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Minutes of the meeting of the HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE held on WEDNESDAY 23 JUNE 2021 at 19.00 pm

Present: Councillor Priestley (Chair)
Councillors M Bradburn, Cryer-Whitehead, Jenkins, Lancaster, Nazir, B Nolan, Reilly, Walker and M Taffetani (Healthwatch Milton Keynes Representative).

Officers: V Collins (Director of Adult Services), V Head (Director of Public Health), O Mytton (Deputy Director of Public Health), R Tidman (Committee Services Manager) and A Melia (Overview & Scrutiny Officer).

Apologies: Councillor Hearnshaw (substituted by Councillor Lancaster).

Also Present: Councillors K Bradburn, Carr (Cabinet Member for Tackling Inequalities and Child Poverty), Marlow, Raja and Rolfe.
Lesley Halford (CNWL NHS Foundation Trust), Vicky Hancock (CNWL NHS Foundation Trust), and Hannah Pugliese (BLMK Clinical Commissioning Group).

HASC03 WELCOMES AND INTRODUCTION

The Chair welcomed members to the first meeting of the Committee and thanked the previous Chair and Vice-Chairs for their work in developing the work programme for the Committee. The Chair then set out her expectations with regards to scrutiny meetings, before inviting Councillors and officers present to introduce themselves.

HASC04 DISCLOSURES OF INTEREST

Councillor Reilly advised for transparency that he is on the Council of Governors at Milton Keynes University Hospital, but he did not consider this to preclude him from taking part in any discussions or votes the Committee might have.

HASC05**MINUTES**

RESOLVED -

That the Minutes of the meetings of the Health and Adult Social Care Scrutiny Committees held on 11 March 2021 and 19 May 2021 be approved and signed by the Chair as a correct record.

HASC06**PUBLIC INVOLVEMENT**

None.

HASC07**COVID-19 UPDATE**

Witnesses: V Head (Director of Public Health) and O Mytton (Deputy Director of Public Health)

The Committee received a report from the Director of Public Health on data specifically related to the Covid-19 pandemic in Milton Keynes and noted the Central Government published rate of 67 cases per 100,000 per week.

Key messages included:

- The figure of 67 cases per 100,000 per week accounted for circa 181 new cases recorded in Milton Keynes - a figure that was below the national average, but higher than the average for the East of England.
- Within recent weeks, the increase in case rates had plateaued, but still remained a concern.
- The case rate locally was highest amongst school-age children and university students, whilst infections and hospital admissions amongst the over-60's had reduced significantly.
- These figures suggested that the vaccine was playing a significant role in reducing transmission, as those eligible for the vaccine were experiencing lower rates of infection than those in lower age brackets who may still be awaiting vaccination.
- The Delta variant had supplanted the Alpha variant as the dominant strain of the virus in Milton Keynes, accounting for almost all reported cases, whilst also being significantly more transmissible.
- It was noted that the NHS was currently managing the backlog of other healthcare workloads, but small increases in Covid-19 case rate numbers still had the potential to cause significant issues for health services.
- Milton Keynes Council had recently taken over sole responsibility for contact-tracing of all positive cases in Milton Keynes, which provided greater local knowledge and insight into potential outbreaks.
- With regards to infection rates in surrounding areas, the Bedford Luton Milton Keynes (BLMK) area was considered a hotspot, with

the case rates in Bedford previously an area of concern, although these figures were now beginning to decline.

- It was emphasised that lateral flow tests should only be used in the case of an individual not presenting symptoms of Covid-19. Anyone with symptoms of should take the more sensitive PCR test.
- The Deputy Director of Public Health advised that the hospital situation was less promising than at the time the report was drafted. There were currently eight patients in Milton Keynes in hospital with Covid-19, compared to four previous admissions throughout June.

In response to questions the Committee was advised that:

- a) There was one recorded death from Covid-19 in Milton Keynes between 16 May and 19 June, accounting for delays in reporting.
- b) There had been instances of infection in pre-school age children, but within Milton Keynes there have been no significant outbreaks linked to these settings. However, there had been outbreaks in other parts of the region.
- c) Increases in social interaction had led to a corresponding increase in flu and other respiratory viruses. Social distancing and lockdowns helped to prevent the spread of these viruses.
- d) At the time of writing, only 28% of residents in the 40-49 age range had received their second dose of the vaccine, which was attributed to the eligibility criteria as a result of the JCVI recommendation to wait at least eight weeks between receiving doses of the vaccine.
- e) It was difficult to provide a breakdown on hospital patient data, but it remains broadly consistent with national trends.
- f) Sharing health services across three local authorities provided the advantage of flexibility to manage capacity issues for contact-tracing. If required, the option of referring cases to the national level remained.
- g) Members expressed concern that Covid-19 communications from the Council had recently been reduced. In response, it was advised that some communications were targeted at specific groups and there was a balance to be struck to avoid over-saturation of messages to the public.
- h) The Director of Public Health advised that a detailed breakdown of the vaccination rollout would be difficult to provide at this meeting as Geraint Davies (NHS BLMK) had given an apology for absence and this section of the report fell primarily within his remit.

Councillor Carr, Cabinet Member for Tackling Inequalities and Child Poverty, suggested that with the school holidays approaching it may be pertinent to receive and distribute a communications package before this date.

RESOLVED –

That the Head of Communications/Director of Public Health be asked to circulate to committee members an outline communication plan of the key public health messages that will be used over July, August and the longer-term.

HASC08

CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

Witnesses: L Halford (CNWL NHS Foundation Trust), V Hancock (CNWL NHS Foundation Trust) and H Pugliese (BLMK Clinical Commissioning Group)

The Committee received a report on children and young people's mental health in Milton Keynes and it was emphasised how the Covid-19 pandemic had adversely affected children and young people's mental health

The salient points included:

- Some of the adverse effects on young people's mental health had been unexpected, for example, an increase in high areas of need and an increase in specific issues such as eating disorders.
- Mental health services had needed to focus more of their resources into crisis response as young people become more unwell more quickly, which had subsequently resulted in less available resource for mild to moderate cases.
- Kooth, an online digital service that provided access to mental wellbeing support and counselling provision for children and young people aged 10-20, had seen an increased uptake in recent months and feedback had been generally positive.
- The pathways with the voluntary and community sectors had been strengthened in order to provide extra long-term support.
- A recent bid by BLMK for a children's inpatient unit was successful and upon completion the unit was likely to be based in Bedfordshire, although a site has not yet been formally agreed.
- A Mental Health Schools Team was currently in operation covering all schools in Bletchley, with a similar team to launch in September for Stantonbury and the North of the city. A third team would become live in September 2022 covering Central Milton Keynes.
- In terms of core services, the SPA team would make contact with young people and their families, often within the first 48 hours after referral, in order to assess needs and provide immediate support.
- For those with moderate to severe mental health difficulties, CAMHS were able to provide a range of psychological, therapeutic, supportive and medication options. There was no limit

to the number of times or the length of time an individual can utilise this service.

In response to questions the Committee was advised that:

- a) The resources available to help combat these issues required a coherent over-arching strategy for success. Confidence was expressed that the Director of Children's Services at Milton Keynes Council shared this opinion.
- b) A straightforward answer detailing the severity of cases could not be given. The most urgent cases would be seen immediately, but regular contact was made with all patients on the waiting list. The speed of treatment was linked to the specific pathway for the patient, as some would enter a specialist pathway but only after initial intervention.
- c) Some pathways had an average waiting list time of 6-8 months, dependent on the provider.
- d) As a result of the pandemic, resources had been shifted to more complex areas. The level of resource remained the same, but the demand had changed which had affected the services available for mild to moderate cases.
- e) Plans were in place to address waiting times in both crisis and core services, with the impact on services from Covid-19 currently at its most acute.
- f) There were a range of interventions required to reduce waiting times, with a focus on collective responsibility and looking to support all community groups to alleviate concerns prior to a mental health issue developing.
- g) Primary care colleagues were also under increased demand for resources and it was not expected that children and young people should seek a GP appointment prior to referring to CAMHS.
- h) There had not been a significant rise in the number of young people presenting to CAMHS with gaming addictions. However, there was specialist knowledge available within CNWL and its addiction services.
- i) Members expressed concerns that many of the interventions were focussed on longer-term strategies, and it may be pertinent to consider options to address more acute issues. In response, it was advised that a range of options were being explored to provide adequate resources for moderate to severe cases.

RESOLVED –

- 1) That the Planning Group be asked to consider scheduling an item on early intervention into children's mental health issues for a future meeting.
- 2) That a letter be sent to the local Members of Parliament to raise awareness of the issues related to children and young people's mental health in Milton Keynes.

- 3) That the Cabinet member for Tackling Inequalities and Child Poverty be asked to consider what more the Council can do to reduce waiting times for CAMHS.

HASC09

CHILDREN'S OBESITY

Witnesses: V Head (Director of Public Health) and O Mytton (Deputy Director of Public Health)

The Committee received a report on childhood obesity in Milton Keynes from the Deputy Director of Public Health and it was advised that the data indicates 1 in 5 children of reception age were considered obese, which rises to around 33% for Year 6 Children. This represented approximately a two-fold increase since the 1990's.

Some of the key points included:

- It was emphasised that excess childhood weight is associated with a range of health conditions and tracks strongly with obesity in adulthood.
- An estimated 3% of the United Kingdom's GDP is spent on obesity and its consequences.
- Obesity had now overtaken smoking as the single biggest preventable risk factor for ill health in society.
- The impact of obesity was felt unequally within Milton Keynes, as it was within England as a whole. There was significant variance across Milton Keynes, with the prevalence of Year 6 children classified as having excess weight at 43% in Central Milton Keynes, compared to 18% in Olney.
- Attention was drawn to the Chief Medical Officer's report on childhood obesity published in 2019, which concluded that the environment in which children were raised was not conducive to a healthy lifestyle.
- With regards to policy, Public Health would now be formally consulted on all developments over 50 houses. Moreover, there were policies in place to reduce the availability of unhealthy food options, such as planning restrictions on takeaways near school sites.
- The Eat Out, Eat Well scheme was a local award that recognised businesses for providing healthy options to their menus.

In response to questions the Committee was advised that:

- a) With regards to the balance between food choices and physical activity, it was advised that the emphasis was correctly on eating patterns rather than focussing on calorie intake, which can lead to disordered eating. Nonetheless, the importance of physical activity was reiterated.

- b) The disparity in obesity levels across the authority suggested the need for stretch targets in those areas with higher deprivation, as this was linked to higher obesity levels. Engagement may be an issue in some areas, whilst some interventions would also be on a national level.
- c) It was difficult to address the wider societal issue of intervention success based on the disparities mentioned. This was a complex area which was complicated further by the lack of data arising as a result of the pandemic. There was limited evidence of success in other Councils successfully tackling these issues.
- d) Attention was drawn to the excessive sugar content of meals marketed as convenient, affordable, or low-fat. In response, the Director of Public Health advised that Council communications often had a limited effect on influencing healthy behaviours with regards to food choices and consumption.
- e) The Committee expressed concern that children born during the pandemic may be unaccounted for in the figures and this would potentially lead to an increase in the number of weight-related health issues in this age group.
- f) It was noted that there was a general lack of data on the first year of life and weight, which needed to be addressed, with an emphasis placed on appropriate weight-gain in children. As a result of this lack of data, there was difficulty in answering the question of how children born during the pandemic are developing physically.
- g) It was highlighted that Milton Keynes was selected as European City of Sport for 2020. It was emphasised that this should not be considered an ephemeral title and that the Council should help to promote a healthy, active lifestyle as a means of tackling obesity.
- h) The National Child Measurement Programme would commence next term and data would be shared with the Committee when available.

RESOLVED –

That the Cabinet Member for Tackling Inequalities and Child Poverty and relevant officers be requested to develop a programme of activity aimed at reducing children's obesity and that this be accompanied by a communications plan.

HASC10

COMMITTEE WORK PROGRAMME 2021/22

The Chair drew attention to the Health and Adult Social Care Scrutiny Committee work programme for the year 2021/22. The Chair drew attention to the item on cancer prevention, which is to be included in the agenda for a future meeting, and indicated a desire for more items to include an aspect of general prevention measures within Public Health.

RESOLVED –

- 1) That the draft 2021/22 Work Programme be received and noted.
- 2) That if members of the Committee have any suggestions for items for scrutiny which are within the Committee's remit during 2021/22, they be fed into the Committee's Planning Group.

THE CHAIR CLOSED THE MEETING AT 21.07 PM

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