

Minutes of the meeting of the JOINT HEALTH AND SOCIAL CARE BOARD held on THURSDAY 28 SEPTEMBER 2006 at 7.00 pm in Meeting Room 2, Civic Offices, Central Milton Keynes

Present: Milton Keynes Council
Councillor I Henderson (Chair)
Councillor Box
Councillor Long

Milton Keynes Primary Care Trust
M Brighton
B Kennedy (Chief Executive)
M Rowlands (Chairman [Milton Keynes General Hospital])

Officers: J Greer (Team Manager ,Learning Disability Team[Milton Keynes Council/Milton Keynes Primary Care Trust]), J Hainstock (Senior Joint Commissioning Manager [Milton Keynes Primary Care Trust]), Z Turner (Head of Performance [Milton Keynes Primary Care Trust]), N Hicks (Director of Public Health [Milton Keynes Council / Milton Keynes Primary Care Trust]), D Moore (Head of Commissioning [Milton Keynes Council]), T Chapman (Supporting People [Milton Keynes Council]) and S Parker (Senior Committee Manager [Milton Keynes Council])

Apologies: M Chew (Deputy Chief Executive [Milton Keynes Primary Care Trust]), K Page (Corporate Director Neighbourhood Services [Milton Keynes Council]) and J Rodney (Chief Executive [Milton Keynes General Hospital Trust])

Members of the public: G Hawks, L Rowlands, A Vaidyanathian (Hospital PPI Forum member) and P Bromley (South Central Ambulance Trust and PPI Forum member)

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| 11.0 | MINUTES RESOLVED - That the Minutes of the meeting held on 25 May 2006 be approved as a correct record, subject to M Rowlands | |

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| | (Chairman [Milton Keynes General Hospital]) being listed in 'those present'. | |
| 12.0 | <p>FINANCIAL POSITION OF THE PRIMARY CARE TRUST</p> <p>B Kennedy updated the Board on the financial position of the Primary Care Trust and provided details on how this would affect services.</p> <p>The Board noted the following:</p> <ul style="list-style-type: none"> • The £2.3m overspend at the outturn of the last financial year. • The three years funding did not take into account growth, so it had been a challenge to achieve balances. • Funding had improved this year, although difficult cost pressures were arriving in the system. • The Primary Care Trust was working hard on a recovery plan and looking at how to make savings, and ensure that the areas targeted for reductions fit in with the longer term strategy. • Sizing the problem against savings would equal a better forecast for the year end position. • It would not be possible to deal with all deficits currently being looked at. • The financial position should be clearer when potential options had been quantified, and a report would be made to the Board's next meeting. <p>The Chair asked for a written report, to enable members to have a clearer understanding of the process.</p> <p>RESOLVED -</p> <p>That a written report be received on the Primary Care Trust's financial position at the Board's next meeting, so that members had a clearer understanding of the process.</p> | B Kennedy |

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| 13.0 | <p>FINANCIAL POSITION OF THE COUNCIL</p> <p>The Board was informed that the Milton Keynes Council Social Care budget had an underspend of around £300,000 midway through the year.</p> <p>Comments from members included the following:</p> <ul style="list-style-type: none"> • The opportunity to explore joint commissioning of services (with pooled budgets). • Contingency provision in budgets. <p>Officers referred to the current joint working and the potential volatility of budgets, for example, in the area of mental health.</p> | |
| 14.0 | <p>PRIMARY CARE TRUST COMMISSIONING STRATEGY</p> <p>The Board noted the following:</p> <ul style="list-style-type: none"> • The draft Milton Keynes Primary Care Trust Health and Commissioning Strategy, which had been considered by the Primary Care Trust Board, and was now no longer a draft. • The Strategy document was a working tool for the Primary Care Trust and its partners. It was accessible to the public and had been considered by other groups, including the PPI Forum. • The medium term aims of the Primary Care Trust, were to: <ul style="list-style-type: none"> ○ improve health and well being; ○ reduce inequalities and social exclusion; ○ secure fair and fast access to a comprehensive range of services; ○ improve the quality and safety of services; ○ increase choice and convenience for the public; and ○ improve users' experiences of services. • By making explicit links in the document between, for example, the health of the population, its needs and performance indicators, it was hoped that the | |

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| | <p>links would become clearer.</p> <ul style="list-style-type: none"> • The strategy was subject to a continuous process of updating and improvement. <p>Comments from members included the following:</p> <ul style="list-style-type: none"> • Further closer work between the Council and the Health Authority was to be welcomed. • The need to deliver resources to address the issue of health and inequality. • The difficulty in persuading different organisations to work to a common goal when their interests didn't always coincide, and the targets set by central government for different organisations conflicted. • The need to be assured that there would be a thrust to shifting the balance to prevention (addressing well being as well as sickness). • The question of health and resources for areas with large Black and Minority Ethnic(BME) communities. <p>Comments from members of the public included the following:</p> <ul style="list-style-type: none"> • The need for the strategy to detail contingency arrangements to address unexpected issues . <p>The Board was informed of the following:</p> <ul style="list-style-type: none"> • The work which had already been carried out by the Council and the Health Service in the area of health and inequalities. Officers were confident of good progress in the coming months and years ahead. • The work being carried out by the Local Strategic Partnership to address the issue of inequalities and social exclusion. • Contingency arrangements were 'in the system' and it was not necessary to incorporate them in the strategy document. | |

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| | <p>RESOLVED -</p> <p>That the report be noted.</p> | |
| 15.0 | <p>HEALTH AND SOCIAL CARE PERFORMANCE REPORT</p> <p>The Board considered a report on the joint performance assessment framework for NHS and local authority bodies in Milton Keynes.</p> <p>The Board noted that performance against key indicators continued to perform well across Milton Keynes. The Board was asked, however, to note the following areas which needed close attention:</p> <ul style="list-style-type: none"> • Ambulance response times. • Cancelled operations. • Educational qualifications of Looked After Children. <p>The Board noted that information was being developed on user experience and the next report to the Board would focus on quality aspects.</p> <p>RESOLVED -</p> <p>That the report be noted.</p> | |
| 16.0 | <p>LOCAL AREA AGREEMENT</p> <p>The Board noted a report of the development and progress to date around the Local Area Agreement, specifically the Healthier Communities and Older People's block.</p> <p>Comments from members included the following:</p> <ul style="list-style-type: none"> • Strategic leadership around the co-ordination of public services. • The needs of those living in rural areas should be addressed. • The need to have a focussed document. | |

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| | <ul style="list-style-type: none"> The need to address in greater detail how to enable people to contribute to their communities. <p>RESOLVED -</p> <p>That the report be noted.</p> | |
| 17.0 | <p>MILTON KEYNES JOINT COMMISSIONING STRATEGY</p> <p>The Board noted the progress to date on the Milton Keynes Joint Commissioning Strategy.</p> | |
| 18.0 | <p>MEDIUM TERM PLANNING BRIEF</p> <p>The Board received a briefing note on the Medium Term Planning process.</p> | |
| 19.0 | <p>SUPPORTING PEOPLE PROGRAMME</p> <p>The Committee received a presentation on the Supporting People Programme, which provided information on the following:</p> <ul style="list-style-type: none"> Purpose of housing support. Key tasks. Links to health and social care. <p>Comments from members and the public included the following:</p> <ul style="list-style-type: none"> Support in areas of Learning Disability is impressive. The need to deliver commissioning of services to get best value, as resources were squeezed. The importance of addressing the equalities agenda and delivering independence at home. The role of the voluntary sector. <p>A briefing sheet on the Supporting People Programme is attached as an Annex to these Minutes.</p> | |

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| 20.0 | <p>DATE OF NEXT MEETING</p> <p>RESOLVED -</p> <p>That the next meeting be held on 30 November 2006 at 7.00 pm in Meeting Room 2 at the Civic Offices.</p> | |

THE CHAIR CLOSED THE MEETING AT 8.52 PM