Dudley Metropolitan Borough Council

Agenda Item No. 8

Health and Wellbeing Board

Report of the Director of Director of Commissioning, Dudley CCG

Development of the Multi-Specialty Community Provider

Purpose of Report

1. To request the Board's endorsement of the process to be followed to establish the Multi - Specialty Community Provider (MCP)

Background

2. The Board will be aware form previous discussions of Dudley's successful bid to be an NHS Five Year Forward View Vanguard Site, the purpose of which is to establish a new care model – the MCP

3. This report sets out the nature of the MCP and the process to be followed to secure its establishment.

The nature of an MCP

4. An MCP is:-

- **Multi-specialty** – physical health, mental health, children's, adults, learning disability, primary care (including out of hours and urgent care centre) and voluntary sector services. All services previously delivered by separate organisations.

- **Community** – services delivered "in the community", including some previously delivered in a hospital setting.

- **Provide**r – a provider organisation, not a commissioner, perhaps delivering some function previously provided by the commissioning organisation.

5. The MCP will be "list based" by virtue of list based general practice being a fundamental element of the service model and hold a single, whole population budget to deliver its services to patients registered with Dudley GPs.

6. At present, the CCG contracts with its providers (with the exception of general practice) to deliver a series of "events" – out patient attendances, nurse contacts, hospital admissions. These are described as contract currencies. The CCG only commissions health outcomes – increased life expectancy, reduced blood

pressure, well managed diabetes – form general practice. The MCP contract will be outcome based. Thus:-

- the MCP will be allocated a **single whole population budget** (in excess of £245m);
- In return for this it will be **contracted to meet a set of outcomes** for the whole population;
- It will have the "**right to decide"** how to allocate the budget to meet the expected outcomes;
- the contract will be **long term 10 -15 years**.

7. The Multi-Disciplinary Team (MDT) where physical health, mental health, social care, voluntary sector and primary care professionals are accountable for managing the needs of a defined practice population is fundamental to the MCP's operating model. They have shared responsibility for a shred population and a shared set of outcomes. They link to a wider, more specialised set of services that ultimately aggregate up to the MCP.

Characteristics

8. Work has taken place locally to define a set of characteristics for the MCP. Further characteristics will be laid down nationally. Key features will be:-

- single legal entity
- GP list based
- holds a single whole population budget
- has the "right to decide"
- displays NHS/public service values
- is publicly accountable with appropriate governance arrangements
- a model employer
- exploits technology
- works in partnership to tackle the wider determinants of health

Commissioning the MCP

9. To commission the MCP, the CCG needs to enter into a procurement exercise using a process of competitive dialogue. The expectation is that once a procurement notice has been published, interested parties will come together and create a suitable response to the procurement specification. Nationally, this has been described as taking the form of an "inclusive conversation".

Public Consultation

10. There has been significant public involvement to date to inform the development of a new care model in Dudley. In general, people have agreed with the approach and understood why changes need to be made but have wanted to grasp further clarity about what the changes mean for them and when will they

happen and how will it feel different. we believe the next step is to undertake a formal public consultation with our communities and wider stakeholders.

11. We propose a formal consultation (to be reported to the Health and Adult Social Care Scrutiny Committee) from Friday 15 July for a duration of 8 weeks. The consultation would end formally on Friday 9 September 2016. There will then be a period of consolidation and analysis with a report being presented to the CCG Board on 29th September.

12. During the week of 1st August to 5th August we are preparing for an intensive period of consultation with our local communities. This would involve 5 public meetings to be held in each locality at different times and the use of a mobile campervan with a video diary room. The campervan would be used at each public meeting, at all of the Health Hub activities (organised by the Office of Public Health) and link in with other existing events to ensure maximum exposure. We will also be working with the Centre for Equality and Diversity (CFED) to ensure that we have the opportunity to share conversations with some of our communities that we have yet to build relationships with. There will also be the opportunity for those that are interested in all the detail to attend a series of Deep Dive sessions to understand the outcomes framework in more detail. We will work with our existing CCG networks including the Patient Opportunity Panel (POP), Patient Participation Groups (PPG), Vanguard Engagement Group and our mailing list to ensure we reach as far and wide as possible.

13. We would anticipate that we will explain the challenges within the Five Year Forward View and what has been happening in Dudley so far with the New Care Model work and this will build upon all engagement activities to date which have picked out the key themes of:-

- access
- co ordination
- continuity
- communication

14 The formal consultation will build upon these themes and talk about the development of an MCP with opportunity to help shape the characteristics of the MCP (how it looks feels and works and how people will know they are at the centre of their care), the outcomes (what really matters to people and makes a difference to their lives) and the scope (what services are included and have we got them right). We will also be collecting information on equalities and protected characteristics to better understand some of the impacts of the changes so we can mitigate those challenges and share with potential bidders.

15. We will seek information and views on what impacts there could possibly be on communities and on people with protected characteristics through the procurement of an MCP. We will seek to understand the rationale behind any statements made and share these with potential bidders so they can mitigate the impacts with their proposals.

16. During the competitive dialogue stage, if either bidders are planning on service change, or proposing a significant difference in the service scope, we will consult again on those proposals early in 2017.

Procurement Process

17. At its meeting on 14 July, the CCG Board will be requested to approve the MCP service scope, outcomes and characteristics that will feature in the procurement process described above.

18. During the summer, further work will take place in relation to a number of areas including:-

- assessing system risks
- financial modelling
- business rules
- arrangements for non MCP contract

19. This further work, together with the outcome of the public consultation exercise, will be reported to the CCG Board on 29 September, in order to inform the decision to commence the procurement. The procurement timetable is as follows:-

- procurement notice issued – 30 September
- shortlisting bids – late Nov/early Dec
- competitive dialogue – mid Dec to late Jan 17
- final submissions – mid Feb 17
- Report to CCG Board – end March 17
- Contract signed – April 17
- mobilisation period – potentially 12 months

End State

15. The final shape of the local health economy will be:-

- Commissioning Organisation
- Provider 1 – the MCP
- Provider 2 – delivering non MCP services – planned and urgent hospital services

Finance

16. Services will be delivered within the CCG's existing cost envelope

Law

17.
- The development of an MCP delivering integrated services is consistent with the "duty to integrate" as set out in the Care Act 2014.
- The procurement will be conducted in accordance with the relevant procurement regulations

Equality Impact

18. A full equality impact assessment is being carried out.

Recommendation

19. It is recommended that:-

The Board endorses the process for the procurement and commissioning of the MCP, including the arrangements for public consultation

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Neill Bucktin

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