

**Minutes of the meeting of the JOINT HEALTH AND SOCIAL CARE BOARD held on THURSDAY 25 MAY 2006 at 7.00pm in Room 2, Civic Offices, Central Milton Keynes**

<b>Present:</b>	<p><b>Milton Keynes Council (MKC):</b> Councillor N Long Councillor A Box</p> <p><b>Milton Keynes Primary Care Trust (MKPCT):</b> M Brighton (Chair) B Kennedy (Chief Executive)</p>
<b>Officers:</b>	<p>J Ablett (Director of Strategic Development) – MKPCT M Chew (Deputy Chief Executive) - MKPCT J Hainstock (Senior Joint Commissioning Manager) – MKC/MKPCT N Hicks (Director of Public Health) - MKC/PCT D Moore (Head of Commissioning) – MKC K Page (Corporate Director Neighbourhood Services) - MKC A Payne (Joint Commissioner Physical Disabilities) - MKC M Rowlands (Chairman, Milton Keynes General) L Sung (Senior Committee Manager) - MKC R Weetman (Acting Director of Primary Care Services) – MKPCT</p>
<b>Apologies:</b>	<p>Councillor I Henderson (MKC) Councillor D Hoyle (MKC) A Gibbons (Head of Adult Social Care) - MKC J Rodney (Chief Executive) – MKGHT</p>
<b>Observers:</b>	S Dewey – Peoples Voice
<b>Number of public:</b>	6
	<b>The meeting was chaired by M Brighton (MKPCT)</b>

		<b>ACTION</b>
<b>1.0</b>	<p><b>MINUTES</b></p> <p>RESOLVED –</p> <p>That the Minutes of the meeting held on 16 March 2006 be approved as a correct record.</p>	<b>L Sung</b>
<b>2.0</b>	<p><b>FINANCIAL POSITION OF THE PRIMARY CARE TRUST</b></p> <p>Barbara Kennedy updated the Board on the financial position of the PCT and provided details on how this would affect services.</p> <p>She reported that the PCT would need to make savings of approximately £4.9m. A Service Level Agreement (SLA) was being negotiated with Milton Keynes General Hospital, the cost being between £83m to £90m.</p> <p>A turn-around Director will be working with the PCT from June onwards to ensure service delivery. Greater efficiencies were being sought through the PCT's contracts for health services including the contract for Milton Keynes General Hospital.</p> <p>The Chair added that currently the PCT was spending more than it could afford by about 4%. £1.8m of savings would be come from PCT budgets.</p> <p>The Chair reported that there was a legal obligation to treat those in need of treatment. The price of the treatment is met by the PCT. The only way to reduce expenditure was to reduce flow of referrals. This was difficult to manage as the number of referrals was not controlled by the PCT.</p> <p>RESOLVED –</p> <p>That a report be received at a future meeting of the Board on how the Health Service spends and allocates monies to ensure that all members of the Board have a clear understanding of the process.</p>	

		<b>ACTION</b>
<b>3.0</b>	<p><b>PRIMARY CARE TRUST SERVICE CHANGES – CONSULTATION PAPER</b></p> <p>The Board was informed that the PCT would need to save a further £1.4m from its own resources in 2006/2007 which would have an affect on the services that it provides. The PCT was attempting to find new ways of providing services whilst undertaking cost-saving measures. However, the PCT cannot rule out the possibility of seeking further reductions later in the financial year.</p> <p>The PCT has proposed a number of changes to the service resulting in the loss of 24 posts although most of the staff employed in these posts will move to alternative posts within the PCT. It was predicted that 7 members of staff would be made redundant.</p> <p>The PCT proposes a number of changes to the services provided by the Fraser Day Hospital. It was currently running at only 50% capacity and the PCT proposes to switch the way the services were provided from a centre which older people routinely attended to care in their own homes. The base will in future be situated at Bletchley Community Hospital.</p> <p>A new specialist nurse handling both neuro rehabilitation and brain injury care would soon be appointed.</p> <p>The PCT would continue its plans to introduce proposals in the Sainsbury Centre report and re-organise the Oasis adult mental health services currently based at Wolverton.</p> <p>The Director of Public Health reported that of the rules governing admission to hospital from A&amp;E was responsible for a large cost shift and work was being undertaken with the hospital to try and reduce waiting times. The Board was advised that after a four hour period that someone attending A&amp;E whose care was not yet complete would be admitted to hospital and subsequently the PCT would pay upto £600 as well as the A&amp;E attendance cost.</p>	

		<b>ACTION</b>
	<p>RESOLVED –</p> <p>That the report be noted.</p>	
<b>4.0</b>	<p><b>COUNCIL ADMINISTRATION</b></p> <p>The Corporate Director Neighbourhood Service (MKC) reported on the result of the recent local election. The Liberal Democrat Group had the majority number of seats but did not hold overall control of the council.</p>	
<b>5.0</b>	<p><b>THE DEVELOPMENT OF A JOINT VENTURE TO DELIVER COMMUNITY HEALTH AND SOCIAL CARE SERVICES IN MILTON KEYNES</b></p> <p>MKC and the PCT had been working closely over the last 5 years to develop a range of integrated services. The mental health service for adults and the learning disability service had been integrated under a single management structure for the last 3 years; the older people’s mental health service for the last 2 years and in the last year the intermediate care service. Some section 31 agreements and pooled budget were in place, including the community equipment service.</p> <p>The Council was currently looking at the practices undertaken by other authorities to ensure best practice in this authority.</p> <p>The Board acknowledge the efficiencies that could be made by pooled budget and integrated services but concern was raised about the accountability of arms length organisations.</p> <p>RESOLVED –</p> <p>That the Board notes the project work to be undertaken over the next 6 months to explore in details the options and the issues in developing a joint venture and integrated model of provision and organisation for community health and social care services in Milton Keynes.</p>	

		ACTION
6.0	<p><b>FURTHER INTEGRATION OF COMMISSIONING OF HEALTH, ADULT SOCIAL CARE AND CHILDREN'S SERVICES IN MILTON KEYNES</b></p> <p>The Director of Public Health reported on the way forward towards the integration of commissioning health, adult social care and children's services in Milton Keynes.</p> <p>He reported on the Health and Social Care common themes which were:</p> <ul style="list-style-type: none"> <li>• Promote well-being and independence</li> <li>• Care close to home</li> <li>• Increase prevention</li> <li>• Tackling Inequalities</li> <li>• Greater Use of Power of Well Being</li> <li>• Increased plurality and greater use of markets.</li> </ul> <p>Joint commissioning had been proposed for a number of services, which would bring greater benefits to all organisations. A first step was to co-locate the In Hospital, Out of Hospital, Practice Based and Joint Commissioners. A major barrier of joint commissioning was the moving of funds between each of the sectors. There were also differing levels of expertise.</p> <p>The Director of Public Health reported that the benefits of economies of scale could be achieved by making larger Primary Care Trusts. Milton Keynes Primary Care Trust was co-terminous and relatively small.</p> <p>The Director of Public Health reported on the commissioning components:</p> <ul style="list-style-type: none"> <li>• Agree the vision and develop strategic policy and priorities</li> <li>• Assess need (quantitative and qualitative)</li> <li>• Agree detailed priorities and develop plan</li> <li>• Service procurement</li> <li>• Contract Management</li> </ul> <p>The aim was for all services to work together and use a range of shared services such as:</p> <ul style="list-style-type: none"> <li>• Data/intelligence/information</li> </ul>	

	<ul style="list-style-type: none"> <li>• Policy and strategy</li> <li>• Contracting e.g tendering</li> <li>• Consultation and user involvement</li> </ul>	<b>ACTION</b>
	<ul style="list-style-type: none"> <li>• Professional advice</li> </ul> <p>The next steps was to develop an overarching project plan</p> <p>RESOLVED –</p> <p>That the report be noted.</p>	
<b>7.0</b>	<p><b>MILTON KEYNES STRATEGY FOR DEVELOPING TELECARE SERVICES</b></p> <p>The Board received the Milton Keynes Strategy for Developing Telecare Services which set out the development of the use of Telecare in Milton Keynes over the next two years and beyond.</p> <p>The development of Telecare was an opportunity to extend care options for frail and disabled people to support them to continue living at home.</p> <p>RESOLVED –</p> <p>That the report be noted.</p>	
<b>8.0</b>	<p><b>MILTON KEYNES PRIMARY CARE TRUST INFECTION &amp; CONTROL ANNUAL REPORT</b></p> <p>The Board receive the MKPCT Infection Prevention and Control Annual Report for 2005/2006.</p> <p>RESOLVED –</p> <p>That the report be noted.</p>	
<b>9.0</b>	<p><b>ANY OTHER BUSINESS – LOCAL AREA AGREEMENTS</b></p> <p>Local Area Agreements will be an item on the next agenda.</p>	
<b>10.0</b>	<p><b>DATE OF NEXT MEETING</b></p> <p>RESOLVED –</p> <p>That the next meeting of the Board be scheduled for</p>	

	27 July 2006 at 7.00pm.	
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THE CHAIR CLOSED THE MEETING AT 8.40PM