

**Question 1. Maddie Davidson**

“I have been to youth workers, CAMHS and RU OK. I prefer talking to youth workers because you can be yourself, they don’t judge you and they don’t make assumptions. I don’t like talking to strangers and I feel comfortable with youth workers. Why are the council cutting the services that young people want to go to?”

**Question 2. Billie Deason**

“How do you think that mental health services like CAMHS are going to deal with all the extra referrals that they are going to have when youth services are cut?”

**Questions 3. Layla Garrard**

“If a young person is feeling suicidal or like self-harming, they still might have to wait weeks for a referral. Don’t you think it is important for young people to have someone that they can talk to straight away?”

**Question 4. Valerie Mainstone**

"I was concerned at the HWB meeting on 22 November 2016 to hear the Chair describe the Children's Public Health Nursing 0-19 contract as a 'good news piece of work.'

"Please can the meeting outline what is good about:

1. A £3m cut in the budget over 3 years
2. More than 10% of the Health Visiting workforce being replaced by unregistered staff
3. Sussex Community NHS Foundation now proposing to greatly reduce the number of clinical managers for this service - leading not only to downgrading, but also to safety concerns
4. Decommissioning of the Family Nurse partnership, leading to the loss of jobs, and also to the loss of a highly valued service
5. The huge waste in time and money that this tendering process took: money which could have been spent on client care or jobs."

**Question 5. Mr Ken Kirk**

The whole issue of STP begs so many unanswered questions. I don’t expect you to know the answers, but I would like to know if these same questions had crossed your minds.

1. We know that owing to the funding not keeping pace with increasing demand the NHS is in crisis. Under STPs the NHS budget will be cut by a further £20 billion; how can we provide a comprehensive health service for B&H when our share of the NHS budget is reduced?
2. Under STPs US-style MCP and ACO are used. Why copy the organisations of the worst health service in the world, where the poorest third can’t afford healthcare?
3. Why doesn’t NHS England run a pilot of STPs to see if STP works?

4. Why can't we see the full details of the changes proposed for our healthcare?

### Question 6. Mr Kapp

**Will you support my proposal dated 17.1.17 to double the number of treatments for depressed patients by 2020 by opening up the market to Any Willing Licenced Provider starting in June 2017?**

from John Kapp, 22, Saxon Rd Hove BN3 4LE, [johnkapp@btinternet.com](mailto:johnkapp@btinternet.com), 01273 417997, secretary of SECTCo ([www.sectco.org.uk](http://www.sectco.org.uk))

**Notes** (Numbers refer to my published papers on [www.reginaldkapp.org](http://www.reginaldkapp.org))

0 This is the same question that I tabled at the CCG board yesterday (24.1.17). No answer is better than the **wrong** answer, so I give both your organisations 20 working days to agree on the same affirmative answer, which would make GPs wannabees instead of drug dealers, and save £20 m poaching 500 GPs from Europe to fill the vacuum causing the crisis of toxicity(news 24.1.17) . If you give the wrong answer, I will do a Gina Miller and call on the Justice Secretary for a judicial review on your failure to obey the law (HSCA) for reasons given below.

1 On 9.1.17, the prime minister called for 1 million more depressed patients to be treated by 2020, which is approximately **double** the number presently effectively treated. (In 2015/16 226,850 patients recovered thanks to an IAPT treatment) On 17.1.17 I proposed how this could be done to councillors and Owen Floodgate (latest article on [www.sectco.org.uk](http://www.sectco.org.uk))

2 The Health and Social Care Act 2012 called for the market to be opened up to Any Willing Qualified Provider under simplified procurement rules, and NHS England have since directed that contracts should be outcome based (not performance based) to incentivise providers to heal and cure their patients.

3 I proposed a **licencing** scheme (9.81 on 11.4.14) by which you could meet the prime minister's target quickly by inviting Any Willing Providers to apply for a licence to provide effective, evidence based interventions.

4 SECTCo has run 40 NICE recommended Mindfulness Based Cognitive Therapy (MBCT) 10 week courses with supporting meditations (9.91 on 4.15). for 220 vulnerable people (including homeless drug addicts) who completed the course since 2010, with average 80% recovery rate. We offer this course for a tariff price of £1,000 per satisfied patient who completes it. We estimate that it is 100 times more cost-effective than 1 to 1 CBT, and can save £7 for every £1 invested (9.76, 23.6.14).

5 To relieve pressure on GP surgeries and A&E, I proposed (9.103 on 20.1.16) that the Locally Commissioned Services (LCS) budget of £2.3 mpa be spent to provide each cluster with a Community Care Centre open 24/7 as a mental health A&E, to provide the above intervention every day of the week.

6 I proposed (on 12.10.16 and 13.12.16) to practice manager, Greg Barnes at Wish Park surgery that cluster 4 rent 187b Portland Rd Hove (which is in the surgery building) for use as a Community Care Centre. I have also proposed to Jane Lodge and Michelle Elston (12.16) that cluster 6 rents a room at Revitalise, 86 Church Rd Hove, and am awaiting a response.

