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Minutes of the meeting of the HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE held on THURSDAY 11 MARCH 2021 at 7.00 PM

- Present:** Councillor Jenkins (Chair)
Councillors M Bradburn, A Cryer-Whitehead, Minns, Nazir, Reilly, Wales, Williams and T Keech (Healthwatch Representative)
- Apologies:** Councillor Walker
- Officers:** V Collins (Director of Adult Services), O Mytton (Deputy Director of Public Health) and R Tidman (Committee Services Manager)
- Also present:** Councillor O'Neil (Cabinet member for Health and Wellbeing), G Davies (Strategic Vaccination Lead, BLMK Clinical Commissioning Collaborative), Dr N Smith (BLMK Clinical Commissioning Collaborative) and A Stenning (Associate Director, Primary Care Commissioning and Transformation)

HASC25 DISCLOSURE OF INTEREST

Councillor Reilly advised that he was on the Council of Governors of Milton Keynes University Hospital.

HASC26 MINUTES

RESOLVED –

That the Minutes of the meeting of the Health and Adult Social Care Scrutiny Committee meeting held on 16 December 2020 be approved and signed by the Chair as a correct record.

REVIEW OF THE SEVEN PRIMARY CARE NETWORKS IN MILTON KEYNES

Witnesses: A Stenning (Associate Director, Primary Care Commissioning and Transformation) and Dr N Smith (BLMK Clinical Commissioning Collaborative))

The Committee received a presentation from the Associate Director, Primary Care Commissioning and Transformation on the introduction of the seven Primary Care Networks (PCN) in Milton Keynes.

In response to questions the Committee noted that:

- (a) The PCN's offered an opportunity to provide a bottom up approach to preventing health and addressing health inequalities. Using data and local knowledge proactive activities could be developed to help keep people in the best health possible;
- (b) PCN's have core standard services commissioned and the seven clinical directors meet regularly to share best practice;
- (c) The majority of PCN's have Patient Participation Groups in place as the patient's voice was so important in primary care and the networks allowed a more powerful patient voice to come through to articulate what was needed;
- (d) There was a mixed reaction from GP's and patients as to whether online and video consultations would continue after the pandemic. It had not been evaluated yet and would probably depend on the preference of GP's and the patient and any outcome from the evaluation process;
- (e) The PCN's had allowed practices to be more resilient over the last year and there would be ongoing changes as to how general practices worked and the relationship between patients and GP's;
- (f) One of the downsides to the previous model might be if there were difficulties between the practices however Milton Keynes practices had a good record of working well together. Other issues included would you standardise the network or allow individual practices to offer different services;
- (g) There was a positive performance management system in place that considered prescribing rates, referral rates, screening data, immunisation and vaccination rates. These were reviewed monthly with an annual review meeting;

- (h) Social prescribing had been successful for a number of patients particularly where a person's health problems did not originate from a medical issue.

RESOLVED –

1. That the witnesses be thanked for their contribution to the Committee's scrutiny of this item.
2. That the Planning Group be asked to consider adding to the work programme an item on health inequalities and the Primary Care Network.

HASC28

COVID-19 PUBLIC HEALTH UPDATE

Witness: O Mytton (Deputy Director of Public Health) and G Davies (Strategic Vaccination Lead, BLMK Commissioning Collaborative)

The Committee received an update from the Deputy Director of Public Health and the Strategic Vaccination Lead, BLMK Commissioning Collaborative, that provided a high-level update on information specifically related to the Covid-19 pandemic in Milton Keynes.

Key messages included that the infection rate was currently higher than average in Milton Keynes and the impact of the second wave was more significant in the borough than the first wave. We were still in the pandemic and therefore it was important that people still followed the guidelines including social distancing, hand hygiene, wearing masks and getting vaccinated. There had been a 90% take up of the vaccine in the first cohort but vaccine hesitancy was starting to be seen so it was important to ensure that getting the vaccine was convenient, the public had confidence in it and issues around complacency were addressed.

It was important to understand that vaccines worked in two ways – by protecting the individual and by preventing transmission. Younger people therefore needed to be concerned for themselves, for example while they might not get seriously ill if infected, they may get long covid, as well as the benefit of protecting others in the community.

There was also a need to understand how discrete populations were responding to vaccine take up by analysing ethnicity data.

During the discussion the Committee, in response to its questions, noted the following:

- (a) There was concern about moving onto the next cohort for vaccinations and that vulnerable people were not left behind. Assurance was provided that the CCG was not 'racing' through the cohorts and were aiming for the highest uptake possible within the prescribed timeline. GP practices were checking with individuals who had not taken up the offer of a vaccination to ensure that there was the minimum number of decliners possible;
- (b) First doses for everyone eligible was scheduled for the end of July and the second doses by the end of October. There was still the question of whether a booster programme would be required going forward.
- (c) It was a credit to all involved with the programme as to how well it had all proceeded logistically at the local level;
- (d) The advice from government was that Lateral Flow tests were not aimed at primary aged students but were available for parents and their support bubbles. If a primary aged child was showing symptoms of Covid-19, then they should have a PCR test;
- (e) There may be issues with the national booking system in terms of how easy it was to book a second dose and it may need to be followed up to ensure that people did not miss out on booking their second appointment;
- (f) There would be an extensive communications programme to ensure that the maximum number of people were vaccinated including making sure that people came forward for their second dose. The second dose provides a stronger and longer response in terms of immunity;
- (g) Communications were being sent out in a variety of languages and GP's had access to translation services to ensure they could communicate effectively with patients whose first language was not English;
- (h) It was too early to say yet as to what the vaccination requirements would be going forward in terms of, for example, an annual booster or to deal with the new variants that were emerging;
- (i) There were many variants as viruses mutate all the time and surge testing may be used when a 'variant of concern' was identified where these may be more transmissible, they may be more fatal or the vaccines might not work as effectively;

- (j) There was excess capacity at the local testing stations but decisions about scaling back PCR testing capacity was a national decision and was controlled by the Department of Health; and
- (k) There was a level of concern about older children in primary school and secondary aged children. If they have a new persistent cough, fever or change in loss of taste or smell then they need to get tested.

RESOLVED –

1. That the Deputy Director of Public Health and the Strategic Vaccination Lead, BLMK Commissioning Collaborative be thanked for their contribution to the Committee’s scrutiny of this item.
2. That the reports be received and noted.
3. That the thanks of the Committee be formally recorded to all Public Health, CCG, health staff and volunteers for their work to roll out the successful vaccination programme in Milton Keynes.
4. That the Deputy Director of Public Health and the Strategic Vaccination Lead be asked to provide a further update to the Committee at their next meeting in June.

HASC29

CABINET MEMBER ANNUAL REPORT UPDATE

Witnesses: H O’Neil (Cabinet member for Health and Wellbeing)

The Committee heard from the Cabinet member for Health and Wellbeing who started by passing on her thanks to the Public Health and Adult Social Care teams for the work they have carried out during the year.

The Cabinet member provided an overview of the Council Plan and the activity that had been undertaken this year including the Domestic Abuse Partnership and the set up of a sanctuary scheme and access to housing; access to GP’s for those with mental health issues or homelessness; contracts went live for a new sexual health services, stop smoking and early years/health visitors; support to social care and care homes including access to PPE and adoption of dementia friendly city status.

The Green Paper on Adult Social Care was urgently needed to address issues of inequalities in the sector.

In response to questions the Committee noted:

- (a) Their thanks to Councillor O'Neill for her outstanding work as a Cabinet member for Health and Wellbeing and wished her well for the future;
- (b) It had been a challenging year and the collaborative approach to working had benefits for the borough; and
- (c) Adult day care services hadn't been handled as well as they could have been and there were opportunities for the Council to learn and adapt to the events over the last year.

RESOLVED –

1. That the Committee's appreciation and acknowledgement of the work carried out by the Cabinet member for Health and Wellbeing, Public Health and Adult Social Care staff, particularly over the last year, be formally recorded.
2. That a letter be sent to the local MP's highlighting the Committee's concerns about the delay to the Social Care Green Paper and asking for feedback on when this might be published.

HASC30

DRAFT 2021/22 WORK PROGRAMME

The Committee received and noted the draft Work Programme for 2021/22.

RESOLVED –

1. That with the change of date and the addition of the Primary Care Network item 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 8.43 PM

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