

# **Prevention Early Intervention Rehabilitation and Long term conditions workstream**

## **TERMS OF REFERENCE**

**June 2021**

### **1.0 PURPOSE**

- 1.0 The purpose of the Prevention Early Intervention Rehabilitation and Long term conditions workstream is to progress the MSK programme further and assist in the Elective Care recovery programme.
- 1.1 Appendix 1 shows the full governance structure for the MSK Steering Group.
- 1.2 Appendix 2 shows the breakdown of meeting structure within the MSK programme.

### **2.0 RESPONSIBILITIES**

- Informing, delivery and reporting on the progress of Prevention Early Intervention Rehabilitation and Long term conditions workstream to give oversight to the MSK steering group.
- Monitor progress on a monthly basis to ensure the successful planning and execution of the Implementation Plan, using exception reporting and milestone and gateway controls.
- Monitor performance of provider organisations and the delivery of the Prevention Early Intervention Rehabilitation and Long term conditions programme across the system.
- Review risk and issue logs on a six-weekly basis and have in place an escalation mechanism which is cross-organisational.
- Review MSK Data, patient flows and patient feedback across the system and act as appropriate.
- Promote effective dialogue between provider organisation, primary and community care networks and the patient reference group.
- Ensure that appropriate links are made with other key elements of commissioning strategy and that interdependencies with other planning processes are managed effectively.

### **3.0 GOVERNANCE, MEMBERSHIP AND ROLES**

- 3.1 The core membership of the MSK Steering Group will consist of senior leadership, managers and clinicians within Dorset ICS:
- NHS Dorset CCG
  - Active Dorset
  - Dorset County Hospital NHS Foundation Trust
  - University Hospitals Dorset NHS Foundation Trust

- Dorset Healthcare University NHS Foundation Trust
  - Primary Care/GP representation (optional)
  - Private Sector – AECC?
  - Public Health
  - Live Well Dorset
  - Patient Representative(s)
  - Workforce (optional)
- 3.2 At the discretion of the Group, other individuals may be invited to attend where they have the relevant skills or expertise to deal with the business on the agenda or to carry out specific activities.
- 3.3 Where a regular member is unable to attend, they should nominate a deputy to attend in their place provided this is agreed in advance with the Chair.
- 3.4 Representation from the independent sector will be on an ‘as required’ basis.
- 3.5 The core membership is as follows:

<b>Name</b>	<b>Role</b>	<b>Organisation</b>
Martin Kimberly	Prevention, Early Intervention and Rehab workstream chair	Active Dorset
Victoria Caddel	Programme Lead	NHS Dorset CCG
Sam Leonard?	Specialist Service Manager	Dorset Healthcare University Hospital Trust
Darren Sparks	Physio	University Hospitals Dorset
Chris Brookes	First Contact Practitioner Lead	Dorset County Hospital
TBC	Patient Representative	
TBC	Patient Representative	
TBC		Public Health
Carolyn Royse	Allied Healthcare Professional	Dorset Integrated Care System
Lydia Turnbull		Live Well Dorset
Professor Stewart Cotterill	Private Sector	AECC
TBC	GP – Primary care	

#### **Roles and responsibilities of Steering Group members:**

- To fulfil responsibilities in such a manner that respects each organisation’s statutory roles and responsibilities; but proactively seek to engender partnership working.
- Through openness and transparency to maximise the wider benefit of joint working for the patients and public.
- To seek to reach consensus opinions within the Prevention Early Intervention Rehabilitation and Long term conditions group wherever practicable and to consider matters from the perspective of the patients and the public and not organisational self-interest.

#### **4.0 QUOROM**

- 4.1 A quorum necessary for the group to meet shall be the Chair and at least one representative from each of ICS Providers.
- 4.3 It is the responsibility of members attending the Prevention Early Intervention Rehabilitation and Long term conditions group to identify a representative if they are unable to attend.

#### **5.0 FREQUENCY AND MANAGEMENT OF MEETINGS**

- 5.1 The Prevention Early Intervention Rehabilitation and Long term conditions group will meet on a six-weekly basis and all papers circulated electronically.
- 5.2 The agenda will be distributed no less than four working days in advance of a meeting.
- 5.3 A programme of work/forward planner, an action log and a risk and issue log will be updated for each meeting.
- 5.4 If separate papers require circulation, these should, wherever possible, be issued with the agenda along with the notes recorded of the last meeting.
- 5.5 Any items to be raised under Any Other Business must be given to the Chair at the start of the meeting.
- 5.7 Key decisions and actions will be recorded and circulated within five working days of the meeting.
- 5.8 Administration of the programme documentation will be held in Celoxis.

#### **6. REVIEW**

- 6.1 The Terms of Reference will be reviewed annually and/or when changes occur that will impact on the role and function of the Prevention Early Intervention Rehabilitation and Long term conditions group.

**APPENDIX 1**

**MSK Governance Structure**

**MSK Governance Structure**

