



PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 December 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Deep Dive: PO 4P: Recovery and Rehabilitation
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Alison Shakeshaft Executive Director for Therapies and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Lance Reed Clinical Director for Therapy Services

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report has been prepared to brief the Strategic Development and Operational Delivery Committee on the work to progress Planning Objective 4P:

Planning Objective 4P

By December 2022 develop and seek Board approval for a Recovery and Rehabilitation plan that will provide a comprehensive individualised person centred framework to support the needs of the 4 identified populations included in “Rehabilitation: a framework for continuity and recovery”, including those with Covid-19. Subject to IMTP discussions in Q4 2022/23, this plan should be ready for implementation from April 2023.

Cefndir / Background

The aim and vision for this Planning Objective is to establish effective prehabilitation and rehabilitation services across the length and breadth of the system to support delivery of the best possible health and wellbeing outcomes for our communities and progress recovery of our population following the COVID-19 pandemic.

Hywel Dda University Health Board (HDdUHB), as with other Health Boards in Wales, faces significant pressures including an ageing population, an increasing number of people living with complex needs or long-term conditions, and people deconditioning because of the pandemic. The rural and geographic spread of HDdUHB also presents unique challenges, exacerbated by the age profile of its estate, the constant pressure to identify space to deliver services and the number of vacancies in the system, affecting the services capacity to meet demand.

To address these challenges requires a whole system approach to develop, maintain and implement prehabilitation and rehabilitation for all populations with multi professional plan focus identifying opportunities for improvement.

Prehabilitation and Rehabilitation

Prehabilitation starts the journey to recovery before any treatment begins by enhancing a patient's capacity and preparing them for surgery by providing physical, nutritional and psychological support. Major surgery and cancer treatments are often associated with a decline in functioning and actions taken at this stage can help people recover more quickly.

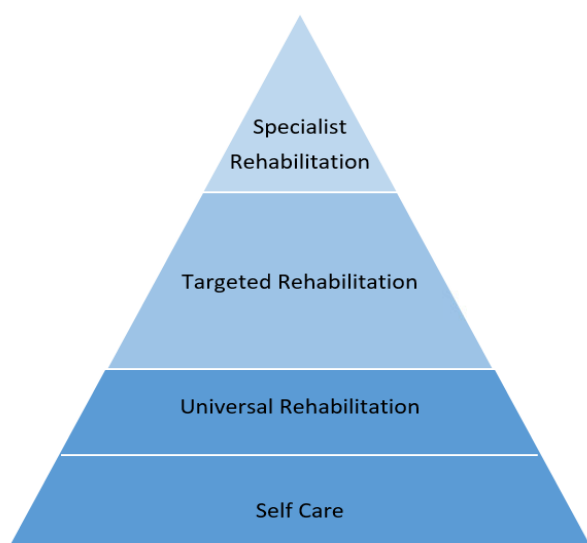
Prehabilitation in some circumstances can result in a person no longer requiring the initial planned or suggested intervention. Evidence suggests that benefits of prehabilitation include reduced time spent in hospital, fewer treatment complications and hospital readmissions and improved health-related quality of life.

Rehabilitation delivered in a variety of settings has proven benefits for a wide range of patients who have long-lasting disabilities, arising from any cause and at any stage during a patient's illness. These include (but are not limited to) musculoskeletal (MSK) disorders, pulmonary and respiratory conditions, cardiac conditions, neurological conditions such as multiple sclerosis, cancer, stroke and motor neurone disease. Instigating a set of interventions designed to optimise functioning and reduce disability in individuals with health conditions helps people to be as independent as possible. Addressing underlying conditions and psychological barriers can help to improve people's lives day to day.

The approach taken adopts the principle that patients should not be in acute/community hospital when needs can be better met elsewhere and wherever possible should be supported to recover and receive services at home. All features of prehabilitation and rehabilitation along the patient pathway require an integrated multi-professional and multi-agency input. Using a person-centred, stepped care model, aligned to the levels of rehabilitation required, embraces a whole system approach targeting the element of support required to deliver that element.

Both prehabilitation and rehabilitation depend on expert multi-disciplinary teams working collaboratively, using a variety and range of interventions. Appropriate intervention means patients may need different levels of therapy (i.e. universal, targeted or specialist) in different domains of prehabilitation and rehabilitation depending on their individual needs.

Prehabilitation and Rehabilitation Triangle of Intervention



Active care of patients with complex needs requiring multifaceted treatment for severe impairment and/or disability. Will need referral to registered professionals with adherence and effectiveness monitored and overseen by Multi-Professional Teams. Cost of providing early specialised rehabilitation for patients is offset by longer-term savings in cost of community care making this a highly cost efficient intervention.

Support patients to develop skills in achievable steps that build confidence and autonomy. Improved clinical and economic outcomes with this approach. Needs identified and addressed through prescribed exercise, nutrition and other interventions and behaviour change supported by registered health and care professionals according to need.

Interventions that provide a variety of dietary, exercise and psychological advice and behaviour, and change support. Patients are sign posted to appropriate resources and advised on how to self-manage, recognise and respond to any change in physical and/or psychological state.

This plan requires actions tailored to the needs, goals and wishes of the patient. Effective flow of these complex pathways and the quality of the care delivered, depends on how effective this network functions and the extent the people who provide and manage that care, constructively work together.

Included within the scope

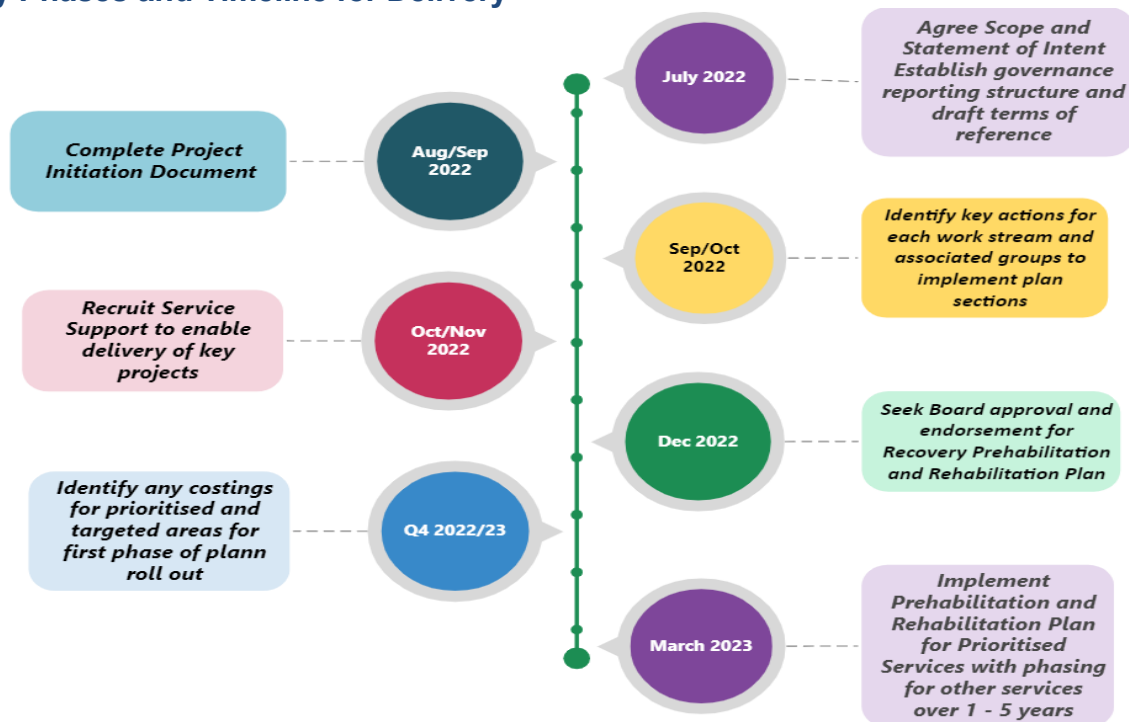
Our systems need to meet population care needs whilst working within financial and workforce constraints. Key to effective delivery is provision of efficient and integrated services with capacity focused on the highest priorities within the Therapy Services Directorate. A key element of the planning process will be to identify those priorities and target resource where it will have the most impact.

Not included within the scope

Numerous other plans are at different stages of development within the Health Board including cardiology, respiratory, diabetes, women’s health, pelvic health and urgent and emergency care. Therapy Services acknowledge other developments and we will maintain our awareness and keep a line of sight so that there are no significant conflicts of direction. The Therapy Services Prehabilitation and Rehabilitation Plan will focus on those areas directly affecting the Therapy Services Directorate workforce as the work is constrained within existing funding, capability and challenging timeline for delivery. There may be opportunities to expand the scope should this situation change.

Asesiad / Assessment

Key Phases and Timeline for Delivery



Service Delivery Models and Appropriate Level of Care

Therapy Services within HDdUHB advocate a multi-modal approach for the delivery of a prehabilitation and rehabilitation plan. This approach involves combining a range of treatments to target and manage symptoms with therapy delivered either individually or within groups. The All Wales Rehabilitation Framework, recently published in 2022, supports the Health Board’s direction. This provides useful guidance to inform and frame the implementation plan by adapting this to map existing services and identify requirements for future service delivery at the appropriate level of care.

Collaborate with me to grow well, living a happier healthier longer life	Collaborate with me to stay well and support myself	Assess and monitor me closely	Step up my care and keep me at home	Support me by providing good care locally/ care-based setting	Step-down my care and support me at home/ community
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Four Enabling Work Streams

To enable this plan, Therapy Services have identified four work streams that underpin delivery. Each contains actions to review and develop services across the length and breadth of the patient journey. These work streams support the development of service delivery models and appropriate level of care. Actions within each work stream run concurrently requiring continuous and agile programme oversight and governance to ensure projects are not in conflict.

Day to day services need to continue whilst redesigning systems and the roles within it. The challenge is delivering this whilst managing the impact of COVID-19 on our patients, services, Health Board and population. To address this challenge requires focus on key priorities within each work stream, based on ease of delivery, resource implication and expected outcome to determine the value of implementation. A robust governance framework with task and finish groups and an overarching Operational Delivery Group has been set up to oversee each element of the plan.

1. *Performance Reporting/Demand and Capacity Planning.*

In order to deliver the changes we need to see, Therapies will review and strengthen both performance reporting and demand/capacity planning across all services within the Directorate. This enriched level of business intelligence will inform the plan to provide services that each local area needs and further integrate systems, ensuring rehabilitation is available to everyone at the right time in the right place. Current work for this section includes:

- Process mapping completed for Adult Speech and Language Therapy, Neuro-rehabilitation, Long COVID and Cancer Prehabilitation;
- Review of existing data and reporting to inform priority areas;
- Job planning linked with capacity planning;
- Deep dive of Occupational Therapy waiting lists;
- Further initiate and/or embed demand and capacity rationale and reporting within the Directorate at sub speciality level;
- Commenced development of dashboard with Key Performance Indicators (KPIs) and targets for ongoing review and scrutiny;

2. *Digital Delivery*

Fostering digital innovations is a key enabler and strategy for effective prehabilitation and rehabilitation. Technology offers opportunities for remote support and guidance to our population, furthermore, ensuring staff have access to the right information at the right time is essential to offer effective, safe and prudent services. This work is ongoing with a monthly Digital Sub-Group set up to review service and administrative innovations with a digital element.

Therapy Services have been fortunate to be a pilot service for the Health Board's Electronic Health Records project and has demonstrated its ability to adapt services in line with

innovations as well as a clear understanding to balance this need with other forms of communication and service delivery. The main elements of work are:

- Digital audit of current systems;
- Pilot for CITO Electronic Health Records Project;
- Review of Attend Anywhere, PKB, Dr Dr and other digital tools;
- Development of central SharePoint for Therapy Services;
- Exploring ways to assist staff to use digital solutions within their roles by identifying “super users” and digital champions;
- Scanning Health Record documents;
- Pilot service for ORCHA – digital applications project;
- Collaborating with the Digital Inclusion Manager to ensure processes incorporate all our population;
- Digital readiness – identifying skills gaps and training needs.

3. *Workforce Plan*

The Therapy Services workforce is facing significant challenges. The workforce action plan will provide the impetus to drive this work forward within existing resource allocation.

- Comprehensive analysis of current workforce structure and capacity;
- Targeted recruitment focus following cessation of graduate streamlining process and Overseas recruitment and use of Annex 21 for hard to recruit areas;
- Working with workforce to develop workforce strategy including key roles such as Therapy Assistant Practitioner and Advanced Practice/Consultant roles, and population of Regeneration Framework;
- Develop real time workforce dashboard to monitor and plan capacity relating to vacancy management, work absence levels.

4. *Accommodation and Equipment*

A shortage of appropriate clinical space and limited room availability to deliver rehabilitation has a significant impact on patient flow and contributes to longer waiting times due to barriers to timely assessment. Required facilities range from administrative space for an outreach team to specialist therapy clinical rooms. Getting the balance of provision right requires thorough assessment of needs at a local level.

Therapy Services has by necessity worked to maximise the space occupied within the Health Board estate and work completed or currently underway includes:

- Collation and evaluation of current space to identify opportunities to share/maximise space;
- Outline future additional accommodation requirements;
- Establish central booking system and management of Therapy Services accommodation;
- Establish generic clinical space templates.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is requested to note the content of this report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.1 – Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	4P COVID Recovery and Rehabilitation Service
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	All Wales Rehabilitation Framework: Principles to achieve a person-centred value-based approach (2022)
Rhestr Termau: Glossary of Terms:	Contained within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable – plans confined to existing resource allocation.
Ansawdd / Gofal Claf: Quality / Patient Care:	Contained within the report
Gweithlu: Workforce:	Contained within the report
Risg: Risk:	Sound system of internal control and project oversight to ensure risks are identified, addressed and mitigated against.
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable

Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Mechanisms to identify any potential issues relating to equity of service provision are addressed in the work streams and overall planning.