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Minutes of the meeting of the HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE held on WEDNESDAY 30 SEPTEMBER at 7.00 PM

**Present:** Councillor Jenkins (Chair)  
Councillors Akter, M Bradburn, Marlow, Minns, Reilly, Wales, Walker, Williams and T Keech (Healthwatch Representative)

**Officers:** V Head (Interim Director of Public Health), A Griffiths (Group Head, Adult Services), M Hancock (Group Head of Commissioning), O Mytton (Deputy Director of Public Health), D Pragnell (Head of Public Health Programmes) and R Tidman (Overview and Scrutiny Officer)

**Also present:** Councillor O'Neil (Cabinet member for Health and Wellbeing), R Alsop (Director of Commissioning and Contracting, BLMK Clinical Commissioning Collaborative), Dr N Smith (Chair, BLMK Clinical Commissioning Collaborative), I Reckless (Medical Director, MK University Hospital), L Halford (CNWL NHS Foundation Trust), H Pugliese (BLMK Clinical Commissioning Collaborative), J Culley (CNWL NHS Foundation Trust), B Shaw (CNWL NHS Foundation Trust), P Egerton (Healthwatch MK).

**Apologies:** Councillor Nazir (Councillor Marlow substituting)

**HASC10 DISCLOSURE OF INTEREST**

Councillor Reilly and T Keech advised that they were on the Council of Governors of Milton Keynes University Hospital.

T Keech advised that she was the Interim Chief Executive of Healthwatch Milton Keynes and that she would be presenting Item 8 of this Agenda and would not participate in discussion of this item as a member of this Committee.

**HASC11 MINUTES**

RESOLVED –

That the Minutes of the meeting of the Health and Adult Social Care Scrutiny Committee meeting held on 24 June 2020 be approved and signed by the Chair as a correct record.

**COVID-19 PUBLIC HEALTH UPDATE**

**Witness: V Head (Interim Director of Public Health), and  
O Mytton (Deputy Director of Public Health)**

The Committee received an update from the Deputy Director of Public Health that provided a high-level update on data specifically related to the Covid-19 pandemic in Milton Keynes since the Committee last met.

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

- (a) To maintain the consistency of when to test and who to test the Council was in regular contact with all schools in the area and in contact with workplaces as required. Public Health advice relates to national guidance rather than clinical guidance to primary care;
- (b) Updated analysis on the impact of Covid-19 on BAME communities would be helpful;
- (c) An update on additional testing sites was requested when this information was available;
- (d) Processing was the main issue preventing any increase in testing and there was also a delay in people getting their test results back in a timely manner;
- (e) How the Council responded on a day to day basis was evolving for example there had been lots of work recently with schools advising them of appropriate processes and guidance, care homes, local events and those self-isolating;
- (f) The Public Health team were involved with delivering their usual 'business as usual', managing a public health crisis and being cognizant of the long-term recovery of Covid-19 patients and the secondary health consequences of the pandemic;
- (g) To meet the demand of increased Covid-19 symptoms over winter, testing would ideally need to be scaled up to over 2,000 tests a day in Milton Keynes; and
- (h) In terms of contact tracing, the national system was most effective in the first 24 hours. The Public Health 'local enhanced tracing' team should be passed cases that could not be reached in that time. However, the time lag of this information being passed to the local team meant people were not being reached in time to advise them to self-isolate.

RESOLVED –

1. That the Deputy Director of Public Health and his colleagues be thanked for their contribution to the Committee’s scrutiny of this item.
2. That the report be received and noted.
3. That there be a standing item on the Agenda of this Committee on data specifically related to the Covid-19 pandemic in Milton Keynes.
4. That the Head of Communications be asked to ensure that ongoing communications on Covid-19 reiterates the national guidance on who and when to test and self-isolate.
5. That the Director of Public Health be asked to provide an update to the Committee on details of any new testing sites when this information is available.
6. That the Director of Public Health be asked to provide an updated analysis of the impact of Covid-19 on the BAME community when this data is next reviewed.

**HASC13**

**‘STARTING WELL’ – HAS COVID-19 IMPACTED THE HEALTH AND WELLBEING STRAND**

**Witnesses:** **D Pragnell (Head of Public Health Programmes), L Halford (CNWL NHS Foundation Trust), H Pugliese (BLMK Clinical Commissioning Collaborative), J Culley (CNWL NHS Foundation Trust), and B Shaw (CNWL NHS Foundation Trust)**

The Head of Public Health Programmes submitted a joint report with partners, updating the Committee on the impact of Covid-19 on the ‘Starting Well’ strand of the Health and Wellbeing Strategy.

In response to questions the Committee noted that:

- (a) The number of people using KOOTH was increasing and the way people were accessing CAMHS had changed. Information about the current CAMHS waiting list would be provided to the Committee;
- (b) The impact of the lockdown on the mental health of young people was potentially a serious issue that the Committee should keep under review;

- (c) The Committee needed to monitor the impact on resident's health caused by unemployment and the economic recession. The economic impact on this strand should not be underestimated over the coming years;
- (d) Maternity services had to ensure that the procedures in place were reasonable and compassionate but that they also ensured appropriate infection control was in place;
- (e) Whilst Well Baby Clinics had to close, a universal offer was in place with face to face visits for new-borns and follow up visits carried out virtually. The impact on families was going to be an emerging picture;
- (f) Immunisation rates for pre-school was not provided as part of the report and an update on the success of this programme should be provided to the Committee;
- (g) Children who were due development assessments and missed them during lockdown were being followed up with a catch-up programme; and
- (h) Partnership is critical to the achievement of this strand. The Council is not responsible for all aspects of delivery and the partnership works well and appears seamless to residents.

RESOLVED –

1. That the Head of Public Health Programmes and her partner colleagues be thanked for their contribution to the Committee's scrutiny of this item.
2. That the Director of Public Health be asked to provide the Committee with the latest data on the CAMHS waiting list times.
3. That the Director of Public Health be asked to provide the Committee with the latest data on immunisation rates for 1-year olds and 3 and a half year olds and a brief update on any issues that may be occurring with this programme.
4. That, given the concerns the Committee has regarding the impact unemployment and poverty is having / will potentially have on the "Starting Well" strand of the Health and Wellbeing Strategy, the Leader provides the Committee with reassurance that he is fully aware of the importance of the recovery of the local economy to this strand and that the Council, together with its partners, will be using its best endeavours to achieve this.

5. That the Head of Communications be asked to ensure that ongoing communications on Covid-19 highlights the financial support that is available to those that must self-isolate and that this message is sent out in appropriate languages.

## HASC14

### WINTER PLANNING

**Witnesses:** **A Griffiths (Group Head, Adult Services), M Hancock (Group Head of Commissioning), R Alsop (Director of Commissioning and Contracting, BLMK Clinical Commissioning Collaborative), Dr N Smith (Chair, BLMK Clinical Commissioning Collaborative); and I Reckless (Medical Director, MK University Hospital)**

The Committee heard from the Medical Director, MK University Hospital; the Director of Commissioning and Contracting and the Chair of BLMK Clinical Commissioning Collaborative; and the Group Head of Commissioning, Milton Keynes Council, on the winter planning arrangements their organisations were putting in place.

In response to questions the Committee noted that:

- (a) There were increasing numbers of people waiting over 52 weeks for planned care and these numbers would increase if Covid-19 meant that care pathways had to be closed over the winter;
- (b) There was not any information to suggest that any patients were discharged in the early stages of the pandemic from the hospital with Covid-19 which then led to an outbreak;
- (c) The collaborative partnership working had been invaluable and needed to continue into the winter and become the 'new normal';
- (d) The significant effort by adult social care and health service workers to maintain a level of service as usual during the pandemic was acknowledged;
- (e) There was some concern expressed that people had not been coming to hospital or their GPs with serious health issues and the impact of this would take time to work through the system;

- (f) Since the beginning of the pandemic the hospital now had a much greater sense of understanding of Covid-19 prevalence however the winter season was a concern if they start to see other illnesses overlapping or impact on younger children due to seasonal breathing difficulties;
- (g) The 18-week target was expected to increase dramatically and then begin to slow, this increase would be due to the increase of new referrals into the system;
- (h) Primary care was very busy and working in new ways, there was concern about examples of people presenting to their GP quite late with serious health issues;
- (i) Covid pathways at the hospital had changed since the beginning of the pandemic but there was possibly still work to be done to ensure that it was clear where to go if people arrived at the hospital with Covid symptoms;
- (j) There was concern that plans to merge the three CCG's continued during a global pandemic and was this effort worth it at this time. Representatives from BLMK Clinical Commissioning Collaborative felt that the joint arrangements that were forming had meant the three CCG's were able to respond to the Covid situation more effectively;
- (k) The operation of the merged CCG's within the ICP was crucial to its relationship with its partners; and
- (l) There was concern that a larger CCG would be more removed from our local community and there would therefore be a role for Public Health to provide a clear picture to the CCG as to the health needs of Milton Keynes.

RESOLVED –

1. That the witnesses be thanked for their reports and their contribution to the Committee's scrutiny of this item.
2. That the Chief Executive of Milton Keynes Hospital be asked to review signage at the hospital, particularly at A&E, to ensure that it is clear and obvious what to do if you self-present or are sent to the hospital by 111 with Covid-19 symptoms.
3. That a note be sent to the Cabinet member to acknowledge how impressed the Committee have been by the joint partnership working occurring across the system to address winter pressures.

4. That the Planning Group be asked to consider holding a sub-committee meeting to review the merger plans of the CCG and in particular any financial impact on the Milton Keynes health economy.
5. That the Head of Communications be asked to ensure that ongoing communications on Covid-19 includes messages to promote 111 and not to avoid contacting GP's with any health concerns.
6. The Committee noted their concern about the current 18 week and 52 week waiting times and it was recommended that:
  - a. a letter be sent to the local MP's highlighting the Committee's concerns about the waiting times and asking for their concerted effort to ensure that the hospital has all the support it needs to reduce these times.
  - b. a report be provided to the Committee in six months' time on the current status of the waiting lists.
7. That the Hospital, CCG and Adult Social Care be asked to provide a written update on the winter pressures experienced this season to the Committee in six months' time.

**HASC15**

**HEALTHWATCH ANNUAL REPORT**

**Witness: T Keech (Interim Chief Executive, Healthwatch MK)**

The Interim Chief Executive, Healthwatch MK submitted the Annual Report to the Committee.

In response to questions the Committee noted that:

- (a) The work rate and output had increased significantly over previous years. However, more people still needed to engage with the service; and
- (b) It was hoped that the momentum that had been building pre lockdown would not be lost.

**RESOLVED –**

1. That the Interim Chief Executive of Healthwatch Milton Keynes be thanked for her report and her contribution to the Committee's scrutiny of this item.
2. That the Annual Report be noted.

**HASC16**

**DRAFT 2020/21 WORK PROGRAMME**

The Committee received and noted the draft Work Programme for 2020/21.

RESOLVED –

1. That the 2020/21 Work Programme be received and noted.
2. That an update from Public Health on Covid-19 is added as a standing item to the agenda.
3. 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.

THE CHAIR CLOSED THE MEETING AT 9.25 PM

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