

COMMISSIONING OF A MULTISPECIALITY COMMUNITY PROVIDER (MCP).**REPORT OF NHS SUNDERLAND CCG****1. Purpose of Report**

- 1.1 The purpose of the report is to provide members with an update of progress realising the local strategic ambition of a Multi-specialty Community Provider (MCP) leading, developing and delivering an effective integrated Out of Hospital Care model in Sunderland.
- 1.2 Members are invited to note the CCG Governing body decision following the MCP engagement activities previously shared with members at their November 2017 meeting.

2. Background

- 2.1 Since May 2013 Sunderland CCG has been working towards delivering a vision for the future of out of hospital services with the aim of moving from fragmented service provision to more integrated service provision.
- 2.2 As a Vanguard we have been testing and developing an MCP (Multi-Speciality Community Provider) based care model over the last 3 years with a range of services. The underlying principle of this approach is to enable GPs, nurses and other health and care professionals within the community and voluntary sectors to come together and plan and deliver person centred co-ordinated care that leads to better outcomes for people.
- 2.3 Following the success of this approach to integration within the tested services the CCG agreed a business case to enhance the scope of services to be integrated to include all out of hospital services the CCG commission, up to £240m in value.

3. Engagement Activities

- 3.1 Over the last few months we have been exploring how best to secure the integrated care model with the full scope of out of hospital services for the long term. To develop the MCP model further has involved engaging with GP Practices, the public and the market. We have engaged via sharing our draft Prospectus which set out the MCP Care Model, the proposed business model to support it, the scope of services and what we would expect from any provider.
- 3.2 Following that engagement, the MCP Care Model is largely unchanged because the majority of the feedback supported the model and the CCG Governing Body signed off the Final Prospectus at the February 2017 meeting. However there were a number of comments about the proposed business model which required further debate and consideration by the Governing Body. The options and considerations are set out in the Commissioning Strategy – the outcomes of which are set out in section 4 below.
- 3.3 Our final Prospectus therefore reflects our final care model and scope of services including the intended outcomes we expect to achieve. In effect the final Prospectus

sets out WHAT we want to commission. (Appendix 2). In terms of HOW we intend to commission the MCP i.e. what business model we should use – the final Prospectus briefly explains the options but the detail behind these are set out in the Commissioning Strategy for the MCP which was also considered by the CCG Governing Body at its February 2017 meeting. This is not a public document due to commercially sensitive information from the market engagement, however the summary of each of the options and the recommendation is in the covering report which is available on request and summarized in section 4 below.

- 3.4 The outcomes of the engagement can be found on the CCG website including the:
- Public Engagement Report
 - General practice engagement report and
 - The final Prospectus

<http://www.sunderlandccg.nhs.uk/get-involved/multi-specialty-community-provider-mcp-model/>

4. CCG Governing body Decision

- 4.1 On the 27th February 2018 the CCG Governing Body came to a decision about how to secure the MCP Care Model for the future. Our decision follows careful consideration of the feedback from the public, general practices, the local authority, other stakeholders and potential and current providers of healthcare services gathered during the engagement period. This feedback also informed our review of the benefits and challenges of the different business/contracting models available to secure an MCP set out in our Commissioning Strategy.
- 4.2 The Governing Body decision (subject to some further and ongoing assurance on achievement of appropriate pace of change and robust governance arrangements) was to secure the MCP via a **Collaboration business model, supported by an Alliance Agreement**.
- 4.3 Whilst either of the business models: Accountable Care Organisation or Collaboration could deliver the MCP Care model, our preference was to continue to build on the success arising from the more joined up approach over the last few years between the current providers, working collaboratively with commissioners.
- 4.4 The key features of the MCP Alliance will be:
- Organisations in a system **acting and behaving as though they are one**, whilst maintaining statutory and contractual responsibilities of individual organisations – **both Commissioners and Providers**.
 - Formalised by **an alliance agreement which overlays underlying commissioning contracts**
 - **Collaborative and pro-active management of resources**
 - Delivers, **by collaboration**, any changes to models of care and integration

- 4.5 This will redefine the relationship between commissioner and provider with the ultimate aim of:
- Improving the quality of care for local people
 - Improving health outcomes and wellbeing for local people
 - Improving the sustainability of the local health and care system.
- 4.6 Our aim will be to have an MCP Alliance Agreement and supporting governance arrangements in place with existing providers over the next few months and a programme of further transformation agreed by the autumn in readiness for the MCP Alliance to be operating effectively from April 2019. This work will include a CCG contracting strategy to manage future procurements for those contracts where services are included within the MCP Alliance Agreement and are due to expire over the coming years.
- 4.7 The ability of the collaboration approach to deliver the pace and transformation required, will be kept under review over the next year and we reserve the right to commission the MCP using a different business model if the ongoing review concludes the collaboration approach is not able to deliver the further transformation and pace required.
- 4.8 A communications plan has been implemented to ensure that the decision has been effectively communicated to key stakeholders including a stakeholder brief (Appendix 1). We want to thank all those who took part in the engagement and contributed to this key next stage in transforming the out of hospital healthcare system in Sunderland.

5. Recommendation

- 5.1 The Committee is recommended to note the report for information.
- 5.2 Members are invited to note the contents of the Stakeholder Brief and the Final Prospectus

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29.3.18

APPENDIX 1

MULTI-SPECIALITY COMMUNITY PROVIDER (MCP) BRIEFING FOR ALL STAKEHOLDERS 9.3.18

Since May 2013 Sunderland CCG has been working towards delivering a vision for the future of out of hospital services with the aim of moving from fragmented service provision to more integrated service provision.

As a Vanguard we have been testing and developing an MCP (Multi-Speciality Community Provider) based care model over the last 3 years with a range of services. The underlying principle of this approach is to enable GPs, nurses and other health and care professionals within the community and voluntary sectors to come together and plan and deliver person centred co-ordinated care that leads to better outcomes for people.

Following the success of this approach to integration within the tested services the CCG agreed a business case to enhance the scope of services to be integrated to include all out of hospital services up to £240m in value.

Over the last few months we have been exploring how best to secure the integrated care model with the full scope of out of hospital services for the long term.

To develop the MCP model further has involved engaging with GP Practices, the public and the market, sharing our draft Prospectus which set out the MCP Care Model, its scope and what we would expect from any provider.

Following that engagement, the MCP Care Model is largely unchanged because the majority of the feedback supported the model. Our final Prospectus reflects our intended outcomes and what we want to commission. However further work has taken place on the options for securing the model.

On 27th February 2018 our Governing Body came to a decision about how to secure the MCP Care Model for the future. Our decision follows careful consideration of the feedback from the public, general practices, the local authority, other stakeholders and potential and current providers of healthcare services gathered during the engagement period. This feedback also informed our review of the benefits and challenges of the different business/contracting models available to secure an MCP.

The Governing Body decision (subject to some further and ongoing assurance on achievement of appropriate pace of change and robust governance arrangements) was to secure the MCP via a **Collaboration business model, supported by an Alliance Agreement.**

Whilst either of the business models : Accountable Care Organisation or Collaboration could deliver the MCP Care model, our preference was to continue to build on the success

arising from the more joined up approach over the last few years between the current providers, working collaboratively with commissioners.

The key features of the MCP Alliance will be:

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- Formalised by **an alliance agreement which overlays underlying commissioning contracts**
- **Collaborative and pro-active management of resources**
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This will redefine the relationship between commissioner and provider with the ultimate aim of:

- Improving the quality of care for local people
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Our aim will be to have an MCP Alliance Agreement and supporting governance arrangements in place with existing providers over the next few months and a programme of further transformation agreed by the autumn in readiness for the MCP Alliance to be operating effectively from April 2019. This work will include a CCG contracting strategy to manage future procurements for those contracts where services are included within the MCP Alliance Agreement and are due to expire over the coming years.

The ability of the collaboration approach to deliver the pace and transformation required, will be kept under review over the next year and we reserve the right to commission the MCP using a different business model if the ongoing review concludes the collaboration approach is not able to deliver the further transformation and pace required.

We want to thank all those who took part in the engagement and contributed to this key next stage in transforming the out of hospital healthcare system in Sunderland.

Further information including the Public Engagement report, GP Engagement report and final Prospectus can be found at <http://www.sunderlandccg.nhs.uk/get-involved/multi-specialty-community-provider-mcp-model/>

