

WORKING WITH HEALTH

Milton Keynes Health and Wellbeing Board meets on a quarterly basis and its membership includes Councillors, GPs and Officers from the Council and its partners, including the voluntary sector.

We have taken the opportunity to have a LGA Peer Review of the Board, which will include looking at the way it meets, membership and how it fulfils its objectives. This will take place in December.

The Board meets formally on alternating months and the Board recently agreed to set up a Working Group, the meets during the month the Board does not. This Working Group seeks to enable better briefings, discussion and meeting management. It is not a decision making body.

A renewed Health and Wellbeing Strategy was endorsed in July, which has three themes:

- Starting Well
- Living Well
- Ageing Well

Rather than having a separate theme, mental health runs through all of the three themes as it is seen as a fundamental issue in each of them.

Each theme has a lead officer and sponsor and the Board monitors progress in each one. We have reformed the sub-group structure of the Board to ensure that we focus on delivery rather than process.

Milton Keynes Council has a long standing history of integrated services. These include intermediate care services, which focus on hospital admission avoidance and hospital discharge, learning disability services, and mental health services. All of these services have a diverse range of health and care staff with some working within a single management structure.

The Council has a good history of partnership working with the CCG, Milton Keynes Hospital Trust and Central and North West London Community Foundation Trust. There are various Boards and working groups, both strategic and operational, which work together to plan and address areas such as increased demand in hospital attendance, increased pressure for quicker, safer hospital discharge and more specific areas such as mental health and learning disability. A significant amount of the Council's reablement service is utilised to support the continuous flow from hospital to home, for those more vulnerable.

The Better Care Fund was authorised in 2015, and implementation of the schemes is now well under way. This fund pooled approx. £14million of existing health and social care funds, and required the Council and CCG to redesign services that would ultimately reduce demand for non-emergency hospital admissions and long term care home placements. The associated work plan and budget monitoring is held to account through the Joint Commissioning Board, which reports into the Health and Wellbeing Board.

We also have a substantial public health budget of £10.2m. This is used to fund services such as smoking cessation schemes, substance abuse clinics and sexual health schemes. This budget unfortunately encountered an in-year Central Government cut of over £600k. However some key aims such as earlier diagnosis of HIV and reducing smoking related diseases are funded from this budget and have major implications for the wider health budget and are vital in the overall push to reduce health spending.

The final key objective is to further integrate our services and reduce costs across the public sector, not just with health partners. This includes our wish to further integrate functions such as commissioning and procurement with other organisations to enable joined up approach. We are also exploring working with other agencies such as our recently adopted joint working with the DWP on the roll out of Universal Credit and discussions with Bucks and MK Fire and Rescue over how we can work with them in the community with groups such as vulnerable people. At the last Health and Wellbeing Board we agreed that we should seek an MK wide public service data sharing SLA in order to able to co-ordinate and focus resources in a smarter and more effective way.

As part of the LGA Peer Review we are looking to properly map all partnership forums and meetings and look to reduce duplication and repetition to make better use of time, resource and improve function as well as form.

The administration is also trying to ensure that the cross cutting nature of the work is reflected in how we plan the budget. Ideas that promote independent living, preventive work and help for VCS organisations who provide many services which support many of the aims of the Health & Wellbeing Strategy are being considered over more dated methods of social care provision. The principles of “Smarter, Sustainable and Different” relate very closely to this very large area of spend and have been outlined at previous Budget Scrutiny Committee and will be looked at more deeply in forthcoming meetings.

The long term aim of the Health and Wellbeing Strategy is to change the focus of health spending onto Wellbeing and keeping people healthy, rather than the more expensive method of treating people when they become ill. This is very challenging as while seeking to reduce long term trends such as obesity and diabetes that have the potential to cost the NHS vast expense in the future and funding services to do so, the needs of today still need to be met. This demand is increasing particularly around older people and will continue to do so, and very little can stop the ageing process as while even good health can be enjoyed for longer periods, the number of people living until very old age and the challenges that brings continues to increase.

MK Council is one of a number of partners. The main challenge for the short term period is to ensure all partners have shared objectives and want to obtain the same outcomes. The new Health and Wellbeing Strategy is a fundamental foundation of that work. Establishing that we have the right systems and process in place to achieve those aims will help that. As those partnerships build and develop to deliver those shared objectives, integrated working will become the standard model of delivery. The complexities of the NHS, legislation and funding mechanisms make this a huge challenge but one that can be met if local agreements and relationships are allowed to develop. It is important that we recognise this is an MK challenge, not an MK Council one alone.

Finally I'd like to place on record the work done by our Service Director, Suzanne Joyner, in progressing this agenda and the new models of working she has brought to MKC. Sadly she has decided to take a promotion and move closer to her family in the North of England, but her work modernising our services and her work with our partners has been greatly appreciated across MK.