facilitators already teaching this course in the city's third sector, so they could be mobilised to treat patients on GP referral if contracted by public sector commissioners, as proposed. These courses could be provided for £2,500 per course, (10) and £125 per patient treated, which is far cheaper than drugs. The total cost would be £1.25 mpa, which is about 2% of the city's mental health budget of £55 mpa.

4 Waiting times for the MBCT course are given in my paper: 'Co-creating a patient centred NHS' 11 pages, 19.6.13 and www.reginaldkapp.org, section 9.56, and other papers there and on www.sectco.org.uk,

5 Social Enterprise Complementary Therapy Company, (SECTCo) was founded by the author on 4.5.10. It's website is www.sectco.org.uk. Its business plan (written 3 years ago) can be seen on www.reginaldkapp.org, section 9.39, including a list of its 143 complementary therapist founding members in section 5.

6 The word 'doctor' comes from latin 'doctare, to teach,' so prescribing courses would improve their morale. 60% of GPs are in imminent danger of burnout. (Pulse magazine)

7The disconnect between drug and talking therapies

The cause of the NHS's sickness is a disconnect between

- the needs of patients for which they go to the doctor, namely treatments to prevent, heal and cure their sicknesses, and
- the only mass treatments on offer, namely drugs which do not even *claim* to meet those needs, but only mask the symptoms.

Everyone knows that street drugs (like fags and booze) are dangerous and harmful, but to get them you have to spend your own money. Prescription drugs are no less dangerous and harmful, but the commissioning system gives doctors no alternative but to massively overprescribe drugs, giving them away like sweets at a childrens' party, breaking their Hippocratic oath: 'do no harm', as all drugs have harmful side effects.

Last year they wrote a billion monthly prescriptions to about half the population, which means that on average 30 million of us are taking 3 prescription drugs, which are slowly poisoning us with side effects.

An inverse care law applies, which shows that the more prescription drugs we collectively take, the worse public health becomes.

To add insult to injury, last year drugs cost us as taxpayers £15 bn, which lined to pockets of private multinational drug companies who have been convicted and fined billions of dollars for putting profits before patients.

This disconnect is the reason why:

- NHS staff morale is at an all time low, as they work for a monstrous system which gives doctors no alternative but to prescribe harmful drugs on demand.
- Patients have lost faith and trust in this monstrous system, which serves no-one but the drugs companies.

Clinical commissioning means that GP commissioners (who see 40 patients per day) have taken the place of PCT managers (who never saw any patients, so never knew whether the treatments worked that they were buying). Patients can ask for MBCT courses, but GPs can only prescribe them if the CCG sets up a system (such as this proposal) to mass-provide them.

8 Privatisation by the back door?

No, it just reduces waiting times, as the Labour government did In 2006 for talking therapy. They opened up the market by recruiting 10,000 therapists from the private sector for Cognitive Behaviour Therapy (CBT) under the Improving Access to Psychological Therapies (IAPT) programme. Two years later they opened up the market for hip and knee replacements to Independent Treatment Centres. These policies were successful and popular, and so would this proposal to open up the market to MBCT facilitators.

9 Reducing health inequalities

The cause of health inequalities is the rich get the health benefit from complementary therapies which the poor can't afford. This proposal would reduce them by GPs giving patients free vouchers for courses, which they can cash near them. To walk their talk, 'physician heal thyself,' doctors too should access the MBCT course that they prescribe. This new system would produce 3 benefits to public health: reduction of harmful side effects from drugs, effective treatments, less cost to the taxpayer. (4) Our e petition on the council website from Nov 2009 got 445 signatures, and there is another up now from 4.7-10.9.13.

10 Cost implications of these 2 trials SECTCo provides 2.5 hours per week, for 10 days and pay facilitators £1,250 at £50 per hour, and assistants £750 at £30 per hour. Room hire is £500, so our tariff price is £2,500 per course, negotiable.

Deputation concerning Houses of Multiple Occupancy (Spokesperson) – Mr M Barradell and Ms G Ahmadi

As students of Brighton University and residents of private sector Houses of Multiple Occupancy, we are subject to any rent changes of HMOs in the city. We are bringing this deputation to clarify with the council the possible effects of Additional HMO Licensing on the following five wards; Hanover and Elm Grove, Moulsecoomb and Bevendean, St Peters and North Laine, Hollingdean & Stanmer and Queen's Park.

In the Student Housing Strategy maps of student distribution in the city, it is shown that these 5 wards are home to the majority of students studying at Brighton or Sussex Universities and living in the city. Moulsecoomb and Bevendean are regarded as the most noticeable student areas in the city, along with Hanover & Elm Grove, which houses 4% of University students. St Peters and North Laine, Hollingdean and Stanmer and Queens Park wards also have high levels of student residence. Because of these high concentrations of students in the 5 wards affected by Additional HMO Licensing, it will greatly affect the student population of Brighton and Hove.

We appreciate that the decision to implement additional licensing onto smaller HMOs in the city was not a decision made lightly by the council, with an extensive consultation process preceding its implementation which included all relevant parties. Furthermore the student community recognises that such additional licensing can be justified. In the 5 wards affected there are between 1500 and 3000 small HMOs and 70% of the large HMOs in the city. Your own figures have shown that HMOs in these wards are subject to disproportionate complaints, interventions and substandard accommodation including lack of smoke detectors and gas/electricity certificates. The aim of the additional HMO licensing and standards is admirable and well-intentioned in its attempts to tackle these problems and is in the interest of many groupings in Brighton, as well as families and businesses and HMO residents like us.

However, as students, our main concern regarding the additional licensing scheme is the lack of consideration for the effect of the scheme on rents in the HMO sector. Although the average license fee amount for a property is £641 over 5 years, averaging at £2.46 per week, it is still not beyond the realms of possibility that landlords will use this fee as justification for raising rents on properties. In addition the majority of properties licensed under the new scheme, 1451 as of June this year, have been required to carry out maintenance and often improvement works as a condition to receiving their license. There is a real danger that these landlord costs, which for many houses will run into thousands of pounds, will be passed onto tenants. Furthermore, there is no restriction against landlords raising rents by an amount above the cost of work done, effectively profiting from the licensing programme at the expense of tenants.

Such possible and unintended consequences of the Additional Licensing Program for small HMOs would be regrettable and not in the interests of anyone in Brighton, especially for something which is intended to improve quality of life for HMO tenants and the communities of these 5 wards. To this end, can we request that the council monitor rents for HMOs in the 5 wards as part of its assessment of the scheme? And that if this monitoring finds evidence that average rents in these wards have increased as a result of additional licensing that this is considered in the 2 year review of the scheme with the potential for council action to combat it.

Councillor Randall, Chair of the Housing Committee will reply.

Supporting Information:

Brighton already has amongst the highest house prices and rents in the country. Our concern is that if HMO rents in the city artificially increase as a result of the additional licensing of small HMOs it will hit the pockets of students like us. This will affect our quality of life, reduce our disposable income and possibly impact on student spending in the city. In turn this would have a massive effect on Brighton and the Brighton economy as, according to a study by Sussex University, spending by Brighton and Sussex University students generates £151 million of output in the city and surrounding area. In particular students spend more money on entertainment and nightlife than other sections of the population, industries that contribute to the identity of Brighton and its appeal to tourists. These sections of the Brighton economy would be hard hit by a reduction in Student spending.

**Deputation concerning Davey Drive Crossing
(Spokesperson) – Ms S. Simson**

I am here today to talk about the ongoing problem for pedestrians crossing Davey Drive in Hollingdean near to St Joseph's Catholic Primary School. Early today myself and my Road Safety Team from school presented a petition to the Council to extend the yellow zig-zag lines outside our school to allow a clearer view of oncoming traffic for pedestrians crossing. This was an issue that, following the question presented to Full Council last year, was suggested as an action for the future but has never been followed through. It is one of the first small steps in making our school and community a safer place for pedestrians.

St Josephs Primary School in Hollingdean is situated on a busy main bus route and every day parents, carers and their children take their lives in their hands when trying to cross outside the school. It is also situated next door to a sheltered housing scheme whose residents are always looking for a safe place to cross. The situation is worsened by the fact that there are bus stops both directly opposite and a short distance up the road. Parents are continually talking about near misses that happen all the time and one day there is going to be a serious accident with a child either seriously hurt or killed.

We are continually advising parents to park away from the school and walk down to cross Davey Drive outside the school at the point of the new steps, as advised by Councillor Ian Davey and the 'Park Safe, Walk Safe' materials suggested following last year's question to full council. However with no safe crossing point, parents are reluctant to do this.

According to the follow up report from Councillor Ian Davey after our question to Council last year, the Transport Planning Team had carried out an assessment at this point in Davey Drive by The Crossway in September 2011 between 8am and 9am. It apparently showed that this location did not meet the nationally recognised criteria based on the number of pedestrian and vehicle movements over a given period to justify a crossing. I would argue that there is now a need to re-assess this as since 2011 the school has gained more pupils, many of which travel from outside the local area.

Also following the question presented to Full Council last year a response was received from the Chair of the Transport Committee stating that *"officers have carried out site visits and undertaken speed surveys and the results indicate an average speed of 20.4 mph. Due to the low speed and good safety record the locations does not warrant a full signalised crossing."*

Whilst I accept this may be the average speed over a longer period it doesn't mitigate the fact that at the beginning and end of the school day when many families are crossing the road, vehicles are travelling at much faster speeds, fast enough to maim or kill a child.

I would therefore urge you to look at this situation again and give the children at St Josephs School what they themselves are asking for - a safe crossing.

Councillor Davey, Lead Member for Transport will reply.

Supporting Information:

The school and local community have been campaigning for years and have contacted the Council on many occasions to ask for a safe crossing place to be situated on Davey Drive outside the school. A petition was presented to Council in August 2009 from the school and local community asking for a safe crossing point on Davey Drive. Last year I presented a petition and question to Council asking for the same thing. Following our last attendance to the Full Council meeting in September 2012 and a meeting with the School Travel Team in October 2012, a fantastic new slope and steps were built outside the school entrance. This has created a crossing point for pedestrians and enables them to avoid walking down the grassy slope, as had been necessary prior to the steps. Unfortunately the steps are directly opposite the bus stop and as there are no other safe crossing measures in place, the pedestrians have to cross a busy road with a very limited view of oncoming traffic.

The Road Safety Team of 8 children from St Joseph's School has recently met with Councillor Christina Summers and Community Development Worker Liz Lee. Having discussed the issues for pedestrians and been outside to review Davey Drive, the team came up with a dream vision of how they would like Davey Drive to be. The initial problem suggested by the children was the limited view when crossing from the bus stop, due to parked cars on the opposite side of Davey Drive. This is why we decided to start the petition to extend the yellow zig-zag lines. The bigger issue is getting safely across the road to the new steps, with the children suggesting getting a Crossing Patrol person to help them to cross.

We know there is a big issue with the way some of our parents park when dropping off and picking up their children. This has been an ongoing problem and something that the school is working hard to address. If there was a safe place to cross, we could ask parents to drop their children up by The Crossway and not park up at all, especially the children in KS2. However, at present we cannot guarantee the safety of these children when crossing and are therefore reluctant to advise this. Would you drop your child off to school knowing that they had to cross a busy road independently, negotiating cars and buses without a clear view of oncoming traffic?

The school has held assemblies educating the children how to cross safely, held meetings with parents and regularly updates the weekly newsletter with safe crossing information. Having met with several parents, and being one myself, I have to argue that until a safe crossing point is put in place this will continue to be an issue.