Solving the crisis in general practice and A&E by co-creating a mindful primary care mental health service in the community

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Appendix 1 List of papers written in the last 4 years for the NHS and council by John Kapp, and published on www.reginaldkapp.org section 9
1. Summary conclusions about the cause and cure of the crisis in primary care

a) The fundamental cause of the crisis in primary care (general practice, where 90% of all patient contacts are made, totalling 300 million per year, and inappropriate contacts at A&E) is the subversion of the traditional function of doctors as teachers (their name derives from Latin ‘doctare’ to teach) to pill pushers for the drug companies. Doctors are burning out because they know that they are now doing more harm than good to society by over-prescribing drugs. (They prescribed a billion monthly prescriptions last year, to about half the population (30 million people) who are on 3 prescription drugs continuously). Patients are picking up on these negative feelings, and are ‘occupying’ A&E departments in protest against a system which is failing everyone except Big Pharma.

b) The Improving Access to Psychological Therapies (IAPT) programme was initiated in 2006 with the intention of ending the Prozac nation, yet antidepressant prescribing has nearly doubled since then, from 30-50 million, yet banner headlines 5 years ago said: ‘Prozac doesn’t work’, following scientific meta reviews of their evidence base.

c) Despite IAPT, the mental health service is not fit for purpose in Sussex because waiting times for NICE-recommended talking therapies are still excessive (9 months for Cognitive Behaviour Therapy (CBT) and 20 years for Mindfulness Based Cognitive Therapy (MBCT) courses.)

d) 1 in 3 patients in primary care present with anxiety or depression, but get no satisfaction from the system, so keep coming back, or go to A&E inappropriately, clogging the system. This is because the mental health service is only a secondary care system.

e) The fundamental solution to the crisis is the superimposition of a primary care mental health system which provides free access to a menu of therapeutic courses from the third sector on GP prescription by vouchers. The maximum wait for a consultation (step 1) should be 2 weeks, and the maximum wait for the start of a therapeutic course, including MBCT (step 2) should be 1 month. This system has been provided in Swindon for 20 years, and in Wiltshire for 3 years. Setting up such an integrated system for homeless people was unanimously approved by Brighton and Hove Health and Wellbeing Board (HWB) on 11.9.13 (see paragraph 10 below) but should be extended to everyone.

f) I created the Social Enterprise Complementary therapy Company (SECTCo) in 2010 to provide this system in the city of Brighton and Hove, and have written many papers on this subject, (listed in appendix 1, and available on my website www.reginaldkapp.org section 9)
g) SECTCo offered to run a pilot or trial of this system for £4,840, see appendix 2.

h) SECTCo bid a year ago (on 23.7.12) to provide a community mental health support system from £1.1 million pa, which was rejected, but is still valid, see appendices 3 and 4.

2 Recommendations to solve the crisis in primary care

a) Relieve the pressure on primary care by creating a **primary care mental health system** for the city of Brighton and Hove (copied in Sussex, and England) on the award winning model provided in Swindon and Wiltshire. This would divert one third of the burden of care (the 1 in 3 patients with anxiety or depression) on to the existing complementary therapists who are providing effective talking therapies and courses to those clients rich enough to pay the going rate, but from which the poor have been excluded by inability to pay.

b) Do this by setting up a **system** (like chemist shops) by which GPs could prescribe this menu of courses on a voucher, from which patients could choose the course that they want to do, and pay for it with the voucher, making it free at the point of use to them. The therapist would be paid retrospectively by claiming back the value of the used vouchers. (as pharmacies do for drugs) There is no need to go through the bureaucratic process of retendering for this, for reasons given in paragraph 13.

c) Circulate this paper to members of the CCG board and officers, individual practices, and Patient Participation Groups, and invite their comments. Specific mention should be made of paragraph 11, 'Patient access simply transformed’ by better use of the telephone.

d) The chairmen of the HWBs in Sussex should set up focus groups to discuss the issue of improving mental health on the lines of the questions described in paragraph 16, and call a strategic planning meeting of mental health commissioners from the CCGs, and the main provider (SPFT) to discuss these issues, and decide whether and how to implement them.

e) The chairman of the CCG should commission a researcher to write a paper for the next meeting of the HWB (27.11.13) setting out their position, as called for in my deputation to Brighton and Hove City Council on 18.7.13, and my petition to the HWB on 11.9.13.

f) The chairman of the HWB should oversee the redrafting of the Joint Strategic Health and Wellbeing Strategies, and Operating Strategies containing a better mental health system over the next 6 months.

g) The CCG should contract with SECTCo to provide a pilot trial of the new system, in accordance with SECTCo’s offer for £4,840, see appendix 2.

h) The CCG should negotiate a contract with SECTCo to run this system in the city of Brighton and Hove for over £1 million pa on the basis of SECTCo bid dated 23.7.12, (see appendices 3 and 4), without retendering for it, as described in paragraph 13.

3 This proposal could solve the crisis in general practice

On 17.8.13, the Royal College of General Practitioners (RCGP) issued the following press release, with my **emphasis** added:
Over 70% of GPs are forecasting longer waiting times for GP appointments within the next two years - as nearly half (47%) reveal that they have cut back on the range of services they provide for their patients.

In the latest survey by the Royal College of General Practitioners (RCGP) highlighting the growing crisis in general practice, more than 80% of respondents said that they now have insufficient resources to provide high quality patient care.

As well as the reduction in patient services, 39% of respondents to the ComRes poll also said they had cut practice staff and over half had experienced difficulty recruiting and retaining GPs.

Worryingly, four in five GPs were concerned that it will become increasingly difficult to deliver continuity of care to vulnerable elderly people - which has been highlighted as a priority by the English Health Secretary Jeremy Hunt. And 72% of GPs in England said that the amount of time they are able to spend on frontline patient care has been reduced as a result of the new clinical commissioning responsibilities they have been given.

The RCGP is now calling on all four Governments across the UK for an emergency package of additional investment for general practice - before there are disastrous consequences for patients.

Dr Clare Gerada, Chair of the RCGP, said: "The results of our survey paint a bleak picture for patients, the profession and the future of general practice. GPs are grappling with a 'double whammy' of spiralling workloads and dwindling resources, and big cracks are now starting to appear in the care and services that we can deliver for our patients.

"We are particularly concerned about the effect this is having, on waiting times for GP appointments. We fully understand that patients are already frustrated - and GPs are doing their best to improve access to appointments - but the profession is now at breaking point and we do not have the capacity to take on any more work, without the extra funding and resources to back it up.

"GPs currently make 90% of patient contacts for only 9% of the NHS budget in England. Some GPs are making up to 60 patient contacts in a single day, which is not safe, for patients or GPs.

"We are working our hardest to make sure that patients are not affected but the status quo is no longer an option. We must have an emergency package of additional investment for general practice to protect GP services and protect our patients from even deeper cuts to their care and longer waiting times."

The RCGP survey is the latest in a series highlighting the growing crisis in general practice. The College is concerned that the current situation in A&E departments is overshadowing the very serious problems in general practice. A previous College poll by Research Now revealed that 85% of GPs now consider the profession to be 'in crisis' and half of GPs are no longer able to guarantee safe patient care.
Dr Gerada added: "General practice is the most cost-effective and efficient arm of the health service - GPs keep the rest of the NHS stable and secure. Once general practice starts to crumble, the entire NHS will follow with disastrous consequences for our patients."

"Last week the English Government announced an additional £500 million for A&E departments. What we need is our fair share of funding so that GPs can do more for our patients in their communities."

ComRes interviewed 206 General Practitioners online - 170 from England; 21 from Scotland; nine from Wales; and six from Northern Ireland - between the 7th August and 9th August 2013. Data are regionally representative by NHS Strategic Health Authority (SHA). ComRes is a member of the British Polling Council and abides by its rules. Full data tables are available on the ComRes website, www.comres.co.uk

4 Conventional (drug) treatments are doing more harm than good
I have been pointing this out in many papers for years. I received the following one, which illustrates how the evidence base for conventional (drug) treatments is unravelling, and has caused the current crisis in the NHS:

‘40 PER CENT OF MEDICAL PRACTICES AND DRUGS ARE USELESS, SAYS MAJOR REVIEW

‘Around 40 per cent of medical procedures and drugs—such as COX-2 painkillers, stents for coronary artery disease and HRT—have never worked and should be stopped, a major review of current practices has concluded. The practices “were instituted in error, never helped patients and have eroded trust in medicine,” says Dr Vinay Prasad, a chief fellow of America’s National Cancer Institute. They also take up valuable resources and money. In reviewing 363 studies on established medical practices, Dr Prasad found t......


5 NHS England’s consultation on developing general practice 14.8.13

NHS England are the commissioners for general practice in England. On 14.8.13, they issued the following consultation (my emphasis):

NHS England is engaging with local communities, clinicians and stakeholders, about the best possible way to develop general practice for the future. NHS England wants general practice to play an even stronger role at the heart of more integrated out of hospital services that deliver better health outcomes, more personalised care, excellent patient experience and the most efficient possible use of NHS resources.

General practice and wider primary care services are facing increasing pressures, linked to an ageing population, increasing numbers of people with multiple long term conditions, declining patient satisfaction with access to services, and problems with recruitment and retention in
some areas. **General practice and clinical commissioning groups (CCGs) are increasingly looking at how they can transform the way they provide services so that they can better meet these challenges.**

As part of NHS England’s 10 year strategy to transform the NHS, it is **reviewing the current primary care system and engaging with key partners**, including frontline clinicians, **to develop a long term, effective solution.** This approach forms part of the wider ‘**The NHS belongs to the people: a call to action**’ that NHS England launched on 11 July 2013.

The main purpose is to stimulate debate in local communities, among GP practices, CCGs, area teams, **health and wellbeing boards and other community partners, on the best way to develop general practice services.** NHS England is also inviting comments about how it can best **support local changes**, for example through **the way national contractual frameworks are developed.**

There is widespread agreement that, **in supporting reform of primary care services**, NHS England must take great care to build on the many strengths of existing general practice such as its system of registered patient lists, its generalist skills and **its central role in the management of long term conditions.** NHS England is also developing its strategic approach to commissioning primary dental, pharmacy and eye care services and will carry out separate engagement exercises at a later stage.

**Find out how you can take part** in ‘Improving general practice – a call to action’.

### 6 Government requirements – ‘Parity of esteem between physical and mental health.’

In their report ‘**No health without mental health**’ (2011), and subsequent reports following the London School of Economics (LSE) report (July 2012) ‘750,000 mental patients untreated’, the Government have pledged that mental health should be accorded the same priority as physical health, called: ‘parity of esteem’. However, this is very far from reality in Sussex, although it has been a reality in Swindon for 20 years, in Wiltshire for 3 years, and Bristol and South Glos. for 1 year. (see [www.lift.awp.nhs.uk](http://www.lift.awp.nhs.uk)) This is because in Swindon and Wiltshire there is a **primary** care mental health service, as well as a **secondary** care service, whereas in Sussex (and most parts of the country) there is **only** a secondary care service.

The purpose of this report is to call on councillors on the HWB, commissioners in the Clinical Commissioning Groups (CCGs) and the provider of the secondary care mental health service in Sussex, Sussex Partnership Foundation Trust (SPFT) to **super-impose a primary care mental health service in Sussex**. This would relieve the pressure on SPFT’s secondary care service, by treating mild cases of anxiety and depression within a month, rather than leaving them untreated for 9 months, thereby **preventing** them from becoming acute, hence more difficult to treat.

### 7 What is the difference between a primary and secondary care mental health service?

The main difference between primary and secondary care is the rapidity of it’s access. The old adage: ‘an ounce of prevention is worth a pound of cure,’ is true, as conditions left untreated either get better or worse. Any health service worthy of the name ‘service’ must include a **primary** part which can be accessed quickly. For example, if you break your leg you need medical
treatment at an A&E department, which is supposed to be provided within a target wait of 4 hours (although in the crisis this year this target has often been exceeded to 12 hours or more).

This is why the **first** tier of care that is offered (like first aid) by the NHS is therefore called ‘primary’ care, such as general practice GP consultations, and Accident and Emergency (A&E) which are **open access** to all by **self-referral**. This means that you don’t have to wait to be referred to them by someone else.

However, the **second** tier of care that is offered by the NHS (called secondary care) can only be accessed by **referral** by a GP or other health professional after **assessment** (sometimes called ‘triage) to ensure that the treatment offered is appropriate to the disease. By this time, it may have become established and chronic.

Secondary care is much more expensive, by an order of magnitude (ten times) than primary care, because diseases have progressed further, and treatments are more expensive. The object of the NHS should be to treat and cure as many patients as possible early in **primary care**, so that the fewer patients have to be treated in **secondary care**,

Broken legs need more urgent medical intervention than mental health conditions (such as broken hearts, bereavement, separation, divorce, loss of job, poverty etc) which traditionally has been provided by family and friends. However, the breakdown of the family and community support system has resulted in this not being available to many patients who feel isolated. Not getting satisfaction from their GP surgery, in desperation, they go to A&E, which is inappropriate, as it is designed for **physical (not mental)** emergencies.

The cure for the crisis in A&E is to provide a primary care mental health system, which gives rapid access to peer support from the community. It can do this by providing therapeutic courses in classes, rather than one to one, which is an order of magnitude more expensive.

Hardly any courses or classes are publicly provided in Sussex, which is why we have the worst waiting times in the country for A&E. The NHS therapists don’t like to run groups, because they are more difficult than one to one. They say that patients don’t like groups, which is true, because they don’t get individual attention. However, the taxpayers can’t afford one to one therapy for everyone who wants it.

The only public sector groups and classes that I have heard of in Sussex (for a population of 1.5 million, of whom about 400,000 have been diagnosed with long term conditions) are a few MBCT courses run each year by about 20 facilitators employed by SPFT, and their subsidiary, the Brighon and Hove Wellbeing service (which started in July 2012) and learning disability classes, run by Social Care.

However, nearly 200 such courses were provided last year in Swindon and Wiltshire, for nearly 1,600 patients, (8 patients per class) Their system is an award winning beacon in the delivery of psychological therapies, and is described in a previous paper of mine dated 9.9.13 : ‘Creating a patient centred mental health service Swindon fashion’ see [www.reginaldkapp.org](http://www.reginaldkapp.org), section 9.63 and summarised below.

**8 The primary care mental health service provided in Swindon and Wiltshire**
Their Least Intervention First Time (LIFT) is shown on their website www.lift.awp.nhs.uk. The system is accessed by self referral just like GP access. Patients do not have to be referred by their GP, although many first time patients hear about it first from their GP. This service is described in my report: ‘Creating a patient centred mental health service Swindon fashion,’ (1) but I summarise the main features below.

a) Step 1 consultation
Patients book by phone, or online for an appointment within 2 weeks with a Professional Wellbeing Practitioner (PW) They get a consultation for 30-45 minutes, which is not an assessment, but a discussion of what their next steps could be, such as watchful waiting, a change of lifestyle, or to attend a course. Their flier says: 'We will concentrate on steps that you can take yourself to help you tackle your difficulties.'

This approach empowers the patient, because it gives them choice of options, trusts them that they know best what they need, and puts them in charge of getting it. In short, it encourages them to take responsibility for their own health. This is the first principle of healing. All other approaches tend to dump that responsibility on others, which merely maintains the sick state, and leads to 'long term conditions' setting in, and becoming habitual. This is good for the business of the providers (such as drug companies) but is not good for the patients or the taxpayer who funds the system.

b) Step 2 – go on a therapeutic course of instruction
This is the therapy. Patients can choose any course they like from a menu of 34 different courses, rolled out in about 15 different venues. This is more patient choice than any other psychology service in the country. Patients can attend as many courses as they like, as often as they like, and repeat them as often as they wish. This helps them to take responsibility for how they spend their time. LIFT’s access rate is 25% of the depressed population, compared to the national average of 15%. About 90% of patients take step 2.

c) Step 3 – usually CBT
Members of the LIFT team refer patients to step 3, which is usually one to one sessions, such as CBT. This is only accessed by about 10% of patients. It sounds similar to what SPFT provided in secondary care. However, in Sussex, this will be the first treatments that they will have got, and they will usually have waited about 9 months for it.

d) How many patients are treated in Swindon and Wiltshire?
The following was copied from their annual report:
'Last year the LIFT service saw 16,641 patients in Wiltshire. (Population about 700,000)
There were 10,211 new patients, of which 4,647 (46%) were in recovery at their last appointment. 54% had Mixed Anxiety and Depression, 11.4% had Generalised Anxiety Disorder, 36% had one or more Long Term Conditions. 1.8% were ex armed forces.

Nearly 20% of the 1441 patients who entered the service on sickness pay and benefits were back in employment by their last contact.
LIFT ran 193 psycho-educational courses across the county, attended by 1,540 people. 42% of patients scored 15 or more on the PHQ9 at the first session, indicating moderately severe to severe low mood.’

We were told that LIFT see more patients (16,641 pa) than the rest of the Avon and Wiltshire Partnership Trust put together, presumably the number seen in secondary care, which must therefore be less than 16,641. However, the cost of the LIFT service is said to be about £10 mpa, which is 5% of the total AWPT budget of around £200 mpa, if it is pro-rata SPFT.

9 How could a primary care mental health service in Sussex be provided?
Last year Wiltshire’s primary care mental health service treated 16,641 people, and ran 193 therapeutic courses for 1,540 people, which was 25% of their depressed patients (numbering about 70,000). This is nearly double the national average, which I was told by LIFT is 15%.

These treatments were provided by about 300 staff, which number has grown slowly and organically over 20 years, who are employed in house by Avon and Wiltshire Partnership Trust (AWPT). The figures in the following table assume that we in Sussex aim to create a system which eventually can treat 25% of our depressed patients each year, and show the number of staff that we would need to employ, pro rata Wiltshire.

<table>
<thead>
<tr>
<th>Place</th>
<th>Population</th>
<th>Depressed</th>
<th>Treated pa</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wiltshire</td>
<td>700,000</td>
<td>70,000</td>
<td>16,641</td>
<td>300</td>
</tr>
<tr>
<td>Brighton and Hove City</td>
<td>300,000</td>
<td>30,000</td>
<td>7,500</td>
<td>150</td>
</tr>
<tr>
<td>Sussex</td>
<td>1,500,000</td>
<td>160,000</td>
<td>40,000</td>
<td>700</td>
</tr>
</tbody>
</table>

Last year, AWPT got the contract to expand their LIFT primary care mental health service to Bristol and South Glos, serving an extra population of about 600,000, which approximately doubles the total population served by LIFT to 1.3 million.

The people of Bristol and S.Glos could not be expected to wait for LIFT to grow slowly and organically, as Wiltshire had done. The provision of the LIFT service therefore had to be outsourced under the provisions of the new Health and Social Care Act legislation to Any Qualified Providers (AQPs). We were told that about 12 different contracts had been awarded in different districts.

This urgency of new provision would also apply in Sussex, which has twice the population (1.5 million) as Wiltshire (700,000). Like those in Bristol and S.Glos, we want a better system as soon as possible. This means using the AQP route as Bristol and S.Glos has done, as the only way which could deliver a system quickly on the scale of what is needed.

10 The DoH call for innovative ways of delivering better outcomes
In June 2013, a proposal was made by Dr Geraldine Hoban, chief operating officer of the CCG, to the Brighton and Hove HWB to set up an integrated health, social care and housing support
system for homeless people. The following is copied from the agenda paper item 23 for the meeting on 11.9.13, and the recommendations were unanimously approved.

‘1.3 A recent call by the Department of Health to explore innovative ways of delivering better outcomes for people through more integrated health and social care led to an expression of interest being submitted by partners in the City. The submission proposes the delivery of integrated health, social care and housing advice to this group of “homeless” people through a co-located multidisciplinary team (MDT).

1.4 The Health and Wellbeing Board was informed of the intention to bid at its meeting in June and members agreed that this was a worthwhile project.

1.5 The Department of Health has since informed the CCG as the lead organisation that the proposal was not successful. Whilst feedback on the bid was very positive, they did not feel that the pilot would have the broader population impact required of the national pioneer sites.

1.6 There is, however, from earlier discussions with partner agencies, a real willingness to implement a local integrated service along the lines of the model proposed.

1.7 It is therefore recommended that despite not achieving national pioneer status the City proceed with a programme to deliver an integrated service and set up the necessary governance arrangements to oversee implementation.

2. RECOMMENDATIONS:
2.1 That the Health and Wellbeing Board –

2.1.1 Note the detailed expression of interest in becoming a national pioneer site for integrating health, social care and housing support and the Department of Health’s response;

2.1.2 Endorse the intention of partner agencies to implement the integrated model described in Appendix 1;

2.1.3 Approve the setting up of a multi-agency Programme Board to oversee implementation of the integrated care model;

2.1.4 Provide oversight of the Programme Board on an ongoing basis.’

I spoke to Geraldine after the meeting, I reminded her that when I first met her 3.5 years ago, (on 11.3.10, the minutes of which were published on paper 9.48 of www.reginaldkapp.org) she: ‘invited SECTCo to be involved in the forthcoming review of the mental health access services, which SECTCo are happy to accept. Action NHS to invite SECT to a meeting.’

I have written at least a dozen papers for her since, none of which she has even acknowledged, still less answered. She promised to read the paper that I tabled ‘Creating a patient centred mental health service Swindon fashion’, (see section 9.63 of www.reginaldkapp.org) but 2 weeks have passed, and I have still not heard from her. We in SECTCo have been waiting 3.5 years to have meaningful discussions with her (or anyone) about improving the health service.
I went on to say that her aspirations and mine are basically the same, but she only wants better outcomes for homeless people, whereas the DoH and I want better outcomes for everyone (why should the homeless receive special priviledge?)

This was the reason that the DoH turned down our CCG’s application to become a pioneer site. I hope that Geraldine will widen her aspirations to coincide with mine and the DoH’s, and that she will allow me and SECTCo to contribute to the planning and provision of better mental health services in the way that this paper proposes.

11 Patient access simply transformed by better use of the telephone

At a conference ‘The future of primary care’ at the Kings Fund in London on 12.9.13, a presentation was given by Dr Steve Laitner, (a GP in Leicestershire) and Harry Longman (the CEO of Patient Access (see www.patient-access.org.uk) This is an innovative new system which makes better use of the telephone, to reduce the need to have face to face appointments, and it transforms the experience of both the patients and the doctors.

I am the secretary of my Patient Participation Group (PPG) in Wish Park surgery, Hove, and the business manager told us that the receptionist starts taking calls at 830, and by 837 every appointment slot is full for that day. One of the commonest complaints is the difficulty of getting through on the phone.

The receptionist says: ‘How can I help you?’ and offers to get the patient’s GP to call you back, if that is what you want. (This has never been offered in my practice, and I would not think to ask for it) However, it gives much better satisfaction to both. Their website home page says:

‘Patient Access is transforming primary care across the UK. Invented by GPs, it now serves over 500 000 people. Our research and case studies show:

- Improved continuity of care
- Increased patient satisfaction
- Saving time and money for GPs
- A reduction in A&E attendances
- Success across diverse practices – ranging in size, demographics and deprivation

Contact us today to find out more.’ A quote from a GP in Edinburgh is: ‘For the first time ever, we are dealing with all our patient demand.’

12 The Any Qualified Provider (AQP) route

In July 2010 the Government White Paper: ‘Liberating the NHS’ was published. It contained the model called: ‘Any Willing Provider’, which was changed during the passage of the bill to ‘Any Qualified Provider’ (AQP).

In 2010 I therefore created the Social Enterprise Complementary Therapy Company (SECTCo) to be an AQP, in order to use that route when the NHS monopoly was broken, and the market was opened up.
My intention was to reduce the waiting time for talking therapies (particularly the NICE recommended Mindfulness Based Cognitive Therapy (MBCT) course) for the population of the city of Brighton and Hove. I hope that SECTCo could be the AQP to provide this service in the city, (as the 12 AQPs for Bristol and S.Glos) and that similar AQPs would copy SECTCo in West and East Sussex and beyond.

This new system would empower GPs to prescribe therapeutic courses and consultations with a PWP on a voucher, which patients can trade for treatment with one of the many of the complementary therapy centres in the city. A list of 140 of these centres is shown on SECTCo’s business plan (section 9.39 of [www.reginaldkapp.org](http://www.reginaldkapp.org)) Those centres want GP referrals, because they do not have enough paying clients.

13 Should this service be put out to tender? (no)

In my opinion it already has, because the Prospectus for the Community Mental Health Support System, issued in May 2012 appeared to be that. SECTCo submitted a bid for it (see appendices 3 and 4) on that basis. Our bid was rejected, not because we did not meet the specification, which we did, but because the budget allocated was insufficient to fund it, which was nothing to do with us, and beyond our control. We therefore believe that our bid should be considered as the basis, for a negotiated contract, without going through the process of retendering.

Much of the opposition to the Health and Social Care Bill and Act (the competition aspects of which are now being considered under ministerial decree under section 75) was the fear that all services would have to go through the bureaucratic, lengthy, and expensive process of tendering to EU competition rules. In answering these concerns, ministers have made clear that tendering will only be required if it can be shown to be in the public interest to do so. In this case of a primary care mental health service, I believe that it is in the public interest not to go through the tendering process again for this initial contract for say 3 years, for the following reasons.

a) The service is self-monitoring

The quality of this service is self monitoring, as the vouchers (see a draft voucher appended to SECTCo’s bid, appendix 4), contain a patient satisfaction questionnaire. If patients are dis-satisfied with the service, it will therefore be easy for commissioners to spot the problem, and call for improvements from SECTCo. The contract could contain an early termination clause if improvements are not made to the commissioners’ satisfaction. Patients’ interests could therefore be demonstrated to apply.

b) The ‘treatments’ proposed are not medical interventions, but training courses

The service that I am proposing (modelled on LIFT Psychology in Swindon) is not a medical intervention, but a step 1 consultation which signposts the patient to watchful waiting, to a lifestyle change, or to a course (as step 2) The intention of the service is to give first aid following upsetting life events, such as bereavement, loss of job, etc, to help patients cope, and prevent them from getting worse. However, if they do get worse, they will go back to their GP and be referred to the present secondary care mental health service provided by SPFT, probably for CBT, etc.
Our MBCT service was assessed in 2012 by issuing a before and after questionnaire. It was completed by 22 participants, and the average improvement in positivity was 20%. This report (18 pages) is available on request.

c) **Educational governance is required, not clinical governance**

The governance required for this service is therefore different to secondary care. It is more like the governance required in education than in health. The course facilitators that SECTCo will employ will be experienced complementary therapists who have been treating clients who pay the going rate for years by means of training courses. If they were no good at their job, they would not have survived, as they have been playing uphill for clients against a NHS which is free at the point of use. SECTCo will give supervision and good support to our staff, as shown in our bid Memorandum and Articles (see appendix 4)

d) **This service is required urgently**

The retendering process would probably take a year, and be expensive in officer time, which is not available in the cash-strapped council and CCG. As I have warned before, under the NHS constitution, patients have the statutory right to treatments which are NICE recommended if their doctor says it is clinically appropriate.

There are 160,000 depressed patients in Sussex, for whom their doctor would probably say that the MBCT course was clinically appropriate, yet can't because the waiting time is 20 years. The chairman of NICE (Sir Michael Rawlins) said publicly (on 2.8.12) that commissioners who don't commission enough NICE recommended treatments are breaking the law, and risk being taken to judicial review without a legal leg to stand on (the 'hot' seat)

For these reasons, this service should be provided as soon as possible, which means not going out to retender for it, but awarding the contract to the one Willing Provider, namely SECTCo. If the CCG decide to accept our offers of a trial, (appendix 2) and a service, (appendix 3) we could be treating patients in early 2014.

14 An example of how complementary therapy can help in mental health recovery

I have just received an invitation from the College of Medicine to attend a lecture on 7.11.13 from 7-9pm at Guys hospital London, entitled: *From Bedlam to Kerala*. A patient's journey through the NHS and its complaints system to the healing temples of Southern India
‘Jane McGrath kicks off our autumn series of First Thursday lectures with her story of mental illness, *how the NHS failed her* and how she eventually found her own path to healing.

She describes how her life took a frightening turn when a sudden deep depression and OCD turned her from successful career woman to a patient getting little help from a *failing Mental Health Trust*. Finding her own route to recovery, she now advises the Trust as it works to create better services.

Jane McGrath has now travelled twice to Kerala: once as a 'patient' looking for approaches that would heal her, and secondly, earlier this year as a researcher and film-maker seeking to capture the variety of approaches to mental illness in non-Western medicine. **A 25 year WHO longitudinal study shows that recovery from serious mental illness remains more positive in the developing world.**

Join us for an evening of colour, healing and adventure as Jane McGrath describes her experiences, and how this has transformed her life, and **helped her become a positive force in her local NHS.**

**15 SECTCo’s bid to provide a community mental health service, July 012**

In May 2012, SECTCo were invited to bid to the Prospectus for Community Mental Health Support, and did so on 23.7.12, see appendices 3 and 4. We offered to provide a community based primary care mental health service in the city of Brighton and Hove, by running hundreds of courses each year, for thousands of patients. Our price (starting at £1.1 mpa) exceeded the budget, so we were rejected, but we stated in a covering letter (see appendix 3) that our offer would remain on the table until more budget could be found. The negotiation of this contract will probably take many months, meanwhile we suggest starting this innovation with a pilot, for which we have offered for £4,850 (see appendix 2) to start immediately.
16 Questions which could form the basis of a survey, or focus groups

Title  How can the crisis in general practice and A&E be resolved?

Q1 Papers by John Kapp of SECTCo (see www.reginaldkapp.org, section 9) suggest that the cause of the crisis is the subversion of the traditional function of doctors as teachers (their name derives from latin ‘doctare’ to teach) to pill pushers for the drug companies. Doctors are burning out because they know that they are now doing more harm than good to society by over-prescribing drugs.

Do you: agree strongly, agree, don’t know, disagree, disagree strongly

If you disagree, what is the cause of the crisis?

Have you any comments on this question?

Q2 John Kapp suggests that the mental health care system is secondary care only, and that the crisis could be solved by creating a primary care system, which provides free therapeutic courses within a month prescribed by GPs on a voucher, which could be traded for courses in the third sector.

Do you: agree strongly, agree, don’t know, disagree, disagree strongly

Have you any comments on this question?

Q3 What personal experience of complementary therapy have you had?

Was it: very positive, positive, neutral, negative, very negative

Q4 Do you think that it should be included in a menu of therapeutic courses, if this system is set up?

Yes, perhaps, no, Reasons

Q5 Do you think that SECTCo is set up correctly to provide this service?

Yes, perhaps, no, Reasons

Q6 If you answered ‘no’ to question 5, what sort of organisation should provide this service?

Q7 Do you think that SECTCo should be awarded a contract to run a pilot trial of the service?

Yes, perhaps, no, Reasons

Q8 Do you think that SECTCo should be awarded a contract to run this service for 3 years?
Q9 What do you think about the number of courses proposed?

Much too many, too many, about right, too few, much too few,

Q10 What do you think about the mix of courses suggested?

About right, too many of... too few of...

Comments

Q11 Have you any other suggestions?

Thank you for your time in considering these questions.

17 Conclusion – Please commission this community based free A&E service for mental health

An A&E service for mental health has always existed in the community, provided by complementary therapists to clients who pay the going rate. In the private sector in Brighton this is around £40 per hour for one to one treatment, (such as counselling, life coaching) and around £7 per hour for groups (such as yoga and meditation classes, including mindfulness) These rates may be reduced if subsidised through charities.

In this paper (and previous papers) I call for this A&E service to be extended to be free at the point of use by GP prescription, by means of a voucher, which patients trade for the course instead of the normal fee. I call this a mindful primary care mental health system, which would relieve the crisis in general practice by taking one third of the burden off it, by enabling the 1 in 3 patients with anxiety or depression to access talking therapies from complementary therapists who provide it to those rich enough to pay the going rate. I have written many papers on this, (see appendix 1) and SECTCo has offered to conduct a pilot trial for £4,840, (see appendix ) and bid to run such a system from £1.1 million pa, see appendix 3)

This would reduce health inequalities, by enabling the poor to access them as if they were rich. I look forward to hearing your response.

18 References

1. Statement regarding the Wellbeing service that commenced in July 2012, to the Brighton and Hove Health and Wellbeing Scrutiny Committee (HWSC) on 10.9.13 by Anna McDevitt, commissioner, and Helen Curr, director of Brighton Integrated Care Service (BICS) She said that waiting times for CBT had reduced from 9 months to 5-6 months, and that the number of patients waiting had reduced from 1500-900 as shown in the table below.

<table>
<thead>
<tr>
<th>Service</th>
<th>July 2012 Target</th>
<th>July 2013 Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talking therapy</td>
<td>2400</td>
<td>2409</td>
</tr>
<tr>
<td>Support services</td>
<td>3600</td>
<td>2140</td>
</tr>
<tr>
<td>Practitioner service</td>
<td>3000</td>
<td>2557</td>
</tr>
<tr>
<td>Total patients treated</td>
<td>9000</td>
<td>7106</td>
</tr>
<tr>
<td>Number waiting</td>
<td>1500</td>
<td>900</td>
</tr>
<tr>
<td>----------------</td>
<td>------</td>
<td>-----</td>
</tr>
<tr>
<td>Waiting time</td>
<td>9 months</td>
<td>5-6 months</td>
</tr>
<tr>
<td>Recovery rate</td>
<td>20%</td>
<td>Over 50%</td>
</tr>
</tbody>
</table>

## Appendix 1

**List of papers written in the last 4 years for the NHS and council by John Kapp, and published on [www.reginaldkapp.org](http://www.reginaldkapp.org) section 9**

9.37 Creating User-Centred Services – a Mission for LINks to make extinct provider-centred dinosaurs 25.6.09

9.38 Integration of CAM into the NHS via Social Enterprise Alternative Treatment Companies 22.6.09

9.39 Business plan of Proposal for Free CAM on the NHS 18.11.09

9.41 Proposed Trial of the Enhanced Sandwich MBCT Course 16.11.09

9.42 Proposed clinical trial of astrology as a diagnostic tool in the NHS 2.1.10

9.43 Proposal for free CAM on the NHS. Paper for HOSC 18.1.10

9.44 Where is the evidence? A level playing field for public funding of conventional and complementary therapy. Paper for HOSC 26.1.10

9.45 Removing the obstacles to the integration of CAM. Paper for the HOSC 27.1.10

9.46 Countering misleading information about CAM. Letter to HOSC 31.1.10

9.47 Better planned and managed deaths

9.48 Meeting with NHS commissioners 11.3.10

9.49 Prevention and Health Inequalities Conference 30.3.10

9.50 Letter to GPs and voucher 27.7.10

9.51 Improving Health by Intelligent Commissioning 13.7.10

9.52 The Way Ahead for LINks and Healthwatch 7.7.10

9.53 The Buteyko method of slower breathing for better health 5.9.10

9.54 Transforming Mental Health by the Mass-Provision of the MBCT course 6.9.10

9.56 Can mental sickness be prevented healed and cured? Medication to meditation. 20.2.13

9.57 Campaign for action from Health and Wellbeing Board 6.3.13

9.58 How can UK meet its carbon reduction targets. 14.3.13
9.59 Curing the NHS with meditation (12 minute audio file) 11.3.13

9.60 Curing the NHS and depressed patients by mass-commissioning the mindfulness course. (Deputation to Brighton and Hove City council) 9.8.13

9.61 Curing the NHS by removing the glass wall (silo) between Patient and Public Involvement rhetoric and practice in research. (For SPFT research department) 29.8.13

9.62 Petition: Improving mental health with mindfulness. 9.9, 13


9.64 Solving the crisis in general practice and A&E by co-creating a mindful primary care mental health service in the community 26.9.13 (this paper)

**Appendix 2**

**Letter to the chairman of the Brighton and Hove Health and Wellbeing Board dated 19.9.13, offering a pilot trial for £4,840.**

SECTCo

Social Enterprise Complementary Therapy Company

**Mission:** To provide patients with their statutory right under the NHS constitution to National Institute for Clinical Excellence (NICE)-recommended complementary treatment to promote wellness, prevent illness and remove health inequalities in the city of Brighton and Hove. Our logo is the wounded healer, Chiron. Registered number 7319842

From the secretary, John

Registered address 22, Saxon Rd Hove E. Sussex, BN3 4LE

01273 417997

19.9.13

Open letter to Cllr Rob Jarrett

Chairman, Health and Wellbeing Board (HWB)

Brighton and Hove City Council

Dear Rob

TRIALLING A VOUCHER PRESCRIPTION SYSTEM FOR MENTAL HEALTH IN HOVE

Thank you for noting my petition and deputation at the last meeting of HWB on 11.9.13. However, you have not yet answered my main recommendation, which was for the HWB to authorise a trial or pilot of a voucher prescription system in Hove.

At the public meeting in Brighton on 16.9.13, attended by you and your deputy chairman, Cllr Sue Shanks, and about 100 citizens, speaker after speaker emphasised the need for improved mental health services. Unless you are suicidal, the present service (provided by Sussex partnership Foundation Trust, SPFT) is
too inaccessible, with long waits (months) for assessment, and further waits of at least 6 months for CBT treatment. This leads to service users, (such as Elisabeth East, and others) being treated inappropriately, including being over medicated, suffering harmful side effects, detained, sectioned, etc.

What SPFT provides is a secondary care service, to which patients have to be assessed and referred. However, a rapid access (less than 2 weeks) primary care service is needed to relieve pressure on the secondary care service provided by SPFT. This combined service will be more cost effective, hence cheaper overall.

As far as I am aware, Sussex have never had a primary care mental health service, but Swindon has had one, at cheaper overall cost, for 20 years, as described in my report: ‘Creating a patient centred mental health service Swindon fashion’, which I tabled to all the HWB members on 11.9.13.

My proposal is that the HWB authorise the creation of such a primary care service, (Swindon fashion), and agree the first step of a trial in Hove, as described below.

1. **Name of the trial**
   Voucher prescription system empowering GPs to prescribe therapeutic courses for mental health, including mindfulness, hereafter called ‘the system’.

2. **Purpose of the trial**
   To test the effectiveness and popularity of the system in a GP surgery in Hove, (such as Wish Park, or Portslade Health Centre), or in occupational health for sick public sector staff.

3 **How would the trial work?**
   a) A GP (such as my doctor, Dr Duncan Wells of Wish Park, or Dr Susie Rockwell of Portslade Health Centre, or occupational health doctors) would invite appropriate patients to register for the trial.
   b) Those that accept would be given a voucher entitling them to a free consultation (known as step 1) within 2 weeks.
   c) The consultation would be with a Professional Wellbeing Practitioner (PWP) (such as myself or other qualified member of SECTCo’s staff) for 30-45 minutes at the patient’s surgery (if space allows) or at SECTCo’s shop at 3, Boundary Rd Hove BN3 4EH.
   d) This step 1 consultation would not be an assessment, but a discussion of the possible options open to the patient, such as watchful waiting, change of life style, or attendance at a free therapeutic course, such as mindfulness. Such courses are known as step 2.
   e) SECTCo would run step 2 courses on demand at our shop, for between 3 and 15 patients, employing one facilitator and one assistant facilitator.
   f) SECTCo would submit the used vouchers to the CCG, together with an invoice for the services rendered at the agreed tariff rates.
   g) The CCG would pay the invoice into SECTCo’s bank account by BACS.
   h) The trial would be evaluated by the researcher, who would report to the HWB.

4 **How much would the trial cost?**

SECTCo has priced its activities at £50 per hour for a PWP, and £30 per hour for an assistant, and administrator. SECTCo would submit time sheets monthly to the Clinical Commissioning Group ( CCG) and expect to be reimbursed at those rates within a month of application.

For example, if 12 patients were seen for 1 hour each, and each went on to do a mindfulness course of 2.5 hours per week for 10 weeks (25 hours) the costs would be 12X£50=£600, plus 25X£50 for the facilitator=£1,250 plus 25X£30 for the assistant facilitator= £750, Allowing 25 hours for administration £130-£750, and £500 per month for 3 months for the rent of the shop=£1,500, the total cost of the trial payable to SECTCo would be £4,850. The cost per patient treated would be £404.
5 Monitoring the trial

It would be up to the HWB to appoint and pay for a researcher to evaluate the trial. We suggest engaging someone from Sussex or Brighton University, and could suggest some names.

6 How soon could the trial happen?

SECTCo is ready to start as soon as a contract can be agreed. Courses are 10 weeks, so it would be theoretically possible to complete the trial before Xmas.

Conclusion

I hope that you will authorise this trial to go ahead. I and my fellow directors are available to negotiate an agreement with your staff at your convenience.

With best wishes         Yours sincerely            John Kapp (for SECTCo)

Board of directors: Prof Norman Clark (chairman) Brenda Clark (clinical) Anne Pether (finance) Paul Jenner (technical) John Kapp (company secretary) Robert Blass, Constandia Christofi, Christine Kavanagh, Penny Kinton, Asia Pabiniah, Regina Platun, Kate Stern, Tom Sydenham

Appendix 3 Covering letter with SECTCo’s bid dated 23.7.12

SECTCo

Social Enterprise Complementary Therapy Company

Mission: To provide patients with their statutory right under the NHS constitution to National Institute for Clinical Excellence (NICE)-recommended complementary treatment to promote wellness, prevent illness and remove health inequalities in the city of Brighton and Hove. Our logo is the wounded healer, Chiron.

Registered number 7319842

From the secretary, John
Registered address 22, Saxon Rd Hove,
E.Sussex, BN3
01273 417997

23.7.12

Dr Xavier Nalletamby Chairman, Clinical Commissioning Group

NHS Brighton and Hove, Lanchester House

Trafalgar Rd, Brighton BN1 4FU

Dear Dr Nalletamby

BID FOR COMMUNITY MENTAL HEALTH SUPPORT PROGRAMME UNDER GRANT PROSPECTUS

Thanks to you and the Council for opening up the mental health market to Any Qualified Provider, such as SECTCo, by issuing the invitations to bid for this programme.
SECTCo’s application is enclosed as 2 documents: A paper supporting the bid, and the bid itself. However, as stated in our open letter to you dated 22.6.12, the budget at £1.8 mpa is insufficient to provide a comprehensive programme of mental health support in the city, which we believe needs at least £13 mpa (around 20% of the mental health budget of £55 mpa) by the third year 2015/16.

Patients want a comprehensive mental health service which is worthy of the name ‘service’. This means that treatments must meet the QIPP standards, and be mass-commissioned and mass-provided so that the waiting time is less than 18 weeks at most. This is particularly so for courses which are NICE recommended, such as the MBCT course, to which patients have a statutory right under the NHS constitution if their doctor says it is clinically appropriate. At present SPFT does not provide this, as the waiting time is still at least 20 years (see paragraph 8 of our paper supporting the bid) If not, the CCG is at risk of being taken to judicial review without a legal leg to stand on by dis-affected patients claiming their rights.

Our bid is therefore to provide this comprehensive programme, and we know that it cannot be successful under this small budget. Accordingly, we hope that the CCG will issue a similar Prospectus for this comprehensive programme with an adequate budget, and will consider SECTCo’s bid in that light. We would be pleased to engage with your staff about this at your convenience.

With best wishes Yours sincerely John Kapp (secretary of SECTCo)

Cc Anne Foster (director of mental health commissioning) Steve Veevers, Rm 201 Kings House
Cllr Jason Kitkat, (leader of BHCC) Rt Hon Andrew Lansley (Health Secretary)

Board of directors
Lizzie Beckett, Bob Bleach, Maria Carlier, Helen Hawley, Lissa Haycock, Jane Hutchins, John Kapp, Penny Kinton, Ralph McIntyre, Effie Love, Ivana Lukacova, Anne Pether, Terry Rixon, James Swale, Jo Tompkins.

Appendix 4 SECTCo’s bid dated 23.7.13

BID TO RUN A COMPREHENSIVE PROGRAMME OF THERAPEUTIC COURSES TO KEEP PEOPLE MENTALLY HEALTHY IN THE CITY

Paper supporting SECTCo’s application bid for a grant for community mental health provision from April 2013-16 to Brighton and Hove’s Commissioning Prospectus (1) 23.7.12

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1 Executive summary

a) Microcosm of Lansley’s macrocosm NHS

Health Secretary Andrew Lansley’s Health and Social Care Act of 27.3.12 creates the legal framework for a new macrocosm NHS, which is patient-centred, community-based, bottom up, in place of the previous provider-led, top down one since 1948. He said recently: ‘What we are looking for is good, clear, radical thoughts about how we can design better services.’

In this bid, SECTCo is offering to create a microcosm of this new type of NHS in the mental health services in the city of Brighton and Hove. We hope that it will be accepted as a pilot scheme for the whole country. It is costed as a Service Level Agreement, but it should be regarded as a vision which is subject to contract, and not binding on us in detail.

b) Objective

The objective of the Community Mental Health Support programme as stated in the Prospectus (reference 1, p3) is reproduced as follows in summary (with page numbers):

‘To foster the development of services across our local communities which promote and improve the health and wellbeing of people living in the city......and to introduce new and exciting opportunities for innovation...that make a real difference in the lives of local people...focussing on outcomes.’ (p3-4)

Commissioning principles. Designing the future shape of services with residents, harnessing their knowledge and experience; ensuring services focus on what matters most to residents. (Co-production) ....At a local level these connections give rise to a feeling of ‘belonging’ and wellbeing, sometimes developed through collective action in the form of community participation of voluntary action.’ (p5)

‘The overall aim is to improve mental health and wellbeing ...to ensure greater focus on prevention and early stage intervention, as well as developing a greater range of community services....to help support social inclusion and recovery. ‘(p7) ‘Around 30,000 people have common mental health problems (eg anxiety and depression)’ This is 12% of the 258,000 population.

SECTCo is bidding because it was set up in 2010 to address these issues. The programme of therapeutic courses that we are now offering to this Prospectus have been available in the private sector for years to clients who self-refer and pay the going rate. However, SECTCo’s innovation to reduce health inequalities is to provide these courses fre

e at the point of use to patients on doctors’ prescription by voucher, which enables the provider to be paid under public sector contract.

c) Mass-provision of the MBCT course

In particular, SECTCo aims to reduce the waiting time for the NICE-recommended Mindfulness Based Cognitive Therapy (MBCT) 8 week course from the present 20 years (see paragraph 8). Under the NHS constitution, patients have the statutory right to this course if their doctor says it is clinically appropriate.
This course meets all the QIPP standards (Quality, Safety, Effectiveness, Patient Experience, Innovation, Prevention and Productivity)

GPs should therefore consider it for the 1 in 3 patients in primary care who present with anxiety and depression. Polls show that 1 in 2 GPs do this already, but if referred, the patient has to pay, which most cannot afford. To avoid being taken to judicial review by disaffected patients claiming their statutory right to this course for free, commissioners should let contracts for its mass-provision. (as this bid proposes) For details, see the papers about this course on our website www.sectco.org.

In the paper appended to the Prospectus: ‘Description of Brighton and Hove Wellbeing,’ the MBCT course is specifically mentioned under a heading of ‘Stress management courses, including MBCT’.

In another appended paper called: ‘Proposal for a comprehensive service for people with complex needs (personality disorder)’ the key elements are stated as: ‘A partnership model between statutory services, third sector organisations (such as SECTCo) and service users……. Service users having a central role in decision making, policy structure and running of therapeutic programmes…….(As SECTCo provides)

A recovery model whereby a philosophy of hope and belief in the possibility of full integration into community life is central. Education and active work towards attitude change and challenging stigma….opportunity for befriending, support and networking with other members…..basic psycho-education..........(As SECTCo provides)

………CBT-based skills development groups for emotional regulation (STEPPS and STAIRWAYS, DELIVERING SPFT) ….Family and carer groups….Strong links and joint working with mental health services, third sector services (such as SECTCo) and other statutory services. Clear link with joined up pathways. This will include Close communication with GPs for those held within Primary Care.’

SECTCo meets in full the Prospectus’s objective and aims, so we believe that we should be awarded this contract. However, the programme’s budget of £1.8 mpa in total is not enough to meet the inherent need for these services in the city. Last year the budget for this programme was for £2.3 mpa, under which 33 contracts were awarded for worthy community support schemes. None of these contracts were for the therapeutic courses that SECTCo is now offering. We do not want to displace these other worthy schemes, particularly as the budget for this year is cut by 30%.

**d) This programme should be financed out of the NHS mental health budget**

Patients do not care from which budget treatments are funded, and the Prospectus states that there is a large need for community mental health support in the city. Our menu of therapeutic courses (see table 1 below) could provide this, if we are sufficiently commissioned and contracted to do so. To make a significant improvement, every patient for whom our courses are clinically appropriate should be able to access these courses by the third year (2015-16) at the latest, within a waiting time of 18 weeks.

Accordingly, we have estimated the inherent demand for these courses, allowing build up time in the first and second years. Our price for providing them is £1-3 mpa in the first year, £2-6 million in the second year, and £4-12 million in the third year, as shown in table 2.

**TABLE 2 NUMBER OF COURSES, PATIENTS TREATED, AND COSTS INCURRED IN EACH OF THE 3 YEARS OF THE CONTRACT**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of courses pa</th>
<th>Number of participants treated pa</th>
<th>Cost to the commissioner £ mpa</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013/14</td>
<td>600</td>
<td>4,400</td>
<td>£1.1</td>
</tr>
<tr>
<td>Year</td>
<td>Patients</td>
<td>Charges</td>
<td>Budget</td>
</tr>
<tr>
<td>--------</td>
<td>----------</td>
<td>---------</td>
<td>--------</td>
</tr>
<tr>
<td>2014/15</td>
<td>1,200</td>
<td>8,800</td>
<td>23,000</td>
</tr>
<tr>
<td>2015/16</td>
<td>2,400</td>
<td>17,600</td>
<td>46,000</td>
</tr>
</tbody>
</table>

**d) We are applying to provide a comprehensive mental wellbeing scheme for the city**

To address this funding shortfall, we wrote to the chairman of the CCG (Dr Xavier Nalletamby) on 7.6.12 (3) suggesting that the new Wellbeing Service should issue a similar **Prospectus** for a much larger budget, financed from the NHS mental health budget. This is about £55 mpa, which is 11% of the total NHS budget for the city of about £500 mpa.

Spending £12.8 mpa in the third year on the maximum uptake of 46,000 patients represents only 23% of the mental health budget. We believe that investing this money on these therapeutic courses will get many patients back to work, and prevent others from becoming sicker, and incurring rescue costs, such as unemployment benefit, hospital admissions, policing, homelessness totalling more than the £12.8 mpa spent on this programme.

This comprehensive mental wellbeing programme is needed for the city. SECTCo has written this bid as an offer to provide this programme, to the same **Prospectus**, but for a larger budget that can pay for it.

**2 What is the scale of the problem of mental health issues?**

**a) Nationally**

Nationally, the NHS was recently (18.6.12) accused of ‘failing to treat at all 750,000 patients, out of 6 million with mental health problems’, according to the report from the London School of Economics (2) The minister for mental health (Paul Burstow) said in response: ‘We will shortly publish plans to make sure that the NHS, communities, voluntary organisations and others can play their part in improving the nation’s mental health.’

We welcome the minister’s statement, and believe that SECTCo should be considered as part of that movement. We also welcome the opening up of the NHS treatment market to Any Qualified Provider (AQP) under the Health and Social Care Act (which got royal assent on 27.3.12) as manifested by SECTCo being invited to bid for this contract. We hope that we will be regarded as a ‘qualified provider.’

**b) Locally**

The city has a population of one 200th of England, so proportionally, this statistic of 750,000 implies that 3,750 patients are left untreated in the city. We believe that this statistic is true, but that it is just the tip of an iceberg. The basic problem is that drug-based treatments alleviate, but do not cure mental illness, and that there is insufficient provision of psychological (talking) therapies, such as Cognitive Behaviour Therapy (CBT)

For example, there were 33,813 admissions (4) to Sussex hospitals last year for alcohol-related conditions, which basically is a mental illness of addiction. The report stated that this number is 11% up on last year, when there were just over 30,000 admissions, and that ‘Every city, district and Borough throughout Sussex is reporting a rise in hospital stays.’
c) 12% are depressed

The Prospectus says (p11) that there are ‘around 30,000 people in the city with common mental health problems (eg anxiety and depression)’. These people are not being effectively treated, because if they were, the public health statistics would be improving. However, these statistics are deteriorating year on year, and have been doing so consistently, despite a doubling of the health budget in real terms over the last decade.

d) IAPT and LIVE meetings

For many years SECTCo’s directors have attended Improving Access To Psychological Therapies (IAPT) meetings (until 2008) and since then, Gateway LIVE (Listen to the Voice of Experience) meeting of mental health service users. The overall impression given is that the treatments offered are inadequate. A common complaint is over-medicalisation with drugs which sometimes do more harm than good. Generally, patients want choice, including drug-free treatments, such as CBT, but this does not work for every patient, and is often rationed to only 6 sessions, which is often not enough.

e) 14% of older people are depressed

An article in the Evening Argus (5) under a title of ‘Depression an issue for the elderly’, reported that 5,000 people over 65, (14%) ‘battle a low mood. It is believed that this is largely due to social isolation. Age UK has seen a rise in cases of depression among older people.....social contact is very important. ..........A Council spokesman said: ‘We’re keenly aware that depression is a big issue among older people, and we work closely with the local NHS to provide a range of services to tackle it. Social isolation can often be a factor for older people. A wide range of day activities are provided by the council, and in the wider community, that can help tackle isolation by encouraging people to get out doing interesting things and meeting people. For a list of activities for older people in Brighton and Hove visit www.brighton-hove.gov.uk/DayActivities, or phone the council’s Adult Social Care hotline 295555.’

3 What is SECTCo?

SECTCo stands for Social Enterprise Complementary Therapy Company. As our name implies, we are a social enterprise, not for profit limited liability company. Our Memorandum and Articles are shown in appendix 4, below. We are clinically run by a board of directors, most of whom are complementary therapists, see appendix 3. For further details, please see our website www.sectco.org.

4 What is SECTCo offering?

In this bid, SECTCo is offering therapeutic courses to combat depression by giving people tools to cope with their emotions and negative thoughts. Teaching people in groups is much more cost-effective treatment than one to one CBT. This is because one facilitator can teach many patients at the same time, and because patients learn from each other. Our courses combat the feeling of isolation by fostering the feeling of belonging to a peer-support group.
SECTCo courses promote all the objectives and aims of this Prospectus, namely promoting community and individual mental health and wellbeing, independence, collaboration, partnership working, innovation, creativity, and social capital. We believe that our courses would be clinically appropriate to the 1 in 3 patients in primary care who present with anxiety and depression, under the following paragraphs of the Prospectus:

3.2 Persons requiring psycho-social support including outreach.

3.3 Persons requiring Day services, by running courses at the designated community day centres.

3.4 Persons with complex needs and personality disorders.

3.5 Persons requiring employment support.

3.6-7 Older people.

3.9-12 Carers

5 What is the objective of SECTCo courses?

SECTCo courses help participants to build resilience, by equipping them with the tools that they need to safely maintain good mental health in challenging circumstances, such as following bereavement, experiencing suicidal thoughts, adjusting to a disability, becoming a carer for others, dealing with unemployment, etc.

SECTCo courses work because they empower patients to take responsibility for their own health and wellbeing. They foster resilience by showing participants that they are stronger than they thought they were, and have inner resources that they did not know they had, based on the community around them. They give patients tools to deal with stress.

The syllabi for our courses are evidenced based on sound science, particularly neuro-science, under what is called ‘neuro-plasticity.’ This shows that people are ‘soft wired’ to behave in habitual ways, but that they can be given the free will to change their attitudes by good education, such as SECTCo’s courses. Our courses are based on the following principles:

a) Ideally having NICE-recommendation, which is the gold standard of evidence based.

b) Otherwise, having a good track record of working in the private sector.

c) The participants are given a motivationally inspiring, supported environment so that they are ready to learn the new ideas presented in the courses.

d) The participants are given a motivationally inspiring, supported environment to be ready to change their behaviour, in an attitude of ‘yes I can….’

e) The participants are taught habits which make them feel good, and which they can practice regularly in their daily lives, so that this gets hard wired into their brains.

The course material is summarised in later paragraphs, below. More information is available on our website, www.sectco.org. SECTCo also has unpublished information, (such as the course text books) which is available on request to the secretary. He would be pleased to engage with commissioners wishing to go into detail about what we are teaching, and the scientific evidence behind it.
6 How do SECTCo’s courses build resilience?

Resilience is based on each individual’s feeling of being supported by their community (including family, friends, neighbours, peer groups, teams, colleagues, membership of clubs and societies). The main cause of mental illness is isolation, which is the emotional feeling of lack of sufficient support to cope with life’s challenges.

SECTCo courses build resilience by fostering peer group support, and a sense of belonging to a community comprising the facilitator, assistant facilitators, and other participants of each course. The courses also give participants awareness and understanding of why they feel as they do. This awareness empowers them to change their habits of behaviour to function better. This creates a virtuous spiral, the better they get, the better they get.

Appendix 5 is an independent Outcome Analysis report of a course run by SECTCo from 28.3.12 to 31.5.12 for 12 participants, of whom 9 returned post course questionnaires. All these showed a shift in frequency of positive feelings, well-being, and levels of resilience.

7 Who may participate on SECTCo courses?

Since 2010, SECTCo has been offering MBCT courses in the private sector to clients who self-refer, and pay the going rate. However, we know that many people who would benefit from our courses cannot afford them, so are excluded. We therefore welcome this opportunity to bid for a grant of public money to enable patients referred by a doctor to access our courses free at the point of use.

We believe in inclusivity, and that patients instinctively know whether they are ready for our courses. We hope that doctors will give patients the ability to choose the course that is right for them at the time.

8 What rights do patients have to SECTCo courses?

The Mindfulness Based Cognitive Therapy (MBCT) course is recommended by the National Institute for Health and Clinical Excellence (NICE). Depressed patients have had the statutory right to it if their doctor says it is clinically appropriate since the NHS Constitution became law on 21.1.10.

The waiting time for these courses on the NHS in Sussex has been very long. Until 2011 it was 2,000 years, because only one facilitator (Robert Marx) was commissioned by the monopoly provider of mental health services, Sussex Partnership Foundation Trust (SPFT) to run 4 course per year for up to 20 patients. This enabled up to 80 patients per annum to receive a course, for the whole of Sussex, with 160,000 depressed patients. John Kapp is a member of SPFT and attended the AGM in 2010, and asked questions about this. The clinical director, Dr Kay McDonald, said publicly that 18 facilitators were to be trained in 2011.
To update the present waiting time, John Kapp spoke to SPFT’s MBCT trainer, Robert Marx, on 19.7.12. Robert confirmed that they have trained many more facilitators, but refused to give any number, or how many courses they expected to be offering. All that Robert would say is: ‘SPFT are running a rolling programme of MBCT courses for patients in Sussex, and the waiting time is now zero.’

Assuming that 20 facilitators each facilitate 20 courses pa, for 20 participants per course, 8,000 patients pa could receive a course. If Sussex GPs deemed it clinically appropriate for the 160,000 depressed patients in Sussex, the waiting time would reduce 100 fold from 2,000 to 20 years. Those patients could therefore be given an appointment for an MBCT course in 2032.

Waiting times for hip replacements used to be many years until the market was opened up to private sector providers in 2008, since when it has reduced to 18 weeks. Copying that precedent, SECTCo was set up in 2010 to reduce the waiting time for MBCT courses to 18 weeks. This seems to be the accepted norm, but is 4 months, which is still much too long for people who feel suicidal.

SECTCo has been offering to bid to run these courses for the last 2 years, but we were not invited to do so until 15.5.12, after SPFT’s monopoly was broken, and the market was opened up by royal assent to the Health and Social Care Act on 27.3.12. On behalf of mental health patients, we welcome this opportunity to provide a mental health service worthy of the name ‘service’, by the mass-commissioning and mass-provision of therapeutic courses to patients on doctor referral.

9 What do you mean by ‘doctor referral’?

Patients only have the statutory right to NICE-recommended treatment on the public purse if a doctor says that it is clinically appropriate. Accordingly SECTCo will treat every patient so referred. Normally that would be the patient’s GP, or their Occupational Health doctor if they are a public sector employee who is sick. SECTCo’s course facilitators are not doctors or qualified to assess patients to say whether the course is clinically appropriate for them, so the legal liability for that assessment rests with the referring doctor. We trust doctors not to refer patients who are not yet fit to take our courses.

10 How does SECTCo reduce stigma against mental illness?

SECTO reduces stigma against mental illness in a practical way, in line with government policy to tackle mental health discrimination. We welcome the announcement (20.7.12) of Lord Stevenson’s Bill to eliminate this stigma throughout society, and remove inequalities, such as the in-eligibility to do jury service if you have been mentally ill.

We actively promote inclusion of all, and accept patients on referral regardless of gender, ethnicity, sexual orientation, disability, spiritual beliefs, or any other label. The driving force behind our courses is to reject limitations which others may have placed upon us, and help everyone to reach their full potential. We teach understanding and empathy, first with ourselves, and then towards others, which is the basis of tolerance.
At the same time, we recognise the negative effects of past labelling, discrimination, and oppressive practices, and react sensitively to those who have experienced such judgements. We work in partnership with everyone to re-establish our own internal resilience as our locus of control. To this end, we call patients referred to us ‘prospective participants’ until they have signed up for one of our courses, and ‘participants’ when and after they have done so.

11 How do doctors refer patients to SECTCo courses?

We offer to take referrals from doctors in any way that commissioners may decide. This bid is based on doctors referring patients to us on a SECTCo voucher, which is a prescription for a SECTCo course. An example of a SECTCo voucher is given in appendix 1, which should be regarded as an indication of the issues that need to be addressed, rather than a legal document. We will accept any change of wording decided by the commissioners.

We anticipate that take up of such a voucher scheme is likely to be slow, and may well be resisted in some quarters. We are willing to work with commissioners and GP practices to create a workable scheme, and sort out any teething problems as they occur.

12 What contra-indications apply to participating in SECTCo courses?

There are no known contra-indications to patients taking SECTCo courses. However, to benefit fully from them participants must have reasonable command of English, and be able to work in a group setting with an attention span of an hour. Some of our venues require participants to climb stairs.

We realise that most patients at first may be anxious about joining a group of strangers, and that the word ‘course’ of ‘class’ may trigger unhappy memories of other groups, such as school. We are sensitive to this initial feeling of fear, and do our best to quickly change it to a feeling of friendship in a peer-support structure. Unlike school or college, participants are not judged, marked, or singled out in any way, and there is no obligation to perform to any standard.

Our courses do not actively explore triggers, or the causes of an individual’s distress, so are therefore unlikely to cause or escalate this. However, if a participant does experience it, we provide for time out, and assist them to manage this, as mentioned in paragraph 14.

We offer a wide variety of courses, as shown on table 1 below. They are graded in levels of challenge, and we hope that doctors will allow patients to choose the level and course that they feel is appropriate for them at the time. We hope that they will be allowed to take other courses, and progress at their own pace. We trust that the doctor referring will screen patients who are not fit to take any of our courses. We intend to continue our previous practice of taking clients who self refer and pay the going rate, in addition to patients on doctor referral, by vouchers.
13 Are SECTCo’s course facilitators qualified?

Yes. SECTCo is clinically led by a board of directors of 15 people, most of whom are qualified practicing complementary therapists. They are listed, with brief biographies in appendix 3. They only engage course facilitators and assistant facilitators who they have assessed as adequately trained and qualified to run the courses that we offer. They will have taken the course they are teaching themselves, and they will have been trained to facilitate it. They will also be offered supervision by SECTCo, and be expected to engage in Continuous Professional Development. (CPD)

Our facilitators’ qualifications are (or will be) shown on our website, www.sectco.org.

For example, we encourage our MBCT course facilitators to take the Mental Health First Aid course certificates gained from MHFA Foundation. Our intention is to make therapeutic course facilitation a recognized full time career path which is remunerated on a par with other Allied Health Professions.

14 What emotional support does SECTCo provide to participants?

a) Every MBCT course sets up a buddy system, in which participants pair up and share contact addresses and phone numbers, so that they can ask each other for support when needed.

b) Our facilitators and assistants give participant their telephone number, with the offer that they can ring them at any time that they need support.

c) The ground rules agreed at the start of the MBCT course include that if participants feel emotional distress during a class, they may go to a side room for time out. Every course has at least one assistant facilitator who is instructed to follow them, and give them whatever support is needed.

15 What is the basis of payment for SECTCo courses?

Patients in receipt of vouchers can cash them at any registered venue, in payment for the course when they sign up. The venue would return the ‘used’ vouchers to SECTCo, and would invoice the commissioners. SECTCo would draw down on the grant to pay the facilitator and assistant in arrears, at rates to be agreed in the contract.

The payment rates assumed for this bid are £50 per hour of the course for facilitators and £30 per hour for assistants, and group room hire at £20 per hour. The administrative costs of SECTCo are covered by taking an administration fee as a percentage out of the nominal value of the voucher, which is the price of the course. We intend this percentage to start at 10% and reduce to 5%, as discount for quantity applies.

To be able to pay these rates, we specify a minimum number of participants for a course to go ahead, in the table below. We also specify a maximum number, which is determined by the capacity of the room, or the personal attention that participants should be given to benefit fully from the course.

The grant would therefore only pay for participants who have received the courses, so the money would follow the patient. There would be no payment to SECTCo under any ‘block’ contract arrangement.
16 What if the courses have more than the minimum number?

SECTCo intends that every course advertised would go ahead if the minimum number specified sign up for it. If more than the minimum number sign up for the course, there would be a surplus of funds available, which would go into SECTCo’s reserves. The figures in the table below show the total amount of grant that would be required if the courses offered had the minimum and the maximum number.

We would endeavour to take up all the grant money available, but if it was not all spent by the end of the year, it could go back to the pool, or be carried forward to the next year. SECTCo intends to operate under the basis of ‘open book’ accounting, so that there will be transparency to all, including commissioners, as to where the public money of the grant has gone.

17 How many courses does SECTCo offer to run each year if we get a grant?

We are recruiting and training facilitators as fast as we can, and the following table is the number of courses that we hope to be able to run from April 2013/14 as a service level agreement. They are graded in order of how challenging they are to participants in terms of attention span, emotional issues raised, and interactions between members.

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18 Course A The Expert Patient Programme (EPP)

John Kapp took this course in Brighton in Sept 2006, It originated in the USA (like the MBCT course) and broke the NHS mould by being facilitated by volunteer service users (rather than qualified clinicians) It was John’s initial inspiration for this bid, so has pride of place in SECTCo’s menu of courses. It has been provided free in the NHS for a decade. The course takes 10-16 participants per course, and in 2011, about 150 participants took 12 courses in Sussex. It is for 2.5 hours per week for 6 weeks (15 hours per course) see www.expertpatients.co.uk, Locally the manager is Charlotte Stevens, who can be contacted on 01273 295490, charlotte.stevens1@nhs.net.

19 Course B Singing for health

Singing has been scientifically shown to have profound benefits for health and wellbeing. Scans show that all areas of the brain light up while singing, which is physical evidence for it’s stimulating and energizing effect. If done regularly it improves breathing and mood, relieves depression and isolation, reduces stress, lowers blood pressure and boosts the immune system and confidence.

a) Better Breathing Singing (BBS) Group

A weekly group for older people, and those with long term mental and physical health problems.

Our testimonials show that our members are more able to manage their disease, cope better with daily life, increases confidence and social ability.

www.singforbetterhealth.co.uk, Documentary: http://youtu.be/EcxhyJzvvNU
Facilitators registered by 9.7.12: Udita Everitt, (Central Hove and Whitehawk) who has been running these courses for the PCT since 2008.

b) Singing For Pleasure (SFP) courses

A weekly group for those who wish to improve their resilience through expression. Led by Simon Gray, who has 30 years experience in this field. Further information from Robert or Corinne 01273 555089, or Simon Gray simon@firstnight-cabaret.co.uk.

Facilitators registered by 9.7.12 Simon Gray, (West Hove)

20 Course C The Mindfulness Based Cognitive Therapy (MBCT) course

a) What is mindfulness?
Mindfulness is a way of learning to relate directly to whatever is happening in your life, a way of taking charge of your life, a way of doing something for yourself that no one else can do for you — consciously and systematically working with your own stress, pain, illness, and the challenges and demands of everyday life. In contrast, you’ve probably encountered moments of “mindlessness” — a loss of awareness resulting in forgetfullness, separation from self, and a sense of living mechanically.

b) What does SECTCo’s MBCT course offer?
The MBCT course is NICE-recommended for depression and anxiety under NICE Clinical Guidelines (CG) 23 (Dec 2004) and CG123 (May 2011) It is for 2 hours per week for 8 consecutive weeks, 16 hours of tuition in total. However, SECTCo MBCT courses offer 2.5 hours per week (with a 0.5 hour refreshment break to socialise and build peer support) for 10 successive weeks. We also offer an extra taster day before the course starts, so that prospective participants can check that the course is suitable for them. We also offer a reunion day after the course, to gather feedback, and help participants to continue with their meditation practice, and continue the peer support gathered during the course. Further details are given on the MBCT course brochure and other sections of SECTCo website www.sectco.org.

If there is demand from people who work Monday to Friday, and cannot take off a mid-week morning, we are willing to offer the MBCT course as a weekend intensive, from 6pm Friday to 8pm Sunday. For public sector employers, such as Brighton and Hove City Council, we are willing to offer to run the MBCT course in working hours at the place of work at times to suit the staff.

c) Testimonials to the MBCT course

Transport for London with 20,000 staff, offer this course to sick staff, and have found that it reduces staff absence by 73%. See www.transportforlondon.com Breathworks offer this course to drug and alcohol addicts in Manchester, with remarkably good results. See www.breathworks.co.uk, contact Gary Hennersey. info@breathworks.co.uk, 0161 834 1110. A director of the Department of Health NW said at a mental health conference in London in Nov 2011 ‘one of my clients was a drug dealer, who is now assisting me in presenting this course as a remedy’.
d) Who facilitates this course for SECTCo?


21 Course D Family Constellation days

These are offered from 9am to 5pm, with refreshment breaks. Total 8 hours per course. Developed by Bert Hellinger, (see www.hellinger.com) the technique helps participants to see patterns in their family of origin, which give insights which relieve problems. John Kapp has been studying this technique for 8 years, and became a qualified facilitator in 2008. He has been running monthly family constellation days on a drop in basis for the last 4 years.

Facilitators registered by 9.7.12 John Kapp (Hove), Heiner Eisenbath (Patcham),

22 Course E Dynamic meditation

This is done for 1 hour, first thing in the morning, on Tuesdays and Thursdays from 730-830am, and from 8-9am on Saturdays, at Revitalise. Total 13 hours per month. It is music and movement, done to a CD. It has a cathartic phase, which empties the emotional garbage can, releasing stuck emotions, and allowing in fresh energy. John Kapp has been facilitating this meditation on a drop-in basis 3 times per week at Revitalise for the last decade. A month’s season ticket costs £20, or on GP referral by voucher.

Facilitators registered by 9.7.12 John Kapp (central Hove)

23 Course F Emotion Based Cognitive Therapy (EBCT) courses

These are for one morning (0730-1300, 5.5 hours) per week for 10 weeks, including 2 refreshment breaks, to socialise, and develop peer support, total 55 hours per course. The course builds on the MBCT course content. It gives three one hour long meditations in each session, to release stuck emotions. For maximum effect, it can be taken concurrently with the MBCT course, on a different day of the week.

Facilitators registered by 9.7.12: John Kapp.

24 Other courses

There are many other therapeutic courses which should be considered to become part of this community mental health programme, including the following:
a) `Looking after your back’ run by chiropractors who offer NICE-recommended spinal manipulation for low back pain, which accounts for 1 in 3 patients in primary care. Chiropractic First, Hove, mark_yacoub@hotmail.com

b) Alexander Technique, which is also NICE-recommended for low back pain.
Alexander Technique College, www.alexander-technique-college.com, Carolyn Nicholls@btinternet.com,

c) Shiatsu, which is needle-less acupuncture, which is also NICE-recommended for low back pain.
Brighton Shiatsu College, Debbie Collins, brighton@shiatsucollege.co.uk

d) Martial arts, which have been scientifically shown to reduce domestic violence in Hull. (www.whitecranemartialarts.co.uk)

e) ‘Take control of your life’, www.paulcburr.com, doctapaul@paulcburr.com

f) Disease-specific courses which, such as Living Well with Cancer, run by the Penny Brohn centre (formerly the Bristol Cancer Help Centre)
www.pennybrohn.org, Georgia.diebel@pennybrohn.org.

SECTCo would be pleased to engage with potential providers of therapeutic courses, to increase the variety of choice of available to patients and their GPs.

25 What will the outcome be on public health of these SECTCo courses?
We believe that the above courses are clinically appropriate specifically for the 30,000 people in the city who are stated to have anxiety and depression (Prospectus, p11) and an equal number of people with low back pain. Some patients might need to repeat a course several times.

SECTCo wishes to progressively meet all the potential demand, so in the second year, (2014/15) we offer to double the number of courses, and in the third year, (2015/16) to double that number again, as shown in the table 2:

**TABLE 2 PATIENTS TREATED, AND COSTS INCURRED IN EACH OF THE 3 YEARS**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of courses</th>
<th>Number of participants</th>
<th>Cost to the commissioner £ mpa</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td>Pa Treated (pa)</td>
<td>13,000 (10,000)</td>
<td>1.1-3.2</td>
</tr>
<tr>
<td>----------</td>
<td>----------------</td>
<td>-----------------</td>
<td>---------</td>
</tr>
<tr>
<td>2013/14</td>
<td>600</td>
<td>4,400-13,000</td>
<td>1.1-3.2</td>
</tr>
<tr>
<td>2014/15</td>
<td>1,200</td>
<td>8,800-26,000</td>
<td>2.2-6.4</td>
</tr>
<tr>
<td>2015/16</td>
<td>2,400</td>
<td>17,600-46,000</td>
<td>4.4-12.8</td>
</tr>
</tbody>
</table>

26 But there isn’t enough money in the Community Mental Health budget for this.

We are well aware that the total budget for this Community Mental Health Prospectus is only £1.8 mpa, which is insufficient to cover this bid. Previously under this programme, there were 33 contracts let for a total of £2.3 mpa, and none of these contracts were for courses. Accordingly, our bid may appear inappropriate to the panel of adjudicators.

Anticipating this, we wrote on 22.6.12 (see appendix 2) to the chairman of the city Clinical Commissioning Group, Dr Xavier Nalletamby requesting that the new (1.6.12) Wellbeing Service issue an invitation to bid to a similar Prospectus, funded from the city’s NHS mental health budget, which is about £55 mpa.

We hope that the Wellbeing Service will do this, and that they will consider this bid as an application for that bigger budget. All the 30,000 patients (and more) want effective interventions, and do not care from which budget they come. By the third year, if our proposal is accepted, each depressed patient could have one course each year, for a budget of £13 mpa. This is only about 20% of the NHS mental health budget, which is £55 mpa, out of a total NHS budget for the city of £500 mpa.

We believe that our courses meet all the QIPP standards (Quality, Safety, Effectiveness, Patient Experience, Innovation, Prevention and Productivity). By taking them, participants learn how to look after themselves better, and so avert hospital admissions, crimes, and other public sector interventions, which would cost much more than £13 mpa. The public money spent in commissioning SECTCo courses would therefore be well spent.

27 How would the cost-effectiveness of our courses be monitored?

We intend to issue questionnaires to all participants, before and after the courses, and analyse the results. SECTCo will include the results in our annual report. We also invite university researchers to monitor our participants, and report, so that they can give an independent opinion. An example is given in appendix 5.

We will also monitor the annual public health statistics. We believe that if everyone who needs our courses was able to access them, the public health statistics could be halved in 5 years. This outcome is evaluated in our business plan, see www.sectco.org, section 1f.

28 Conclusion. Please commission this mental health support programme

2 years ago (in June 2010) the Director of Public Health, Brighton and Hove, (Dr Tom Scanlon) addressed a meeting of the Health Overview and Scrutiny Committee (HOSC) in the presence the chairman of the
shadow CCG (Dr Xavier Nalletamy) and the director of commissioning (Dr Geraldine Hoban) on the subject of **Community Resilience** in the city. He said:

‘Vulnerabilities include poor secondary school performance, poor quality housing, less stable families, problems of alcohol, tobacco and substance misuse, relatively high crime rates, and low satisfaction with public services.

Assets include a highly educated population, a thriving economy, strong partnership working with a strong third sector, and a local population generally keen to volunteer, design and deliver solutions.

The challenge in these particular times is for the statutory, business and third sectors to work better with each other and with the local community to harness the strengths and assets in a creative way to tackle our collective vulnerabilities.’

SECTCo is offering the NHS and the Council a new service to address these challenges under the heading of this bid: Community Mental Health programme. It comprises a menu of evidence-based, therapeutic courses which meets all these requirements to the QIPP standards of quality, safety, cost-effectiveness, good patient experience, Innovative, Preventative, and Productivity.

SECTCo hopes that the commissioners in Brighton and Hove will negotiate a contract with us to provide this programme to improve mental health, and reduce inequalities in the city. We also hope that this scheme will be a pilot scheme, and that it will be replicated throughout the country.

**References**

1 **Brighton and Hove Commissioning Prospectus**, May 2012, Funding opportunities to support local communities. Promoting independence, partnership working, innovation and creativity, social capital, health and wellbeing, collaboration. Issued jointly between the NHS and Brighton and Hove City Council. It is 38 pages, and is published on [www.businessportal.southeastiep.gov.uk](http://www.businessportal.southeastiep.gov.uk), opportunities/brighton and hove, Brighton and Hove Commissioning Prospectus. The key dates are: Publication: 15.5.12; 21.5.-8.6 briefing meetings to clarify objectives (SECTCo attended on 31.5.12) 27.7.12 2pm, deadline for applications, 24.8.12 Clarification and negotiation meetings completed. 14.9.12 2pm, amended application received. 1.11.12 Funding agreements awarded. 1.4.13 Funding agreement start date.
‘NHS failing mental patients’ London School of Economics report, by Lord Layard et al, reported 18.6.12 in the media. ‘3/4 million people do not have access to treatments which could improve their lives and save £bns every year.’

SECTCo’s letter to Dr Xavier Nalletamby, chairman of the Brighton and Hove Clinical Commissioning Group (CCG) dated 22.6.12, see www.sectco.org, see appendix 2.


Evening Argus report, 13.7.12, p11, ‘Depression an issue for elderly.

Appendix 1

VOUCHER FOR SECTCo COURSES

I promise to pay the bearer on demand the sum of the value of the course on the following conditions.

1 Legal basis for this voucher Patients have the right under the NHS constitution to NICE-recommended treatment if their doctor says it is clinically appropriate. Implicit in this is the right that it shall be free at the point of use, and that the therapist providing the treatment should be paid for it at the going rate by the NHS according to the tariff.

2 SECTCo (hereafter referred to as ‘the company’) is an agent enabling doctors to provide their patients with NICE-recommended treatments free on the NHS at registered complementary therapy centres with qualified complementary therapists and course facilitators in Brighton and Hove.

3 NICE-recommended treatments This voucher may be used for the following National Institute for Clinical Excellence (NICE) recommended treatments: For low back pain under CG88 (5.09): spinal manipulation by chiropractic, osteopathy, and acupuncture, and Alexander Technique (11.09), and MBCT course. For irritable bowel syndrome (IBS) under CG61 (2.08): hypnotherapy and MBCT course. For depression under CG23 (12.04): Mindfulness Based Cognitive Therapy (MBCT) 8 week courses.

4 Payment disclaimer to therapists and course facilitators. The company will use its best endeavours to pay the value of this voucher, less the administration fee, to the therapist who provided the treatment as soon as possible after receipt of this voucher. However, this payment is conditional on the company being paid for it by the commissioners, so is not guaranteed, and is at the therapist’s risk.
5 Clinical governance disclaimer to patients. The company will use its best endeavours to ensure that the registered therapists listed on this voucher are qualified to provide the stated treatments, and that the rooms used for the treatment are fit for purpose. However, the company is an agency, not a qualifying body, and is not certifying the appropriateness or efficacy of the treatment provided, or the ability of the therapist to cure the condition, or the suitability of the treatment room used, which are all at the patient’s risk.

This voucher is prescribed by ...........................................................(name of doctor)

........................................(signature of doctor)....................................................(doctor’s address)

...........................................................................................................................................

For patient ..................................................................................................................(name of patient)

of .................................................................................................................................(patient’s address)

...........................................................................................................................................
prescribed on ..........(date).

For course number ........name................................................................. on the table below

<table>
<thead>
<tr>
<th>No</th>
<th>SECTCo course</th>
<th>Price £ per participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mindfulness Based Cognitive Therapy (MBCT) 10 weeks (25 hours)</td>
<td>400</td>
</tr>
<tr>
<td>2</td>
<td>Emotion Based Cognitive therapy (EBCT) 10 weeks (55 hours)</td>
<td>600</td>
</tr>
<tr>
<td>3</td>
<td>Family constellation day (8 hours)</td>
<td>100</td>
</tr>
<tr>
<td>4</td>
<td>Dynamic meditation for 1 hour, 3 times per week for a month (13 hours)</td>
<td>100</td>
</tr>
<tr>
<td>5</td>
<td>Singing 10 weeks for 1.5 hours per week (15 hours)</td>
<td>150</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Course provided by ...............................................................................................(course facilitator)

On .............(date) Patient satisfaction: very satisfied/ satisfied/ unsatisfied
For company use. Voucher received from course facilitator on ...........................................(date)

Payment made to course facilitator on .................................................................(date)

List of registered facilitators with whom this voucher may be exchanged for a course to the value of this voucher.

<table>
<thead>
<tr>
<th>Course</th>
<th>Facilitator</th>
<th>Centre</th>
<th>Address</th>
<th>Phone</th>
<th>website</th>
<th>E mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>MBCT course</td>
<td>John Kapp</td>
<td>Revitalise</td>
<td>86 Church Rd Hove BN3 2EB</td>
<td>417997</td>
<td><a href="http://www.reginaldkapp.org">www.reginaldkapp.org</a></td>
<td><a href="mailto:johnkapp@btinternet.co.uk">johnkapp@btinternet.co.uk</a></td>
</tr>
<tr>
<td>MBCT course</td>
<td>Elizabeth Masheder (Jiva)</td>
<td>Anahata Health Clinic</td>
<td>119-120 Edward St Brighton BN2 OJL</td>
<td>698687</td>
<td><a href="http://www.anahatahealth.com">www.anahatahealth.com</a> <a href="http://www.mindfulnessbrighton.co.uk">www.mindfulnessbrighton.co.uk</a></td>
<td><a href="mailto:yogajiva@yahoo.com">yogajiva@yahoo.com</a> 382947</td>
</tr>
<tr>
<td>MBCT course</td>
<td>Heiner Eisenbart</td>
<td>Brighton</td>
<td></td>
<td>385228</td>
<td></td>
<td><a href="mailto:heiner@onetel.com">heiner@onetel.com</a></td>
</tr>
<tr>
<td>MBCT course</td>
<td>Lotus Nguyen</td>
<td>Brighton</td>
<td></td>
<td>571806</td>
<td><a href="http://www.deepconnections.net">www.deepconnections.net</a></td>
<td><a href="mailto:lotus@deepconnections.net">lotus@deepconnections.net</a></td>
</tr>
<tr>
<td>MBCT course</td>
<td>Paul Jackson Davies</td>
<td>Revitalise</td>
<td>86, Church Rd Hove BN3 2EB</td>
<td>738389</td>
<td><a href="http://www.rightwalking.co.uk">www.rightwalking.co.uk</a></td>
<td><a href="mailto:irightwalking@gmail.co.uk">irightwalking@gmail.co.uk</a> 07981 752253</td>
</tr>
<tr>
<td>MBCT course</td>
<td>Anne Pether</td>
<td>E Brighton</td>
<td></td>
<td>07785</td>
<td></td>
<td><a href="mailto:annepether@yahoo.com">annepether@yahoo.com</a></td>
</tr>
</tbody>
</table>

Issued by Social Enterprise Complementary Therapy Company (SECTCo)

Directors Anne Pether (finance) Terry Rixon (technical) Company secretary John Kapp, 22, Saxon Rd Hove BN3 4LE 01273 417997 johnkapp@btinternet.com, www.sectco.org 13.1.11

Appendix 2 Letter to the chairman of the Clinical Commissioning Group dated 22.6.12
Opening up the mental health market to 3rd sector

The email shown below was circulated to the SECTCo mailing list ...

Dear all

I have written the attached letter to Dr Xavier Nalletamby, chairman of the emerging Clinical Commissioning Group of NHS Brighton and Hove. It calls on him to follow the council's lead in inviting bids from third sector providers (such as SECTCo, www.sectco.org) to run the Mindfulness Based Cognitive Therapy (MBCT) 8 week course by issuing a Prospectus.

Patients with mental health problems want effective treatments which are safe from side-effects, such as the MBCT course. As it is NICE-recommended they have the statutory right to it under the NHS Constitution if their doctor says it is clinically appropriate. Last week (18.6.12) the report by the London School of Economics (LSE) exposed the scandal of the millions of untreated mental health patients. To meet this unmet need, the market has to be opened up to 3rd sector providers, as was done 4 years ago for hip replacements.

The Council has rightly invited bids (closing 27.7.12) under its Community Mental Health budget, but this is only for £1.8 mpa. As the waiting time for this course in Sussex is 2,000 years, and needs to be reduced 10,000 times to 18 weeks, £1.8 mpa is insufficient. The NHS mental health budget is 30 times bigger than the Council's, at over £50 mpa. Patients do not care which budget their treatment comes from, as they pay for both the Council and the NHS in their taxes. The NHS should therefore open up the market by also issuing a Prospectus.

Please forward this letter to your GP (or print it off and give or post it to him/her) asking that he/she asks the Clinical Commission Group to mass-commission the MBCT course.

With best wishes

Yours

John Kapp

Open letter to Dr Xavier Nalletamby and Dr Juliet Warburton 22.6.12

Chairman and chief operating officer, Brighton and Hove Emerging Clinical Commissioning Group

Dear Xavier and Juliet

OPENING UP THE MENTAL HEALTH MARKET FOR MBCT COURSES BY ISSUING A PROSPECTUS
Thank you for the Patient Participation Group (PPG) engagement presentation last Thurs 21.6.12 at the Friends Meeting House. As I mentioned at the end, I am preparing a bid to run NICE-recommended Mindfulness Based Cognitive Therapy (MBCT) courses from 2013-16. for the council under the Community Mental Health Prospectus, for which the closing date is 27.7.12. However, the council's total budget for this is only £1.8mpa, and SECTCo could use twice as much as this (£4 mpa) treating 10,000 patients pa at £400 per participant, by employing 20 facilitators each running 25 course pa for 20 patients per course.

Even this provision would only scratch the surface of the inherent demand in the city. According to the council's Prospectus, there are 25,000 people in the city with Personality Disorder (PD) alone, and an unquantified number (probably double or treble) with other mental health problems. Even if SECTCo is successful, we would only be able to treat 40% of the PDs with one course pa. However, many would need more than one course. And what about the many other depressed patients for which this course is indicated?

The scandal of the millions of untreated mental health patients nationally reported by the LSE last Monday (18.6.12) confirms what I have been saying for years, namely that there is a huge unmet need for drug-free treatments such as the MBCT course. Now at last, under the Health Act, the CCGs can open up the market to meet this need by the mass-commissioning and mass-provision of this course.

As I keep saying (www.sectco.org section 3b etc) your patients have the statutory right to this course under the NHS constitution if their doctor says it is clinically appropriate. That statutory right is not dependent on whether the budget from which the treatment is funded comes from the council or NHS. Your CCG budget for mental health is probably at least £50 mpa, which is 30 times more than the council's budget. I therefore repeat my proposal that the CCG copies what the council is doing and invites bids from third sector providers (including SECTCo) by issuing a Prospectus.

This course should be considered under NICE CG23 and 123 for the 1 in 3 of your patients with depression. Furthermore, it has also been found an effective treatment for addiction, which all agree is a huge problem in the city. There are no known contra-indications in taking this course, nor any side-effects. Accordingly, there will be a huge demand for this course when the CCG makes public money available to fund it. You can meet this demand, and bring the waiting time down from 2,000 years to 18 weeks by doing the following in Brighton and Hove, which could be a pilot scheme for the whole country and beyond.

SECTCo has set up an administration to enable you GPs to prescribe the MBCT course as easily as you prescribe Prozac. You would prescribe it on a SECTCo voucher, downloaded from your computer. We have priced it at £400, which is cheaper than Prozac. It is also safer and more effective, as it gives the patient self-help tools to build their own resilience. The patient would 'cash' the voucher at their nearest SECTCo course provider to their home. The venues and booking details would be printed on the back of the voucher. SECTCo would pay our facilitators £1,250 to run each course (25 hours at £50 per hour) on presentation of the used voucher.
I am busy recruiting and training SECTCo MBCT course facilitators to run these courses in the city. I hope to have at least 20 ready and willing to run them continuously at 20 different community venues from next April. I would be pleased to discuss this proposal with your staff at your convenience, and can be phoned at 417997.

With best wishes, Yours sincerely John Kapp (SECTCo)

Appendix 3

SECTCO

BOARD OF DIRECTORS
The directors all live in the Brighton travel to work area. Most of them are complementary therapists who have had health problems in the past, discovered therapy that helps them, and want to share it with clients. They all take an active part in their local communities. The following are potted biographies of them.


**Anne Pether**, mar mifa. [www.annepether.com](http://www.annepether.com) Anne’s original career was in banking, gaining all aspects of the profession during her 22 years in their employment.

In 1996 Anne used her banking experience in setting up her own Business as a complementary therapist having qualified in aromatherapy, massage and reflexology. Anne continued studying a different therapy each year to enable her to build a successful practice in Norwich, where she gained experience working from a GP surgery, Occupational Health Department, Sports & Business Centre in a large Insurance Company, Complementary Therapy Centres, Health & Fitness Clubs, and treated local Corporate clients in their place of work.

Anne is also qualified in sports therapy, Indian Head Massage, Reiki, Thermo Auricular Therapy (Hopi Ear Candling), The Journey Process, EFT & EmoTrance.
In 2007 Anne moved to the Brighton area where she continued her development and building up a new client base.

Anne has attended many personal development courses over the years, including The Hoffman Institute, Anthony Robbins, The Journey, NPA (Non Personal Awareness), The Healing Codes and Thai Yoga massage.

Anne met John Kapp in 2010 and assisted him in the setting up of SECTCo. Anne has attended several MBCT courses, has done the facilitator training and now facilitates the course.

**Jo Tompkins** is a complementary therapist who is qualified in reflexology and Swedish massage. She has been interested in Mindfulness meditation for 4 years. She was employed in group work in the Social Care sector until 2010, including primary and sixth form education, residential social work with young people, rehabilitation work, residential hostels and with homeless people.

**Terry Rixon** has an industrial background, having worked in Electrical Engineering, Production & Cost Control and Inventory Management during his early career. He was subsequently seconded to liaise with the installers of a new Mainframe Computer system, to ensure a smooth implementation of procedures. With further training, he became a Systems Analyst which then led to positions as a Computer Systems Development Engineer, both within industry and as a freelance consultant.

Terry first met John Kapp in early 2010 whilst attending other Healthcare meetings, and also became involved in the set-up of SECTCo.

He has attended both the basic and facilitator training of the MBCT course.

**Bob Bleach** has had 25 years’ experience as a carer for someone with mental distress, and believes that it has made him stronger. He knows that medical interpretation of this as an illness is at times unhelpful. He has spoken up for a more social and psychological view of the challenges we can face at times in our lives. He is pleased to part of a great team who believe in a holistic approach. He is enthusiastically committed to improving mental health services by providing complimentary support, which ensures that everyone who experiences distress has the widest possible choice and the greatest opportunity on their journey to recovery.
Ivana Lukacova left Slovakia in 2006. She came to Brighton in 2008, and completed the holistic therapy course at Brighton College in June 2010 where she obtained L3 Certificate in Holistic massages, including Aromatherapy, Reflexology, and Swedish massage. She has also attended many personal development courses, workshops, classes and retreats, including family constellation, kundalini yoga, ashtanga yoga, introduction to Buddhism, vipassana (mindfulness) meditation retreats, Thai massage and a spiritual healing course.

Lissa Haycock was born and raised in Brighton. She has worked for a number of large, corporate organisations in Utilities, Insurance and the Care Industries. Lissa is trained in complimentary therapies (Reiki and EFT) and has meditated for 8 years. After her own personal experiences dealing with depression, anxiety and obsessive compulsive disorder she would like to use her knowledge of complimentary therapies and mental health to help others.

Helen Hawley, BEd, BACP, was a Staff Welfare Officer with East Sussex County Council for 15 years, running courses in Stress Recognition and Management for staff. She is also an Integrative Counsellor and work as a support worker part time for Sussex Partnership Trust. She recently completed a Mindfulness course and became a Director of SECTCo.

James Swale has a combined BA degree in Sciology and Social Psychology from Sussex University in 1997. He is the son of world-famous adventurer and author Rosie Swale Pope, who has shown him that nothing is impossible if one puts one's mind to it.
Appendix 4 Memorandum and Articles of SECTCo
(revised 11.7.12)

1 Name
The name of the company shall be the Social Enterprise Complementary Therapy Company, hereafter abbreviated to SECTCo, or 'the company'.

2 Purpose/mission
The purpose of the company shall be to promote wellness, prevent illness and remove health inequalities in the city of Brighton and Hove, hereafter abbreviated to 'the city'.

3 Aims
a) To provide patients with their statutory right under the National Health Service (NHS) constitution to National Institute for Clinical Excellence (NICE)-recommended complementary treatment free on the NHS within a 18 week wait.

b) To provide patients with such other complementary treatments as shall be decided by commissioners, free on the NHS within a 18 week wait.
c) To increase the social capital in the city by co-producing the provision of the company’s services with service users.

4 Objectives

a) To contract with public sector commissioners in the city, such as the NHS, the Council, and Brighton and Hove Integrated Care Service, (BICS) to enable doctors to prescribe or refer their patients for the above-mentioned complementary treatments and courses, by vouchers, or by other means.

b) To set up a network of registered complementary therapy centres in the city wherein patients can receive the treatments or courses prescribed.

c) To set up a system by which the expenses of providing the services (such as staff of therapists, course facilitators, administrative staff, directors and overheads) can be paid from the public purse at agreed rates under the contract.

d) To publish a directory of registered centres, therapies, therapists, courses and teachers, in a website and in hard copy to publicise and promote the treatments and courses available under the system.

e) To work in collaboration with other bodies with similar purpose, aims or objectives.

5 Powers of the company

a) To contract with public sector and other commissioners of services.

b) To procure premises from which to manage and administer the company.

c) To open a bank account.

d) To employ administrative staff, and engage therapists, course facilitators, and assistant facilitators (hereafter called ‘teaching staff’)

e) To take such other powers as are necessary to fulfil the above purpose, aims and objectives.
6 Organisation of the board of directors of the company

a) The Company shall be managed by a board of up to 15 directors, who shall preferably be complementary therapists so that the company is clinically led.

b) The directors shall be subject to re-election annually at an Annual General Meeting (AGM) at which additional directors may be elected.

c) The board shall have the power to dismiss existing directors and appoint other directors at directors meetings between AGMs.

d) The directors shall give themselves such responsibilities, job titles, and remuneration as they shall from time to time decide.

e) The directors shall use their best endeavours to manage the company as a co-operative enterprise, with all directors being equal, in a flat pyramid structure, under a facilitator.

f) The directors shall endeavour to take all decisions by consensus, rather than by voting.

g) All meetings of the board shall be held in public, at times and places as advertised in advance on the company website, giving 2 weeks notice. The quorum shall be 4. The proceedings shall be transparent and open, and the minutes shall be published on the company website.

h) Members of the public may attend board meetings in a public gallery, and may submit written and oral questions to the board, which shall be answered publicly.

i) The board shall engage and employ a chief executive officer (CEO) who shall attend board meetings, and manage the business of the company under the direction of the board of directors.

j) The CEO shall engage and employ such deputy managers and administrative staff as shall be required to efficiently provide the services for which the company is contracted.

k) The CEO shall engage such therapists, course facilitators, and assistant facilitators as shall be required to efficiently provide the services for which the company is contracted.
l) It shall be the general policy of the company to recruit local administrative staff, therapists, course facilitators and assistant facilitators from participants (including patients and service users) on the company’s courses, where possible.

m) The profits of the company shall be ploughed back into the business.

n) The company shall employ open book accounting as far as possible.

o) These memorandum and articles may only be changed by order of an AGM or SGM.

7 AGM

a) The board of directors shall convene an AGM within 15 months of the previous AGM, by giving at least 21 days notice of the date, place and time on the company’s website. The quorum for an AGM shall be 6.

b) The AGM agenda shall include:

- The annual report by the company secretary.
- The annual accounts by the financial director.
- The re-election of the directors. Existing directors and new directors may nominate themselves. Voting shall be by secret ballot.
- To transact such business as the board shall have decided, and advertised in the notice convening the AGM.
- To transact such other business as shall have been notified to the company secretary in writing one week or more before the meeting.

8 Special General Meeting (SGM)

a) The board of directors shall convene a SGM, stating the business to be transacted, by giving at least 21 days notice of the date, place and time on the company’s website. The quorum for a SGM shall be 6.

b) If 10 or more persons write to the company secretary requesting a SGM, together with the business to be transacted, the board shall be required to convene one within 3 months of the receipt of that proposal.
Brighton & Hove
Commissioning Prospectus
May 2012
Funding opportunities to support local communities in Brighton & Hove

Promoting independence
partnership working
innovation and creativity
social capital
health and wellbeing
collaboration

APPLICATION FORM 2012 - 2013
Thank you for registering your interest in the Commissioning Grants Prospectus 2012 – 2013 from Brighton and Hove NHS and City Council.

Please read the Brighton and Hove Commissioning Grants Prospectus before proceeding.

Eligibility Checklist.

So that we are able to check your organisation’s eligibility to apply for funding, please complete the following Checklist (which you will also have seen in the prospectus)

<table>
<thead>
<tr>
<th>Your organisation has:</th>
<th>YES</th>
<th>NO</th>
<th>Approved policies and procedures relating to:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>An approved constitution or Memorandum and Articles of Association</td>
<td>y</td>
<td></td>
<td>Equal Opportunities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A formally appointed Management Committee or Board of Directors which meets regularly</td>
<td>y</td>
<td></td>
<td>Health and Safety</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Can your organisation provide the following financial evidence

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Safeguarding Adults at Risk (where appropriate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>y</td>
<td></td>
<td>ICT, Retention of Records and Data Protection Policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anti Corruption, Fraud and Bribery Policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Register of Conflicts of Interest</td>
</tr>
</tbody>
</table>

Details of your organisation’s bank accounts and all signatories (names of account, account number, sort code, name of bank and address)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Complaints Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Quality Assurance policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Code of Conduct for Staff and Whistle blowing Policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CRB checks for all staff</td>
</tr>
</tbody>
</table>

| Safeguarding Vulnerable Adults policy or Child Protection Policy where appropriate |

For these documents please see attached paper supporting this bid, or on our website www.sectco.org. We will get these other approved policies if we are successful in this bid

Application Form

This application form is divided into four sections.

- **Section A** (About your organisation), and **Section D** (Declarations) need only be completed once - even if you are applying for a grant for more than one Commissioning Outcome and related Objective(s).

- **Section B** (Tell us about your proposal) and **Section C** (Tell us about the costs of your proposal) are to be completed for each Commissioning Objective you are applying for.
Guidance on how to answer the questions and the appraisal criteria and score weighting is included in the body of the application form.

**General**

- Please note there are maximum word limits on some questions – do not exceed these as text over the limit will be ignored. Please state the number of words used in your answers.
- The text boxes will expand as you type.
- Use bullet points for your answers if you wish.
- You must not change any of the questions or alter any part of the form. If you do, we will not accept your application.
- To select a box, please highlight and insert an “x” in its place.

**Section A – about your organisation**

All applicants must fully complete this section.

Although non-scoring, this section will be scrutinised by the appraisal panel.

**Full name of applicant organisation:**

| Social Enterprise Complementary Therapy Company (SECTCo) | Is your organisation set up as Not for Profit? | Yes [ yes ] No [ ] |

**Organisation’s Legal Status: (You may select more than one box)**

- Registered Charity [ ]
- Co-operative [ ]
- Mutual [ ]
- Community Interest Company (CIC) [ ]
- Company Limited by Guarantee [ ]
- Charitable Incorporated Organisation (CIO) [ ]
- An unincorporated association set up as a Voluntary or Community Group [ ]
- Faith group engaged in voluntary/social action [ ]
- Registered Friendly Society [ ]
- Registered Social Landlord [ ]
- Other – please describe below: [ ]

**Company**

Charities Commission Registration Number: *
Company Registration Number: *
7319824

**Contact name and position in the organisation:**

Please make sure we have the contact details of someone who knows all about this application in case we need to get in touch.

John Kapp, company secretary

**Contact address for correspondence:**

22, Saxon Rd Hove BN3 4LE

Telephone: 01273 417997
Mobile:
Fax: Email: johnkapp@btinternet.com

Website: www.sectco.org

**Does the named contact have any communication needs?**

Yes [ ] No [ no ]

If yes, what are they?
Partnership applications

If this application is on behalf of a partnership of organisations it must be submitted by the Lead Partner. Please list your partners and indicate the type of relationship:

Please indicate the Commissioning Objective(s) you are applying for below.

Please note: If you wish to apply for funding for more than one Commissioning Objective, you must complete a separate Section B and Section C of the application form for each Objective you are applying for, setting out your proposals and costs separately.

The Commissioning Outcomes and Objectives are set out in Section 3 of the Commissioning Prospectus which contains full descriptions of each Objective; please refer to this for the specific detail of these Commissioning Objectives – this must be considered carefully.

To select a box, please insert an “x” in its place.

<table>
<thead>
<tr>
<th>Summary of the Commissioning Outcomes and Objectives</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 - Mental Health; Outcomes – Information and Advice</td>
<td></td>
</tr>
<tr>
<td>3.1.1 - Mental Health; Outcomes – Information and Advice</td>
<td></td>
</tr>
<tr>
<td>3.1.2 - Mental Health; Outcomes – Information and Advice</td>
<td></td>
</tr>
<tr>
<td>3.2 – Mental Health; Outcome – Psycho-Social Support including Outreach</td>
<td>y</td>
</tr>
<tr>
<td>3.2.1 – Mental Health; Outcome – Psycho-Social Support including Outreach</td>
<td>y</td>
</tr>
<tr>
<td>3.3 – Mental Health; Outcome – Day Services</td>
<td>y</td>
</tr>
<tr>
<td>3.3.1 – Mental Health; Outcome – Day Services</td>
<td>y</td>
</tr>
<tr>
<td>3.4 – Mental Health; Outcome – Day Services for People with Complex Needs – Personality</td>
<td>y</td>
</tr>
<tr>
<td>3.4.1 – Mental Health; Outcome – Day Services for People with Complex Needs – Personality Disorders</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>3.5 – Mental Health; Outcome – Employment Support</td>
<td></td>
</tr>
<tr>
<td>3.5.1 – Mental Health; Outcome – Employment Support</td>
<td></td>
</tr>
<tr>
<td>3.6 – Older People; Outcome – Support for Older People in Hangleton and Knoll</td>
<td></td>
</tr>
<tr>
<td>3.6.1 – Older People; Outcome – Support for Older People in Hangleton and Knoll</td>
<td></td>
</tr>
<tr>
<td>3.6.2 – Older People; Outcome – Support for Older People in Hangleton and Knoll</td>
<td></td>
</tr>
<tr>
<td>3.7 – Older People; Outcome – Support for Older People in East Brighton</td>
<td></td>
</tr>
<tr>
<td>3.7.1 – Older People; Outcome – Support for Older People in East Brighton</td>
<td></td>
</tr>
<tr>
<td>3.7.2 – Older People; Outcome – Support for Older People in East Brighton</td>
<td></td>
</tr>
<tr>
<td>3.7.3 – Older People; Outcome – Support for Older People in East Brighton</td>
<td></td>
</tr>
<tr>
<td>3.8 – Self Directed Support</td>
<td></td>
</tr>
<tr>
<td>3.8.1 – Self Directed Support</td>
<td></td>
</tr>
<tr>
<td>3.9 – Carer Services; Outcome – Identification and Recognition</td>
<td></td>
</tr>
<tr>
<td>3.9.1 – Carer Services; Outcome – Identification and Recognition</td>
<td></td>
</tr>
<tr>
<td>3.9.2 – Carer Services; Outcome – Identification and Recognition</td>
<td></td>
</tr>
<tr>
<td>3.9.3 – Carer Services; Outcome – Identification and Recognition</td>
<td></td>
</tr>
<tr>
<td>3.10 – Carer Services; Outcome – Realising and releasing potential</td>
<td></td>
</tr>
<tr>
<td>3.10.1 – Carer Services; Outcome – Realising and releasing potential</td>
<td></td>
</tr>
<tr>
<td>3.11 – Carer Services; Outcome – A life outside of caring</td>
<td></td>
</tr>
<tr>
<td>3.11.1 – Carer Services; Outcome – A life outside of caring</td>
<td></td>
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<tr>
<td>3.11.2 – Carer Services; Outcome – A life outside of caring</td>
<td></td>
</tr>
<tr>
<td>3.11.3 – Carer Services; Outcome – A life outside of caring</td>
<td></td>
</tr>
<tr>
<td>3.11.4 – Carer Services; Outcome – A life outside of caring</td>
<td></td>
</tr>
<tr>
<td>3.11.5 – Carer Services; Outcome – A life outside of caring</td>
<td></td>
</tr>
<tr>
<td>3.12 – Carer Services; Outcome – Supporting carers to remain mentally and physically well</td>
<td></td>
</tr>
<tr>
<td>3.12.1 – Carer Services; Outcome – Supporting carers to remain mentally and physically well</td>
<td></td>
</tr>
<tr>
<td>3.13 – Carer Services; Outcome – Young Carer, i.e. Children and Young People</td>
<td></td>
</tr>
<tr>
<td>3.13.1 – Carer Services; Outcome – Young Carer, i.e. Children and Young People</td>
<td></td>
</tr>
</tbody>
</table>

**Tell us how your proposals complement each other**

If you are applying for more than one Commissioning Objective, please outline briefly how your proposals will complement each other.  
200 words maximum (Non scoring)

---

SECTCo courses help participants to build resilience, by equipping them with the tools that they need to safely maintain good mental health in challenging circumstances, (such as following bereavement, experiencing suicidal thoughts, adjusting to a disability. becoming a carer for others, dealing with unemployment, etc)

---

Q1) Tell us about your organisation...

- What are the aims and objectives of your organisation?
- How do they link to the objectives of Brighton and Hove NHS and City Council?
- What are your current activities?
- What capacity does your organisation have to deliver your proposal?
- Do you target any specific group, for example people from diverse backgrounds, cultures and lifestyles?
Why is this question being asked?
· We want to know about your organisation and understand what you do. Please don’t assume that we know how you work and who you work with.

400 words maximum. (Non-scoring)

Answer:

Q1 Aims and objectives

See appendix 4 of attached paper supporting this bid

A2 How do they link to the objectives of the Council?

A2 Providing patients with NICE-recommended courses which give them tools to improve their resilience against challenging circumstances.

Q3 What are SECTCo current activities?

A3 Preparing ourselves for bidding for public sector contracts.

Q4 What capacity has SECTCo to deliver our proposal?

A4 We are recruiting and training facilitators to deliver the courses in our proposal from April 2013.

Q5 Does SECTCo target any specific group of people?

A5 No, we are willing to take anybody on our courses, if referred by a doctor, or self referred.

· Tell us how you measured your outcomes, providing evidence where you can.

Why is this question being asked?
· We want to know what experience (if any) you have of funding from Brighton and Hove NHS and/or the City Council or of managing other grants and about your track record in delivering project outcomes.

· New projects are welcome and if you have not previously been funded by Brighton and Hove...
NHS or City Council or other funders, you will not be disadvantaged.

400 words maximum. (Non-scoring)

<table>
<thead>
<tr>
<th>Answer:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 Previous projects?</td>
<td>A1 No, because this is our first bid.</td>
</tr>
<tr>
<td>Q2 Grant funded activities?</td>
<td>A2 We applied unsuccessfully for a grant 2 years ago.</td>
</tr>
<tr>
<td>Q3 Service delivered?</td>
<td>A3 Not applicable (NA)</td>
</tr>
</tbody>
</table>

Who will have responsibility for insurance, or payroll)?

- What is the nature of the agreement?
- How will you manage risk and quality assurance between partners?
- Have you worked in partnership with them before?

**Why is this question being asked?**

- We need to know that your partnership is robust and that you have thought about how to continue with the project if the partnership should break down.
- We want to be certain that the partnership is credible and brings genuine benefits and added value.

400 words maximum. (Non-scoring)

<table>
<thead>
<tr>
<th>NAAAnswer:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**Section B - tell us about your proposal**

- Q3) If you are making this application as the lead organisation of a partnership, tell us about your partnership:
  - What arrangements have you established for managing the delivery of your proposal (e.g. · who will have responsibility for insurance, or payroll)?
  - What is the nature of the agreement?
  - How will you manage risk and quality assurance between partners?
  - Have you worked in partnership with them before?
This section is worth 67% out of a possible 100% of the scoring criteria. This is divided between a maximum of 34% for questions about quality, and a maximum of 33% for questions about social capital (the value added to the community by social networks and activities).

This section is broken down into parts to help you set out for us how you will deliver your proposal, your timescales, what resources you have available, where you are based, what outputs you will deliver and how you will make a positive difference to people’s lives.

Q4) Which Commissioning Objective are you applying for on this form?

See Section 3 of the Prospectus for the detail of Commissioning Objectives

Answer:

3.2, 3.3, 3.4, 3.5, 3.6-7, 3.9-12 (as above).

(Please note that you must complete a separate Section B and C of the form for each Objective you are applying for.)

Q5) Geographical Area of Delivery

Please indicate where you propose to deliver this project:

All of Brighton and Hove

In specific areas:

Answer: i.e. Hangleton and Knoll, East Brighton etc.

All areas of the city

parish, etc.
Q6) How will your proposal meet the Objective you selected from the list in Section A?

Please describe how your proposal would meet the Objective and deliver the Outcomes selected as set out in the Prospectus.

- What services or activities will you deliver?
- How you will deliver them. Use the project plan boxes set out below to show us the activities (your key milestones) which will help you deliver your proposals.

Your plan should set out SMART (Smart, Measurable, Achievable, Realistic, Timed) objectives.

If your application is successful, we will use these to monitor your project’s progress towards meeting its objective.

Why is this question being asked?

- We need to ensure that your organisation understands the Commissioning Objective you have selected, how this will be delivered and the outcomes for your beneficiaries.
- We also need to see measurable targets so we can see that your project contributes to achieving the Commissioning Outcomes listed in the Prospectus.

Appraisal criteria:

- The rationale and actions for milestones and outcomes are realistic and will ensure service user and/or carer satisfaction.
- The proposal demonstrates achievable milestones which include timeframes, organisational links, and deliverables, and are linked to a proposed or existing management structure.
- The proposal demonstrates clearly how you will deliver the Commissioning Objective as stated in Section of the Commissioning Prospectus.

1200 words maximum (excluding tables). (Scores a maximum 13 %)
Q1 What services or activities will you deliver?

A1 Courses teaching participants the tools of resilience against challenging circumstances.

Q2 How will you deliver them?

A2 By booking rooms at venues throughout the city, advertising the courses, taking booking from participants in exchange for vouchers from doctors, delivering the courses, presenting the used vouchers to the Council, receiving the money according to the tariff and contract, and paying the facilitators.

For further details, please see paper supporting this bid

<table>
<thead>
<tr>
<th>Project Plan – Year 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Milestone</strong></td>
<td><strong>Timescale</strong></td>
</tr>
<tr>
<td>Example – older persons dancing group will be running twice a week</td>
<td>Example – March 2014</td>
</tr>
<tr>
<td>See table 1 of supporting paper</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Plan – Year 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Milestone</strong></td>
<td><strong>Timescale</strong></td>
</tr>
<tr>
<td>Example – dementia befriending service will have 50 volunteers</td>
<td>Example – June 2015</td>
</tr>
<tr>
<td>See table 2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Plan – Year 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Milestone</strong></td>
<td><strong>Timescale</strong></td>
</tr>
<tr>
<td>Example – community transport notice board will have facilitated 500 journeys</td>
<td>Example – August 2016</td>
</tr>
<tr>
<td>See table 2</td>
<td></td>
</tr>
</tbody>
</table>

Q7) Delivery of your proposal, and intended outputs

Who will benefit from your proposal and how? (Relating to numbers of people, their needs and how they will access services)
Patients with mental health problems, in the numbers set out below. We realise that the budget for this Council contract is for only a total of £1.8 million pa, and that this bid could absorb all of that and more. We hope that the Clinical Commissioning Group of the NHS will issue a similar Prospectus, and that they will have a budget of over £50 mpa for mental health prevention and treatment. This bid is therefore aimed primarily at the CCG mental health budget Prospectus, which has not yet been issued.

. How will you measure what you deliver?

Each voucher will have a patient satisfaction survey on it, which the participant will fill in after the course, and sign. The used vouchers will be returned to the Council, and the patient satisfaction with the courses can be monitored by both SECTCo and the Council.

Why is this question being asked?

- We need to know what you will deliver for the beneficiary group and that you have understood the Commissioning Objective selected as set out in the Prospectus.

Appraisal criteria

- Evidence of how the proposed outputs meet the Commissioning Objectives set out in the Prospectus for the selected beneficiary group.

(Scores a maximum 7 %)

<table>
<thead>
<tr>
<th>Planned number of individual beneficiaries?</th>
<th>Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>Year 2</td>
</tr>
<tr>
<td>4,000-11,750</td>
<td>8,000-23,500</td>
</tr>
</tbody>
</table>

| Are any of these beneficiaries from a specific ethnic group or identity? If so, how many do you estimate? | DK | DK | DK |

| Please tell us briefly about your referral process (100 words max) | By doctor (usually the patient’s GP, of Occupational Health doctor) signing a voucher, which is a prescription for the SECTCo course. The contact details of the course providers will be listed on the back of the voucher. The patient contacts the nearest course provider, and signs up for the course, giving the voucher as payment. |

| Type of support provided, for example, home-visits, drop-in, telephone support, support groups etc (100 words max) | Telephone support from the facilitators and assistant facilitators will be given. Also, all courses will offer the opportunity to buddy up with another course member. |

| Frequency of support, for example, hourly, daily, weekly (100 words max) | Continuous. |

| If appropriate, please tell us briefly how the activities you will deliver will achieve the following: |

| Health and wellbeing (100 words max) | The courses teach the participants the tools by which to become more resilient against challenging circumstances, such as bereavement, |
Social capital is the focus of questions 8 and 9

Q8) How will your proposal contribute to social capital in Brighton and Hove? Please see the Prospectus for more about social capital.

- How will you provide and manage information, advice and signposting about local services to support local people in a timely way, which increases their independence and makes the best use of local knowledge?

SECTCo has a website, issues fliers, brochures of our courses, which have been running in the 3rd sector for years. We will expand these facilities.

- How do you link with, or work with other groups, to help your beneficiaries and their carers?

We have a data base of 150 complementary therapists in the city, as listed on our website section 1 f.

- How will staff (and volunteers where appropriate), and their local knowledge, skills, experience and background contribute to your proposal?

This bid is compiled by our directors, who are complementary therapists who have been working in the city for years.

- What added value will the project bring, either directly or indirectly, as a result of the activity?
It will improve mental health, reduce staff sickness, improve public health statistics, and reduce health inequalities.

· How will your Brighton and Hove base be of benefit to local people?

It will make evidence based, proven complementary therapy available free to patients on the NHS, which was previously only available to the rich, causing health inequalities.

· How is your organisation structured? (You may include a diagram in your answer)

The company is run by a board of directors, who employ facilitators to run courses in accordance with the contracts that the company gets.

**Why is this question being asked?**

· We need to understand how your proposal would engage with local communities and work with public sector commissioners in Brighton and Hove to improve effectiveness.

Our directors and staff are local people who have been working as complementary therapists treating local clients for years.

· We need to know about the experience of your staff and volunteers (where appropriate) in working with the beneficiaries and how they work in the wider community in Brighton and Hove.

Our facilitators have been working for years with clients who pay for complementary therapy. The only difference is that the participants will pay with a voucher, rather than with money.

· We need to understand how you propose to use your networks to help people in Brighton and Hove to help themselves.

Our courses help participants to help themselves, and have been provided in the city for years for clients who can pay.

· We need to know how your organisation will support the wider community in Brighton and Hove, beyond the delivery of the identified Objective of this application.

SECTCo will expand the careers of our facilitators, by widening their client base from the rich to all sections of the community.

· We want to understand how your proposal will enhance existing public and community services through the development of networks, community trust, social participation, volunteering or membership of groups.

There are thousands of complementary therapists in the city who we hope will be inspired to replicate what SECTCo is doing, for the benefit of everyone.

**Appraisal criteria:**

· Effective information-management systems, giving evidence of how knowledge of the support available to local people, including local networks, adds value to and benefits local people in Brighton and Hove, eg. leads to activity and services that can change people’s
lives for the better.

· Arrangements or plans for engagement with identified partners, including local groups, communities and public sector commissioners.

· Peer support is developed, where applicable.

· Demonstration of an effective mix of experience and skills among staff (and, where appropriate, volunteers) to deliver personalised and culturally-appropriate support; having robust management systems; offering staff learning and development.

· How the above structures provide opportunities for local people to become engaged in their communities.

· Service users are employed as staff and/or volunteers and are involved on Management Boards where possible.

· Demonstration of active and effective established local networks and clear plans to build social capital to improve outcomes for local people in Brighton and Hove.

· Having a local base for operation, or an established network in the area of activity.

· An outline of the added value brought to local people who will benefit from the support directly or indirectly. For example, community assets and resources.

1500 words maximum. (Scores a maximum 18 % for social capital)

Answer:

The founder of SECTCo (John Kapp) has been an active member of the local community in the city since 1970. He founded a sailing club (Marabu Sailing Club) and a sailing school, which operated from Brighton marina from 1979-2003. He was a councillor from 1995-99. In 2002, he founded a complementary therapy centre called ‘Planet Janet’, now called ‘Revitalise’ opposite Hove town hall. He was on the board of the West Pier Trust from 1994-1995. He is vice chairman of Hove Civic Society. He has been a meditation facilitator since 2002.

and responds to the needs of local people who need your support most, in a way that builds trust and confidence?

By the number of satisfied participants on our courses.

Why is this question being asked?

This question is based on one developed by a group of people who use services. The group included people with support needs and carers across the range of beneficiary groups featured in the Prospectus.
Appraisal criteria

Drawing on themes that we understand are significant for service users and carers, set out below are some examples of how each proposal could demonstrate they met their criteria:

Person-centred and preventative:
- People are treated as individual and unique
- People’s potential is recognised
- People feel they are taken seriously

How the service is run:
- Managers maintain a good understanding of what is important at the front line
- The organisation is not risk averse and encourages new and innovative ways of working
- The organisation is run with integrity

Involvement:
- It is clear that users/carers have been involved in putting the proposal together
- Users are trained and supported to join a local Board of Trustees or user group
- Each beneficiary’s personal support networks are involved with their consent

Information and communication:
- Communication is accessible
- Choice and control are promoted through people being made aware of the options available to them
- The views of people are listened to and considered

Networking and engagement:
- Networks are used to connect local people
- Where training is involved, service users/carers are invited to input wherever possible

1200 words maximum. (Scores a maximum 15% for social capital)

Answer:

SECTCo has always operated on all the above principles, and intends to continue
Q10) Collaborative Working

· Are you involved, or would you be involved with local partners and how would you plan to network with them directly to improve outcomes for the beneficiary group?

Why is this question being asked?

· We want to understand what benefits your existing or planned partnerships with other local organisations will bring to the beneficiaries and if you have a well-defined and realistic plan to develop these further.

Appraisal criteria

· A clearly-defined approach to utilising existing networks and developing local partnerships that brings benefits to local people.

400 Words maximum. Scores a maximum 2%

Answer: Yes, we would be pleased to work with anyone who have the same objectives as we do. We have a data base of 150 complementary therapists see website.

Q11) Proposed plan for involvement of beneficiaries

· How have you involved local existing and potential beneficiaries in developing the proposal and how will you continue to involve them in delivering and reviewing services?

Why is this question being asked?

· We want to see that you understand the local issues facing service users and/or carers and the value of user-led organisations.

Appraisal criteria
Demonstration of how the active involvement of local service users and/or carers in planning the service, in achieving the required outcomes, and in monitoring the service, will improve outcomes.

Whether there a user involvement policy in place or in development and how this works.

400 words maximum. (Scores a maximum 3%)

**Answer:** Most of our directors and course facilitators have had mental health problems, attended our previous courses, and were helped by the material that they learned. We have always had a policy of recruiting our directors and facilitators from our course participants, and will continue to do so from our service users. See supporting paper.

Q12) How do you plan to reach the key groups identified in the Objective you have selected?

- What research has your organisation conducted locally into the needs of the beneficiaries of your proposal, including those that services have traditionally struggled to reach?

We know that there is a need for our courses in affluent areas because rich people have paid for our courses. We know that there is a similar need from deprived sections of the community, who have not been able to afford to pay. We welcome this opportunity to treat them free on the public purse.

- Do you have any plans to reach out to communities where services are harder to physically access for example in outlying areas? How will you do this?

Yes. When one person comes, and finds what we are offering helpful, the word will get back to the GP, who will prescribe our courses for others.

- How will you target people from diverse backgrounds, cultures and lifestyles to make sure they are included?

The GPs will do this.

- How will you let people know about what services and activities you can provide, including people from diverse backgrounds, cultures and lifestyles?

We let the GPs know.

- How will you measure your success in reaching the service users?

The GPs will measure this.

Please outline your plan to market your services in the table below.

**Why is this question being asked?**

- To show us how you understand local diversity issues in Brighton and Hove relating to your
specific proposal.

- We need to know that your organisation has an active equal opportunities policy which is effectively implemented in relation to service users, carers, staff and volunteers.

We need to see that you are realistic in marketing your project and have set out timescales and achievable aims, and that where necessary your aims are structured to address inequalities.

**Appraisal criteria**

- Demonstration of plans to target the key groups identified in the Commissioning Objective and ensure access for all.

- People who are excluded are targeted for support, including those who find it harder to physically access services (for example rural areas) or people from diverse backgrounds, cultures and lifestyles.

- Clear outline of a realistic marketing plan.

400 words maximum. (Scores a maximum 5%)

We have been marketing our plans to GPs, politicians, commissioners for the last 3 years, but there was no way that the public purse could pay, so GPs could not refer their patients to us until now. If patients find our courses helpful, they will tell their GPs, and we expect to have more patients referred to us than we can accommodate. There will therefore be no need to market our courses.

<table>
<thead>
<tr>
<th>Outline Marketing Plan</th>
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<tbody>
<tr>
<td>Key milestone</td>
</tr>
<tr>
<td>---------------</td>
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</table>

**Q13) How will you ensure the quality of your outcomes and how will you evaluate them?**

- What monitoring systems will you use to test your effectiveness and how will feedback from your beneficiaries be used to improve your service?
Each voucher will have a patient satisfaction survey on it, which the participant will fill in after the course, and sign. The used vouchers will be returned to the Council, and the patient satisfaction with the courses can be monitored by both SECTCo and the Council.

What remedial action would you take to address beneficiary dissatisfaction?
SECTCo will the matter take up with the facilitator concerned, and take appropriate action to see that it does not happen again.

What remedial action would you take to address underperformance against specified targets?
I cannot answer this without knowing what targets.

Why is this question being asked?
· We need to know if you have a quality-management system which includes outcomes focused monitoring to ensure that you meet your intended outcomes.
· We need to see that you understand how to evaluate the effectiveness of the service.

Appraisal criteria
· Demonstration of an efficient system of outcomes-focused monitoring, quality assurance and risk management.
· A clear plan to evaluate the effectiveness of the service, with involvement and feedback from service users, carers and professionals and others who refer people to your service.

400 words maximum. (Scores a maximum 4%)

Answer: We recruit our facilitators from our service users, so they are likely to know the issues required by service users. SECTCo has a built in feedback loop to rectify problems before they become acute. John Kapp has served on the IAPT committee, and attended the Gateway LIVE meetings, and will continue to do so. SECTCo would be pleased to work closely with the Council and NHS mental health commissioners to improve our services in the light of experience.

Section C – tell us about the costs of your proposal
This section is worth 33% out of a possible 100% of the scoring criteria and is about your costs, how you have calculated them and your financial sustainability.

All organisations applying for funding will be subject to financial checks.

Q14) – Proposed costs

. What are the costs of the activities you are proposing?

Please complete the Excel spreadsheet template which goes with this application form.

Please include only the costs that are relevant to this application, that is, for the Objective you have indicated at the beginning of Section B.

If you are registered for VAT you can apply for the cost of non recoverable VAT only - please see the Commissioning Grants Prospectus, section 4.4 for more information.

Why is this question being asked?

We need to understand what you believe your costs to be.

Appraisal criteria

We will base our evaluation on the projected costs over a maximum of three years.

(Scores a maximum 15%)

Please insert the Year 1, 2 and 3 (if required) costs of the proposal and the grant requested in the appropriate summary box below:

<table>
<thead>
<tr>
<th>Year</th>
<th>Proposal Cost Total</th>
<th>Grant Request Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year 1</td>
<td>Year 2</td>
</tr>
<tr>
<td></td>
<td>£1.1 to 3.2 m</td>
<td>£2.2 to 6.4 m</td>
</tr>
<tr>
<td>Year Number of courses pa</td>
<td>Number of participants treated pa</td>
<td>Cost to the commissioner £ mpa</td>
</tr>
<tr>
<td>2013/14</td>
<td>600</td>
<td>4,400</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13,000</td>
</tr>
<tr>
<td></td>
<td>£1.1</td>
<td>£3.2</td>
</tr>
<tr>
<td>2014/15</td>
<td>1,200</td>
<td>8,800</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>£2.2</td>
<td>£6.4</td>
</tr>
<tr>
<td>2015/16</td>
<td>2,400</td>
<td>17,600</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>£4.4</td>
<td>£12.8</td>
</tr>
</tbody>
</table>
Q15) – Breakdown of costs

. How did you reach the proposed costs? (Please include appropriate and relevant overheads and (if relevant) the costs associated with training and volunteer involvement. (This question is in line with the national Compact published by HM Government December 2010).

. Have you considered potential TUPE implications when costing your proposal? Although it will not be possible to determine whether TUPE applies until new service models are known and compared to existing service models, Commissioners will endeavour to supply as much appropriate supporting information as is available to assist the application process.

Why is this question being asked?

We would like to understand more about how you developed your costs.

Appraisal criteria

. We will scrutinise your proposed budget and may seek to clarify this with you to ensure your costs are adequately covered.

1200 words maximum (Scores a maximum 13 %)

Please see paper supporting this bid:

Q16) – Financial sustainability and other public sector funding

We would like to understand more about your organisation’s financial sustainability.

· Tell us about your financial reserves and how you manage them.

· Tell us about any additional funding you receive (public, private or charitable) and the impact this might have on your proposal.

600 words maximum. (Scores a maximum 5 %)

Answer: We have received no funding to date, beyond a loan of about £9,000 lent to the company by the founder, John Kapp. The board of directors comprise 15 people who are of substantial means, and are committed to making SECTCo a successful company.
Declarations – all applicants

This must be signed by the appropriate authorised officer in your organisation (or on behalf of the partnership). This means either the Chair of your Management Committee, your Director or Chief Executive or, if relevant, your Company Secretary.

I confirm that:

• The information and supporting documents with this application are correct and complete.

• The proposed service(s) or activity(ies) will be carried out, as described in this application, subject to any negotiations for a funding agreement.

• We have disclosed details of all applications that have been made to secure additional funds for this and related service(s) or activity(ies).

• We have disclosed details of all other funding available to this organisation.

• The required supporting documents are enclosed with this application

Surname:  
Kapp
John
01273 417997
Company secretary
johnkapp@btinternet.com

Deadline for applications and where to send them

Please submit two signed, hard (paper) copies of the Application Form and spreadsheet to the address below, and electronic media version, either in CD / DVD or USB memory stick form.

The deadline for submitting your application is 2pm noon on Friday 27th July 2012.
Please send your application form and associated documents to:

Steve Veevers  
Category Management – Social Care  
Brighton and Hove City Council  
Room 201, 2nd Floor  
Kings House  
Grand Parade  
Hove  
BN3 2LS

With the Reference – **COMMISSIONING GRANTS PROSPECTUS** on the envelope.

Please only submit the documents that are required to complete the application process, as supplementary papers will not be considered.

**Please note we will not be able to accept any applications after the above deadline.**

If you have any questions, please contact the procurement team. (See section 4.2 of the Commissioning Grants Prospectus for contact details).

**Optional Feedback Response Form**

This is the first year that Brighton and Hove City Council and NHS have produced a Commissioning Grants Prospectus and we are keen to hear about your experience of the process, especially what went well and what we could do better.

Please feel free to leave any comments on this sheet when you return your application or if you would like your comments to be anonymous, please send this section to the Community and Voluntary Sector Forum, who will pass on your comments but not the source.

Please note that this section will not be scored or judged as part of your application process and will not affect the outcome of decision making process.
Comments:

We are very pleased that the Council and NHS have done this, and we congratulate you on opening up the market to Any Willing Qualified Provider, such as SECTCo. We wish to provide a comprehensive community mental health service programme of courses for up to £13 mpa in 2015/16, for which the budget for this is insufficient. We do not expect this bid to be successful therefore, and hope that you will pass it on to the CCG mental health commissioners as the outline bid for a bigger budget.

Emma Daniel
Policy & Research Manger
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79 pages, 26,000 words