

# Overview and Scrutiny Health & Wellbeing Strategy Review Group

THURSDAY  
11 OCTOBER 2012

6.30 PM

ROOM 3, CIVIC OFFICES  
CENTRAL MILTON KEYNES

## AGENDA

[www.milton-keynes.gov.uk/scrutiny](http://www.milton-keynes.gov.uk/scrutiny)

Members of the Review Group: Councillors Bradburn, Bramall, M Burke, Small, Wales & Zealley

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**THE PROCEEDINGS AT THIS MEETING MAY BE RECORDED FOR THE PURPOSE OF PREPARING THE MINUTES OF THE MEETING.**

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**Meeting Attended: Health & Wellbeing Strategy Review Group**

**Date of Meeting: 11 October 2012**

Comments:.....

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## AGENDA

### 1. Election of Chair

To elect a Chair of the Review Group

### 2. Apologies

### 3. Disclosures of Interest

Members to declare any disclosable interests, or personal interests (including other pecuniary interests), they may have in the business to be transacted, and officers to disclose any interests in any contracts to be considered.

### 4. Terms of Reference

To agree the following Terms of Reference for the Health and Wellbeing Strategy Review Group:

- To review and comment upon the Joint Health and Wellbeing Strategy prior to its approval by Cabinet on 17 October 2012.
- To prepare a report on the above documents for Cabinet.

### 5. Health & Wellbeing Strategy

The Council has a statutory duty to have a properly constituted Health and Wellbeing Board in place by 1 April 2013. As part of their remit, Health and Wellbeing Boards must publish both a Health and Wellbeing Strategy and Strategic Needs Assessment.

The Council needs to be sure that the Health and Wellbeing Board is presenting a comprehensive and achievable healthcare strategy that accurately reflects the healthcare and community wellbeing needs of the people of Milton Keynes.

The Health and Wellbeing Strategy has been out to consultation from 24 May to 23 August 2012 and has been revised following feedback from the consultation process. The final draft will be presented to the Shadow Health and Wellbeing Board on 27 September and to the Milton Keynes Clinical Commissioning Group on 2 October. This is an opportunity for a final scrutiny of the Strategy before it is presented to Cabinet on 17 October.

A report on the Health and Wellbeing Strategy by the Assistant Director (Joint Commissioning) is included as Item 5(a) **(pages 4 to 6)**

The Health & Wellbeing Strategy is included as Item 5(b) **(pages 7 to 15)**



## SHADOW HEALTH AND WELLBEING BOARD

27 SEPTEMBER 2012

Joint Health and Wellbeing Strategy 2012-15

**Author: Mick Hancock, Assistant Director Joint Commissioning****Purpose of Report:**

This report summarises the work undertaken so far to produce a three year Joint Health and Wellbeing Strategy for Milton Keynes and the consultation process that has taken place. It is recommended that the Milton Keynes Shadow Health and Wellbeing Board ratifies the strategy which identifies the strategic priorities for the commissioning and delivery of health and council services to improve health and wellbeing. Furthermore, the Shadow Health and Wellbeing Board is asked to recommend that the strategy be adopted by the Milton Keynes Clinical Commissioning Group Board and the Milton Keynes Council Cabinet.

**1. Background**

- 1.1 A key task of a Health and Wellbeing Board is to develop a Joint Health and Wellbeing Strategy. The Health and Social Care Act 2012 states that upper tier local authorities and their partner clinical commissioning groups must: review local health and wellbeing needs through the production of a joint strategic needs assessment; and develop a shared strategy in the form of a Joint Health and Wellbeing Strategy. Furthermore, both organisations must have regard to the Joint Health and Wellbeing Strategy in exercising their functions. This will be particularly applicable to the formation of strategic commissioning decisions.

**2. Key Issues**

- 2.1 At its inaugural meeting in December 2011 the Milton Keynes Shadow Health and Wellbeing Board agreed to establish a Strategy Development Group to undertake the task of producing a three year strategy. It was envisaged that this would be in place for when the statutory health and wellbeing board was formed in 2013.
- 2.2 Between January and May 2012 a draft strategy was developed, informed by the Joint Strategic Needs Assessment 2011/12, the Public Health Report 2010/11, the MK Social Atlas 2011 and the Child Poverty Commission report 2012. These sources provided the evidence for the emerging priority areas within the strategy. Three priority areas were identified:
1. Improve wellbeing
  2. Reduce early deaths and tackle major diseases
  3. Reduce health inequalities

Nine strategic objectives have been developed to meet the priority areas, with a view that they will be delivered between 2012 and 2015. These are:

Objective 1 Support and motivate the people of Milton Keynes to engage in healthier lifestyles

Objective 2 Improve access to, and quality of, mental health promotion and services

Objective 3 Engage with communities and work with them to build on their strengths

Objective 4 Reduce early deaths from coronary heart disease, cancer, diabetes, lung disease and other long term conditions

Objective 5 Reduce accidents and injuries for both old (over 65 years) and young (under 5 years)

Objective 6 Reduce unnecessary hospital admissions

Objective 7 Reduce poverty

Objective 8 Promote equitable employment opportunities

Objective 9 Meet the needs of vulnerable adults and children

It is also relevant to state that the Joint Health and Wellbeing Strategy has not been developed in isolation, nor is it intended to be implemented in that way. It clearly links to, and complements, other strategies already in place and under development e.g. the housing strategy, the economic regeneration strategy, the strategic plan for the Milton Keynes Clinical Commissioning Group, the Milton Keynes Council Corporate Plan etc.

2.3 The MK Shadow Health and Wellbeing Board agreed to a ninety day public consultation at its meeting on May 24<sup>th</sup> 2012. During this period 32 responses were received from the online consultation that has taken place. In addition the following committee/group meetings have been attended to provide background information, a summary of the strategy and to request feedback:

MK Clinical Commissioning Group Shadow Board; Children and Young People's Select Committee; MK Youth Conference; MK Disabilities Action Group; MK Youth Cabinet; Civil Society Organisations reference groups; Adult Health and Social Care Select Committee; Responsible Authorities Group.

The Shadow Health and Wellbeing board also met in June to hold a special consultation event.

The nature of the responses have ranged from unequivocal support to requests for additional specific areas to be included. Examples are: specific neurological conditions; increased attention to mental health issues; sexual health promotion. There were no dissenting responses in respect of the identified priorities and objectives.

The two respective Milton Keynes Council select committees, for children and young people and health and adult social care, resolved to establish a review

group to scrutinise any changes to the strategy resulting from the consultation process.

- 2.4 Following the closure of the consultation period the Strategy Development Group has met, considered received responses and amended the strategy where appropriate. The final draft is now available as Annex A.
- 2.5 Subject to agreement by the Shadow Health and Wellbeing Board, adoption of the strategy will be recommended to: the Milton Keynes Clinical Commissioning Group Shadow Board at its meeting on October 2<sup>nd</sup> 2012; and the Milton Keynes Council Cabinet at its meeting on October 17<sup>th</sup> 2012.
- 2.6 It is further recommended that the implementation of the strategy will be developed through its clear linkages to other strategies and commissioning plans. The Milton Keynes Health and Wellbeing Board will have oversight of the implementation and will establish specific groups for this process. These groups will be tasked with driving forward the requirements to fulfil the strategic objectives. Key to this will be an understanding and alignment to the commissioning plans of the Milton Keynes Clinical Commissioning Group and Milton Keynes Council, including education, transport, housing, social care etc.

### **3. Recommendations**

That the Milton Keynes Shadow Health and Wellbeing Board ratifies the Joint Health and Wellbeing Strategy 2012-15

That the adoption of the strategy be recommended to Milton Keynes Clinical Commissioning Group

That the adoption of the strategy be recommended to Milton Keynes Council Cabinet

That the Milton Keynes Shadow Health and Wellbeing Board establish specific groups to oversee and progress the implementation of the strategy

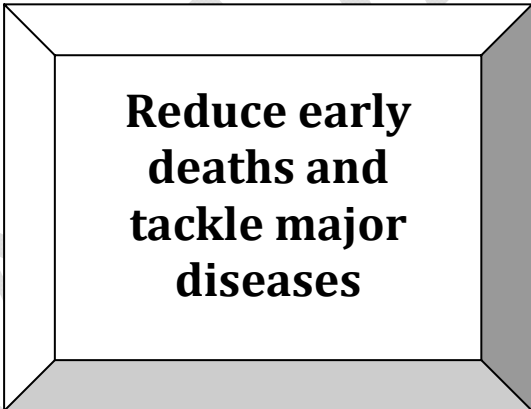




*Milton Keynes*  
*Health and Wellbeing Strategy 2012-2015*



**Improve  
Wellbeing**



**Reduce early  
deaths and  
tackle major  
diseases**



**Reduce  
Health  
Inequalities**

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## Glossary

<b>BME</b>	Black and minority ethnic	<b>LA</b>	<b>Local Authority</b>
<b>DPHAR</b>	Director of Public Health Annual Report	<b>LINK</b>	Local Involvement Network
<b>CHD</b>	Coronary Heart Disease	<b>LGBT</b>	Lesbian, gay, bisexual and transsexual
<b>COPD</b>	Chronic Obstructive Pulmonary Disease	<b>MKC</b>	Milton Keynes Council
<b>HIV</b>	Human Immunodeficiency Virus	<b>NHS</b>	National Health Service

# 1. Introduction & Vision

Welcome to the first Milton Keynes Health and Wellbeing Strategy. The Health and Wellbeing Board is a partnership designed to ensure an integrated and co-ordinated approach across NHS, social care and public health services in Milton Keynes. It is responsible for ensuring a joint Health and Wellbeing Strategy is developed and agreed. As such the priorities outlined in this strategy will be the framework for commissioning plans. We believe that by focussing on these priorities we can add years to life and add life to years, tackle the issues that are relevant to all people, including young and old and address inequalities in both the short and long term. Overall we want to improve the opportunities for adults and children to enjoy a healthy, safe and fulfilling life.

## The Strategic Priorities and Key Principles

Working in partnership, we will improve both the health and wellbeing of individuals and communities across Milton Keynes. Drawing from the [Joint Strategic Needs Assessment 2011/2012](#)<sup>1</sup> (JSNA), [Social Atlas 2011](#), the Milton Keynes Child Poverty Commission Report 2012 and the [Director of Public Health Annual Report 2010](#)<sup>2</sup> (DPHAR), we have identified three key strategic priorities to focus on during the period 2012-2015.

1. To Improve Wellbeing
2. To Reduce Early Deaths and Tackle Major Diseases
3. To Reduce Health Inequalities

Four key principles underpin this strategy.

We will:

- Invest resources across all our communities in a way which achieves similar outcomes for each. We want to do all that is possible to reduce the unacceptable level of health inequalities between different communities within Milton Keynes ([Fair Society Healthy Lives - The Marmot Review](#)<sup>3</sup>).
- Actively build on the strengths of communities (the 'asset' approach) and engage people within those communities in taking action ([A Glass Half Full](#)<sup>4</sup> and What makes us Healthy?<sup>5</sup>).
- Shift the budget allocation towards primary and secondary prevention and away from reactive, acute health and social care services
- Identify and better respond to the needs of different groups within our population including, for example, the young, black and minority ethnic groups (BME) groups, the hearing and vision impaired, the LGBT community, those with a learning disability, mental ill health, neurological conditions, long term conditions and older people.

<sup>1</sup> "Joint Strategic Needs Assessment", February 2012

<sup>2</sup> Hicks, N: "Public Health Annual Report 2010", NHS Milton Keynes, August 2011

<sup>3</sup> Marmot, Prof M: 'Fair Society Health Lives', Department of Health, February 2010.

<sup>4</sup> Foot, J: 'A Glass Half Full: how an asset approach can improve community health & wellbeing, IDEA, April 2010

<sup>5</sup> Foot, J: What makes us healthy? The asset approach in practice: evidence, action, evaluation, March 2012

## 2. Priorities for the next 3 Years

Informed by local assessments of need, we now have a clear picture of the significant health and wellbeing priorities affecting the people of Milton Keynes and by working together to tackle these we can maximise the positive impact on the lives of local people.

### Strategic Priority 1: Improve Wellbeing

<b>Objective 1</b>	Support and motivate the people of Milton Keynes to engage in healthier lifestyles
<b>Objective 2</b>	Improve access to, and quality of, mental health promotion and services
<b>Objective 3</b>	Engage with communities and work with them to build on their strengths (the 'asset' approach)

### Strategic Priority 2: Reduce Early Deaths and Tackle Major Diseases

<b>Objective 4</b>	Reduce early deaths from Coronary Heart Disease, Cancer, Diabetes, Lung Disease and other long term conditions
<b>Objective 5</b>	Reduce accidents and injuries for both old (over 65 years) and young (under 5 years)
<b>Objective 6</b>	Reduce unnecessary hospital admissions

### Strategic Priority 3: Reduce Health Inequalities

<b>Objective 7</b>	Reduce poverty
<b>Objective 8</b>	Promote equitable employment opportunities
<b>Objective 9</b>	Meet the needs of vulnerable adults and children

Further detail about how we would see these objectives being delivered over the course of the three years is outlined below. In taking action within each strategic priority, we will ensure that we take account of the four key principles of this strategy in our planning and commissioning of services.

We will ensure that within our implementation of this strategy we include action to: reduce health inequalities; increased focus on prevention; harness the strengths of communities; and identify and respond to the needs of different groups

### 3. Strategic Priority 1: Improve Wellbeing

Together we will realise the benefits of longer and healthier lives. We will work with individuals and communities to create the environment where it is easier to choose to lead healthy and independent lives. Any actions we take collectively now will result in short, medium and long term benefits and will positively impact, not only on individuals but on whole communities too.

#### 3.1 Taking Action

**Objective 1** To support and motivate people to engage in healthier lifestyles through:

- Undertaking programmes that enable different sections of our population to 'hear and understand' the messages
- Reducing the proportion of people who smoke
- Reducing the proportion of individuals who drink more than the recommended limits of alcohol
- Taking action to reduce childhood obesity
- Investing in active travel (walking and cycling) and promotion of physical activity
- Developing healthy eating initiatives
- Sexual Health promotion, advice and support
- Continuing to reduce the number of conceptions under 18 years
- The development of a Healthy Workplaces strategy working within MKC, NHS and key local businesses
- Acknowledging the full range of determinants of health and wellbeing

**Objective 2** To improve access to, and quality of, mental health promotion and services through:

- Working within schools and other settings to build self esteem in young people
- Improving access to a range of psychological therapies
- Ensuring access to high quality dementia care
- Investing in the promotion of physical activity
- Promoting safe levels of drinking
- Reviewing actions taken to prevent suicide and to support those at risk of suicide

**Objective 3** To engage with communities and work with them to build on their strengths (the 'asset' approach) through:

- Offering early help to families facing difficulties
- Building connections within communities to develop a stronger sense of wellbeing and reduce social isolation
- Enhancing our support to carers

As we develop action plans to deliver this priority across Milton Keynes, we will ensure that the four underlying principles of this strategy are integrated.

## 4. Strategic Priority 2: Reduce Early Deaths & Tackle Major Diseases

We aim to reduce early deaths (under 75 years) from accidents and from long term conditions, including Coronary Heart Disease, Diabetes, Cancer and Lung Disease. We will focus on prevention, early diagnosis and the quality of treatment services. The risk factors and causes of many of these diseases are well understood and it is clear that most early deaths can be prevented by not smoking, avoiding too much alcohol, eating a balanced diet and taking regular physical activity. We will improve awareness of the impact of lifestyle choices, the availability of screening programmes and implement new programmes for specific groups where required (e.g. HIV, COPD, specific cancers).

### 4.1 Taking Action

**Objective 4** Reduce early deaths from Coronary Heart Disease, Cancer, Diabetes and Lung Disease and other preventable diseases through addressing lifestyle factors, strengthening models of self care ([Long Term Conditions - Cross Government Strategy](#)), early diagnosis, and provision of excellent screening and health services through:

- Reducing the proportion of people who smoke
- Taking action to reduce childhood obesity focussing on areas of deprivation
- Investing in active travel (walking and cycling) and promotion of physical activity
- Developing healthy eating initiatives
- Providing consistent lifestyle information and advice throughout all partner organisations
- Working with patient groups and providers to improve early identification, diagnosis and treatment of the main cancers
- Using person-centred care planning and support to enable self management of long term conditions
- Enhancing initiatives for the prevention and early identification of HIV infection and the treatment and support of those with HIV
- Improving uptake of childhood immunisation, the seasonal flu vaccine and other vaccines in 'at risk' groups.
- Encouraging active ageing (keeping physically and mentally active as you get older)
- Offering early support to individuals to improve their health and wellbeing

**Objective 5** Reduce accidents and injuries for both old (over 65) and young (under 5) through:

- Reducing injury rates from falls in the over 65s
- Reduction in hospital admissions due to injuries in young children
- Tackling the causes of mortality in the 0 - 5 age group due to accidents

**Objective 6** Reduce unnecessary hospital admissions and provide general, holistic care with easy access to specialist expertise when needed through:

- Maximising the number of people with health conditions who can self care
- Continuing with the integration of health and social care services
- Identifying those most at risk of hospital admission and targeting health and social care support services to these individuals
- Reducing the number of admissions of the over 65s from care homes
- Improving end of life support within the community

As we develop action plans to deliver this priority across Milton Keynes, we will ensure that the four underlying principles of this strategy are integrated.

FINAL DRAFT

## 5. Strategic Priority 3: Reducing Health Inequalities

Inequalities in health impact on the whole population, not just those who experience poorer health. Evidence has shown that even those with the best health in a community benefit when these inequalities are reduced.

The most recent publication on health inequalities, "[Fair Society Healthy Lives - The Marmot review](#)" offers a new approach to reducing health inequalities, advising that we invest our resources systematically across all communities in a way which aims to achieve similar outcomes for each. In following this advice, we will ensure that we do all that is possible to reduce the unacceptable level of health inequalities between different communities.

### 5.1 Taking Action

**Objective 7** - To reduce poverty through:

- Improved employment opportunities by raising skill levels
- Accessible, affordable, high quality child care to help parents to work (especially single parents)
- An increased availability of good affordable housing and reduction in the number of people living in temporary accommodation
- The regeneration of identified estates
- The reduction in the proportion of the population living in fuel poverty
- A focus on reducing the number of children living in poverty

**Objective 8** - To promote equitable **employment opportunities** for all, in particular

- The 18 – 25 year old group
- Those with disabilities
- The long term unemployed

**Objective 9** - To meet the needs of **vulnerable adults and children** through:

- Ensuring vulnerable adults and children maximise their capabilities and control over their lives
- Ensuring that all children achieve a good level of development at age 5
- Ensuring a high quality integrated approach to safeguarding

As we develop action plans to deliver this priority across Milton Keynes, we will ensure that the four underlying principles of this strategy are integrated.



## **6. How do we know we are making a difference?**

Successful implementation of this strategy will require us all to take practical actions and make commitments to do things differently and make the best possible impact on health and wellbeing.

We will measure our success by monitoring local progress against key indicators or measures from the three recently published national outcomes frameworks for Public Health, The NHS and Adult Social Care.

We will link to other key strategies to see we are making progress.

We are committed to reviewing this Health and Wellbeing Strategy in three years time, but will aim to review progress against the Strategic Priorities and their objectives on an annual basis.

FINAL DRAFT