



Date of Meeting	27 th November
Portfolio	Integrated Commissioning – Sara Rowbotham
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Public/Private Document	

Proposed changes to service specification for the Posture and Mobility Centre

Executive Summary

1. HMR CCG commissions posture and mobility services for children and adults from Pennine Care Foundation Trust (PCFT). The service, which runs across Bury and HMR, has struggled to meet national access time targets for wheelchair services. The service has difficulties in meeting the financial pressures of equipment costs despite having a significantly higher financial envelope than Greater Manchester peers.

The CCG has been working with Bury CCG to review this contract from 2017/18 but to date this has not resolved the fundamental issues. The CCG is planning a further comprehensive review of the financial envelope, performance delivery and specification for this service in the next 6 to 12 months with the aim of improving the cost-effectiveness and quality of the service.

In the meantime, Bury CCG have worked closely with PCFT to update the specification for the posture and mobility service, and to develop the 3 options outlined in the attached paper that can help release capacity into the service with the aim of improving delivery of Referral to Treatment Targets and reducing costs in the immediate future.

Recommendation

2. The ICB is asked to approve all 3 options below, to improve access to posture and mobility services whilst a wider review is undertaken:

Option 1 – Cease automatic provision of wheelchair to all patients on Gold Standard Framework End of Life pathway, and replace with needs-based offer

Option 2 – Withdraw wheelchairs in care homes

Option 3 - Cease supply of chairs to children and adults where there is no postural / permanent mobility, based on behavioural grounds/ infrequent use.

Reason for Recommendation

3. To release £37,371 for re-investment in staffing and equipment costs.

To improve the capacity of the service to deliver its core service and treatment requirements within national Referral to Treatment Time (RTT) targets.

Key Points for Consideration

4. The background paper provides detailed background about the options proposed and the benefits of making these changes.

Alternatives Considered

- 4.1 Do nothing – in this scenario the service would continue to represent poor value for money and continue to struggle to deliver its core service and treatment within defined target times.

Costs and Budget Summary

5. HMR CCG commissions the Posture and Mobility Centre as part of a multi-lateral contract led by Bury CCG. The financial envelope for the service in 18/19 is £939,439.

If the options described in detail in the background paper are approved, then £37,371 will be released. Pennine Care propose to re-invest this resource in additional staffing and equipment costs as described.

Risk and Policy Implications

6. Risks of ceasing the 3 elements of the service described are described within the background paper.

Option 1 -

- Reputation risk resulting from cessation of service
- Patients unable to access provision due to costs involved in sourcing own chairs
- Patients sourcing their own chairs could lead to inappropriate chairs being chosen, influenced by provider interests rather than to the right chair.
- Voluntary / private sector may not have the capacity to cover increased demand

Option 2-

- There is a significant risk that not taking this option opens the trust to

liability in the risk of potential injury to patients through being transported in not fully working order chairs.

- There is a possibility that there will be an increase in referrals from homes for the postural assessment for patients to receive a postural chair. In these instances homes would use the chair for the postural needs of the patient and receive an individual chair for that patient.
- Reputational risk that the homes would not welcome the withdrawal.
- Reputational risk due to clients and/or families being persuaded by the home to purchase chairs for residents.

Option 3 –

- There is significant difficulty in sourcing wheelchairs for children on the private supply market.
- Reputational damage due to exclusions and difficulties faced by users, parents, carers and educational leads.
- Continuation of provision indicates a risk around deprivation of liberty depending how the chair is used on behavioural grounds
- Potential risk of excluding children from school trips.
- Significant risk of injury as a result of uncontrolled behaviour.

To mitigate the risks, the CCG and social care commissioning teams will support PCFT to deliver joint communications to service users and health and care teams who refer into the service, on the reasons for the change in access criteria and how to access alternative service provision (including hiring and buying alternatives).

Consultation

7. The Clinical and Professional Advisory Committee (CPAP) discussed the options in this paper. The CPAP approved options 1 and 2 but expressed some concerns about option 3 as withdrawing this offer may limit the mobility of some families. However a recent review of the Manchester and Trafford Posture and Mobility Service concluded that the purpose of the service is to assist mobility and that restraining a person in a buggy or wheelchair against their will could be considered to be a Deprivation of Liberty.

Background Papers	Place of Inspection
<p>8.</p> <div style="text-align: center;">  Proposal PMC Paper for Clinical Cabinet Se </div> <div style="text-align: center; margin-top: 20px;">  HMR EA template for commissioning Oct 20 </div>	

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