

Minutes of the meeting of the HEALTH AND CARE PARTNERSHIP held on Wednesday 8 November 2023 at 14:00

Present: Dr R Makarem (Vice-Chair, in the Chair), Councillor J Carr (deputising for R Bradburn), Councillor Darlington and Councillor D Hopkins, M Bracey (Chief Executive, Milton Keynes City Council), J Blakesley (Deputy Chief Executive, MKUH, deputising for J Harrison), Dr S Whiteman (Chief Medical Director BLMK ICB, Deputising for F Cox) (online), J Culley (MK Community Service Director, CNWL NHSFT, deputising for J Hannon), V Collins (Director, Adult Services, Milton Keynes City Council), V Head (Director of Public Health, Milton Keynes City Council), Dr N Alam (Representative of Primary Care Networks) (online), J Held (Independent Scrutineer, MK Together), M Taffetani (Chief Executive, Healthwatch Milton Keynes) and T Davies (VCSE Representative)

By Invitation: R Green (Head of MK Improvement Action Team, BLMK ICB)

Officers: M Carr (Deputy Director of Public Health), I Brown (Chief Officer for Public Health) and A Clayton (Overview and Scrutiny Officer, Milton Keynes City Council)

And two members of the public

Apologies: Councillors Marland (Chair) and R Bradburn (J Carr Deputising), J Harrison (Chief Executive, MKUH NHSFT, J Blakesley Deputising), F Cox (Chief Executive, BLMK ICB, Dr Sarah Whiteman deputising), J Hannon (Diggory Divisional Director of Operations, CNWL NHSFT, J Culley Deputising), M Heath (Director of Children's Services, Milton Keynes City Council), Supt E Baillie (LPA Commander, Thames Valley Police), J Thelwell (Bucks Fire & Rescue Service, Chief Executive) and M Begley (South Central Ambulance Service, Head of Operations)

HCP17 MINUTES AND ACTIONS ARISING

Members considered the Minutes of the last meeting held on 20 September 2023 and noted that all actions from the meeting had been completed or were in the process of being completed.

RESOLVED:

- 1. That the Minutes of the meeting of the Health and Care Partnership held on 20 September 2023 be approved and signed by the Chair as a correct record.**
- 2. The actions arising from the previous meeting held on 20 September 2023 were noted.**

HCP18 DISCLOSURES OF INTEREST

None.

HCP19 WELCOME AND INTRODUCTIONS

The Chair welcomed Tim Davies to the meeting as the VCSE Representative, having replaced Peta Wilkinson.

HCP20 QUESTIONS FROM MEMBERS OF THE PUBLIC

A member of the public asked a question of the Chair, "Please provide details of physiotherapy services available from partners for the support of the residents of Milton Keynes, including services provided free of charge and paid for services following referral from general practice and other providers. Are there any plans to consider physiotherapy service provision in the near future?".

The Chief Medical Director BLMK ICB responded:

- There were a number of NHS-funded physiotherapy services available to Milton Keynes residents for a wide range of health conditions
- For problems with bones, joints and soft tissues, residents could self-refer or be referred by their GP or clinician to Connect Health
- Connect Health provided a course of NHS-funded physiotherapy for Musculoskeletal problems from five locations across Milton Keynes.
- Physiotherapy was also offered by Milton Keynes University Hospital following surgery or pregnancy.
- There were also a wide range of private services available for residents wishing to self-fund. These could be found on the Chartered Society of Physiotherapy website.
- BLMK ICB was currently reviewing the Community Musculoskeletal services to ensure they continued to meet the needs of the local population and would be procuring a new contract to commence in 2025/26.

The member of the public asked a follow up question, "How are GPs and others made aware of the services available and the fees required?"

The Representative of Primary Care Networks responded:

- General Practitioners were familiar with the services provided by Connect Health and how to refer patients to them and that patients could self-refer. Domiciliary physiotherapy was also available; free of

charge, although there was a waiting list. Paediatric physiotherapy, along with other specialised services, was provided through MKUH. Some Primary Care Networks also employed first contact practitioners to support patients with musculo-skeletal problems. Whilst they were not physiotherapists per se, they had considerable expertise in the field and were able to assess musculo-skeletal problems and signpost patients to other resources, as well as provide advice and support with exercise and movement.

HCP21

INTEGRATED CARE BOARD (ICB) REPORT

The Partnership received a report presented by the Chief Medical Director BLMK ICB. Key areas of the report were highlighted:

- The recent industrial action had been effectively managed by the acute trust and primary care. Positive discussions were now taking place between the BMA and the Government, and it was hoped that this would resolve the current dispute.
- No Reinforced Autoclaved Aerated Concrete (RAAC) had been found in any of the BLMK estate.
- The head of the cancer network for BLMK, Kathy Nelson, had recently been named “Groundbreaking Researcher of the Year” by the BAME Health and Care Awards.
- The health and employment outcomes framework was being developed, following the recent workshop on the topic. The VCSE sector were involved in discussions around volunteering opportunities and the apprenticeship levy.
- Ongoing work to develop a mental health, disabilities and autism collaborative, was currently focusing on primary care.
- Following discussions at the previous meeting of the Partnership, partners were working together to realise a solution to allow efficient sharing of data. This was coming into being as a federated data platform, with an aim to market test in 2024 and an operationally live platform in place by July 2025.

Members of the Partnership considered and discussed the presentation.

The work on health and employment was welcomed. Many organisations in the VCSE sector were involved in supporting those with health and employment issues. It was important to reach out to a wide range of such organisations to ensure that the framework took account of a wide range of experiences. This was recognised by the ICB, and such groups were welcome to contribute to the considerations; they were in regular contact with a number of organisations, but otherwise relied on information cascading down via organisations such as the Partnership and the VCS Alliance to extend that reach.

RESOLVED:

1. The Partnership noted the report of the BLMK ICB.

HCP22

MOVING TO A MORE DYNAMIC JSNA

The Chief Officer for Public Health (Shared Public Health Service) presented a report and demonstrated the new online JSNA system, highlighting the following:

- The aim of the Joint Strategic Needs Assessment (JSNA) was to provide an overview and assessment of the current and future health requirements for the population of the city. It was a statutory requirement.
- The JSNA had previously been prepared as a periodic “snapshot in time” set of documents. Whilst this had its uses, it did not reflect changes to the data occurring over the intervening period, with the net result being that its uses as a planning tool were limited.
- It had been decided to instead create a “dynamic” JSNA, i.e. a suite of online dashboards linked to live data sources, providing a reactive and accurate tool that could be used to support health and care planning on an ongoing basis. Additional tools would be incorporated on the same platform as they were developed, in time providing a comprehensive interactive library.
- The dynamic JSNA could be accessed through the MKCC website and was open to the public. In addition to the JSNA this portal also provided access to a range of public health information and reports.
- The JSNA was divided into a number of “chapters”, which included population and place, children and young people, and ageing well, amongst other key themes. Not all of these were fully developed, but the main dashboards will be completed by the end of 2023, with further dashboards and more detailed analytics tools over the coming 12 months.
- The Population Health Intelligence Unit (PHIU) had been developed to harness the volume of health and care data that was now available. The team was funded by the BLMK ICB, and hosted on its behalf by Bedford Borough Council. A number of key projects had been identified for the year ahead, and a number of routine outputs, such as cancer outcomes, would also become available. This would provide a more granular view that was currently available, and support decision making, with a strong focus on reducing health inequalities. Over time, the PHIU will allow for a far more data driven approach across the system.

Members of the Partnership considered and discussed the presentation; the development was welcomed. The routine outputs would be selected in consultation with partners, and in most cases these would be outputs that aligned with and complemented the priorities of place. For example, in Milton Keynes, outputs would be designed to support understanding of the Bletchley Pathfinder initiative. For the complex needs priority, there would be outputs designed to show health outcomes of those with complex needs, and so on. The team would also be taking a longer term view, talking to partners about future plans and priorities, and considering the work carried out in other systems to see what approaches might be useful.

In terms of the granularity of the view, this depended on the granularity of the data behind the output, and the view of the data that was required. Census level data was now very detailed, so for many purposes it would be possible to examine areas on a street level basis in some areas. Patient information could be cross referenced with other sources to provide a high degree of resolution, subject of course to ensuring that such data was suitably pseudonymised and could not be used to identify individuals. Data was being brought together from a range of health and care sources, including general practice and pharmacy for example, which allowed for precise pictures of health and care needs to be constructed at a very local level. A key priority will be to learn how to engage with the data dynamically to identify and measure success for specific projects that aimed to improve health and wellbeing.

Secure, password protected areas could be created and used to show sensitive work that would contribute to system transformation, but which could not be made more publicly available for data privacy reasons.

Currently the platform did not allow users to download the data behind the dashboard, but it was recognised that this could be useful for partners, e.g. in helping them put a business case together, and consideration would be given to how this could be delivered.

The preparation of the dynamic JSNA had been supported by a steering group of partners. It was hoped that the steering group's involvement would continue; the platform would evolve and the skills of the team would continue to develop, therefore ongoing engagement with partners would help maintain its relevance, focus and direction.

RESOLVED:

- 1. To endorse the new, dynamic approach to the JSNA, and to note that going forward this will replace the previous arrangements.**
- 2. To promote the new JSNA website as a useful resource for understanding local needs and supporting effective service planning.**

- 3. To engage with the ongoing JSNA development process and provide feedback on the content and presentation of the JSNA.**

HCP23

THE CARNALL FARRAR REVIEW OF THE DEVELOPMENT OF HEALTH AND CARE INTEGRATION IN MILTON KEYNES

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

- Carnall Farrar (CF) had worked with health and care organisations, including the BLMK Clinical Commissioning Group (CCG) in 2019/20, prior to the Covid Pandemic, to review the development of an MK place based model. They had returned in September of this year, at the request of the BLMK ICB and the Joint Leadership Team (JLT) to review progress since that time.
- CF had worked with many systems across the country, so were well placed to take a view of our current progress and performance, and to offer useful advice from a position of knowledge and experience. The report acknowledged and endorsed the work undertaken to date, and encouraged the partnership to develop further, using the current MK Deal priorities as a base from which to deepen collaboration and drive transformation at the neighbourhood level.
- The review also encouraged the partnership to look ahead to its longer term ambitions for the MK Deal priorities, and for the development of the partnership in the medium term to 2028, including the devolution of responsibilities to partners at the local level. A workshop, to be held in the first half of 2024, was recommended to provide a forum for this discussion.

Members of the Partnership considered and discussed the presentation.

The workshop proposal was welcomed. An important aim of the workshop would be to clarify decision making responsibilities, as the prioritisation of initiatives became increasingly devolved to the place and neighbourhood level. Members noted that the financial implications of further devolution would need to be taken on board and given due consideration as a part of these discussions.

The Head of MK Improvement Action Team would shortly engage with the VCS Alliance in respect of delegates to the workshop. It was important for this particular workshop that delegates had a wide reach into the community and were able to represent a broad range of interests.

It was noted that progress was being made with many of the MK Deal priorities, but that the Managing Complex Needs priority had yet to begin in earnest. The individual priorities of the MK Deal were staggered on the basis of available resource, and it had been a challenge to find the resources that were needed to get the project off the ground. Some pre-

work had been undertaken, and it was hoped that work would begin in the New Year.

RESOLVED:

- 1. To note the Carnall Farrar Review at Annex A of the paper presented, and to consider the recommendations therein.**
- 2. To ask the ICB to produce a framework by June 2024 which sets out how greater responsibility for resources and decision making will be made available to our place based partnership as it matures.**
- 3. To organise a workshop in early 2024 with the aim of developing our medium term vision of each of our priorities, and heal and social care more generally.**

HCP24

BETTER CARE FUND 2023-2025 QUARTER 2 REPORT

The Partnership received a report from the Director Adult Services, Milton Keynes City Council.

The report was a periodic update and NHSE required that the partnership confirm that the National Conditions were being met. The Partnership was asked to note that progress was on track, with the exception of the target for “discharge to a normal place of residence”, which was 1.52% behind the planned performance of 95% for the reasons specified in the report. This was being worked on by MKCC and NHS colleagues, who were confident that the target would be met by the end of the year.

RESOLVED:

- 1. To note the report.**

HCP25

REVISED MK TOGETHER PARTNERSHIP ARRANGEMENTS

The Partnership received details of the revised MK Together Partnership arrangements from the Chief Executive, MKCC.

It was reported that the governance arrangements for the Domestic Abuse Partnership had been considered and this body would now be reporting into the MK Health and Care Partnership, with a paper submitted to the next meeting.

Voluntary sector engagement with the MK Together Partnership bodies was best undertaken through their respective steering groups.

RESOLVED:

- 1. to note the revised MK Together partnership arrangements.**

HCP26 DATE OF NEXT MEETING

It was noted that the next meeting of the Health and Care Partnership would be held on Wednesday 20 March 2024 at 2.00 pm.

THE CHAIR CLOSED THE MEETING AT 15:02