# The role of the ICS and Place in MSK service improvement – National perspective



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"The secret of success is not to foresee the future. It is to build a system that is able to prosper in any of

the unforeseeable future".

Michael Hammer 1993.

Andrew Bennett

- National Clinical Director Musculoskeletal Conditions
- Consultant Physiotherapist Sutton Health and Care, Epsom and St Helier NHS Trust
- Twitter @andypbennett79 #BestMSKhealth

NHS England and NHS Improvement





# **Vision for MSK**





#### To promote life-long best musculoskeletal health for all

#### Musculoskeletal health enables physical activity

"critical for human function, enabling mobility, dexterity and the ability to work and actively participate in all aspects of life. Musculoskeletal health is therefore essential for maintaining economic, social and functional independence, as well as human capital across the life course" Reducing the global burden of musculoskeletal conditions

Andrew M Briggs,<sup>a</sup> Anthony D Woolf,<sup>b</sup> Karsten Dreinhöfer,<sup>c</sup> Nicole Homb,<sup>d</sup> Damian G Hoy,<sup>e</sup> Deborah Kopansky-Giles,<sup>f</sup> Kristina Åkesson<sup>g</sup> & Lyn March<sup>h</sup>

# BestMSK Health Start Well, Live Well, Age Well

#### Help people to be active and live life to full

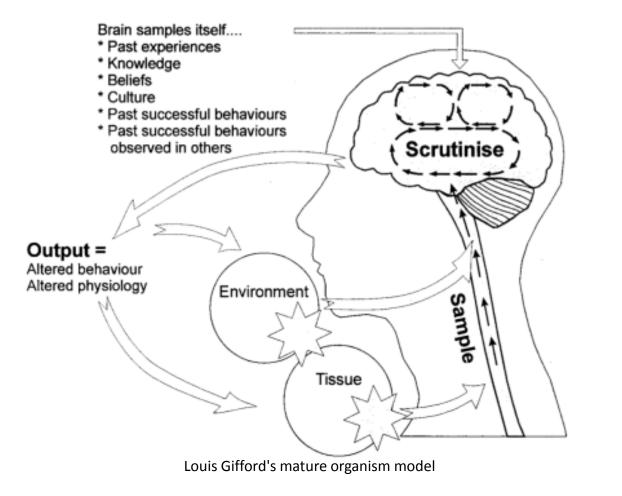
Grow well, work well, age well – help prevent and manage other mental and physical health conditions

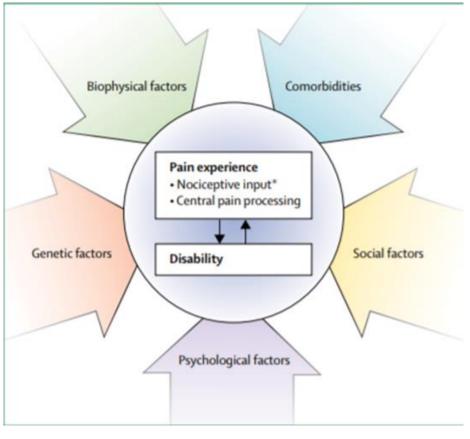
#### Address inequalities in access, outcome and experience

Pre-pandemic and exacerbated in context of pandemic

# How do we help people best manage pain and consequent disability







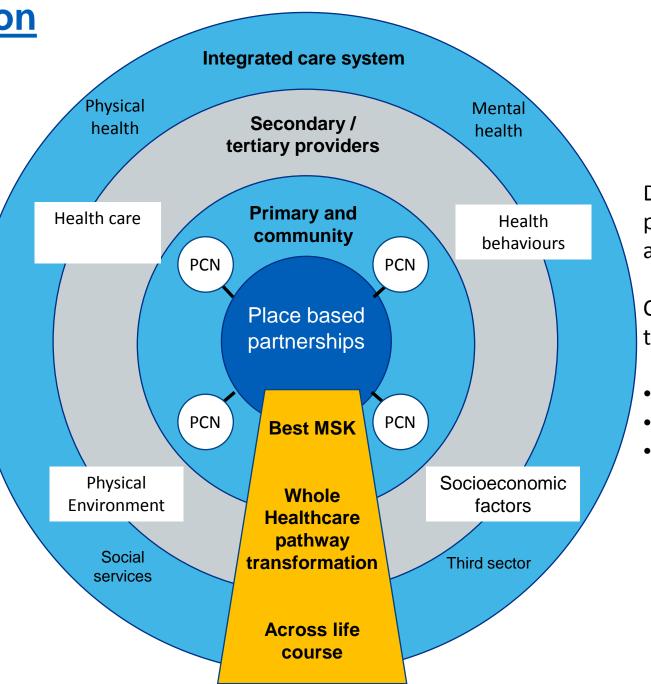
Hartvigsen et al (2018) What is LBP and why do we need to pay attention

Embedding the biopsychosocial model requires collaboration integration and co-production

### Enabling integration collaboration and coproduction

#### Align with ICS aims

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development



NHS

Delivered through coproduction, collaboration and integration

Clinically lead locally owned transformation of care

- Equitable access
- Best outcomes
- Best experience

## Integration collaboration and co-production across the health pathway



End to end integrated pathways

- Orthopaedics
- Spinal services
- Rheumatology
- Falls fragility fractures and osteoporosis
- Children and young people

Secondary care Hospital	Primary / community Post - hospital
Health - High impact strategy reco	mmendations
Urgent and emergency Diagnostics Outpatients Elective care HVLC	Post procedural rehabilitation Support self management
	Hospital Health – High impact strategy record Urgent and emergency Diagnostics Outpatients Elective care

Integration collaboration and co-production at PCN, place and ICS level

Supported by Primary and community services, diagnostics, personalised care



# The role of the ICS and Place in MSK service improvement



Key to choreographing the collaborative approach to coproduce integrated MSK service provision embedded within the principles of the biopsychosocial model, adapted to meet local population needs accounting for variance in resources



## Questions

- How do we decide what our local MSK priories are ?
- How do we ensure integration at ICS/place?
- How do PCN's fit into this ?
- What would be your key priorities for the next year?
- How do you think this will look in 10 years time ?
- What are the risks and associated challenges we need to overcome ?