

## Mental Health and Wellbeing Alliance

### Q&A's from Workshop Sessions held 2<sup>nd</sup> and 9<sup>th</sup> October 2020

- Q. Concern around timetable for procurement, and read information about alliances, seems optimistic on the timeframe. Is there flexibility for procurement?**
- A. Won't put out tender for this Alliance project if market is not ready to respond to. Current contracts identified 'in scope' are to be extended until 31 March 2022. Alliance expected to be in place from April 2022, length and element of procurement framework can flex slightly. Will have to be flexible around gateways of timeline.
- Q. Sub contractors aren't mentioned/included in the alliance presentation?**
- A. Will be part of delivering overall services, other alliances call them slightly different terms, (Lambeth call them a network). Alliance take on responsibility for sub-contracting.
- Q. Who do you directly commissioner from?**
- A. Carries on with the commissioner for the first couple of years. Gave Scotland as an example, different models for what fits best.
- Q. Menu of services is so diverse, all of the different organisation operate different systems, will we look at collective management/case systems? Referral process - would this be looked at? Is this something that could be looked at now working towards an alliance to prepare providers?**
- A. Jo Laverick mentioned a small pot of funding to do some development work for VCS Alliance and will be picking this up at the VCS Policy Forum on 16<sup>th</sup> October. Might be useful to home in on this piece of work for the providers to have some conversations. Haven't signed up to anything as yet. Timescale - would like workplan by Christmas. Would be happy to follow up. (Buy in some objective help).
- Q. Providers are interested in how funding works, risk share – is there any feedback from other organisations about what difference it makes to them, seamless service?**
- A. It was advised that Alliance would be made up of no more than 8 organisations, in terms of how the money works, once pooled and given to alliance, they will have responsibility for the total pot.
- Q. What happens if there is more than one bid to deliver the Alliance?**
- A. The successful bid will be one alliance covering the County.
- Q. If one Alliance across the County could that Alliance sub-contract to smaller organisations?**
- A. Yes it could
- Q. Although looking for one alliance, there may be more than one bid, but this will need careful thought. How that works in practice?**
- A. Procurement aspect will be no different to any other.
- Q. When the market are preparing do we have to think of who should be in the network?**

A. Haven't asked for people to do tier 1/2 type bid. Providers will need to start talking to each other, however some providers are already wanting to start networking and discussing alliance further.

if more than one alliance, could have an organisation that is involved in multiple bids. However this would be up to the individual providers and their rules about confidentiality etc.

**Q. If like mind providers, would like to bring key members together to start conversations. Would there have to be a collective agreement on who or what organisations should be part of the alliance.**

A. The procurement process will be open to all providers.

**Q. Are there are any workshops planned on how to form an alliance?**

A. Linda (LH Alliances) is happy to offer generic workshops. - could this be part of the funding Jo spoke of earlier? - how services are going to be shaped - No reservation about an all in workshop.

**Q. Right care right place/work TEWV are doing, resilient communities and whole prevention agenda, does this fall into this?**

A. This is about timelines and Alliance is happening in the here and now. Could be brought in the county durham plan, pivotal that we have things joined up. Other work is happening but only preparatory work.

mental health conversation is being broadened out to include VCSE voice and engaging partners as local assets - totally part of the process. This is part of the Right Care Right Place work.

**Q. Will the smaller organisations have opportunities like the larger ones.**

A. This will be up to the organisation and will have to be actively working with other providers.

**Q. 20 existing contracts that are going to be extended, do we know what those are?**

A. It was agreed to send a list of those contracts in scope out with the workshop presentation although contract values cannot be shared.

**Q. Will the Alliance be responsible for setting the outcomes for the overall Mental Wellbeing and Health Alliance or have these been set by the LA.**

A. Following stakeholder engagement, a broad set of outcomes have been developed which will be part of the specification in the contract, the alliance will develop some of their own outcomes. It was agreed that outcomes can be shaped once the alliance is developed.

**Q. Is the next step for providers to get together.**

A. Yes workshops taken place and would now look at how this alliance will work. We're handing over the baton to the alliance with support from a commissioner to deliver the outcomes. Don't expect 8 organisations to do everything.

**Q. How is it decided who the 8 organisations are?**

A. Providers will need to undertake discussions around the proposed Alliance and a bid would be need to be submitted. It is expected any Alliance will have no more than 8 providers, who these providers will be will be decided by those providers who have come together to submit a bid.

- Q. Does the ability to 'sub contract' allow us to include those organisations which may not be able to meet the criteria needed on the ITT3 -which would be great.**
- A. Yes the Alliance will be able to contract with who they want to as long as you're in charge of that sub-contracting. Documentation is what has to be used.
- Q. Is the ultimate aim to have one Alliance, what if providers don't want to be or feel it is appropriate to be part of the initial Mental Wellbeing and Health Alliance but feel that down the line they are more suitable to future opportunities/commissions - will they have missed the boat?**
- A. Alliances do change over time and write flexibilities in, as long as unanimously agreed by all, bringing in a new member would 'formally' refer up to the commissioner.
- Q. Will it be limited to VCSE? (statutory partners)**
- A. DE advised yes it should be. Linda gave example of Lambeth contracts, and is a big advocate of diversity thinking is really key.
- Q. How does this link with Health CCGs.**
- A. As Adult Health Service and Commissioning are now part of an integrated team, CCG's are included in the discussions.
- Q. As more questions arise with more discussion and looking at Linda's examples, where would we direct those questions?**
- A. All questions can be directed to [amanda.russell@durham.gov.uk](mailto:amanda.russell@durham.gov.uk) in the first instance.

**Additional comments From chat in TEAMS:**

To remind people that any contract will flex due to changes in need etc. New providers could be brought in, so can be flexible within the alliance contract.

Individual providers who didn't want to be part of the Alliance maybe would want to think of other options and funding streams.

An alliance doesn't have to be big organisations, can be a mixture of big and smaller organisations. To ensure we have a countywide coverage. Don't want to lose grassroots knowledge.