



Minutes of the meeting of the HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE held on THURSDAY 12 MARCH at 7.00 PM

Present: Councillor Jenkins (Chair)
Councillors M Bradburn, Nazir, Reilly, Wales, Walker and T Keech (Healthwatch Representative)

Officers: M Scott (Director of Public Health), V Collins (Director of Adult Services), S Gonsalves (Director of Policy, Insight and Communication), A Griffiths (Group Head, Adult Services) and R Tidman (Overview and Scrutiny Officer)

Also present: Councillors Marlow and O'Neil (Cabinet member for Health and Wellbeing), Dr N Smith (Chair, Milton Keynes CCG) and J Meggitt (Director of Communications, BLMK Commissioning Collaborative) and 4 members of the public.

Apologies: Councillors Minns and Williams

HASC25 DISCLOSURE OF INTEREST

Councillor Walker advised that he was a member of the Health and Wellbeing Board, but he did not have any interest in the items on the agenda that would preclude him taking part in any discussions or votes the Committee might have.

HASC26 MINUTES

RESOLVED –

That the Minutes of the meeting of the Health and Adult Social Care Scrutiny Committee meeting held on 6 February 2020 be approved and signed by the Chair as a correct record.

HASC27 QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from members of the public.

HASC28

URGENT ITEM – COVID-19 UPDATE

Witness: **V Collins (Director of Adult Services) and
S Gonsalves (Director of Policy, Insight and
Communication)**

The Chair, in accordance with Section 100B 4(b) of the LGA 1972, agreed to take this as an urgent item because of the time critical nature of the information available.

The Committee received an update on Council wide communications and business continuity planning from the Director of Policy, Insight and Communication and on business continuity planning in Adult Social Care from the Director of Adult Services.

During the following discussion the Committee, in response to its questions, noted that the Adult Social Care service was focusing on:

- (a) protecting the most vulnerable;
- (b) addressing the implications of a reduced work force;
- (c) increasing the number of staff with manual handling training;
and
- (d) planning for staff redeployment from other areas.

RESOLVED –

That all officers be thanked for their work in this early phase of what was likely to be an ongoing situation.

HASC29

**THE CREATION OF ONE SINGLE COMMISSIONING GROUP ACROSS
BEDFORDSHIRE, LUTON AND MILTON KEYNES**

Witnesses: **Dr N Smith (Chair, Milton Keynes CCG) and
J Meggitt (Director of Communications, BLMK
Commissioning Collaborative)**

The Committee heard from the Chair of Milton Keynes Clinical Commissioning Group (MKCCG) and the Director of Communications and Engagement of the Bedfordshire, Luton and Milton Keynes (BLMK) Commissioning Collaborative about the plans to create one single clinical commissioning group across Bedfordshire, Luton and Milton Keynes.

In response to questions the Committee was advised that:

- (a) this was an administrative change rather than a change to services, which was intended to make the provision of healthcare in the Bedfordshire, Luton and Milton Keynes area more efficient;

- (b) the change was guided by national policy, but there was still the opportunity to decide how a local presence was kept and what the local approach to services should be whilst also looking at what could be achieved across the wider area;
- (c) there would not be a formal consultation phase as it was an administrative change, but there would be discussions with interested parties, for example, GP members and Healthwatch;
- (d) work was ongoing with all the partners who made up the Integrated Care System (ICS) within the BLMK area and discussions about arrangements going forward would continue as the CCGs moved towards making their application;
- (e) consolidating the three existing CCG Boards would reduce the numbers of executives involved by two thirds. This was not just a financial saving but meant that people could be redistributed to work on local implementation; and
- (f) if there was any changes to services these would be clinically/evidenced based and would be in the best interest of patients. If there were to be any changes to occur they would be most likely with more specialist services, for example stroke care, which could not be offered at every hospital.

The Committee was specifically concerned about the following:

- (a) whether the proposed administrative changes might lead to a reduction in the current levels of health funding within Milton Keynes. Particularly as due to the amount of growth in the area Milton Keynes was already at a funding disadvantage compared to other areas;
- (b) whether there would be any changes to the allocation of funds which might be detrimental to addressing the various health inequalities facing Milton Keynes if funding was lost to other areas;
- (c) whether the benefits of the proposed changes would be clearly articulated for example what did it mean at a practical level – how many more appointments would be available, flu jabs etc. would result from the new arrangements and administrative savings; and
- (d) that the new CCG would not be removing any services from Milton Keynes facilities.

RESOLVED –

1. That the witnesses be thanked for their reports, their attendance at the meeting and their contribution to the Committee's scrutiny of this item.
2. That the Health and Wellbeing Board and the Council be asked to note the Committee's concerns that the creation of a single Clinical Commissioning Group across Bedfordshire, Luton and Milton Keynes does not provide confidence as to the future protection of the 'Milton Keynes health pound'.
3. That the Council be recommended to make representations to the Secretary of State about the impacts of the creation of a single Clinical Commissioning Group across Bedfordshire, Luton and Milton Keynes was likely to have on the Milton Keynes health economy should be raised with the Secretary of State.

HASC30

REVIEW OF THE COUNCIL PLAN / CABINET MEMBERS ANNUAL REPORT

Witnesses: Councillor O'Neill (Cabinet member, Health and Wellbeing), M Scott (Director of Public Health), V Collins (Director of Adult Services), and A Griffiths (Group Head, Adult Services)

The Cabinet member for Health and Wellbeing provided the Committee with an update on the progress towards fulfilling the commitments in the Council Plan on Health and Adult Social Care priorities.

The Committee commented that:

- (a) There was still anecdotal evidence that there were long waits for access and assessment to mental health support;
- (b) sixty percent of the Council's budget was spent on health and adult social care and it was therefore a significant area that might not be getting the same recognition as other areas;
- (c) the lack of a 'Green Paper' on adult social care was disappointing;
- (d) there was concern that domestic abuse figures continued to rise and the Committee looked forward to reviewing the draft Domestic Abuse Strategy when this was available and seeing an improvement in these figures.

RESOLVED –

1. That the update be received and noted.
2. That the Council and the Milton Keynes Members of Parliament be requested to raise with the Secretary of State what seems to be the counter-intuitiveness of programmes to integrate health and social care services with the development of Integrated Care Systems.

HASC31

**HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE 2020/21
WORK PROGRAMME**

The draft 2020/21 Work Programme was received and noted.

RESOLVED –

1. That if members of the Committee have any suggestions for items for scrutiny which are within the Committee's remit during 2020/21, they be fed into the Committee's Planning Group.
2. That the Planning Group be asked to schedule a follow up item on the creation of a single clinical commissioning group for Bedfordshire, Luton and Milton Keynes.

THE CHAIR CLOSED THE MEETING AT 8:20 PM