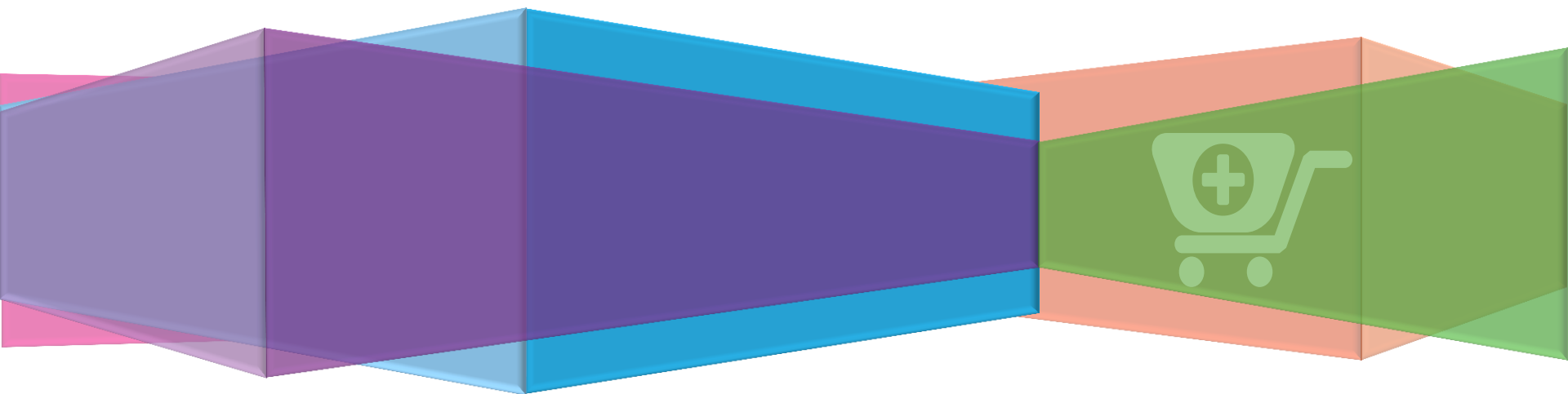


MCP Procurement Market Engagement Event

Thursday 19th January 2017

Paul Maubach
Chief Executive Officer, Dudley CCG



Purpose of Today

- Share CCG and Council perspective on the MCP
- Clarify the scope of the procurement
- Explain the nature of the contract
- Facilitate engagement between potential partners, including general practitioners

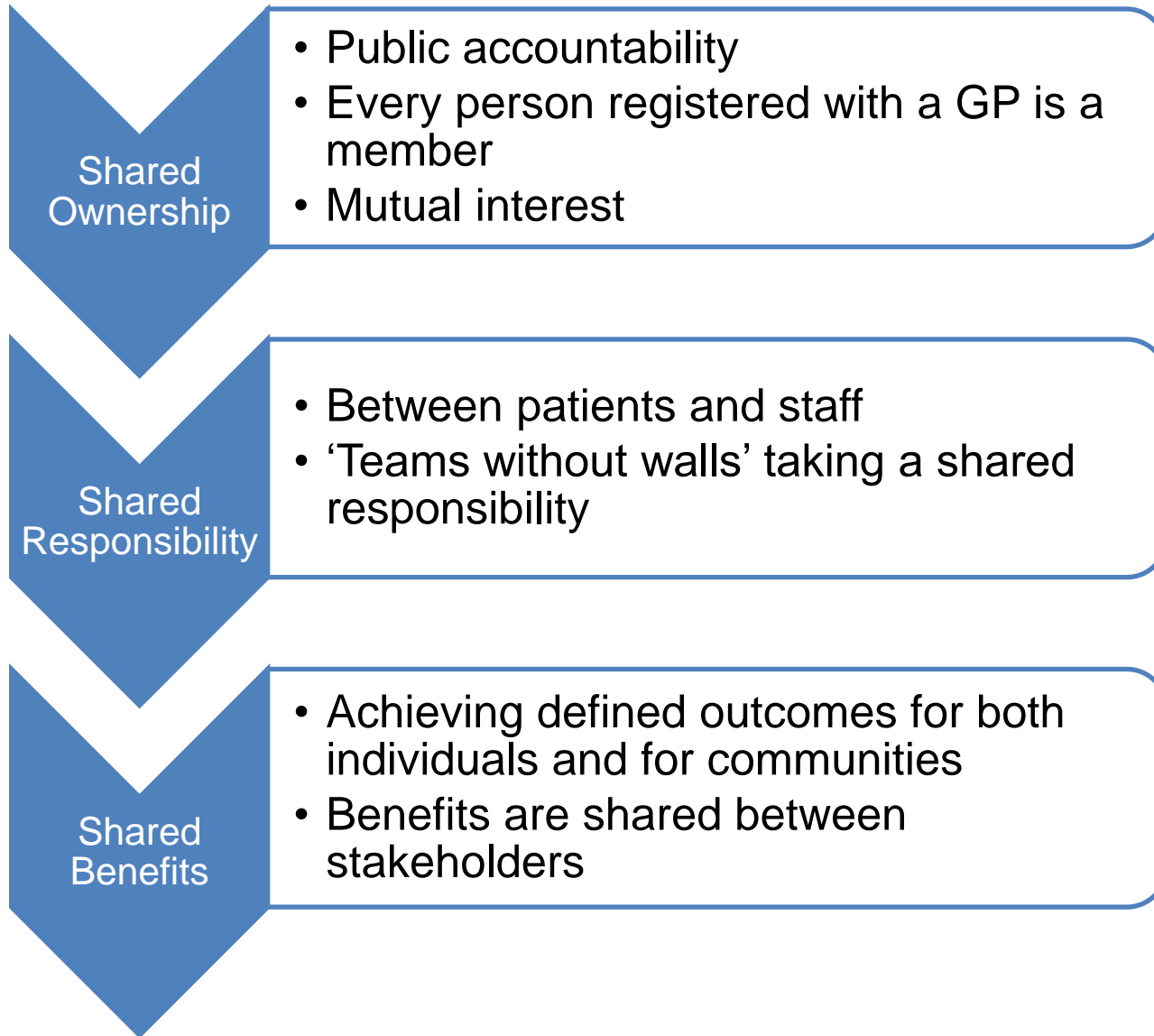
Further information on service scope, outcomes and the MCP prospectus available in packs and at <http://www.dudleyccg.nhs.uk/mcp-procurement/>

Agenda

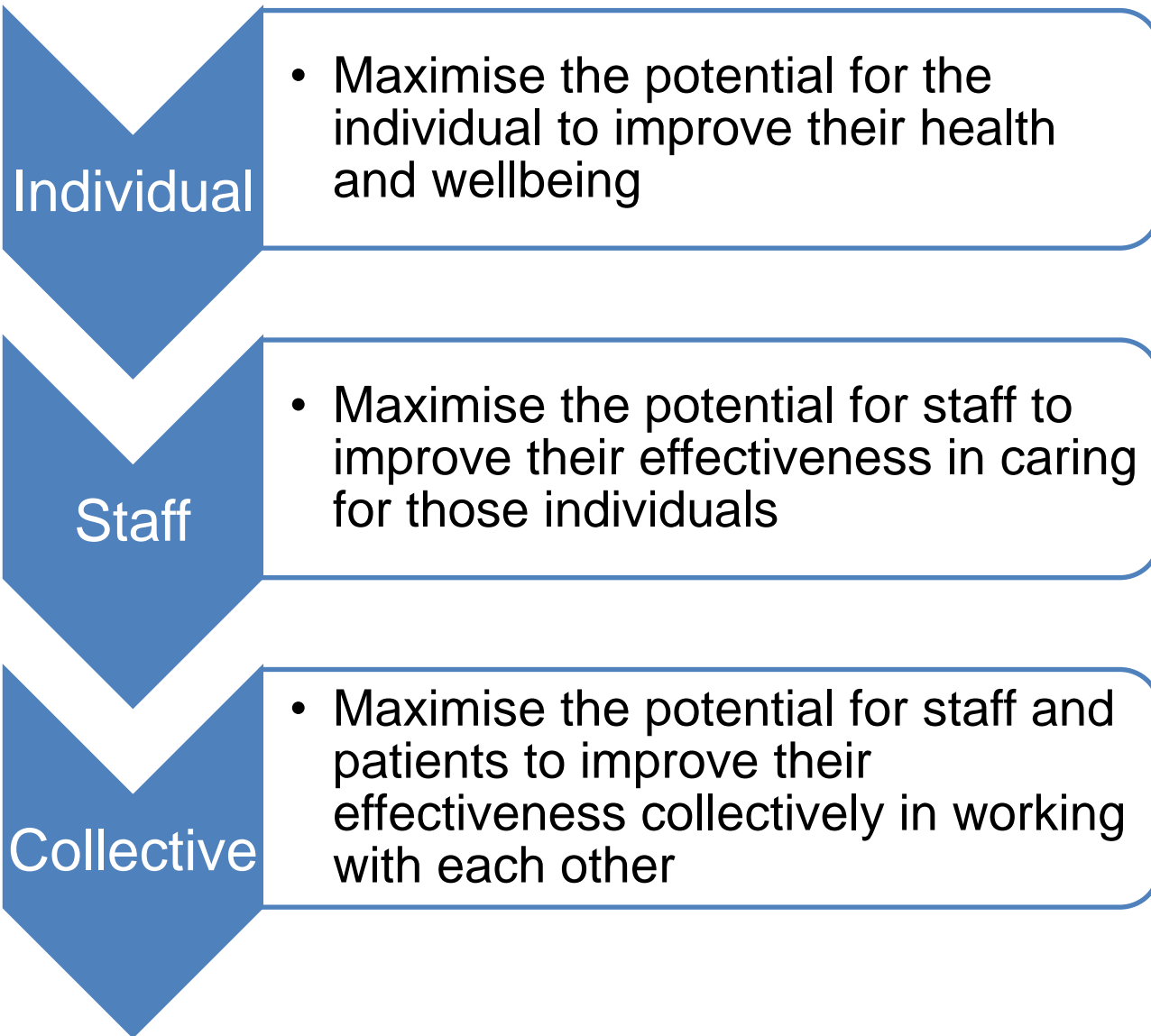
- Presentation from Dudley CCG and Dudley MBC
- Questions and answers (will be published via BRAVO)
- Presentation from Primary Care Development Steering Group on behalf of Primary Care Collaborative
- Booked slots for bidders to meet representatives of Primary Care Development Steering Group
- Opportunity for further discussion with CCG/MBC representatives (responses to be published via BRAVO)



MCP underlying principles



MCP achieving maximum value



MCP population need

Access

100%

Reduce waits
Reduce variation
in access

Improve calls,
visits,
diagnostics, &
treatment
response
Same day (<5
yrs)

Continuity

30%

Appropriate
Diagnosis and
Long Term
Condition
Management

Evidence-based
outcomes
framework

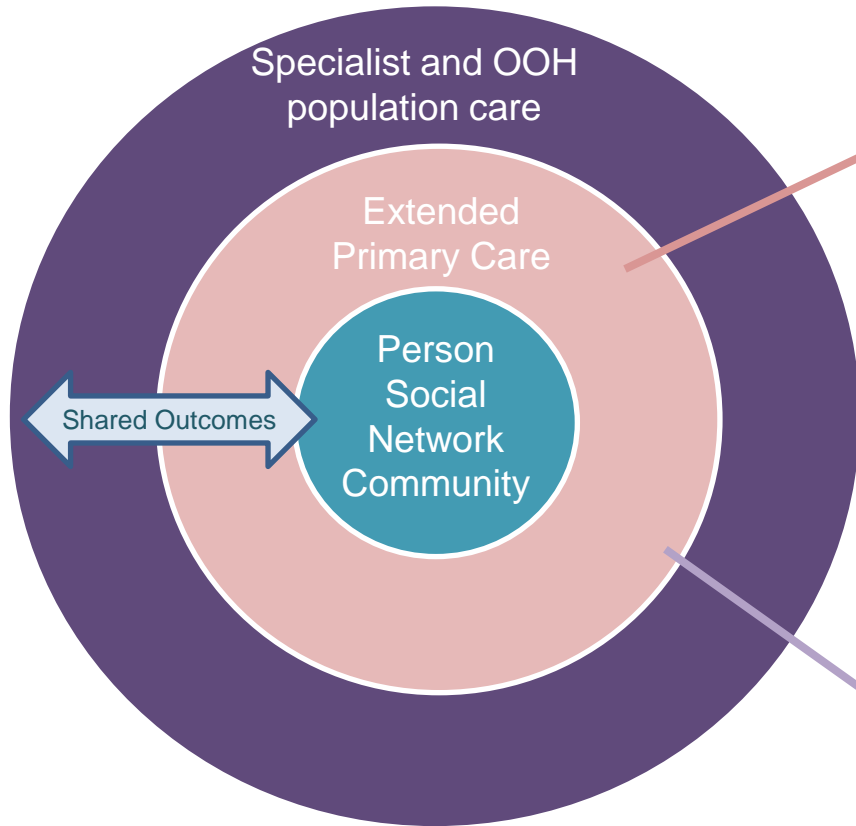
Coordination

5%

Care plan constructed with all
relevant parties, co-produced
with the individual

Reduced avoidable
admissions, DTOCs, and social
isolation
EOL care in the place of choice

MCP care model



'Teams without walls'

Extended practice multi-disciplinary teams



The Vision for Adult Social Care in Dudley

Matt Bowsher , Chief Officer for Adult Social Care

- Treat everyone with dignity and respect
- Maximise independence, control and choice for everyone accessing care
- Ensure all of our services have a preventative focus
- Understand, build and make use of our community assets – both physical and social
- Listen and respond to local communities
- Simplify care pathways and where possible “do it once.”
- Maximise use of assistive technology
- Integrate care and health services wherever possible to deliver better outcomes
- Deliver the best possible quality as cost effectively as possible



Dudley's Approach to Public Health

**Debs Harkins, Chief Officer for Health and Wellbeing
(Director of Public Health)**

What do we do?

- Keep people healthy
- Prevent ill health in people at high risk
- Improve the lives of people affected by ill health

How do we do it?

- Focus on people & places
 - Children, young people and families
 - Working age adults
 - Healthy ageing
 - Healthy communities and places
- Integrated services and action with other parts of the council and partners
- Empower individuals and communities



Public health aspirations for all services included in MCP

- Prevention embedded into all pathways
- Front line staff make every contact count and connect patients to assets within their community
- Healthy working practices implemented
- Services respond to the different needs of local communities
- Contribute to improving Dudley as a place - economic, social and physical environment



Population Health



Increase Healthy Life Expectancy

Reduce Inequality in Healthy Life Expectancy

Improve Health Related Behaviours

Improve Prevention and Risk Reduction

Access, Continuity and Coordination



Improve Access to Services

Improvement in Patient Reported Outcomes

Improvement in Patient Reported Experience

Improve Screening, Case Finding, Monitoring and Management

Empowering People and Communities



Improve Levels of Health Literacy

Reduce Social Isolation

Increase Employment for those with a Mental Health or Learning Disability

Improve Housing and Independence for those with a Mental Health or Learning Disability

System and Staff



Staff Recruitment, Retention and Motivation

Safety and Quality Improvement

MCP contract

CCG/MBC

New National
MCP
contract

- Single capitation contract
- Outcome measures
- Risk / gain share

**Multi-specialty
Community
Provider**

Integration
Agreement

GPs

Subcontractors

- *Contributing to the design of the new national contract*
- *Subject to the regulator's ISAP*

National Framework

- Long term – 15 year contract linked to a set of outcomes
- Whole population budget with an incentive payment element and risk/gain share arrangements
- Centrality of general practice – list based
- “Fully” or “partially” integrated
- Multi-disciplinary team working
- Use of analytics and risk stratification to drive efficiency and manage demand

Scope of Services 1

- Consistent with themes of access, continuity, coordination and national MCP Framework
- Predominantly “out of hospital”, community based and linked to general practice
- High volume out patient services, including those for LTC patients
- Areas which MCP can influence – emergency admissions
- Preventative services including public health and voluntary sector



Scope of Services 2

- Community based physical health services for adults and children
- Some out patient services for adults and children
- Emergency admissions from care homes, emergency admissions attributable to falls and/or ambulatory care sensitive conditions
- Primary medical services commissioned from GPs



Scope of Services 3

- Local improvement schemes (LISs) currently commissioned from general practice
- General practice prescribing
- Urgent care centre and primary care out of hours
- CCG commissioned mental health services
- CCG commissioned learning disability services
- Intermediate care and services provided for adults/children assessed as meeting NHS Continuing Healthcare criteria

Scope of Services 4

- CCG commissioned voluntary and community sector services
- Dudley MBC adult social care services
- Dudley MBC public health commissioned services – health visiting, family nurse partnership, school health nursing, sexual health, substance misuse, NHS health checks and lifestyle and wellness services
- CCG activities
- Phased introduction of services dependent upon expiry dates of existing contracts and need to maintain system stability following contract award

Fully Integrated or Partially Integrated?

- Intention is for whole population coverage – 315,000 patients registered with Dudley GPs
- Bidders will be invited to describe whether their proposal is a partially or fully integrated model
- Partially integrated – level of commitment from general practice will be tested at PQQ stage
- MCP will provide services to whole population – i.e. including patients of practices who have not signed an integration agreement



Key Features

- Prospectus sets these out
- Public accountability
- Partnership working to reduce health inequalities
- Community transformation through working with voluntary and community sectors
- Partnering and sub contracting arrangements to deliver the service model
- Primary focus on population based prevention, early detection and self-help
- Integrated service design and generic ways of working
- At the forefront of information technology solutions to care



Contract

- National Contract and supporting documents available at <https://www.england.nhs.uk/ourwork/new-care-models/vanguards/care-models/community-sites/>
- 15 years. Financial forecast will be set out in procurement documentation, with basis for any uplifts/efficiency requirements

Outcomes

- Population health goals
- Local quality and outcome requirements
- Incentive scheme including the use of patient reported outcome measures and patient reported experience measures



Engagement with General Practice

- CCG has a responsibility to manage the procurement and support general practice in an open and transparent manner
- Clear internal separation to avoid conflicts of interest
- Agreed protocol for GP engagement
- Crucial to success – want to create the time and space for this
- Opportunities today
- Follow up meetings to be facilitated after today



Procurement Process - Overview

- Arden and GEM CSU facilitating
- Public Contract Regulations 2015
 - Health & Social care Services: Light Touch Regime
- Light Touch regime allows flexibility in relation to procurement process undertaken
- Process based on ‘Competitive Dialogue’ procedure



Procurement Process - Indicative Structure 1

- Structure of Process:
 - Publication via BRAVO of OJEU & Contracts Finder Notices
 - PQQ Phase
 - PQQ Evaluation
 - ITPD Phase (to include providers shortlisted at PQQ)
 - Initial ITPD Response
 - Dialogue Phase
 - Final Submission
 - Final Submission Evaluation
 - Preferred Bidder Determined



Procurement Process - Indicative Structure 2

- Contract Award
 - Commissioner Approvals (CCG Board and Council Cabinet)
 - Bidders notified of Preferred Bidder decision
 - 10 Day Standstill Period
 - Contract Award intention Communication (Preferred bidder)
- Agreement of Contract and Mobilisation
- Subject to regulator's ISAP

Questions

