

**Questions to Board**

Date of board:	10 January 2019
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<b>Date:</b> 9 January 2019	<b>Name:</b> Stuart Steele & Geoff Lawley
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**How received:** Email

**Question asked:**

It is no secret we are both firmly behind the MCP concept with the patient at the centre, the infamous Dudley Onion.

HOWEVER we are very concerned at the lack of information being given to the PPG's / General Public. From the various reports in board papers it is clear there is much being done and considerable expense being made for an entity that does not exist, as yet has not passed its official approval stage and appointment has been delayed till 2020. Will the board undertake to update the public as to the current position and why the delay in implementation. Furthermore, at the next POP's meeting could we have a full and open report / discussion on MCP and why in its formation stage public representation is not evident on any of the numerous boards / committees dealing with the formation.

Secondly, and more importantly it appears the CCG has taken its eye off current improvements needed to care in the borough on all sides from ED to GP shortage to estate improvement to social / welfare integration. With continued barriers with MCP, what provision is the CCG making for post MCP if it cannot become reality, or has to wait for parliamentary approval. Other areas of the country are already benefiting from co-operation with non-medical care providers eg Fleetwood Manchester etc. Has Dudley any such plans?

Thirdly, going through Board papers I lost count of the number of committees / boards there is. Can the CCG advise the full number of committees in being, the man hours taken by them and the costs [travel, subsistence and staff costs] incurred annually. Is the CCG being swallowed in red tape?

**Response provided by:**

Neill Bucktin – Director of Commissioning  
 Laura Broster – Director of Communications & Public Insight  
 Matthew Hartland – Chief Operating & Finance Officer

1. We have undertaken to update the public at key milestones through every part of the MCP journey including the procurement and development. The last public update was provided at the Healthcare Forum in December by Mr Paul Maubach. In terms of the procurement of the MCP we have identified and communicated the preferred bidder for Dudley MCP. Before we can award a contract there are a number of regulatory steps that we need to satisfy. The timeline for these is longer than we originally expected. We hope to be in a position to award a contract ready for the MCP to be in place in April 2020.

We do recognise the frustration that delays in the timeline originally communicated are causing. Much of the work that is taking place within the CCG is on the regulatory assurance. We have done extensive engagement with a wide range of people and we greatly value the time and expertise that has been shared with us. In addition the CCG procurement Board has conducted its business with 2 patient representatives present and the Vanguard Engagement Group was developed to influence the procurement process. Now that the opportunity to influence the procurement phase has concluded we know that the MCP partnership (local Gps and providers) is keen to start their conversations with the public on the way that the MCP will operate and to start a direct line of communication with local people on their plans. With this in mind, we will be dedicating the next Healthcare Forum in March to updating on the recently published NHS Long Term Plan and the continued development of the MCP and how both play a pivotal role in redesigning health and social care across Dudley borough. We would welcome any questions and be happy to respond to them. We will add this item to the Patient Opportunity Panel too and invite a representative from the MCP partnership.

There are many facets to developing the MCP which are already taking place which have patient involvement. These include the personalised care and support plans workstream, development opportunities for strategic co-design and sessions on various initiatives which will sit within the MCP such as health coaching and patient activation. Whilst not explicitly stated as forming the MCP, they will be integral to a better way of working and we firmly believe in involving local patients, carers, communities and public in developing the NHS locally at the point where they can have influence and feel valued.

- 2 The CCG is playing a full part in the oversight of the local system and in supporting Dudley Group NHS Foundation Trust to address the issues they have experienced in the Emergency Department. We have led the management of the local system over the Christmas/New Year period and CCG management and staff have been instrumental in facilitating patient discharges and preventing unnecessary admissions. The Governing Body is fully sighted on the issues. Of course, having the MCP in place will bring further benefit to the system and that is why it is a priority for us.

Having a sustainable GP workforce operating from good quality facilities is also of importance and is also a key MCP priority. In the meantime, we will be addressing the requirements of the GP Five Year Forward View and now the NHS Long Term Plan in relation to these issues.

Having the MCP contract in place is the end point of a developmental journey. We have already taken a number of steps to implement new initiatives without the MCP contract, including the integration of some health and social care services through the "Better Care Fund". This will continue but ultimately the MCP contract provides the best opportunity to achieve the full potential of population health management and integrated working.

- 3 The CCG has six Committees that report to the Governing Body. Three of these committees are mandated by NHS England in our constitution and three are established to enable the CCG to provide assurance to the Governing Body that we are meeting our statutory duties.

As a Governing Body we recognise that we need to ensure that our governance structure is as efficient and effective as possible and as such we are receiving a paper in our Private Governing Body this afternoon in relation to how we streamline our governance and committee structures.

Full details of costs will be included in our annual report.

In addition to the comments above, Mr Maubach thought it important to emphasise that whilst the MCP is not yet formally established, if you read the NHS Long Term Plan (published this week) we are much better placed than some to deliver on the ambition set out in the plan. Whilst the delays to the formation of the MCP organisation are frustrating we have some excellent work ongoing to develop the model of care.