



Collaborative cross agency service delivery to address public health issues within an MSK setting: evaluation of the 'Healthy Mind, Health Body' project

By Kelly Holehouse and Karen Oliver

Barbara Castle Way Health Centre, IMPReS Service, East Lancashire NHS Trust

Description

'Healthy Mind, Healthy Body' is a cost effective intervention aimed at addressing the co-existing public health issues associated with MSK conditions. This unique initiative is an example of a collaborative service redesign that empowers, supports and informs the MSK population to manage their own overall health and wellbeing in line with Public Health England priorities.

Context

Blackburn's population is one of the 20% most deprived in England; the patients accessing physiotherapy demonstrate low levels of physical activity, biopsychosocial issues, multiple physical problems and co morbidities (Draft Pennine Plan, 2017, Public Health England Fingertips, 2018). The evidence suggests that addressing behaviours and attitudes to health is paramount and offers long-term benefits to both service providers and users (All our Health, 2016). On reviewing the evidence and our existing pathways and clinician skill sets, we identified a need to improve quality and holistic management of the MSK patient with physical and biopsychosocial needs.

Method

An internal communication training and mentorship programme was devised to better equip all clinicians to identify potential barriers to physiotherapy treatment. The lack of integration and collaboration between the NHS and local community based services prompted information gathering to form a sign posting information leaflet to increase awareness and referral to the available Wellbeing and Mindsmatter services, (community based physical and mental wellbeing services). However with this intervention alone there was still a group of patients who failed to engage with services offered and needed a more seamless transitional process to the community sector.

Following engagement with the Wellbeing service and Mindsmatter services, a monthly multi-disciplinary, (Physiotherapy, Mindsmatter, Wellbeing Services), sign posting session was devised to facilitate uptake and streamline the referral process. Each Physiotherapy led session lasted 90 minutes and consisted of an overview of available support. A patient representative provided a

detailed narrative of their own experience of these local services. The session could be accessed at any stage of the patient's physiotherapy journey allowing it to be fluid and flexible to meet patients changing needs.

The aims of the session were:

- to inform patients of the links between pain, physical and mental health, activity levels and general wellbeing,
- to signpost patients and encourage access to appropriate existing services available in the local area
- to achieve long-term health gains.

Outcomes

As this project reconfigured the utilisation of existing resources no additional funding was required in this service redesign, providing excellent value for money and sustainability. Ongoing patient engagement via feedback questionnaires throughout the project has ensured constant service re-evaluation. Initial results from completed patient feedback questionnaires show 100% intent to make lifestyle changes following attendance at the session. Whilst proving financial benefit is notoriously difficult to measure in the short term with public health interventions the results would suggest positive impact. Cross agency working has also proven beneficial in upskilling staff across all three service providers and built alliances to address local public health priorities. This physiotherapy led project has extended the scope of an MSK service to encompass the wider determinants of health which is at the core of all public health interventions. The ultimate benefactors of this are the service users who are receiving a more holistic, seamless and rounded care plan with predicted positive overall health impacts.

After attending the session;

- 91% of patients opted into one or both of the additional management options.
- 82% self-referred to the Wellbeing service, (56% of this cohort actually attended)
- 32% self-referred to Mindsmatter, (81% of this cohort actually attended)
- Qualitative patient feedback showed
 - 91% found the session useful
 - 100% intended to make lifestyle changes
 - Key themes were the:
 - motivational power of patient representative insight,
 - link between mental and physical wellbeing
 - Awareness of management options within the area.

This signifies the relevance and appropriateness of the services in addressing an unmet need.

Learning Points

Patient referral numbers have increased since inception and with plans to expand the delivery across 8 other sites within East Lancashire, the potential to influence the health and wellbeing of a large population is great. Physical and mental wellbeing schemes such as those involved in this pilot, widely exist across the UK and are accessible to health professionals, adding to this projects transferability and scalability on a larger platform. (NICE PH54, 2014) Further expansion plans have already been identified to address local needs, with plans to improve accessibility for those non English speaking patients with the implementation of an Urdu version.

Although the project was initially set up to address the known complex health demographics of Blackburn, further investigation and data collection may be useful to confirm that this initiative is actually improving engagement with this harder to reach patient cohort in order help strengthen the evidence for this type of intervention.

The initiative offers value for money due to no cost being incurred which is a positive achievement within the current financial climate. Further formalised funding streams and collaborative service level agreements would ensure its longevity. This service clearly demonstrates how effective collaborative cross agency working can be successful in addressing the wider determinants of health and promoting long term self-management. ('The NHS Five Year Forward View', 2017) The patient voice has been at the heart of this initiative in both its design and delivery and will continue to influence its development.

References

1. 'All our Health'. (2016). <https://www.gov.uk/government/publications/all-our-health-about-the-framework>
2. [Anderson, E.](#) [Shivakumar, G.](#) (2013). '[Effects of exercise and physical activity on anxiety](#)'. *Frontiers in Psychiatry*. 4: 27.
3. Chou, R. Qaseem, A. Snow, V. Casey, D. Cross, JT Jr. Shekelle, P. Owens, DK. (2007). 'Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society.' Clinical Efficacy Assessment Subcommittee of the American College of Physicians; American College of Physicians; American Pain Society Low Back Pain Guidelines Panel. *Annals of International Medicine*. Oct 2; Volume 147(Issue 7). Pages 478-91.
4. Department of Health, Physical Activity, Health Improvement and Protection. (2011) 'Start Active, Stay Active: A report on physical activity for health from the four home countries'
5. 'Draft Pennine Plan'. (2017). Together a Healthier Future. Pennine Lancashire Accountable Health and Care Partnership.
<http://togetherahealthierfuture.org.uk/pennine-plan/>
6. 'Fair Society, Healthy Lives: The Marmot Review'. Strategic review of health inequalities in England post-2010 (2012). Public Health. Volume 126, Supplement 1, 1 September 2012, Pages S4-S10

7. Good Public Health Practice Framework(2016) http://www.ukphr.org/wp-content/uploads/2016/03/Good-Public-Health-Practice-Framework_-2016_Final-2.pdf
8. Hill, J. Whitehurst, D. Lewis, M. Bryan, S. Dunn, K. Foster, N. Konstantinou, K. Main, Mason, C. Somerville, S. Sowden, G. Vohora, K. Hay, E. (2011). 'Comparison of stratified primary care management for low back pain with current best practice (STarT Back): a randomised controlled trial'. *The Lancet*. Vol 378. Issue 9802. Pages 1560-1571.
9. Hill, J. Hay, E. Dunn, K. Lewis, M. Mason, E. Sowden, G. Somerville, S. Vohora, K. Whitehurst, D. Main, C. Konstantinou, K. (2008). 'A randomised clinical trial of subgrouping and targeted treatment for low back pain compared with best current care. The STarT Back Trial Study Protocol'. *BMC Musculoskeletal Disorders*. Vol 9:58
10. HM Government (2010) '[White Paper: Healthy Lives, Healthy People: our strategy for public health in England.](#)'
11. National Institute for Health and Clinical Excellence (2016). Low back pain and sciatica in over 16s: assessment and management: NICE guideline NG59.
12. National Institute for Health and Clinical Excellence (2014). Physical activity: exercise referral schemes. NICE PH54.
13. Naylor, C. Parsonage, M. McDaid, D. Knapp, M. Fossey, M. Galea, A. (2012). 'Long-term conditions and mental health: The cost of co-morbidities'. *The Kings Fund and Centre of Mental Health*. ISBN 9781 85717 6339, Pages 32
14. Public Health England (2018)
http://fingertips.phe.org.uk/profile/health-profiles/area-search-results/E12000002?search_type=list-child-areas&place_name=North
15. Public Health Skills and Knowledge Framework (2018)
<https://www.gov.uk/government/publications/public-health-skills-and-knowledge-framework-phskf/public-health-skills-and-knowledge-framework-phskf-update-march-2018>
16. Royal Society for Public Health (2017). 'Everyday Interactions: Measuring the Public Health Impact of Healthcare Professional'. <https://www.rsph.org.uk>
17. Scarborough, P. Bhatnagar, P. Allender, S. Foster, C. Rayner, M. (2011). 'The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs'. *Journal of Public Health*, Volume 33, Issue 4, 1 December, Pages 527–535.
18. 'The NHS Five Year Forward View'. (2017) <https://www.england.nhs.uk/five-year-forward-view>