MSK Health Expert Reference Group Minutes	
Date	Monday 10 February 2020 Caxton House, London
Attendees	Attendees: **Ageing Better -** Alison Giles **ARMA -** Sue Brown **Bone & Joint Research Group, Royal Cornwall Hospital -**Tony Woolf **Health and Safety Executive -** Mike Paton **Health and Safety Executive –**John Price **MSK Research Unit Southampton University -** Karen Walker Bone **NHS England/Improvement -** Andrew Bennett **NHS England/Improvement -** Elizabeth Wade **Public Health England -** Nuzhat Ali **Public Health England -** Maggie Mbanefo-Obi **Public Health England -** Ginder Narle **The Royal College of GPs -** John Chisholm **The Society of Occupational Medicine -** Nick Pahl **Versus Arthritis -** Laura Bootham **Work and Health Unit EHIE -** Tabitha Jay **Work and Health Unit EHIE -** Lorraine Jackson, **Work and Health Unit EHIE -** Ailsa McGinty, **Work and Health Unit EHIE -** Bola Akinwale **Work and Health Unit EHIE,** Kathryn Robinson Dialed in: **Chartered Society of Physiotherapy** - Julie Blackburn **NHS England/Improvement** - Robert Finnan **Public Health England** - Clare Perkins **Work and Health Unit EHIE** - Elaine Barker **Work and Health Unit EHIE** - Mark Henderson
Agenda Item 1	<u>Chair's welcome</u> Lorraine welcomed everyone to the meeting and thanked them for making the time to attend despite the re-scheduling of the event. Attendees were reminded that the original November meeting date had been moved due to the pre-election period.
Agenda Item 2	<u>The Prevention Green Paper</u> A short paper describing the Prevention Green Paper had been circulated. It had not been possible to give a detailed read out from the consultation exercise

	but Ailsa McGinty was able to provide a preliminary overview of some of the themes that had emerged. These included the following: • Impact of the workplace • Physical exercise, activity • Lifestyle and wider determinants • Treatment • Public education and awareness raising • Co and multi-morbidities including mental health • Age associated risks The group was asked for comments. There was general discussion and agreement from the group that the 'one size fits all' approach would not work and a more tailored approach is needed. **Action** **We are anticipating the publication of an early government response in the near future and the group would be updated at the next meeting.**
Agenda Item 3	<u>Managing Sickness Absences in SME's Project and the toolkit to support the return to work.</u> Elaine Barker and Mark Henderson from the Employers Team within the Joint Work and Health Unit gave a short presentation on the toolkit and invited questions and feedback from the group. The following points were raised: 1. There was a general acknowledgment that the toolkit looked promising and was broadly welcomed. 2. The importance of the 2-way conversation between employer and employee was emphasised and is a key feature which the toolkit promotes. 3. Has the toolkit had a positive impact on reducing work sickness absence? It was explained that this would be reported in the final evaluation which was due late Spring. 4. The toolkit is one of many similar ones available to tackle managing sickness absence. 5. There is a 'plethora' of tools and resources available and navigating these resources is an issue for employers. 6. The key messages about the prevention of poor MSK health is fundamental and sight of this aspect must not be lost when reviewing these tools. 7. There is general agreement that access to the right information is the key issue and vital for employers. 8. There was a need for a 'single trusted place' – a one stop shop – this does not exist at the moment. 9. Resources and tools in isolation are not the answer and a national framework is needed on which to hang these materials so they can be used effectively.

	10. The Cornwall and Isle of Scilly LEP (CIoSLEP) 'Beacon Project' is a regional project with similar aims to the toolkit. It has been supported through the Innovation Fund (joint Department for Work and Pensions, Department of Health and Social Care and NHS England funding) which aims to support disabled people and those with health conditions to get into, and remain in, work. Further information can be found here https://www.cioslep.com/projects/cornwall-work-and-health-beacon-project 11. It was noted that there are 8 PHE toolkits already available and so it is not resources per se that are the issue. It is rather how they are 'marketed' to users, the assurances regarding quality and how we improve their accessibility for those who need them. 12. There is also an issue about how the employer, employee and health 'systems' operate and interact or align or do not as appropriate i.e. implementation and translation 13. It is important to acknowledge that what 'the experts' feel is required and what people and employers actually need may not be the same thing 14. It was acknowledged that the NHS 'MSK offer' varies regionally and greater consistency is needed. NHSE/I is planning to establish a high level MSK Health steering group; all agreed that a more coherent picture is needed. The group was thanked for their support of this work associated with the Green Paper. Members were keen to be kept informed of and involved in the progression of the project and to provide feedback and evaluation as required. **Action.** **A further update on progress would be provided at the next meeting.(date to be confirmed)**
Agenda Item 4	<u>The Call for Evidence</u> Ailsa McGinty provided a short summary of the proposal as set out in the discussion paper. This described how the call for evidence could be managed to try to achieve the aims of the prevention green paper. The group were asked for their thoughts on this approach and the following points were raised: 1. There was general agreement that the implementation/translation gap should be the focus of the call for evidence 2. The call for evidence as proposed by the government in the green paper is a vehicle that will enable this expert group to take the agenda forward and to shape policy. The group can be quite specific and focus in on an aspect or have a wider scope if this is agreed to be the correct approach. 3. It was important to consider the health and care 'systems' structures to see where there are blockages.

	4. It is important to recognise the key role of employment advisors when considering the systems and implementation issues. 5. MSK health morbidity levels have remained in the top 5 of the Global Burden of Disease data for the last 20 years, constituting 22-23% of morbidity. It is essential that as a system we need to work collaboratively. 6. Can the scope of this project go wider than 'work'? Given the remit of the Work and Health Unit (within EHIE) it is obvious that work is the key focus but there may be room to go broader in some areas. 7. The consultation document suggested there were 5 possible priority areas to be covered by the Call for Evidence. The group was in general agreement with these suggestions but also that the call for evidence for some of these areas may be wider than just focusing on the implementation/translation gap e.g. population behaviour change programmes. 8. What is the expected timeline for this work? This was not clear at this stage and would depend on the formal response from Ministers 9. It was confirmed that the remit was for England only and not including the Devolved Administrations. **Action** **Further work will be done on forming the call for evidence and the group would be updated via email for its input and this would also form a part of the next meeting.**
Agenda Item 5	<u>AOB</u> The Terms of Reference would be revised and re-circulated **Date of the next meeting was provisionally scheduled for late April and this would be confirmed** Lorraine Jackson thanked everyone for their valuable contributions and constructive discussion.