

Minutes of the meeting of the HEALTH and CARE PARTNERSHIP held on WEDNESDAY 22 FEBRUARY 2023 at 14:00

**Present:** Councillors Marland (Chair), J Carr, E Darlington and D Hopkins, Dr R Makarem (Chair of BLMK ICB) (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), F Cox (Chief Executive, BLMK ICB), J Hannon (Diggory Divisional Director of Operations, CNWL NHS Foundation Trust), J Blakesley (Deputy Chief Executive, Milton Keynes University Hospital NHS Foundation Trust), Dr N Alam (Representative of Primary Care Networks), J Thelwell (Bucks Fire & Rescue Service, Chief Executive), M Taffetani (Chief Executive, Healthwatch Milton Keynes), Supt M Tarbit (LPA Commander, Thames Valley Police), P Wilkinson (Chief Executive, Willen Hospice) and J Held (Independent Scrutineer, MK Together)

**Officers:** M Carr (Deputy Director Public Health, Milton Keynes City Council), R Dean (Public Health Principal, Tobacco Control and Stop Smoking Services) and A Clayton (Overview and Scrutiny Officer, Milton Keynes City Council)

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

**Apologies:** Councillor Robin Bradburn (substituted by Councillor Jane Carr) and J Harrison (Chief Executive, Milton Keynes University Hospital NHS Foundation Trust) (J Blakesley Deputising)

#### **HCP16 MINUTES AND ACTIONS ARISING**

The Partnership considered the Minutes of the Health and Care Partnership's meeting held on 12 October 2022 and noted that all actions from the meeting had been completed or were in the process of being completed, with those outstanding being recorded on the Forward Plan.

#### **RESOLVED -**

- 1. That the Minutes of the meeting of the Health and Care Partnership held on 12 October 2022 be approved and signed by the Chair as a correct record.**

- 2. The actions arising from the previous meeting held on 12 October 2022 were noted. All other actions were completed or in the process of being completed and noted accordingly on the Forward Plan.**

**HCP17 DISCLOSURES OF INTEREST**

None.

**HCP18 PUBLIC HEALTH UPDATE**

The Partnership received two reports; a) an update on the Stop Smoking Service in Milton Keynes, and b) the Director of Public Health Report 2022: Taking Local Action to Address Excess Weight in Milton Keynes.

The Public Health Principal, Tobacco Control and Stop Smoking Services presented the first report, and identified the following key points:

- Rates of smoking in Milton Keynes were higher than national averages on a number of measures.
- That there was a disproportionate impact on some sectors of the populace, with particularly high rates of smoking amongst those with a mental health condition for example.
- Smoking resulted in considerable cost to health services, with around 2,000 admissions to MKUH last year for conditions related to smoking.
- Support was both general, though programmes based around nicotine replacement and behavioural support, and targeted on place. Over the past year the service has delivered place-based interventions to seek to address high smoking rates on the Lakes Estate in Bletchley.
- Enforcement of tobacco regulations was also a priority, along with other control measures such as smoke free zones and fire control zones.
- A smoking cessation NHS pathway had been in place for around three years working with MKUH, targeted at inpatients and maternity services. The pathway was proving successful.

Members of the Partnership highlighted the harms of vaping, particularly amongst under eighteen years olds. Whilst it was accepted that it could be a useful aid to help existing smokers quit, there were significant dangers with it drawing in younger smokers.

The products were promoted to a younger audience, and were provided in a range of flavours, such as candy, to appeal to children. Measures to tackle vaping amongst children were delivered through schools and through the regulatory environment, e.g. social media and trading standards. There was currently a campaign underway to prevent supplying these products to young people; whilst it was unlawful to sell such products to under eighteen year olds they could lawfully be given for free, thus promoting future use.

The partnership discussed the need to consider the underlying reasons that some groups stubbornly refused to stop smoking. Increases in the cost of living, alongside existing poverty and the ongoing stresses of life made people unhappy and unmotivated to tackle the difficult task of giving up smoking. People understood that smoking was both expensive and unhealthy, but they would continue to struggle to stop whilst these underlying issues continued. Milton Keynes also had a dynamic international population, with arrivals from parts of the world where smoking cigarettes remained a commonplace activity and a cultural norm. There was no easy fix for any of these issues and it would remain a matter of working through numerous channels and with many partners, such as GPs, public health and schools to keep driving home the message that giving up smoking was ultimately beneficial and in the interests of the individual.

The Director of Public Health presented the second report, and drew the Partnership's attention to the following key points:

- Excess weight affected a high proportion of the Milton Keynes population, with 1 in 5 reception children, 2 in 5 primary school children and 7 in 10 adults overweight or obese
- Excess weight disproportionately affected those living in deprived areas.
- Tackling obesity was a key priority identified by the MK Deal

The Partnership heard that the underlying causes were complex and that assumptions about the reasons that people were overweight could be incorrect. The evidence demonstrated that an interventionist approach was most effective, for example reducing the sugar content of foods, but weight management programmes like NHS schemes and weightwatchers could also help.

The environment in which we live and work also plays a key role in managing weight, and improving the landscape to create healthier places was a major component of the ambitions of the report.

Members of the Partnership could help improve the food environment by:

- Improving the catering and food and beverage procurement across their estates by increasing the proportion of healthy foods against unhealthy foods across their estates.
- Limiting the promotion of unhealthy food.
- Making active travel easier and safer with improved cycle and walking routes.

The numbers attending weight management programmes could be grown by:

- Making them more accessible.
- Increasing referrals.
- Employer promotion of programmes.
- Identifying high risk groups and promoting amongst those groups.

Members of the Partnership considered and discussed the report. The importance of strategies tailored to the relevant community was noted, for example in Luton GPs were well respected figures in Asian communities and had been very successful in promoting healthier lifestyle choices. Community 'Champions' were valuable in promoting initiatives like this, and involving groups such as Community Action MK could be helpful. Other useful initiatives to promote a healthy lifestyle included the "Love Exploring" app that enjoyed huge support, cycling certificates and work being done to promote healthy eating in food banks and larders.

It was difficult to measure the success or failure of weight loss programmes, e.g. it was hard to track individuals over a period of time once the programme ended. On average, individuals on such programmes lost 6Kg, which was a significant weight loss that delivered some health benefits. It was noted that around one third of places on weight management programmes went unused and members commented that it was not always straightforward to refer an individual to the programmes. Learning disability can present an increased risk of obesity, and members queried whether primary care is using the annual health check to identify people who would benefit from support around weight management.

Children's Services engaged with the topic on a regular basis, e.g. through Children and Family Centres, and were very aware of the links between physical and mental health in the family. Initiatives such as the "walking bus", encouraging families to walk to school with their children, and cookery education in centres helped, but their reach and effect over time was insufficient. It was important to embed concepts of healthy living within the whole family.

Local initiatives such as the Lakes Club and the Whaddon Walking Group were also valuable in helping residents to manage their weight. They also achieved this aim without stigmatising overweight people, which improved access.

As with smoking, excess weight could be symptomatic of underlying problems, e.g. living in a deprived area with its attendant stresses and strains. Members debated the pros and cons of targeted support versus broad support, i.e. providing the kinds of services considered above versus investing more generally to, for example, increase the number of open spaces in the environment. Resources were limited and it was important for the Partnership to fund projects that produced the most successful outcomes.

Overall, it was felt that in accordance with the aims of integrated care to improve outcomes and reduce inequalities it was important to provide this kind of targeted service to support those that wanted to change their lifestyle, but found it difficult without support.

**RESOLVED:**

- 1. That the update on the Stop Smoking Service in Milton Keynes be noted.**
- 2. That the Director of Public Health Report 2022: Taking Local Action to Address Excess Weight in Milton Keynes be noted, and its ambitions endorsed.**
- 3. That further consideration be given by all partners to simplifying the referral pathway to improve accessibility of weight loss programmes to those most in need of that support.**

**HCP19**

**INTEGRATED CARE PARTNERSHIP (ICP) AND BOARD (ICB) UPDATE**

The Partnership received a report from the Chief Executive BLMK ICB setting out strategic areas of work and updating the meeting on recent developments, an update concerning the development and rollout of two new Community Diagnostic Centres was also presented. Key areas of the report were highlighted:

- The BLMK Health and Care Strategy has been agreed., with the principles of partnership and subsidiarity at its core.

- The ICB is required to produce an operational plan for 2023/24, along with a five year Joint Forward Plan. These are due in March and June 2023 respectively.
- The ICB had recently signed a memorandum of understanding with the VCSE sector. Amongst other things, this aimed to increase the involvement of the sector in the work of the ICB.
- The ICS had developed a Green Plan, setting out its commitments to be net zero by 2035. Work on the plan will be ongoing, with the key areas identified being air pollution, extreme weather, active travel and nutrition.
- The Digitising Adult Social Care programme, delivered in partnership with local authorities, is providing substantial benefits to care homes in Milton Keynes.
- The ICB is currently engaged in public consultation in preparation for a forthcoming tender of musculoskeletal services, with procurement expected to commence in the second part of 2023.
- The ICB is seeking a nomination from the Partnership for a representative to join the ICB's Primary Care Assurance and Commissioning Committee.
- Funding had been provided for 2 new Community Diagnostic Centres for Milton Keynes. These would be based at Lloyds Court in Central Milton Keynes and at the Whitehouse Health Centre, with planned operational starts in October 2023.

Members of the Partnership welcomed developments, but in respect of the new diagnostic centres expressed concern over current staff shortages, which were already leading to long delays in obtaining appointments in local GP surgeries. Access to GP services was amongst the topics most frequently raised by residents, and was leading to delays in treatment and long stays in Accident and Emergency.

GP access problems were well understood and were a national issue, albeit that MK was performing reasonably well in some areas, e.g. face to face appointments. The problems were depressed demand, caused in part by the Covid pandemic, and the shortage of GPs, many of whom had chosen to leave the profession in recent times. It currently takes ten years for a student beginning studies to qualify, and so these problems were likely to continue for some time.

**RESOLVED:**

- 1. Noted, that the BLMK Health and Care Strategy has been agreed and published and that Milton Keynes City Council has a statutory duty to have regard to the integrated care strategy when exercising any of its functions, in relation to the Council's area (s116B Health and Care Act 2022)**
- 2. Noted, that the Chair of the MK Health and Care Partnership will be reporting on the MK Health and Care Partnership's priorities as described in the MK Deal at the next meeting of the BLMK Health and Care Partnership on 7 March, and that these priorities will be included in the Operational Plan 23/24 and Five Year Joint Forward Plan for BLMK**
- 3. Noted, the memorandum of understanding agreed between the ICB and the VCSE to establish a strategic partnership.**
- 4. Noted, the health impact analysis of the BLMK Green Plan.**
- 5. Noted, the updates provided on the following matters and agree any actions that should be taken in relation to MK:**
  - a. Key items of business considered by the BLMK Health and Care Partnership and Integrated Care Board meetings between November 2022 and January 2023 as listed at Appendix A of the report**
  - b. The digitisation of social care programme**
  - c. The planned procurement for Musculoskeletal (MSK) services for BLMK residents**
  - d. Guidance on the role of Health and Wellbeing Boards published on 22 November 2022 that will be discussed at the next Health and Care Partnership meeting on 7 March 2022**
  - e. The arrangements for the MK Health and Care Partnership commenting on the ICB's first annual report.**
- 6. That members of the partnership be invited to contact the Committee Clerk for further information if they wished to be considered as a representative to join the ICB's Primary Care Assurance and Commissioning Committee.**
- 7. Noted, the report on Community Diagnostic Centres – Milton Keynes.**

**MK DEAL UPDATE**

The Partnership received an update report on the progress of the MK Deal, presented by the Chief Executive of Milton Keynes City Council.

Progress had been made on priority one, system flow and priority two, tackling obesity. Preparatory work on priority three, children and young people's mental health, had begun and a decision on whether to go live with the current proposal was proposed for 1 April 2023. Priority four, complex needs, was being developed and a proposal would be tabled at the next meeting of the Partnership.

Members of the Partnership considered and discussed the report. It was noted that support for children and young people with their mental health involved two streams. The first was essentially non-medical and aimed to address lower level mental health issues, such as anxiety, in order to prevent escalation. The second was a medical approach for more serious conditions, and there was currently a backlog of children and young people requiring this level of intervention.

It was reported that CNWL NHS were working in partnership with MKCC Children's Services on solutions to support children and young people in Milton Keynes. This included both the medical and early intervention streams, involving work with schools for example. The Independent Scrutineer, MK Together, advised members that she had commenced a scrutiny of emotional wellbeing, resilience and child and adolescent mental health services and needs in Milton Keynes to run in parallel with this work, and to inform it.

Members recognised that the work of the Joint Leadership Team, comprising representatives from CNWL NHSFT, PCN and MKCC was working well and making good progress with the MK Deal Priorities.

**RESOLVED:**

- 1. Noted, that the progress updates for the two MK Deal priorities that commenced on 1 December 2022 (Priority 1 Improving System Flow and Priority 2 Tackling Obesity).**
- 2. Noted, that the proposal for the third priority, Children & Young People's Mental Health, is to be considered and a decision made on whether to 'go live' on 1 April 2023.**
- 3. Noted, that the fourth priority, Complex Care, remains in the development phase with a proposal to be brought to the Partnership at its next meeting.**



**4. Noted, that further potential MK Deal priorities will be brought to the Partnership for consideration as they are developed by the Joint Leadership Team.**

**HCP21**

**LOCALITY/NEIGHBOURHOOD WORKING IN MILTON KEYNES**

The Partnership received a report on locality/neighbourhood working in Milton Keynes, presented by the Chief Executive of Milton Keynes City Council.

MKCC was keen to progress neighbourhood working in Milton Keynes. It was a good opportunity to engage with the VCSE, community and primary care sector, and to engage other areas such as housing, the Police and social care. The Joint Leadership Team proposed identifying a suitable locality or localities, and running a trial of duration of around eighteen months. This would be tabled at the next meeting of the Partnership for consideration by members. It could be undertaken as a part of the MK Deal, or as a separate project.

**RESOLVED:**

- 1. That the report be noted.**
- 2. That a pilot locality/neighbourhood working project in one or two areas of Milton Keynes be agreed**
- 3. That the Joint Leadership Team be asked to develop a more detailed proposal for the pilot, potentially as a fifth priority for the MK Deal, to the next meeting of the Health and Care Partnership**

**HCP22**

**DATE OF NEXT MEETING**

It was noted that the next meeting of the Health and Care Partnership would be held on Wednesday 7 June 2023 at 2.00 pm.

**THE CHAIR CLOSED THE MEETING AT 16:00**