

Subject: Progress Report on Integrated MSK Procurement

Date of Meeting: 11 June 2014

Report of: Monitoring Officer

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Ward(s) affected: All

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 The aim is to provide Brighton and Hove HWOSC with a progress report on the integrated MSK Service commissioned by Brighton and Hove CCG, Crawley CCG and NHS Horsham and Mid Sussex CCG for their populations. The service covers musculo-skeletal services and dermatology services.

2. RECOMMENDATIONS:

2.1 That HWOSC members consider and comment on the reports and procurement processes for both services.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 The current service in Brighton and Hove (B+H) is provided by the local acute hospital trust, Brighton and Sussex University Hospital NHS Trust (BSUH) who subcontract to two other providers to deliver the service: Sussex Community Trust (SCT) and Brighton and Hove Integrated Care Services (BICS).

3.2 The existing service was commissioned as an integrated service by negotiation with the existing providers as a pilot to provide all services in the areas of Orthopaedics (bones and joints), Podiatry (feet and ankles), Rheumatology, Pain Management and Physiotherapy. A review in 2012 found that this had been partly successful but that there were barriers to complete integration. Not all elements of the service were fully integrated with some still provided separately by BSUH. In 2012-13 the CCG spent approximately £22m on these services.

3.3 A procurement Programme Board was established across the three CCGs. Five initial responses were received, with three bidders submitting applications. These were assessed against eleven criteria

3.4 The successful bidder was Sussex MSK Partnership which is a joint venture of Brighton and Hove Integrated Care Service (BICS), Sussex Community NHS Trust, Sussex Partnership Foundation NHS Trust and Horder Healthcare.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Please see **Appendix One** for details of the analysis of alternative options.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 Patient engagement for both MSK and dermatology service users took place in April 2013 and their feedback informed the process. More information can be found in the previous report that came to HWOSC in 2013.

6. CONCLUSION

6.1 The service has to be procured as the current provision is a pilot service. Social value will be considered as part of the procurement process.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 None to this cover report; the procurement process will take account of this in due course.

Legal Implications:

7.2 None to this cover report; the procurement process will take account of this in due course. Both services legally have to go through the procurement process as they have been operated under a pilot scheme to date.

Equalities Implications:

7.3 None to this cover report; the procurement process will take account of this in due course.

Sustainability Implications:

7.4 None to this cover report.

Any Other Significant Implications:

7.5 Both services are key public health services and so their procurement and provision is a vital part of the health service.

SUPPORTING DOCUMENTATION

Appendices:

1. Progress Report on Musculoskeletal Procurement, CCG report