

Minutes of the meeting of the Health & Care Partnership held on Tuesday 13 June 2023 at 14:00

- Present:** Councillors Marland (Chair), R Bradburn, Darlington and D Hopkins, (Vice-Chair), M Bracey (Chief Executive, Milton Keynes City Council), V Collins (Director, Adult Services, Milton Keynes City Council), M Heath (Director of Children's Services, Milton Keynes City Council), V Head (Director of Public Health, Milton Keynes Council), J Hannon (Diggory Divisional Director of Operations, CNWL NHS Foundation Trust), J Blakesley (Deputy Chief Executive, Milton Keynes University Hospital NHS Foundation Trust), Dr T Nguyen (Representative of Primary Care Networks), J Thelwell (Bucks Fire & Rescue Service, Chief Executive), M Begley (South Central Ambulance Service, Head of Operations), M Taffetani (Chief Executive, Healthwatch Milton Keynes), Supt E Baillie (LPA Commander, Thames Valley Police) and P Wilkinson (VCSE Representative)
- Officers:** M Carr (Deputy Director Public Health, Milton Keynes City Council), and A Clayton (Overview and Scrutiny Officer, Milton Keynes City Council)
- Observers:** Councillor Long, R Green (Head of MK Improvement Action Team, BLMK ICB) and M Wogan (Chief of System Assurance and Corporate Services, BLMK ICB)
- Apologies:** Dr R Makarem (Chair of BLMK ICB), F Cox (Chief Executive, BLMK ICB), Dr N Alam (Representative of Primary Care Networks) (Dr T Nguyen deputising), J Held (Independent Scrutineer, MK Together) and J Harrison (Chief Executive, Milton Keynes University Hospital NHS Foundation Trust) (J Blakesley deputising)

### **HCP1 Welcome, Introductions and Apologies**

The Chair welcomed members of the Partnership to the first meeting of the new Council Year. He explained for the benefit of new members that Milton Keynes Local Authority area was situated wholly within the geographical area of the Bedfordshire, Luton and Milton Keynes Integrated Care System (BLMK ICS). The role of the Partnership was to bring together key players involved in the planning and delivery health and care to residents of the city of Milton Keynes, to work collaboratively and collectively to add value to the services provided.

## **HCP2 Minutes**

RESOLVED -

That the Minutes of the meeting of the Health and Care Partnership held on 22 February 2023 be approved and signed by the Chair as a correct record.

## **HCP3 Decision Tracker**

The actions arising from the previous meeting held on 22 February 2023 were noted. All other actions were completed or in the process of being completed with a progress reported noted accordingly on the Decision Tracker.

## **HCP4 Disclosures of Interest**

None.

## **HCP5 Integrated Care Partnership (ICP) and Board (ICB) update**

The Partnership received a report from the Chief of System Assurance and Corporate Services, BLMK ICB. Key areas of the report were highlighted:

- The Report included the draft Joint Forward Plan (JFP) of the ICB at Annex A, which was required to be submitted to NHS England by 30 June 2023.
- The JFP was required to be a five year plan, but the ICB had elected to take a longer term strategic view to 2040. The intention was to create a “working” document that would be frequently revisited and revised in the light of changing priorities and new challenges. The JFP presented to members was the initial draft and a link to the latest version would be provided to members subsequent to the meeting for their further consideration and comment.
- Future health and care planning for the city was based on local needs using a population health approach. The ICB worked closely with local authority colleagues to analyse the data available and forecast future need, and had formed a “Population Health Intelligence Unit” with this specific remit.
- The system population was increasing at a fast rate, particularly in Milton Keynes, and it was important that this growth was properly forecast and understood in order to ensure that the supply of health services was able to meet resident demand. The work carried out in partnership with MKCC and others over the past year, particularly through the MK Deal, had provided valuable knowledge and experience and would greatly aid the development of the ICS into the future.
- Resident participation had been key in developing the JFP and this would continue. Over the summer and into the Autumn the ICB would be undertaking a “Big Conversation” with residents across BLMK, and would be a presence at many venues to discuss with residents their priorities and concerns, to ensure that this high level of participation continues.

- The findings of the “Big Conversation” would be combined with the further input of partners to produce a more detailed plan next Spring, with a target of March 2024. This would be presented to partners for further comment at that time.
- Further to the report to the last meeting, the Musculoskeletal (MSK) procurement had been extended to allow for further resident and partner engagement. The running costs exercise had also progressed, with staff consultation currently underway.

Members of the Partnership welcomed the JFP. However, concerns were expressed about the veracity of the population growth figures across the city. Population statistics could vary depending on their derivation and the metrics employed, e.g. whether based on voter numbers, housebuilding targets and so on, and so the creation of the Population Health Intelligence Unit would be vital to ensure accurate forecasting. It was agreed that partners would liaise outside of the meeting to ensure that the figures provided in the final submission were as accurate as possible.

#### **RESOLVED:**

- 1. Having reviewed the Draft Joint Forward Plan the Partnership agreed that, subject to reflecting local projections on the level of population and housing growth, the Plan reflected MK's priorities**
- 2. Noted, the content of the update report and its annexes**
- 3. Noted, that the BLMK NHS Operational plan 2023/24 was submitted to NHS England at the end of March 2023 and finalised in May 2023**

#### **HCP6 MK Deal Update**

The Partnership received a report from the Chief Executive of Milton Keynes City Council. Key areas of the report were highlighted:

- Following consideration and discussion with partners the Joint Leadership Team recommended that Bletchley would be a suitable and sensible choice for the Neighbourhood Working pilot project. Bletchley possessed key criteria identified in the Fuller Report, for example the area was a clearly identified local area with substantial community involvements and an identified willingness to engage. There were identifiable and measurable health inequalities across the Bletchley community.
- The team were keen to take the pilot forward, and proposed that between now and September they devote time to discussing key issues with residents and partners in the community. One of the particular challenges was that partners, for example those in primary care, schools and in the VCSE sector, may need to vary their current working methods to fully engage with the integrated care methodology. Whilst the new systems promised significant opportunities, and parties had broadly welcomed the proposals thus far, change may be harder to achieve in practice. It was important that this was properly understood and agreed prior to the commencement of the pilot.
- In September, following the research phase, at the next meeting of the Health and Care Partnership it was proposed to bring the matter for decision to proceed with an 18 month pilot.

- This research phase would include a workforce audit in the area, identifying and mapping key health and care personnel in Bletchley. This would include primary care, community and mental health teams, local authorities (MKCC and town councils), Police, VCSE and schools amongst others. Case Management approaches and operating models would need to be developed to support specific groups of people. Consideration would need to be given to how the neighbourhood based approach would inter-relate to other relevant bodies, such as MK University Hospital. Finally, it was important that appropriate metrics of success were decided upon and agreed.
- Key operational developments would include growing the use of key assets, such as Bletchley Leisure Centre to support inactive residents, piloting the health and wellbeing coach role (taking a holistic view of an individual's health, to include smoking and weight management for example), developing the role of pharmacies and working with Primary Care Networks to expand initiatives that reduced health inequality.
- Consideration would also need to be given to high level co-ordination of this work, to include ongoing assessment of the pilot and the collation of evidence, to be used as neighbourhood working is rolled out more widely across the city.
- It was also important to note that the neighbourhood working pilot would need to co-ordinate with, and to complement, work that the ICB was carrying out city-wide to improve primary care services. This included, for example, improvements to GP practice websites and telephony systems, the increased use of remote consultations and better clinical signposting to the most appropriate health and care.

Members of the Partnership considered and discussed the proposal. The success of the project was dependent on a high level of integration of the many services that contributed to the health and wellbeing of the residents of Bletchley. It was recognised that this may involve change to existing working practices in some areas. The ICB emphasised their support for the pilot and recognised that changes would need to be made.

The Bletchley Town Councils also provided significant health and care, and community, support to their local residents. These were many and varied and included, for example, debt advice and support to families and children. It was important that the pilot team understood this and involved those town councils in the project, including using their expertise and local knowledge in the delivery of initiatives.

It was also the case that some of the health and care assets in Bletchley were considerably out of date, for example dentists and GPs located in older, residential properties. The Town Deal, for the regeneration of Bletchley, and the context of other initiatives such as the development of the East-West Railway, provided an opportunity and focus for capital investment in some of these assets to bring them up to date and to position the town better for the future.

Members heard that the pilot research team consisted of around 15 people covering a variety of roles. The Head of MK Improvement Action Team, BLMK ICB, (Rebecca Green) was supporting the development and readiness of the team. Members that wanted to discuss early involvement should contact Rebecca in the first instance. This was a very new project, with integrated care as a concept itself in relative infancy, so it would be the case that the team would be developing systems of working as it progressed.

It was recognised that the early priority was to engage with the workforce and assets that would provide the base to drive the pilot project, to ensure that they were onboard with its aims and methods of working. Once the infrastructure began to come together the next priority would be to engage with and gain the backing of the residents of Bletchley. The community was diverse, and it was important that all sections were listened to and their priorities understood.

The intelligent use of data, and the effective deployment of new technologies, was key to the successful integration of health and care in the city. Initiatives such as the “Smart City” and the “Dementia Friendly City” would rely on the use of, for example, remote monitoring of patients, remote consultation and the use of data to accurately understand and forecast the health and care needs of a city of more than 300,000 residents. This was an exciting and important development, and it was hoped that the pilot study would provide the insight and learning to enable a city-wide rollout in due course.

**RESOLVED:**

- 1. Noted, the update report on the first six months of the MK Deal**
- 2. Agreed, the recommendation of the Joint Leadership Team to select Bletchley as the area to pilot integrated neighbourhood working**
- 3. Agreed, that the Joint Leadership Team undertake background work to prepare for a potential start of the Bletchley pilot in September 2023**

**HCP7 Date of the Next Meeting**

It was noted that the next meeting of the Health and Care Partnership would be held on Wednesday 20 September 2023 at 2.00 pm.