Minutes of the meeting of the HEALTH AND CARE PARTNERSHIP held on Wednesday 20 September 2023 at 14:00

Present: Councillors Marland (Chair), R Bradburn, Darlington and D Hopkins, Dr R Makarem (Vice-Chair), M Bracey (Chief Executive, Milton Keynes City Council), F Cox (Chief Executive, BLMK ICB), 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 City Council), J Hannon (Diggory Divisional Director of Operations, CNWL NHSFT), Dr I Reckless (Medical Director, MKUH NHSFT), Dr N Alam (Representative of Primary Care Networks), M Taffetani (Chief Executive, Healthwatch Milton Keynes), Supt E Baillie (LPA Commander, Thames Valley Police) and P Wilkinson (VCSE Representative)

Observers: R Green (Head of MK Improvement Action Team, BLMK ICB) and M Wogan (Chief of System Assurance and Corporate Services, BLMK ICB)

Officers: A Clayton (Overview and Scrutiny Officer, Milton Keynes City Council)

Apologies: J Harrison (Chief Executive, MKUH NHSFT) (I Reckless Deputising), J Thelwell (Bucks Fire & Rescue Service, Chief Executive) and M Begley (South Central Ambulance Service, Head of Operations)

HCP08/09 MINUTES AND ACTIONS ARISING

The Partnership considered the Minutes of the Health and Care Partnership's meeting held on 13 June 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 13 June 2023 be approved and signed by the Chair as a correct record.**

2. **The actions arising from the previous meeting held on 13 June 2023 were noted. All other actions were completed or in the process of being completed.**

HCP10 DISCLOSURES OF INTEREST

None.

HCP11 INTEGRATED CARE BOARD (ICB) REPORT

The Partnership received a report from the Chief Executive, BLMK ICB. Key areas of the report were highlighted:

- From February 2024, most "Specialised Commissioning" would be delegated to ICBs by NHSE. Specialised Commissioning related to the commissioning of high-volume specialised services, such as chemotherapy, radiotherapy and dialysis. Very few of these services were currently delivered within the region, with most being delivered through hospitals in London or Oxford. As the fastest growing ICB within the East of England, and one of the fastest growing nationally, there was a strong argument that more of these services should be delivered locally.
- The Denny Review on health inequalities was due to be published shortly, and had received the support of all four Healthwatch groups in the region. The ICB would consider the review and any recommendations in due course.
- The success of the Health Inequalities funding model put in place by the BLMK ICB had been recognised nationally, and other ICBs were looking to replicate the model.
- Financial pressures were being keenly felt by the ICB, councils and other partner organisations, all of whom were looking to make economies where they could. Collaboration would be key to ensuring that gaps in essential services did not result from savings, and partners would be working together to ensure that their services worked in tandem with each other.
- The ICB had recently held an employment seminar to consider the links between health and employment outcomes. It had highlighted the connections between unemployment and ill health, and the stresses and strains that could result from becoming "trapped" in unstimulating employment. The JLT was considering the findings of the seminar.
- The ICB was currently reviewing its governance and structures, and had published its revised organisational structure. This was a difficult period for many staff, as many of them had been placed on notice of change or redundancy. Partners had helped to inform the new structure, to ensure that it provided a suitable operating model for the future.

Members of the Partnership considered and discussed the presentation. Many areas of health and care locally were improving as a result of integration, such as the hospital discharge work, but one area that did not seem to be changing for the better was dentistry. The Partnership heard that dentistry had been delegated to the ICB on the 1 April this year, once the annual contracts had already been agreed, giving the ICB little room for manoeuvre. The specialised commissioning, covered earlier in the report, perhaps provided opportunities to improve access to complex dentistry locally, but otherwise no changes were anticipated soon.

Although work was being undertaken to improve data compatibility amongst the partners, it remained the case that partners were using incompatible computer data systems, e.g. across MKUH, MKCC and CNWL. Members queried when measures would be in place to make these disparate systems more compatible. The Partnership heard that progress was being made, but a fuller answer with details would be provided after the meeting, following consultation with technical colleagues.

The June Sentiment Benchmarking Report suggested that NHS Dentistry access rates in Milton Keynes were lower than in neighbouring areas, and members queried whether special measures were required to address this. It was noted that the ICB and Public Health would be considering this finding and possible actions that could be taken.

RESOLVED:

The Partnership noted the content of the report and annexes presented at Item 4 and agreed with the next steps outlined therein.

HCP12 THE BLETCHLEY PATHFINDER (NEIGHBOURHOOD WORKING)

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

- The key drivers of the Bletchley Pathfinder were the recommendations of the Fuller Report, and the priorities of local partners. In short, this meant providing proactive, personalised care and support to people through a multi-disciplinary approach, and to help people stay well for longer as part of a stronger focus on prevention of ill health. These objectives encompassed many areas of health and care, but an important thread running through it all, was the imperative to address health inequalities, to provide everybody with the same opportunities to lead a healthy and fulfilled life.

- A neighbourhood working pilot had first been discussed by the partnership in February 2023, and again in June when the JLT was asked to use Bletchley for the pilot and to carry out background work in preparation for a September 2023 start. Lots of work had now been undertaken by partners, including colleagues from Healthwatch MK, the NHS, Inspiring Futures Through Learning and MKCC.

- Initial findings had helped identify the immediate tasks and challenges. The first being how to develop personalised multi-agency responses, for which the proposal is to develop a "Team Bletchley" of professionals from those agencies and involving the voluntary sector, with a focus on delivering shared objectives. Secondly, there was a real need to understand and develop ways of working that would enable the various partners to properly engage, without duplication and conflict. There were differences of opinion and approaches to engagement, for example the relationship between schools and primary care was under-developed. Thirdly, there was a need to put together a standard conferencing model for addressing issues that required input from several partners, which could be a family-focussed issue for example, or could be something wider. At the moment there were several models employed by the different agencies and they were all very different.

- Initial plans include the development of a "Bletchley Health Coach" model, the development of local support and activity groups, building on work that has already taken place on the Lakes Estate, and the introduction of programmes supporting families to eat well. It was not proposed to construct "one size fits all" solutions; there were many groups and charities already carrying out good work in Bletchley and it was proposed that this work be built on and developed.

- The Governance model was presented in the papers, of which a key element was the Bletchley Pathfinder Delivery Board, which would need to be independently chaired. An indicative budget was also presented for consideration, with monies coming from ICB funds for health inequalities and place based co-ordination.

Members of the Partnership considered and discussed the presentation, which was welcomed. The Bletchley Pathfinder offered a real opportunity to make a meaningful difference to resident's lives, and members looked forward to learning more about the outcomes. The project team were urged to consider "tearing up the rule book" where unnecessary bureaucracy presented obstacles.

It was noted that reducing smoking rates and the prevalence of obesity were outliers in the town, and therefore high priorities, but that mental health was an important issue. Members heard that a separate collaboration involving CNWL and MKCC was working on mental health in the city and that this would overlap with the Bletchley Pathfinder. It was recognised that poor mental health impacted lifestyles in many ways and that it covered a spectrum of problems from long-standing mental illness through to short term, lower level issues.

Members related that the project had gained a great deal of attention in Bletchley and early surveys were showing that the Pathfinder was broadly welcomed. Partners in primary care were keen to involve GP surgeries in the project, and were able to offer a range of services to support it. GPs found that residents were very open to ideas such as the "Health Coach", as shown by the positive reception given to social prescribing. It was important that such initiatives were community-based and personal to the individuals being supported, not seen as "imposed from above".

The project was also broadly welcomed by VCSE organisations in Milton Keynes, who highlighted that it was important to identify target groups most in need of support.

Members heard that the Bletchley Pathfinder was principally a project designed to help residents to help themselves. The ambition was to devolve decision making to the community, to allow the community to decide how to deploy the available resources to improve the health and wellbeing of local people. The Pathfinder was not a range of new and additional services provided by others. It was anticipated that it would provoke a good deal of community level discussion and that it would take a while for the process to come together and become embedded, and before the benefits of the approach were realised.

RESOLVED:

1. That the Partnership convey its thanks to the Joint Leadership Team for their work on the Bletchley Pathfinder.

2. That the Bletchley Pathfinder Proposal be agreed.

3. That the six proposed areas of work detailed therein be agreed.

4. That the BLMK ICB be requested to include the Bletchley Pathfinder within the MK Deal.

5. That the proposed governance arrangements be agreed.

6. That the indicative budget be agreed.

7. That the broad approach to evaluation be agreed.

HCP13 HEALTH INEQUALITIES FUNDING

The Partnership received a report from the Director of Public Health. Key areas of the report were highlighted:

- The BLMK ICB made £2M of NHSE health inequalities funding available to places within the ICS, with each place receiving £500K. Use of the fund was not tightly prescribed, but should be used to support measures to help reduce health inequalities.
- It was recommended that around 70% of the fund be used to tackle inequalities as a part of the Bletchley Pathfinder, with activities such as lower cost access to fitness activities, school breakfast clubs, cooking classes and access to healthy food and a free bike loan scheme, with activities designed and delivered in collaboration with the voluntary and charity sector.
- The remaining 30% would be used to support work to reduce inequalities within the community and primary care across Milton Keynes.

Members of the Partnership considered and discussed the presentation. At the present time it was understood that the health inequalities funding would be a recurrent fund, i.e. a similar fund made available in future years for the same purpose, but this could not be guaranteed. Public Health were asked to consider prioritising regeneration areas of the city in respect of the 30% of remaining funds.

RESOLVED:

1. To approve the recommendation to deploy 70% of the available health inequalities funding on a large scale intervention as a part of the Bletchley Pathfinder work, with the remaining 30% to be used for community and primary care projects.

HCP14 SPOTLIGHT ON THE PROGRESS OF THE MK DEAL

a) Improving System Flow

The Partnership received a report from the Medical Director, MKUH NHSFT.

The key focus of this work was keeping people out of hospital that did not need to be there. The longer someone spends as a hospital patient, in a hospital bed, the worse it is for their health and the more difficult it can become for them to return to the community. In addition, Milton Keynes has a population whose average age is increasing, leading to an exponential increase in demand on hospital beds. These difficulties are made worse by a hospital system that is complicated and inefficient in parts, with significant duplication of work at various stages of the process. The system required simplification and streamlining; the team were on the right track and had made good progress in some significant areas, but it would take time to effect the levels of change desired.

MKUH had recently carried out some work with Healthwatch and residents, which confirmed that the current system left patients feeling helpless and unable to exert control throughout their hospital experience.

Recent developments and plans included a virtual ward, funded for 2 years. This allowed patients to be properly treated in their own homes, rather than being admitted to hospital, through the use of a range of technologies. Currently around 75 patients were being cared for using the MKUH virtual ward. An integrated discharge hub was also being set up, collaboratively between MKUH, MKCC and CNWL, to streamline and facilitate patient discharge. It was planned to have this up and running properly within the next two months. A Health and Care Academy was being developed to provide training for therapists and carers; it would help fill vacancies and provide a better career pathway for those professions.

The Partnership considered the report and presentation. In the context of the approaching winter, would these current initiatives be able to assist in what was likely to be a high demand period for the hospital? It was planned to have the discharge team in place by the end of November, along with an increased capacity for the virtual ward. By these measures it was hoped that some of the pressure would be taken off. It was also important to seek to prevent those problems that led to hospital admissions, e.g. falls in icy conditions, and partners were working with the voluntary sector to consider what could be done.

Partners discussed the growing role of technology in supporting patients to remain well and under supervision whilst remaining in their home. The Director of Adult Services explained that MKCC operates a support service which is significantly enhanced with the use of such technology. The MedTech area was a rapidly developing area and new solutions were coming on line regularly, this could be deployed quickly and would become an increasingly important part of health and care systems generally.

b) Tackling Obesity

The Partnership received a report from the Director of Public Health

This was about helping residents to lose weight, and shaping the environment in Milton Keynes to encourage activity and healthy eating.

There were three key themes, the first being to simplify and thereby increase referrals to the weight management service. It was now possible for patients to be referred from their GP and other partners, such as CNWL, and training was being provided to primary care staff to support this, e.g. how to refer and how to have the conversation with potential patients. A programme to support those with learning disabilities was also available.

The second theme was a research project based on innovation, using wearable tech to monitor and encourage users, alongside a financial incentive scheme, with a focus to encourage physical activity in those with T2 diabetes. This was a collaborative research project involving MKCC, MKUH, primary care partners and Loughborough University, and the trial would commence shortly.

The third theme was shaping the environment to change the cultural, social and other factors that lead to obesity and sedentary behaviour. This might include initiatives such as encouraging walking and cycling through employer schemes or by using financial incentives, reviewing food procurement by partners, along with commercial food arrangements on partner's premises, and developing policies to limit the exposure and promotion of unhealthy food to children.

The Partnership considered and discussed the issues. The breadth of the ambition was noted, i.e. from changing the food environment, to physical activity to weight loss programmes to wearable tech. It would be difficult to assess which elements of this were successful and which less successful. The meeting heard that some elements of the project, for example the trial being conducted with Loughborough University, would be subject to detailed monitoring. However, it was not possible to apply a detailed set of metrics across

all elements of the programme, and a holistic view would need to be taken where direct measurement was not feasible. Some elements were straightforward, e.g. counting the number of people on weight loss programmes and whether they are they losing weight, but it was difficult to monitor, say, the impact of policy changes to the food environment. In the current environment the money was simply not available to conduct detailed statistical analysis.

Primary Care partners reported that there was a high demand for weight loss services, which included requests for weight loss drugs and surgery, in addition to interest in weight loss programmes. With the rise in these alternatives, it was important to understand the success rate of such programmes and whether they represented best value for money.

The meeting heard that there was also an important role for MKCC to play in the planning sphere. For example, ensuring that schools had adequate playing fields and other facilities and that they were not sited next to fast food outlets.

c) Children and Young People Mental Health

The Partnership received a report from the Diggory Divisional Director of Operations, CNWL NHSFT, and the Director of Children's Services.

The overall aims of the initiative were to make mental health services more accessible to those that needed them and to have a more coherent understanding across partners and the wider community of what mental health support looked like, and what was needed at each stage. Considerations included ensuring that the limited resources were employed effectively, and that plans should address health inequalities.

Additional staff posts had been recruited to support these aims, including an additional Clinical Psychologist in CAMHS, and a joint-funded SEND partner in Children's Services. Collaborative working between CNWL, Children's Services and other partners was working well.

There was a rapidly growing demand for mental health support for children and young people, with a common perception amongst parents and some professionals that there was a large cohort of young people with undiagnosed mental health problems. In fact, these "problems" were often issues associated with youth and adolescence and were a normal part of growing up, for example issues around self-confidence or identity; the normal stresses and strains of teenage life. These were increasingly being unhelpfully conflated with mental health problems. This could have a

deleterious effect on the young person, by labelling them and making them falsely believe that they were mentally unwell. There needed to be better ways to respond and deliver support to young people to help them with these feelings, without giving large numbers of young people the impression they were suffering mental health problems. The "noise" created by this was actually hindering the ability of partners to identify and support those that genuinely need support.

RESOLVED:

1. That the Partnership thanks those involved in the preparation of these reports and the work delivered on behalf of the residents of Milton Keynes.

2. That the reports be noted.

3. That the planned activities outlined in the reports be noted.

HCP15 THE BETTER CARE FUND (BCF) 2023-2025

The Partnership received a report from the Director Adult Social Care.

The BCF Plan had been worked up and agreed collaboratively with key partners, and submitted to and approved by NHS England. The BCF has previously been an annual plan, but this year a two year plan had been prepared. The plan would inevitably be varied over the period as it moved into the second year, due to the likelihood of change in areas such as system flow, demand for dementia care, and the availability of technology.

RESOLVED:

1. That the Partnership express its thanks to the Better Care Fund team for the work carried out for the benefit of residents of Milton Keynes.

2. To approve the Milton Keynes Better Care Fund Plan 2023-2025.

HCP16 DATE OF NEXT MEETING

It was noted that the next meeting of the Health and Care Partnership would be held on Wednesday 8 November 2023 at 2.00 pm.

THE CHAIR CLOSED THE MEETING AT 16:00