



WATCH LIVE
on MK Council's YouTube channel
www.youtube.com/MiltonKeynesCouncil



Minutes of the meeting of the informal HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE held on WEDNESDAY 15 DECEMBER 2021 at 19.05.

Present: Councillor Priestley (Chair)
Councillors M Bradburn, Hearnshaw, Marlow, Nazir, B Nolan, Reilly and T Keech (Healthwatch MK Representative).

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

Apologies: Councillors Cryer-Whitehead, Jenkins (substituted by Cllr Marlow) and Walker.

Also Present: R Alsop (Director of Commissioning, Contracting & Transformation, BLMK Clinical Commissioning Group), E Livesley (Chief Operations Officer – Milton Keynes University Hospital) and J Freedman (Public Health Registrar, Screening and Immunisation Team, NHS England and Improvement - East of England).

HASC19 DISCLOSURES OF INTEREST

None.

HASC20 MINUTES

RESOLVED - The Minutes of the meeting of the Health and Adult Social Care Scrutiny Committee held on 29 September 2021 were agreed by the Committee as a true and accurate record. However, as the meeting was informal, the Minutes will be formally agreed and signed by the Chair at the next Committee meeting.

HASC21 PUBLIC INVOLVEMENT

None.

HASC22 COVID-19 UPDATE

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

The Deputy Director of Public Health introduced the report and highlighted the salient points:

- The Covid-19 case rate remained high in Milton Keynes. At the time of the report there were over 2000 cases and 100 people

per 100,000 were confirmed as positive cases, which ranked amongst the highest in England.

- A surge in infections had been recorded amongst all age groups, particularly amongst school children and adults of working age.
- The infections were primarily caused by the Delta variant, but there had been an observable increase in those caused by the Omicron variant.
- On the 5th December 2021, S-Gene testing indicated that 1% of infections were suspected cases of the Omicron variant. By Monday 13th December 2021, this had risen to 41%, which represented a doubling rate every two days.
- It was advised that the vaccination booster campaign should help to mitigate against a rise in hospital admissions, with 100,000 people in Milton Keynes expected to receive an additional dose of the Covid-19 vaccine before 31st December 2021.
- 25,000 adults in Milton Keynes had not yet received their first dose of any Covid-19 vaccine.
- Local PCR Testing Sites had closed early in previous days, as laboratory testing capacity had reached its maximum.
- Close contacts of positive cases were advised to take daily Lateral Flow Tests if fully vaccinated, and to take extra precautions.

The Committee made comment and heard:

- In response to a question regarding volunteers for the booster campaign, it was advised that discussions should be held with the NHS and the BLMK CCG on this topic. Reference was also made to comments by the Prime Minister indicated "national demand" for volunteers.
- It was confirmed that testing capacity at local PCR Testing sites had not been exhausted, but national laboratory testing capacity had reached its maximum. Therefore, local testing sites were forced to close early.
- Detailed statistics on the number of unvaccinated patients being treated in hospital for Covid-19 was not available, however it was suggested that Milton Keynes mirrored the broader national trends, with most hospital admissions amongst the unvaccinated.

- In response to questions regarding self-isolation for vaccinated individuals, it was advised that the rules had changed for those who work in specific health and social care settings.

RESOLVED –

1. That Milton Keynes Council be recommended to consult with relevant partners, such as the BLMK CCG, to determine the requirements for volunteer responders to aid the increased booster vaccination rollout.
2. That following this consultation the Council's communications team be requested to publicise how individuals can volunteer to support the rollout.

HASC23

RECOVERY OF SCREENING SERVICES

Witnesses: R Alsop (Director of Commissioning, Contracting & Transformation, BLMK Clinical Commissioning Group), J Freedman (Public Health Registrar, Screening and Immunisation Team, NHS England and Improvement - East of England).

The Public Health Registrar, Screening and Immunisation Team, NHS England and Improvement - East of England introduced the item and highlighted the salient points:

- All adult screening programmes were paused between March and June 2020 due to the Covid-19 pandemic.
- National funding was allocated for the recovery of screening services in July 2020 and most services in Milton Keynes were on track to reach recovery targets by March 2022.
- Updated data on bowel cancer screening indicated an increase to 67% coverage for 2020/21, with services recovering quickly from the pause.
- It was advised that breast cancer screening services within the BLMK CCG had been achieving acceptable levels of coverage, although there was a decreasing trend.
- Milton Keynes had achieved targets set prior to the pandemic for the time allocated between screening appointments. Breast cancer screening services were expected to reach full recovery in 2022.
- Cervical screening services had worked at 200% capacity to clear the backlog caused by the Covid-19 delay.
- It was advised that the latest Covid-19 guidance for hospitals had confirmed cancer screening services were to be maintained.

The Committee commented and heard:

- The Committee queried whether diagnostic hubs would be utilised to alleviate the recovery of screening services, as GP's across Milton Keynes had advised that routine testing had been halted due to staff redeployment to the vaccination campaign.
- In response, it was advised that the latest guidance was a response to the period of national emergency and therefore a short-term arrangement.
- There was no national screening programme available for prostate cancer. Individuals were able to access Prostate-Specific Antigen (PSA) tests, but the utility of these tests as a screening tool was limited and there were risks associated with alternative invasive screening procedures.
- Concerns were raised over statistics that indicated a variance in uptake of mammograms of between 36-79% across GP surgeries in Milton Keynes.
- It was agreed that further information would be provided on the relationship between clinical teams and communications on addressing these issues.

RESOLVED –

1. That the Public Health Registrar, Screening and Immunisation Team, NHS England and Improvement - East of England be requested to provide further information on what clinical teams are doing to support communications to improve uptake of screening services.
2. That the Public Health Registrar, Screening and Immunisation Team, NHS England and Improvement - East of England be recommended to provide further information on how the difference in the uptake of screening services across different GPs within Milton Keynes can be addressed.

HASC24

RECOVERY OF ELECTIVE HEALTHCARE

Witnesses: R Alsop (Director of Commissioning, Contracting & Transformation, BLMK Clinical Commissioning Group) and E Livesley (Chief Operations Officer – Milton Keynes University Hospital).

The Director of Commissioning, Contracting & Transformation, BLMK Clinical Commissioning Group introduced the item and advised that the report was written in advance of the additional Covid-19 guidance provided by the government ahead of the meeting.

The Chief Operations Officer – Milton Keynes University Hospital added:

- When benchmarked against hospitals of a similar size, Milton Keynes University Hospital had maintained good levels of service.
- The limiting factor for additional improvement was staffing and workforce issues.

The Committee made comment and heard:

- Exact figures for the accelerator programme were not available. However, funding had been made available in order to recruit additional specialists and other necessary resources.
- Concerns were raised over issues of discharging elderly patients back to the community. The Committee were informed that calls with the Council's Adult Social Care Services were held fortnightly to discuss concerns such as this, and that services have continued to run efficiently.
- Seacole beds had been successful in developing a virtual ward model in Milton Keynes to support flow from the hospital.
- It was reiterated that workforce issues were the main limiting factors in supporting flow throughout the system.
- Attention was drawn to page 49 of the agenda which highlighted that in the long-term more radical changes may be required to return waiting times to pre-pandemic levels.
- In response, it was advised that work in this area was ongoing and the independent sector may have a role to play in future to achieve these goals.
- Across the system, the strength of the relationship between the public and independent sectors has increased, with a focus on developing available resources.
- An example cited was the renting of available theatre space from the independent sector in order to clear backlogs, which was contracted until the end of the year.
- It was advised that utilising diagnostic hubs was a formative thinking stage. A national strategy for elective healthcare had been anticipated, but it was advised that this may be delayed due to the Covid-19 situation.
- As such, it was suggested that an item on this strategy could be considered for the 2022/23 Council year.

RESOLVED –

1. That the BLMK Clinical Commissioning Group (CCG) be requested to provide more information on the key projects regarding diagnostic hubs and how this can be linked to further engaging the independent sector.
2. That the Health and Adult Social Care Scrutiny Committee be recommended to discuss further with the BLMK CCG and consider scheduling an item on the local impact of the forthcoming National Elective Care Strategy for the next Council year.

HASC25

QUALITY ACCOUNTS PANEL REPORT

Witnesses: Councillor Priestley (Chair – Quality Accounts Panel) and Councillor Reilly (Vice-Chair – Quality Accounts Panel).

Councillor Priestley introduced the item as Chair of the Quality Accounts Panel and recommended that the report be received and noted by the Committee.

Due to Covid-19, amendments were made to the provisions related to Quality Accounts and the Committee had only been provided with one Quality Account to review from the Central and North West London NHS Foundation Trust (CNWL).

It was noted that Milton Keynes University Hospital were not expecting to submit a Quality Account due to the Covid-19 pandemic and subsequent pause of services.

It was agreed that the Overview & Scrutiny Officer would investigate which, if any, other Quality Accounts were due for submission during the Council year.

RESOLVED –

1. That the Quality Accounts Panel Report be received and noted.
2. That the Overview & Scrutiny Officer be requested to investigate which other Quality Accounts are due for submission during the Council year and report back to the Committee.

HASC26

DRAFT WORK PROGRAMME 2021/22

The Chair drew attention to the Draft Work Programme for 2021/22 and advised that some items had been referred to the Scrutiny Management Committee. It was advised that these items were not at the requisite level of development for scrutiny by the Health and Adult Social Care Scrutiny Committee within the Council year 2021/22.

RESOLVED –

1. That the Draft 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 20:44 PM

[The recording of this meeting is available to view on the Council's YouTube Channel:
https://www.youtube.com/user/MiltonKeynesCouncil](https://www.youtube.com/user/MiltonKeynesCouncil)