

Dorset Health Scrutiny Committee

Dorset County Council



| | |
|--------------------------|--|
| Date of Meeting | 29 November 2018 |
| Officer | Helen Coombes, Transformation Programme Lead, Adult and Community Forward Together Programme |
| Subject of report | Briefings for information / note |
| Executive summary | <p>The briefings presented here are primarily for information or note, but should members have questions about the content a contact point will be available. If any briefing raises issues then it may be appropriate for this item to be considered as a separate report at a future meeting of the Committee.</p> <p>For the current meeting the following information briefings have been prepared:</p> <ul style="list-style-type: none">• NHS Dorset CCG – Review of Mental Health Rehabilitation Services• NHS Dorset CCG – Review of Musculoskeletal (MSK) Physiotherapy Services |
| Impact Assessment: | Equalities Impact Assessment: Not applicable. |
| | Use of Evidence: Briefing reports provided by NHS Dorset CCG. |
| | Budget: Not applicable. |

Briefings for information

| | |
|---------------------------|--|
| | <p>Risk Assessment:</p> <p>Current Risk: LOW Residual Risk: LOW</p> |
| | <p>Other Implications:</p> <p>None.</p> |
| Recommendation | <p>That Members note the content of the briefing reports and consider whether they wish to scrutinise the matters highlighted in more detail at a future meeting.</p> |
| Reason for recommendation | <p>The work of the Committee contributes to the County Council's aim to help Dorset's citizens to maintain health, safety and independence.</p> |
| Appendices | <ol style="list-style-type: none">1. NHS Dorset CCG – Review of Mental Health Rehabilitation Services2. NHS Dorset CCG – Review of Musculoskeletal (MSK) Physiotherapy Services |
| Background papers | <p>None.</p> |
| Officer contact | <p>Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk</p> |

Mental Health Rehabilitation Review



Dorset Health Overview and Scrutiny



Let's work together to shape Mental Health rehabilitation services in Dorset.

Purpose of the review



- CCG committed to reviewing all mental health services across the system
- The Mental Health Acute Care Pathway was the first part of the process
- The Mental Health Rehabilitation Service is the next stage

Current Inpatient Rehabilitation Services

Nightingale Court
Nightingale House
Glendinning Unit
The Homeless Health Service
The Assertive Outreach Teams
Out of Area Locked Rehab

Review stages



Needs analysis

- By 2020/21 the number of people in Dorset who experience serious mental illness will increase to approximately 7,882
- The number of people who may subsequently require rehabilitation (20%) is approximately 1576 and approximately 1% (78.82) of those individuals may require inpatient rehabilitation
- There is an anticipated increase in the demand for rehabilitation services
- There is a national imperative to reduce the use of out of area placements and to repatriate people back into county

View seeking

- Mental health issues don't stop at the weekend
- No one talks about me leaving here
- Being in hospital for a long time doesn't help
- Continued support for people who have been inpatients when they leave hospital – to include more support for getting involved with community activities, paying bills and budgeting, planning GP, Out patient appointments, house hold tasks and volunteer/employment assistance Staff are a good team. Genuinely caring and supportive
- AOT is quick to help me with housing, always on time for my visits and always turn up. Wouldn't ever had CBT if not under the team.
- Being in the service makes access to other help i.e. drug and alcohol services easier
- Encouraged to be more independent to adjust to life outside

Benchmarking

- Benchmarking shows a range of different approaches across the country
- Oxford partnership has supported housing and other third sector providers working with the NHS to ensure that most people requiring rehabilitation are supported in the community and not in hospital
- The partnership in Oxford works with the person and identifies the best housing or other support to meet the needs of the individual

NHS Estates Review

- The programme has been developed within the context of national drivers for change, and local pressures.
- The Acute Care Pathway review identified and agreed the need for additional capacity and a re-shaping of acute beds
- Specialist commissioners have agreed the development of several new services locally to reduce out-of-area referrals
- Parts of the Trust estate have been highlighted as in urgent need of upgrading and this includes Nightingale House and Nightingale Court

Success factors, Objectives and Constraints

Objectives

- Community facing
- Deliver equity and consistency in Dorset
- Culture and Philosophy
- Range of rehab services

Success Factors

- The service will be safe and sustainable
- The option will be affordable, within the existing budget
- It will be a better experience for those that use the service
- The service will be accessible

Constraints

- Available budget
- Estates
- Time length of review – ACP
- Reduce Out of Area placements
- Travel distance 31 miles

Possible models

Option 1

- High Dependency Unit
- 1 recovery unit in east Dorset and 1 recovery unit in west Dorset
- Community recovery team
- Supported housing

Option 2

- High Dependency Unit
- 1 recovery unit to serve the whole county
- Community recovery team
- Supported housing

Option 3

- High Dependency Unit
- 1 recovery unit in east Dorset and 1 recovery unit in west Dorset
- Community recovery team

Next steps

- Modelling the options including high level costs
- Shortlisting in December
- Possible solutions given the views from staff and people using the services
 - Some changes to bed provisions to ensure repatriation of people from locked services
 - Beds provided not just by the NHS in hospital settings
 - Partnerships with other types of providers to support the community offer
 - Development of a community recovery team which supports a range of people who present with a range of complex issues
 - Shift from inpatient focussed service to a robust community rehabilitation offer
 - The community team to work with people who present with a range of complex needs

Questions and comments

It is unlikely that bed numbers will be reduced; it is likely that we will need additional bed numbers especially if we carry on as now

It is likely that beds could be provided not just by the NHS

It is possible that partnerships with supported housing providers will be developed to provide some of the rehab beds

It is likely that a community team will be developed that can support most people in the community rather than in hospital

Would this be viewed as service development/improvement especially with no bed reduction? and

In your view will it require consultation?

Any other thoughts or comments at this stage?

NHS DORSET CLINICAL COMMISSIONING GROUP

REVIEW OF MSK PHYSIOTHERAPY SERVICES

1. Introduction

- 1.1 Through the Musculoskeletal (MSK) work programme, access to physiotherapy was identified as a service area with inequity of provision across Dorset.
- 1.2 A review of MSK Physiotherapy services is taking place to ascertain the current level of provision versus what is required to support the implementation of the MSK work programme for the future.
- 1.3 The review will make recommendations for a revised service model across Dorset which will provide equitable access for all and improve early access to physiotherapy to reduce the need for further treatment.

2. Report

- 2.1 The review will include the following elements:
 - Local need in relation to MSK Physiotherapy;
 - Current provider capacity vs demand;
 - Locally agreed pathways and the impact of physiotherapy;
 - Objectives of the Clinical Services Review;
 - Current local and national service models;
 - National Guidelines and Best Practice.
- 2.2 A task and finish group was established to lead the review; the terms of reference are attached in Appendix 1. Alongside this, a reference group has met three times to develop the options for a physiotherapy model. The reference group was made up of both stakeholders and patients.

3. Conclusion

- 3.1 The preferred models will be circulated widely with the opportunity for stakeholders and patients to vote on their preferred option, the results of which will be presented to the Clinical Commissioning Committee in December 2018.
- 3.2 A further update will be provided to the Health Overview and Scrutiny Committee once the preferred option has been identified.

APPENDIX 1

NHS DORSET CLINICAL COMMISSIONING GROUP TERMS OF REFERENCE – MSK PHYSIOTHERAPY REVIEW

1.0 INTRODUCTION

Through the Musculoskeletal (MSK) work programme, access to physiotherapy has been identified as a service area with inequity of provision across Dorset.

A review of MSK physiotherapy services during will be completed and will include the following elements:

- Local need in relation to MSK Physiotherapy;
- Current provider capacity vs demand;
- Locally agreed pathways and the impact of physiotherapy;
- Objectives of the Clinical Services Review;
- Current local and national service models;
- National Guidelines and Best Practice.

2.0 PURPOSE OF THE REVIEW

The objectives of the review are to:

- Carry out a MSK physiotherapy needs analysis for Dorset;
- Complete a mapping exercise to ascertain the current MSK physiotherapy services available across Dorset and on the borders;
- Review the current service specification against national policy and services commissioned elsewhere;
- Make recommendations for the revised service model and its role and purpose across Dorset which will provide equitable access for all and improve early access to physiotherapy to reduce the need for further treatment;
- Review the performance and provide assurances on the current performance, including a review of current key performance indicators;
- Review access to physiotherapy as part of the wider MSK vision and associated pathways i.e. MSK Triage, low back and radicular pain pathway and pain service; and as part of the Escape Pain model and other self-management approaches promoted by Livewell Dorset.
- Consider workforce implications of a service model.

3.0 SCOPE

Physiotherapy can be helpful for people of all ages with a wide range of health conditions, including problems affecting the:

- Bones, joints and soft tissue – such as back pain, neck pain, shoulder pain and sports injuries (referred to as musculoskeletal or MSK pain);
- Brain or nervous system – such as movement problems resulting from a stroke, multiple sclerosis (MS) or Parkinson's disease;
- Heart and circulation – such as rehabilitation after a heart attack;
- Lungs and breathing – such as chronic obstructive pulmonary disease (COPD) and cystic fibrosis.

The scope of this review is MSK physiotherapy only and will include the following services:

- Primary Care physiotherapists;
- Independent MSK physiotherapists with NHS contracts;
- Dorset HealthCare MSK physiotherapy service;
- Dorset HealthCare MSK interface service;
- MSK physiotherapy provided within secondary care and via outreach to GP practices;
- Dorset HealthCare biomechanics and podiatry services;
- Physiotherapy provided for patients with chronic or acute MSK pain, aged 16+ and registered with a Dorset GP practice;
- The pathways between NHS provided services and independent / private sector hospital physiotherapy provision (but not private sector services in themselves).

4.0 ACCOUNTABILITY

The review will be led by the System Integration Directorate within NHS Dorset Clinical Commissioning Group, working in partnership with all providers of MSK Physiotherapy Services.

A virtual task and finish group will be established to monitor and review progress against an agreed action plan. The task and finish group will report to a nominated group, which we are proposing is the Integrated Community and Primary Care Services Board but are seeking guidance from Commissioners. The final report with recommendations will be submitted to the Clinical Commissioning Committee.

The meeting will be quorate when one member of each organisation is in attendance.

Table 1: Membership of the task and finish group:

| Name | Organisation |
|---|---|
| Tracey Hall | Head of Elective Care – NHS Dorset CCG |
| Tracy Hill | Principal Programme Lead – NHS Dorset CCG |
| Alex Geen | Senior Programme Lead – NHS Dorset CCG |
| Lauren Bishop | Project Support Officer – NHS Dorset CCG |
| TBC | Primary Care Team, Dorset CCG |
| Christian Verrinder | MSK Clinical Lead (GP) |
| Sam Leonard / Tracey Atwell | Head of Specialist Service / Lead Extended Scope Practitioner – Dorset HealthCare |
| Christian Brookes | Team Lead Physiotherapist – Dorset County Hospital |
| Christina Collins-Gilchrist / Kat Binns | Dorset County Hospital |
| Matthew Low | Musculoskeletal Therapy Lead Clinician – Royal Bournemouth & Christchurch Hospitals |
| Darren Sparks | Royal Bournemouth & Christchurch Hospitals |
| Jackie Kidd | Poole Hospital |
| Martin Hately | Poole Hospital |
| Fiona Proctor | Independent Physiotherapist(s) |
| Steve Aylwyn | Workforce, Dorset CCG |
| GP / Nurse Practitioner | TBC |

Members may be co-opted in as required, including:

- Other Allied Health Professionals;
- Community and Voluntary Sectors;
- Quality;
- Finance;
- Business Intelligence;
- Procurement;
- Communications;
- Portfolio leads;
- Escape Pain / Chain representative;
- Exercise referral scheme representative.

5.0 ROLES & RESPONSIBILITIES

The Project Team will be responsible for managing the work required to complete the review, including liaising with partners to gather the information required.

Briefings for information

The Task & Finish Group will be responsible for steering the approach to the review and completing actions that arise in Task & Finish Group meetings.

The Reference Group will be responsible for reviewing the evidence gleaned through the project's engagement activities and using this information to co-produce a preferred option for the model of service delivery across Dorset.

6.0 KEY PRINCIPLES

The Key principles of this review are as follows:

- Engage widely, openly and transparently at all times;
- Adopt an evidence-based approach;
- Make strategic links with other key programmes relevant to the scope of this review, including Integrated Care System and the work within the MSK and Spinal Task and Finish Groups;
- Consider the costs, benefits and implementation challenges of proposals, including the workforce;
- Seek to achieve a broad consensus around final proposals.

7.0 TIMETABLE

A draft report will be completed by October 2018 and presented to the Clinical Commissioning Committee Meeting to be held on 19th December 2018.