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**ITEM 4**



Minutes of the meeting of the HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE held on WEDNESDAY 24 JUNE at 7.00 PM

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

**Officers:** V Collins (Director of Adult Services), M Scott (Director of Public Health), A Griffiths (Group Head, Adult Services) M Hancock (Group Head of Commissioning), D Fortescue-Webb (Public Health Speciality Registrar), Dalia Youssef (Public Health Registrar) and R Tidman (Overview and Scrutiny Officer)

**Also present:** Councillor O'Neil (Cabinet member for Health and Wellbeing) and three members of the public

**HASC03 DISCLOSURE OF INTEREST**

Councillor Reilly advised that he had been appointed to the Council of Governors of Milton Keynes University Hospital, 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.

**HASC04 MINUTES**

RESOLVED –

That the Minutes of the meeting of the Health and Adult Social Care Scrutiny Committee meetings held on 12 March 2020 and 20 May 2020 be approved and signed by the Chair as a correct record.

**HASC05 QUESTIONS FROM MEMBERS OF THE PUBLIC**

The Committee had received seven written questions from the public in advance of the meeting, to which written replies had been made. David Tooley and Paul Ridley attended the meeting to ask their questions in person. Angela Novell also spoke on Agenda Item 8. Details of all the questions and statements, including supplementary questions and the replies, are included as Annex A of these minutes.

RESOLVED –

That the questions from the public be received and noted.

**HASC06**

**COVID-19 PUBLIC HEALTH UPDATE**

**Witness: M Scott (Director of Public Health,  
D Fortescue-Webb (Public Health Speciality  
Registrar) and D Youssef (Public Health Speciality  
Registrar)**

The Committee received a report from the Director of Public Health that provided a high-level update on the number of Covid-19 cases and deaths in Milton Keynes.

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

- (a) In terms of recovery and the long term health impacts of Covid-19 there was still a lot of learning that needed to occur. The potential impact of ongoing health issues would need to be addressed by the Health and Wellbeing Board and health partners;
- (b) Whilst Milton Keynes had seemingly got away lighter than other parts of the country in terms of cases and deaths, there had still been a disproportionate impact on those from BAME and different socio-economic communities and there needed to be a focus on reducing structural health inequalities to reduce this impact;
- (c) Care homes across the country had been adversely affected with cases and deaths. However, a review of this data was required to ensure that it was robust;
- (d) There had been an increase in the number of excess deaths across the country that were not related to Covid-19. More work was needed to look at this data to see what should be put in place to mitigate against hidden issues due to the focus on Covid-19;
- (e) Access to useful local data was required to ensure the appropriate comparisons, analysis and planning took place. The Outbreak Prevention Group would look at the information available and how this could be used to maximise health and wellbeing and minimise any detrimental impacts;

- (f) Clear, coherent and timely communication was one of the biggest concerns of residents and therefore targeted, active engagement was needed with local communities to get relevant messages out;
- (g) There was a care home group which was chaired by the Director of Public Health to help to ensure that everything was being done to support residents and staff;
- (h) The Recovery Plan was being led by Councillor Darlington;
- (i) A lot of pressure would need to be placed on our health partners and the health economy more generally to support the ongoing health impacts on the local community;
- (j) There was clearly a problem getting up to date reliable local data and it was hoped that the Joint Biosecurity Centre will strengthen how data was collected and flowed to local areas;
- (k) The biggest threats to Milton Keynes was complacency and the relaxation of lockdown. Safe spaces were outdoors with few people and if indoors people should follow the 2m rule. It is important that people were encouraged to take more steps to be safe then to cut back;
- (l) There was no local target for testing. Most tests in Milton Keynes were based on people being symptomatic, with the exception being testing in care homes. The Local Outbreak Plan would also look at a targeted approach to testing, for example, in workplaces where there had been an outbreak;
- (m) It was not possible to say at this point whether the £1 million funding for local track and trace would be sufficient. Evidence needed to be established of where to focus this spending including an element for prevention; and
- (n) The work of all those involved in public health during this time was acknowledged. In particular, a special thanks was passed to the Director of Public Health who was due to leave the authority. Her contribution to effective health partnership working throughout her time at Milton Keynes was greatly appreciated.

RESOLVED –

1. That the Committees appreciation be noted to all those working in the Council's public health and adult social care teams for their efforts in responding to the Covid-19 pandemic.

2. That the Director of Public Health be asked to provide the Committee with further comparative data for Milton Keynes including the impact on BME communities and those from different socio-economic backgrounds.
3. That the Head of Communications be asked to ensure that ongoing Covid-19 communications incorporate key messages around keeping safe/not being complacent and that they consider how engagement with local communities on these messages can be improved.
4. That a letter be sent to the local MP's to ask them to take up with the Secretary of State for Health and Social Care the Committees hope that the new relationship with the Joint Biosecurity Centre will result in better data being available locally.

## **HASC07**

### **THE IMPACT OF COVID-19 ON CARE HOMES**

**Witnesses: Victoria Collins (Director of Adult Social Care) and M Hancock (Group Head of Commissioning)**

The Director of Adult Social Care provided a report updating how the Council is conforming to government guidance and supporting care home settings. Nationally, care homes have been dramatically affected by the Covid-19 pandemic. This was not just in terms of infection prevention control but the wider impact on the market.

In response to questions the Committee was advised that:

- (a) There was unprecedented levels of vacancies in local care homes and there had been a corresponding increase in domiciliary care;
- (b) Care homes were still able to admit new residents although self funders were reluctant to move in as they currently were not allowed family to visit;
- (c) Due to the requirement to isolate for 14 days it was not practical to use the vacant beds in care homes for respite care. Options for the respite offer were being explored;
- (d) There was some initial problems with the supply of appropriate PPE. Supply chains were now working more effectively and Milton Keynes was holding sufficient stock of PPE in the event of any future waves;
- (e) Care home providers have gone the extra mile with their protection measures for staff. It was not considered that Covid-19 or Brexit would impact on recruitment. Local

providers were able to offer good wages and attract people into roles and it was felt that the 'key worker' concept had raised the profile of these roles;

- (f) The Council was not currently looking at a wholesale move back into public sector provision of care homes but were expecting contact with the government in terms of new guidance, new funding arrangements and the long delayed Green Paper on Adult Social Care;
- (g) The Council had received £2 million from the Infection Control Fund. The first tranche of this was distributed including the discretionary element which was targeted at those care homes with the most elderly residents. These homes were the ones that experienced the greatest impact;
- (h) There was capacity within the Milton Keynes care home sector to move residents into other good quality provision if any care homes were to go out of business;
- (i) There was one care home that had mothballed part of its facility and furloughed staff but that appeared to be the only closure or loss of staff;
- (j) When the impact of the pandemic was first seen the strategy was to support care homes by wrapping a 'protective bubble' around them. The facilities that were most affected had large resident populations with nursing and dementia care. Risks were assessed using a risk register;
- (k) The care home industry had changed over the last few years and the provision of care home beds was not in line with the population growth of the borough;
- (l) Milton Keynes was in a good position given that over 85% of our care homes were rated outstanding or good;
- (m) It was not considered that there would be any national response to the situation with care homes unless a major chain came into difficulty; and
- (n) An estimate of the increasing demand for domiciliary care was not yet available but as an example between May and June there was a substantial increase in referrals for home care but there were no referrals for care home places.

RESOLVED –

1. That the Committees thanks be noted to all those working in adult social care and care home staff for the commitment and dedication they have shown over this difficult time.
2. That the Director of Adult Social Care be asked to provide the Committee with further information on the Risk Register.
3. That the Director of Adult Social Care be asked to provide the Committee with further commentary against the action points in the Council's response to Covid-19.

**HASC08**

**THE IMPACT OF COVID-19 ON CARERS AND DAY CARE SERVICES**

**Witnesses: V Collins (Director of Adult Services), and  
A Griffiths (Group Head, Adult Services)**

The report from the Director of Adult Services outlined the impact that the Covid-19 pandemic has had on carers and day care services. The Council recognised that the closure of these services impacted on some of the most vulnerable people in Milton Keynes and their families. These were unprecedented and difficult times and work was taking place as to how services can reopen safely.

The Committee heard from Angela Novell, CEO of MK SNAP whose written statement is included in Annex 1 to these minutes. They also heard from Paul Ridley who spoke as a carer to an adult child with learning disabilities. His key message to the Committee was to stress the importance of day care services to the users and their families and he wondered what would happen to his child if he wasn't there to fight for him.

In response to questions the Committee noted that:

- (a) This was not being used as an opportunity to restructure services or to make savings. In fact there had been additional funding required for the provision of home support;
- (b) Work was being undertaken with the internal providers to look at safe numbers and staffing and meetings were taking place with external providers to discuss reopening plans. Plans were being made to make sure it was safe to reopen and to do this in a considered way. It was acknowledged that it would be more damaging to reopen only to close shortly after because of an outbreak and that the services offered needed to be sustainable and resilient;

- (c) There needed to be some physical changes to buildings along with people being asked to choose a particular activity rather than accessing a range of services;
- (d) All acknowledged the people who used the service would not be able to maintain social distancing therefore ways to keep users, staff and others safe needed to be put in place;
- (e) Families needed to be involved at every stage of the reopening process and Covid should not be used as an excuse not to use co-production and to allow their voices to be heard. It was important that there was ongoing communication with families, so they knew what was happening. This also applied to services for dementia which were also closed;
- (f) There is no one size fits all solution but there needed to be a balance between reasonable risk, protecting users and families and providing services; and
- (g) There was no specific government guidance for these services so the focus was on social distancing and the needs of users.

RESOLVED –

1. That the Cabinet member for Health and Wellbeing be asked to explain the length of time it has taken to come up with a plan for re-opening day care services.
2. That the Director of Adult Social Care be asked to note the willingness of the Dementia Partnership to be involved with re-opening dementia day care services.
3. That the Director of Adult Social Care be asked to provide the Committee with a fortnightly email update on progress with this issue until it is resolved and services are back up and running.
4. That a letter be sent to the local MP's pointing out the difficulties that a lack of guidance for providers of Day Care Services is having on the ability to reopen services and that whether the Department of Health and Social Care might consider the provision of such guidance as a matter of urgency.

**HASC09**

**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 the Planning Group be asked to consider the addition of an item updating the situation on care homes locally.
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 9.50 PM

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