

HEALTHIER COMMUNITIES SELECT COMMITTEE		
Title	Mental Health Provider Alliance Progress Update	
Contributors	Kenneth Gregory, Associate Director, Joint Commissioning (Adult Mental Health)	Item: 4
Class	Part 1	25 June 2019

1. Purpose of Report

1.1. This report summarises the current progress of the Lewisham Mental Health Provider Alliance for Working Age Adults.

2. Recommendation

2.1. Members are asked to note the development progress of Lewisham's Mental Health Provider Alliance.

3. Local Context

3.1. The Alliance Contracting model has been developing within Health and Social Care for the last several years. It enables the creation of a contracting structure in which multiple organisations such as commissioners and providers agree to work collaboratively to deliver a range of agreed services. Alliances are similar to consortiums or Joint ventures and are often led or initiated by commissioners. Commissioners can also be members of an Alliance and share in the collective risks.

3.2. Based on the principles of collective ownership, decision making and accountability Alliance contracts are an approach that can be used to shape aspects of health and social care systems and services to be more outcome orientated whilst managing and sharing risks.

3.3. Lewisham Health and Care Partnership are using the Alliance contracting approach to redefine and shape two vital borough based key pathways:

- Care at Home Provider Alliance
- Mental Health Provider Alliance

3.4. Both Alliances will test integrated working across partners within their client group area but will also seek to align care and clinical pathways in order to create more opportunities for joined up physical and mental health care.

4. Background: Mental Health Provider Alliance

4.1. In February 2018 following a series of initial development discussions a proposal to establish an integrated provider delivery partnership was drafted on behalf of Adult Social care, South London and Maudsley Foundation Health Trust (SLaM),

Bromley Lewisham and Greenwich Mind, One Health Lewisham and Lewisham CCG.

- 4.2. The proposal outlined the need to work towards improving population based outcomes, through the adoption of a collaborative approach to Mental Health and Social care. Although Health and Social care staff already worked together within integrated teams, service users were expected to move between services to meet their needs and could be subject multiple assessments. Our proposed integrated arrangement seeks to reduce this type of duplication by providing access to the right intervention, at the right time in the right place.
- 4.3. Following agreement of the proposal, the partners (SLaM, ASC, BLG MIND, OHL and Lewisham CCG) established a Mental Health Provider Alliance development Group. The development of the MH Provider Alliance was also factored into the Lewisham Health and Care Partners Partnership plans and became one of the two Alliance development transformation programme
- 4.4. The Provider Alliance Development group in accepting the proposal sought to move at pace to make the MH Provider Alliance Operational and proposed in December 2018 that a 'Shadow Alliance' be created from the 1st April 2019.
- 4.5. A subsequent business case was drafted by the Borough Service Director in SLaM and Associate Director for Joint Commissioning in order to outline the case for change, joint principles for development and intended benefits of this approach for service users, carers and the wider population. This business case has been agreed by SLaM and is currently being taken through the governance routes of the other Alliance Partners including London Borough of Lewisham.
- 4.6. The Mental Health Provider Alliance development is a practical example of co-designing system change as discussed at the Health & Wellbeing Board and BAME workshop on Health inequalities and promoting system change. Improving the health and social care outcomes for our population is one of the shared principles of the Alliance development. Ensuring that we reduce the gap in health inequalities for individuals with 'protected characteristics' is a key component of the programme and will require the development of an ongoing dialogue individuals and communities.

5. Current Progress

- 5.1. On the 1st April 2019, the Mental Health Alliance Leadership Group was established to lead the development of the 'Shadow Mental Health Provider Alliance'. The term 'Shadow Alliance' means that Alliance Partners will work, think, create and deliver projects and programmes as a partnership but will still be accountable to their own organisations, and commissioners, during this stage of development.

5.2. The Alliance Leadership group have agreed the initial development to continue to progress the key objectives outlined in the Provider Alliance Business case which is as follows:

- I. Improve the Primary care and Secondary care interface.
- II. Improving physical health for Mental Health patients.
- III. Improved interface between acute, mental health, community and social care to reduce pressure on urgent care pathways generated by Mental Health referrals.
- IV. Rationalise estates in order to bring care closer to home (least restrictive environment).
- V. Integrate IT case management systems

5.3. The Provider Alliance has established a working group to address the first three bullet points through the re-design of local community mental health teams to make joint working between primary care and mental health services more effective by ensuring that secondary care, social care and the voluntary sector offer more consistent mental health support for those individuals that are being treated for the mental health needs by GPs.

5.4. The Provider Alliance Leaders Group have agreed that engagement is a key development priority for the Alliance. The first stage of this process has been to increase engagement and co-production by recruiting community representatives to the community transformation group which is redesigning local mental health community pathways. The involving community members is one of the mechanisms that the Alliance will use to inform the improvement of our service offer and subsequent outcomes. The current community representatives are members of the CCGs Public Reference Group. In addition, invitations for service user representatives that could be involved in overarching MH Health Provider Alliance development programme have been sent to most of the locally commissioned services in both the statutory and voluntary sector.

5.5. The Provider Alliance intends to develop a co-produced engagement plan to ensure that initiatives are aimed at maximising engagement, involvement and feedback from individuals and communities with protected characteristics with differential improvement health outcomes compared to the rest of our overall population.

5.6. An IT project to develop a single case management system between primary care and community mental health has been established and will be tested in a GP practice before it is implemented across the borough.

5.7. The Mental Health Provider Alliances is bidding for national transformation funding to increase psychological interventions, care navigation, support work and peer support in Community Mental Health Teams. If successful the funding will strengthen our borough based Mental Health community offer and create a

strong foundation for expanding the different types of staff (skill mix) within our Community Teams.

5.8. The Shadow MH Provider Alliance is the initial stage in our journey to become and formal Provider Alliance. Lewisham Health Care Partners have committed funding to appoint dedicated Programme Management posts to ensure that the transformation programme to achieve formal Provider Alliance status remains on track.

6. Legal Implications

6.1. There are no specific legal implications

7. Crime and Disorder Implications

7.1. There are no crime and disorder implications arising from this report.

8. Equalities Implications

8.1. The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

8.2. In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- i. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- ii. Advance equality of opportunity between people who share a protected characteristic and those who do not.
- iii. Foster good relations between people who share a protected characteristic and those who do not.

8.3. The duty continues to be a “have regard duty”, and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

8.4. The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance

can be found at: <http://www.equalityhumanrights.com/legal-and-policy/equalityact/equality-act-codes-of-practice-and-technical-guidance/>

8.5. The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:

- i. The essential guide to the public sector equality duty
- ii. Meeting the equality duty in policy and decision-making
- iii. Engagement and the equality duty
- iv. Equality objectives and the equality duty
- v. Equality information and the equality duty

8.6. The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty, including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: <http://www.equalityhumanrights.com/advice-and-guidance/publicsector-equality-duty/guidance-on-the-equality-duty/>

9. Environmental Implications

9.1. There are no environmental implications arising from this report.

10. Environmental Implications

10.1. There are no specific financial implications arising from this report.

If you would like further information on this report please contact Kenneth Gregory on kennethgregory@nhs.net / 020 8314 9860.