

Document 1(a)

Dudley Clinical Commissioning Group and Dudley Metropolitan Borough Council - Multi Specialty Community Provider (MCP)

MCP Procurement Overview and Guide to Documentation

1. NHS Dudley Clinical Commissioning Group (“the CCG”), in conjunction with Dudley Metropolitan Borough Council (“the Council”), is commissioning an MCP for the delivery of a range of community-based health and care services for the registered patient population covered by the CCG and the resident population of the Council.
2. This single entity (the precise legal form of this will be tested through dialogue) will, in summary:-
 - hold a contract of up to 15 years’ duration;
 - manage a single, whole-population budget;
 - transform the access to and delivery of community health and care services; and
 - meet a defined set of outcome and performance measures.
3. This document is intended to explain to potential bidders the background and nature of the proposal. Further detail is set out in the accompanying documentation described further at section L below.

A. National Background

4. The NHS Five Year Forward View set out three gaps which the NHS must close:
 - the health and wellbeing gap;
 - the care and quality gap; and
 - the finance and efficiency gap.
5. The development of new models of care which remove traditional service barriers is one policy designed to address the three gaps. The MCP policy is set out in “The multispecialty community provider (MCP) emerging care model and contract framework” which can be accessed through the following link:
<https://www.england.nhs.uk/wp-content/uploads/2016/07/mcp-care-model-frmwk.pdf>

B. Local Background

6. Dudley faces a number of challenges in the years ahead including:-
 - a growing frail elderly population;
 - a population living longer with more complex needs;
 - the need to manage growing demand with limited resources; and
 - the need to sustain robust general practice as the first point of access to a range of services.
7. Existing service delivery mechanisms will need to change in response to these challenges and recognise that needs do not match traditional service boundaries.
8. Further detail about the needs of the Dudley population is set out in the Joint Strategic Needs Assessment and can be accessed through the “All About Dudley Borough” web site
<http://www.allaboutdudley.info/AODB/navigation/home.asp>

C. Service Scope

9. The MCP will manage a Whole Population Budget for the following:-
 - community-based physical health services for adults and children;
 - some existing out-patient services for adults and children, including Ophthalmology, Urology, Respiratory Medicine, Gynaecology, Diabetic Medicine, Dermatology, Rheumatology, General and Geriatric Medicine, among others;
 - emergency admissions from care homes and/or admissions attributable to falls or ambulatory care sensitive conditions;
 - primary medical services currently commissioned from general practice, including one existing APMS contract;
 - local improvement schemes currently commissioned from general practice;
 - general practice prescribing;
 - urgent care centre and primary care out of hours services;
 - all CCG commissioned mental health services;
 - all CCG commissioned learning disability services;
 - intermediate care services and services provided for people assessed as having NHS Continuing Healthcare needs;
 - end of life care;
 - CCG commissioned voluntary and community sector services;
 - services currently commissioned and/or provided by Dudley Metropolitan Borough Council in relation to adult social care (see 10 below)
 - services commissioned by Dudley Metropolitan Borough Council's Office of Public Health, including health visiting; family nurse partnership; sexual health; and substance misuse services;
 - some activities currently carried out by the CCG, including, in whole or in

part, service redesign; financial management; information technology; business intelligence; patient and public engagement; safeguarding; complex case placement, management and recovery; NHS Continuing Healthcare and intermediate care assessment; and medicines management.

10. In addition to the above, there is potential for the Council's net adult social care budget in the CCG's geographic area to be included. There is potential for all or part of that adult social care provision, together with some or all of the related budget and functions (depending on the extent of the service in question) to be transferred to the MCP throughout the contract period, and thereby to form a constituent part of the subject-matter of the MCP's contract. Subject to Council approval, such transfer may take place on a service by service basis, or in such stages or steps as the bodies responsible for commissioning adult social care services may decide, or be required to implement, in agreement with the CCG. There is currently an expectation on the part of Central Government that health and social care services should be fully integrated by 1 April 2020.
11. The range of adult social care services which may be within scope include: -
 - older people's care (including care homes, home care, dementia gateways and reablement services);
 - learning disability services (including care homes, supported living, other community based provision). Note - it is anticipated this will not take place until an All Age Disability service model has been fully implemented (approximately 2 years);
 - mental health services (care Homes / supported living / recovery model provision);
 - services commissioned from the voluntary sector (low level preventative services);
 - support services (for example managed budgets, advocacy, carers)
12. The above services include placements out of borough where applicable.
13. The inclusion of social care services will be subject to approval by the Council and must meet the following criteria:-
 - the service can be transferred at a decreased cost to the Council;
 - transfer of services can be affected within both regulatory and statutory requirements;
 - modelling demonstrates improved outcomes for the people of Dudley;
 - the services in question will adapt to decreasing resources throughout the contract period or taper;
 - the transfer will not decrease income to the Council in the form of either VAT and/or client contributions.
14. In addition, the CCG will conduct its own risk assessment in relation to each potential transfer before agreeing to its inclusion. Any transfer will be subject to final agreement with the successful bidder.
15. Integration with general medical practice is a critical feature of the model and this will be achieved in a manner that is consistent with the options identified in the MCP framework document cited above, through either a 'partially integrated' or 'fully integrated' service model. It will be for each practice to determine whether it

wishes to be 'partially' or 'fully' integrated.

16. This will include practices which are not currently members of Dudley CCG but may become so in future, subject to approval by NHS England in accordance with the Health and Social Care Act 2012.
17. It should be noted that in the event of any contract for primary medical services being terminated on the grounds of a breach; death; unlawful partnership; unlawful acts; criminal conviction; loss of premises; removal by a regulatory body; and removal from the Performers List, the MCP will become responsible for the provision of primary medical services to the patients registered with the relevant practice(s).
18. The MCP will be expected to demonstrate the highest level of commitment to innovative, community-based service delivery and implementation of a multi-disciplinary team-based service model linked to a defined set of outcomes.
19. The MCP will be designed in such a way as to remove barriers that currently exist between physical health care, mental health care, primary care, and social care.
20. The MCP will be expected to work in a much more inclusive and collaborative manner with voluntary and community sector partners. In this sense, the MCP will act as a catalyst for community transformation, developing existing local assets and supporting the creation of vibrant and connected communities. Organisations with the capacity and capability to support this may wish to partner with potential bidders for the main contract.

D. Characteristics

21. It is expected that the MCP will be responsible for 4 key aspects of population health management:-
 - improving the health status of individuals and the local population;
 - providing responsive and accessible planned and urgent care;
 - providing appropriate and joined-up care for people with continuing needs;
 - providing responsive and coordinated care for people with the highest and most complex needs.
22. The CCG has a statutory duty to have a regard to the need to reduce health inequalities and the MCP will be a key contractual vehicle for achieving this. In doing so, the MCP will be expected to work in partnership with other stakeholders who have an impact on the wider determinants of health and well-being and delivery of social value in meeting its contracted outcomes.

E. Outcomes

23. The MCP outcomes are derived from an engagement process with stakeholders. They are organised around the 4 major improvement areas that stakeholders considered would have the biggest impact:-
- population health;
 - access, continuity and coordination;
 - empowering people and communities; and
 - system and staff.
24. The outcomes within the contract will be split into 3 schedules:
- population health goals;
 - local quality and outcome requirements; and
 - incentive scheme.
25. Patient Reported Outcome Measures and Patient Reported Experience Measures will be important features of the Payment for Performance Outcomes
26. Wherever possible, targets have been derived from an analysis of national distributions of achievement and consideration given to achievable stretch targets over the first 5 years of the contract
27. For particular outcomes it is recognised that some development, in terms of data capture and baseline establishment, will be required and where relevant this will be reflected within the targets. In addition, the Outcomes Framework may be varied dependent upon final publication of the national Health and Care Framework.

F. Whole Population Budget

28. The MCP will hold a Whole Population Budget which covers the scope of services (See section C above). At present this is based upon budgeted 2016/17 pay and prices. This will be adjusted as follows:-
- to reflect 2017/18 contract values;
 - to reflect 2018/19 contract values;
 - to reflect CCG budgets agreed in 2018/19 financial planning round.
29. Prior to contract commencement, the CCG will provide bidders with in-year financial monitoring information for all services within the service scope. This will be based on the management accounts reported to the CCG's Business Intelligence, Finance and Performance Committee.
30. The CCG will uplift the Whole Population Budget in line with the baseline CCG

allocation uplift received from NHS England. This will be adjusted to reflect any new NHSE requirements which have been built into the uplift. For example, if the CCG Allocation includes an amount which has to be spent with the acute providers for improving waiting times, this would be removed from the notified allocation before calculating the uplift to be applied to the MCP's Whole Population Budget. The financial model shows the expected allocation growth in future years; however the actual Whole Population Budget allocation will reflect the CCG's final notified resource allocation for each financial year.

31. For services currently commissioned by NHSE (mainly the fully integrated primary medical services within the MCP scope), the budget will be adjusted in line with the national planning requirements for these services.
32. For Council commissioned public health services, the budget will be adjusted by an amount commensurate with the Public Health Grant until such time as this is no longer ring-fenced. After the expiry of the ring fence, the budget will be adjusted by an amount commensurate with the Council's annual budgetary position.
33. For Council commissioned adult social care services that become within the scope of service provision, the budget will be adjusted by an amount which is commensurate with the Council's annual budgetary position.
34. The possible MCP contract value range, based on 2016/17 budgets, is expected to be between approximately £3,495,000,000 (£233m per annum) and £5,445,000,000 (£363m per annum), depending upon the extent Dudley CCG general practices are fully integrated with the MCP, the inclusion of other general practices, the inclusion of social care services and whether the contract runs to its potential full term of 15 years.
35. Bidders should note that the contract value is based on historic levels of activity and costs at 2016/17 values. There is no guarantee that it will remain at this level in the future. It may increase or decrease due to factors beyond the control of the CCG and the Council. Accordingly, the activity levels provided within the documentation are for illustrative purposes only. Adjustments will be made to the Whole Population Budget as described in paragraphs 30-34 above.

G. Gain/Loss Share

36. The contractual arrangement will also be subject to appropriate gain/loss share agreements including one in relation to acute hospital activity.

H. Integrated Support and Assurance Process (ISAP)

37. The award of a contract and service commencement will be subject to completion of Checkpoints 2 and 3 of the Integrated Support and Assurance Process (ISAP) which apply to both the commissioners and the bidders. The latest guidance is available here <https://www.england.nhs.uk/wp-content/uploads/2012/03/isap-intro-guidance.pdf>

38. The Key Lines of Enquiry (KLOEs) are available with the supporting documentation. It is anticipated that refreshed guidance will be published shortly.
39. Bidders should familiarise themselves with the KLOEs, the associated evidence required and ensure that they have appropriate governance processes in place to enable their boards to fulfil the requirements of the ISAP. In addition, bidders should make their boards aware of the lessons learnt from the reports and inquiries into the collapse of the Uniting Care Partnership contract and the implication of this for the ISAP.
40. Please note the ISAP could at any stage result in a need to halt or pause the procurement, or to amend any document. Further information/documentation relating to ISAP will be made available to bidders on Bravo as appropriate.

I. Contract Form and Award Date

41. It is anticipated that a contract will be awarded during 2018/19. The contract form to be used will be the NHS Standard Contract (Multi-Specialty Community Services) which is currently being finalised. The CCG and NHS England's New Care Models Intensive Support Team are working on the development of the contract and this process will continue during the dialogue process with bidders.

J. Sub-Contracting

42. Neither the CCG nor the Council intend to mandate any sub-contract arrangements; however, there are some areas where the commissioner would want to discuss with bidders, at the dialogue stage of the process, potential subcontract arrangements as a means of reducing risk to the local system. The CCG will require bidders to provide details of their sub-contracting proposals during the dialogue stage and in their final tenders to ensure robust and high level service delivery and mitigation of risk.

K. Service Commencement

43. It is anticipated that the delivery of some services will commence shortly after 1st April 2018. Further services will be mobilised after that date with the contract being fully mobilised by 1 April 2019. The contract length will be for a period of up to 15 years. Services for which there is an existing contract with an expiry date of after 1 April 2018 will be phased in upon the expiry of that contract.

L. Supporting Documentation

44. The MCP will be a unique service delivery mechanism in that it will:-
- bring together services that are currently provided by a range of different providers across physical and mental health, primary, community and historically secondary care; health and social care; the voluntary and independent sectors; and
 - deliver those services differently, in a manner consistent with a new service model described in the national MCP Emerging Care Model and Contract Framework and the MCP Implementation Matrix.
45. The accompanying documentation is designed to explain what the MCP will be required to deliver and supports the procurement process. This is split into 3 parts, as per below. The CCG reserves the right to make such changes as it sees fit to any or all of them, in any circumstances.
46. All documentation listed below can be found in the General Attachments area of the Bravo eProcurement portal.

Part 1 – Legal/Technical documentation

- a) PQQ Documentation ([Document 1\[b\] to Document 4](#))
These documents will include
- PQQ Overview document ([Document 1\[b\]](#))
 - Declarations Form ([Document 2](#))
 - FOI Declaration ([Document 3](#))
 - Primary Care Support Document ([Document 4](#))
- b) PQQ Questionnaire ([Online Bravo Questionnaire](#))
- c) ITPD Document ([Document 5](#))
- d) ITPD Questionnaire ([Document 6](#))
- e) Integrated Support and Assurance Process (ISAP) ([Document 7](#))
- f) Finance Template ([Document 8](#))
- g) NHS Standard Contract (Multi-specialty Community Services) ([Document 9](#))
- h) Integration Agreement ([Document 10](#))

Part 2 – The Specification – a suite of documents that collectively provide the basis of the MCP service model.

- a) Prospectus - the features and style of the organisation we wish to see established as the MCP. ([Document 11](#))
- b) Service Scope and Service model- the range of services that build up the Whole Population Budget and how all the services described in

the Service Scope and Service Summaries create the MCP.
(Document 12)

- c) Service Summaries - A brief description of the services outlined in Service Scope. (Document 13)
- d) Implementation Framework – the key elements of the national framework for a MCP. (Document 14)
- e) Implementation Framework mapped to MCP contract – how the Implementation Framework is reflected in the national MCP contract. (Document 15)
- f) Local Access Hubs – a description of the services to be delivered from these hubs, to be located in each of the 5 CCG localities. (Document 16)
- g) Integrated Referral and Information Service (IRIS) – the standardised service to facilitate access to services either by telephone or on line. (Document 17)
- h) Outcomes Framework – the outcomes the MCP will be commissioned to deliver. (Document 18)
- i) Outcomes Framework - Reporting – a guide for reporting on the delivery of the outcomes. (Document 19)
- j) CCG Activities – those activities currently carried out by the CCG that will become the responsibility of the MCP (Document 20)
- k) Financial Modelling – how the Whole Population Budget has been derived and the financial modelling assumptions to show budget and efficiency requirements over the length of the contract (Document 21)
- l) Gain/Loss Share – potential options for gain/loss share arrangements (Document 22)
- m) Indicative TUPE workforce information – potential staff numbers associated with MCP services. (Document 23)
- n) Practice Scope and Healthcare Service Locations – the practices whose patients will receive MCP services and with whom the MCP will be integrated, either fully or partially, together with their list sizes, all associated healthcare premises and the services provided from these locations. (Document 24)

Part 3 - Background Notes (Document 25) – Identifies a number of issues, including service developments during 2017/18, that bidders need to be aware of and consider when developing their model and bid submission. This covers:-

- a) Sustainability and Transformation Plan (STP) and CCG Operational Plan
- b) Frailty Pathway
- c) Palliative /End of Life Care
- d) Ambulatory Care Sensitive Conditions Management
- e) Urgent Care Centre
- f) Children's Services

- g) Learning Disability
- h) Autism
- i) Primary Medical Services
- j) GP Forward View
- k) Medicines Management
- l) Prevention
- m) NHS Continuing Healthcare/Funded Nursing Care for Adults and Children
- n) Specialist Placements
- o) Social Value
- p) Service Changes and Developments
- q) Safeguarding
- r) Adult Social Care Services and Functions
- s) Information Technology
- t) Risk Stratification
- u) Estates Strategy
- v) Local Partnership Arrangements
- w) Empowering People and Communities

M. Briefing Event for Bidders

47. A briefing for potential bidders will be held from **2.00 p.m. – 4.00pm on Monday 26th June 2017. Arrival and refreshments from 1.30pm.** (venue: Copthorne Hotel, Brierley Hill)

If you wish to attend, please register your interest by **5pm on Friday 16th June 2017** by issuing a message via the Bravo Messaging system confirming the name and job titles of the individuals attending.