

Health and Care Overview and Scrutiny Committee

Monday 25 October 2021

10:00

Council Chamber, County Buildings

NB. The meeting will be webcast live which can be viewed here -
<https://staffordshire.public-i.tv/core/portal/home>

John Tradewell
Director of Corporate Services
15 October 2021

A G E N D A

PART ONE

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the last meeting held on 20 September 2021** (Pages 1 - 8)
4. **Quality Assurance of Independent Hospitals providing care for patients with Mental Health and/or Learning Disabilities** (Pages 9 - 20)
Report of the Clinical Commissioning Groups (CCGs)
5. **Transformation Programme** (Pages 21 - 34)
Report of the Clinical Commissioning Groups (CCGs)
6. **Performance Overview and Dashboard** (Pages 35 - 40)
Report of the Staffordshire and Stoke-on-Trent Integrated Care System - Together We're Better
7. **Walley's Quarry Health Implications - Update** (Pages 41 - 68)
Reports of the Director of Health and Care and UK Health Security Agency
8. **Covid-19 Update**
Verbal Update of the Director of Health and Care
9. **District and Borough Updates** (Pages 69 - 76)
Reports of the District and Borough Representative

10. **Work Programme 2021-22**

(Pages 77 - 82)

Report of the Scrutiny and Support Officer

11. **Exclusion of the Public**

The Chairman to move:-

That the public be excluded from the meeting for the following items of business which involve the likely disclosure of exempt information as defined in the paragraphs Part 1 of Schedule 12A Local Government Act 1972 (as amended) indicated below.

Membership	
Jak Abrahams	Jill Hood
Charlotte Atkins	Barbara Hughes
Philip Atkins, OBE	Thomas Jay
Martyn Buttery	David Leytham
Rosemary Claymore	Paul Northcott (Vice-Chairman
Richard Cox	(Overview)
Ann Edgeller (Vice-Chairman	Jeremy Pert (Chairman)
(Scrutiny)	Janice Silvester-Hall
Keith Flunder	Colin Wileman
Phil Hewitt	Ian Wilkes

Note for Members of the Press and Public

Filming of Meetings

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Recording (including by the use of social media) by the Press and Public is permitted from the public seating area provided it does not, in the opinion of the chairman, disrupt the meeting.

Scrutiny and Support Officer: Deb Breedon Tel: (01785) 276061

**Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on
20 September 2021**

Present: Jeremy Pert (Chairman)

Attendance

Jak Abrahams	Phil Hewitt
Charlotte Atkins	Jill Hood
Philip Atkins, OBE	Barbara Hughes
Joyce Bolton	Thomas Jay
Rosemary Claymore	David Leytham
Richard Cox	Paul Northcott (Vice-Chairman (Overview))
Ann Edgeller (Vice-Chairman (Scrutiny))	Janice Silvester-Hall
Keith Flunder	

In Attendance:

Marcus Warnes - Accountable Officer for 6 Staffordshire and Stoke on Trent CCGs and Senior Responsible Officer for Transformation Programme.
Simon Whitehouse - Chair of the Urgent and Emergency Care Board
Steve Fawcett - Clinical Lead, Urgent and Emergency Care Transformation Programme
Dr Lorna Clarson – Clinical Lead Difficult Decisions
Gina Gill – Manager Difficult Decisions
Lynne Millar – Director of Primary Care and Medical Optimisation of the 6 Staffordshire and Stoke on Trent CCGs and Vaccination Programme Manager
Dr Paddy Hannigan - Clinical Lead for the Vaccination Programme
Claire McIver - Assistant Director Public Health
Jenny Fullard – Communication and Engagement Service Partner CCGs
Simon Fogell – Chief Executive Healthwatch Staffordshire

Apologies: Martyn Buttery, Colin Wileman and Ian Wilkes

PART ONE

26. Declarations of Interest

Councillor Ann Edgeller declared an interest as Partner Governor of the Midlands Partnership Foundation Trust.

27. Minutes of the last meetings held on 26 July 2021 and 9 August 2021

That the minutes of the meetings 26 July 2021 and 9 August 2021 be approved and signed by the Chairman as a correct record.

28. Difficult Decisions Update

The Accountable Officer 6 Staffordshire and Stoke on Trent CCGs, Clinical Lead and Manager Difficult Decisions outlined the report which highlighted initial engagement carried out early in 2020 and detail of the proposed engagement process regarding five areas of care: assisted conception, hearing aids for non-complex hearing loss (Mild hearing loss only), male and female sterilisation, breast augmentation and reconstruction and removal of excess skin following significant weight loss.

Concerns were raised relating to lack of hearing aid provision for people with mild hearing loss in North Staffordshire, the cost to people who may not be able to afford hearing aids and the potential impact on their mental wellbeing. Committee noted the following comments and responses to questions:

- The decision to restrict provision hearing aids for people with mild hearing loss in North Staffordshire CCG was based on guidance, criteria and scorecard evidence provided against local priorities. The way the scorecard was applied by Clinical Priorities Advisory Groups CPAG may result in a different decision in different areas, depending on how the CPAG was made up and local circumstances.
- North Staffordshire CCG was the only CCG in the County at this time to have looked at evidence relating to funding hearing aid provision and taken the difficult decision to restrict supply of hearing aids for mild hearing loss. Residents with moderate hearing loss were currently able to access hearing aids across all 6 Staffordshire and Stoke on Trent CCGs.
- All 6 CCGs would consider feedback, evidence, evaluate and prioritise as part of the difficult decision's process and outcomes of the process could not be pre-determined.

Members considered the process and involvement activities, work completed to date and proposed timelines and noted the following comments and responses to questions:

- The engagement process would feed into shaping the consultation process for all five of the difficult decisions. The consultation process would be completed in March 2022 and would inform business proposals.
- All proposals would be considered through evidence of what was effective and beneficial to ensure services were what people need and that they were not discriminated against, advantageously or disadvantageously. Essentially people who currently accessed any of the five areas of care being consulted on may no longer be able to do so, or conversely people who did not have access may be able to access them as a result of this process.
- In April 2022, subject to legislation, the Integrated Care System would start to commission provision of care, some CCG decisions would be made before that happened. The Integrated Care Board would continue to commission and provide care equitably across Staffordshire.

- The clinical evidence considered by CPAG would be used to inform the proposals to be presented to this Committee.
- Other interested stakeholders to be consulted would include local groups involved in the specific areas of care.

The Chairman highlighted the need to ensure consistency across Staffordshire for residents, the need for service user engagement and to use all feedback from engagement, including evidence gathered earlier in the process, to develop proposals.

Resolved:

1. That the report and process was noted.
2. That the final proposals will be considered by the Committee at a future meeting.

29. Transforming Urgent and Emergency Care (UEC) update

The Accountable Officer Staffordshire & Stoke on Trent 6 CCGs provided a report and presentation to outline the Transforming Urgent and Emergency Care programme (UEC) and the engagement plan. The Chair of UEC Board and Clinical Lead UEC Transformation Programme were in attendance to respond to members questions.

The objectives of the programme were to simplify access to urgent and emergency care, to ensure patients were directed and treated in the most appropriate care setting and to priorities the development of pathways for people who use emergency services where alternative services may provide a better outcome and experience.

Members raised matters of concern relating to current pressures, UEC arrangements, ambulance waiting times at hospitals, patient experiences and joined up processes. Committee noted the following comments and response to Members questions:

- Urgent Treatment Centres (UTC) would be a major element of the consultation process to determine the most effective and productive location and to develop a different community offer.
- A fundamental part of process was to provide consistency of services across the County to be able to direct patients to be seen quickly and where possible direct them away from A&E. There was also opportunity for the 111 offer to direct people to the right part of the service and a trial 111 kiosk was currently in A&E.
- NHS and WMAS were working together to resolve handover issues and waiting times outside hospitals. The Community Rapid Intervention Service CRIS was working well and had reduced numbers of patients being transported to hospital.
- The engagement process was a pre-consultation process to be followed by a 3 month consultation process which would focus on pathways of care in

communities, an urgent care community offer and lessons learned through the pandemic.

- The consultation process would be extensive, journey times, travel times and other data would be taken into account, and temporary changes taken in the pandemic were not permanent, no decision would be made permanent until the consultation was complete.
- Face to face engagement was planned with a range of community groups and would link closely with Healthwatch as assurance partners. All feedback, demographics and pathways across various localities in Staffordshire would be evaluated and considered in the consultation process to develop a clear, accessible and efficient community offer and pathway of care, where residents and clinicians could understand what was available, where and how to access the system.
- The system had to be deliverable and within resources available taking all consultation feedback into account.

The Chairman summarised that the transformation engagement process was an opportunity to engage with the public and partners and to shape the shared vision for the future services in Urgent and Emergency Care to improve services and patient experience.

The Chairman encouraged District and Borough Councillors to share the consultation widely to ensure District, Borough and Parish residents voices were heard.

Resolved:

1. That the Committee noted the engagement process.
2. That the consultation feedback be considered by the Committee at a future meeting.

30. Phase 3 Covid Vaccination Update

The Director of Primary Care and Medical Optimisation of the 6 Staffordshire and Stoke on Trent CCGs and Chair of the Programme Board were in attendance to provide an update on the current position relating to Phase 3 of the vaccination programme and take up of vaccinations.

The Programme Director presented information relating to the third primary dose for the immunosuppressed given 8 weeks after the second dose, the booster programme given 6 months after second dose and the children's programme - both clinically vulnerable and vaccination in schools. Members understood the complexities of the programme, that each cohort had different vaccines, dosage type, booking routes and storage requirements, and where vaccinations would be available in the delivery model, including 1 vaccination site, pharmacies, hospital hubs, mobile provision and school delivery service.

Members welcomed the progress made, especially with 12-15 vaccination, and thanked all involved for the fast response from decision to delivery whilst also delivering booster and care home vaccination programmes.

Committee noted the following comments and responses to questions:

- The flu vaccine could be given at the same time as Covid vaccine, co-administration was possible but may be difficult to deliver depending on timing of delivery for Flu and Covid programmes.
- Children could express a wish to be vaccinated, in the absence of parental consent a conversation would be arranged for parent and child to talk through the process.
- Take up of vaccination across Staffordshire and Stoke on Trent cohorts 1-12 was good: 86% first dose and almost 80% fully dosed. For young people, 16 and 17 year olds, 56% had received first dose and 12.5% clinically vulnerable had received a second dose.
- SCC care home staff had to be fully dosed by 18 November there was good uptake rate and no problems were anticipated. Front facing NHS and health and care staff were being encouraged to get vaccinated although this was not mandated.
- There was an increase in Covid case rates across Staffordshire and concerns were raised about the level of push back in communities from people who had not had the vaccine. Assurance was given that anyone could come forward and be vaccinated for the first time. Communications and themed campaigns were ongoing around maternity, pregnancy, fertility, and care homes.
- There was a steady flow of people coming forward for first dose from all cohorts and take up rates were going up, the most resistance was the 30-39 age group. Members were assured that work would continue to carry out targeted campaigns and take the vaccinations to the community.
- Members were encouraged to report pockets in communities and concerns about groups in their area not being vaccinated to the Local Outbreak Control LOC Group.
- An all member Covid-19 Update seminar would be held 29 September 2021. It was suggested that members should circulate the links wider and that a slide about the flu roll out programme be added at the webinar.

The Chairman highlighted that the Vaccination Programme been running since November 2020 and he welcomed the success of the programme, speed of mobilisation and impact on Staffordshire residents.

Resolved:

1. That the Covid-19 update was noted.

31. Covid-19 Update

The Interim Assistant Director Public Health and Prevention provided an update which detailed the current position in relation to management of Covid-19, case rates, hospitalisations, death rate and infection rates.

Committee noted the following comments and responses to questions:

- Increased case rates reported were more prevalent in younger people but tended to be more asymptomatic. The increase rate in younger people was linked to higher testing rates in Staffordshire revealing more positive cases.
- There was a need to consider all of the data available relating to Covid, not just case rate data. It was considered important to use information in a positive way to encourage more uptake of vaccination.
- Hospitalised Covid cases were stable and much reduced on same time last year.
- Excess death rates were lower, members noted it was important to consider how deaths were recorded, deaths from flu, pneumonia and causes other than from Covid and it was understood that a person could die with Covid but not necessarily of Covid.
- Concerns were highlighted about the early emergence of winter pressures and non-Covid infections, such as bugs and flu and other challenges that impact on the system.
- Members understood the need to vaccinate across all age bands to protect older people, immunosuppressed and those residents whose vaccinations may not be as effective.

The Chairman encouraged Members to attend a Locate Outbreak Control LOC Group in their District and Borough areas, to engage with the Zoe Covid Study and app and to circulate the link for people to get involved in the study, also to continue to promote the vaccination programme in their District and Borough Council areas.

The Chairman thanked Partners and Public Health and Social Care teams for their all their work on Covid-19 and for supporting close partnership working arrangements.

Resolved:

1. That the update report be noted.

32. District and Borough Health Scrutiny Updates

District and Borough representatives presented update reports and highlighted the following matters being considered at District and Borough meetings.

- Re-opening the MIU Cannock Chase
- Walley's Quarry
- Climate emergency
- Access to GPs
- Children's Mental Health and Wellbeing
- Breast Screening Service
- Mental Health

- Aftercare discharge from hospital
- Midlands Partnership Foundation Trust Annual report
- West Midlands Ambulance Service and Community Ambulance Hubs
- Healthy Eating

Resolved:

1. That additional items be added to the Health and Care Overview and Scrutiny Work Programme 2021-22:

- Update report on GP Access in Staffordshire.
- An invitation to West Midlands Ambulance Service to attend Health and Care O&S Committee.

33. Work Programme 2021-22

Committee received the work programme and noted the following:

- An Introduction to Mental Health workshop would take place on Thursday 21 October 2021 at 2.00pm.
- All members were requested to share the link to the Staffordshire Mental Health Strategy survey with District, Borough and Parish Council members to share with groups in their area.
- The date of the next meeting was 25 October 2021 at 10am.
- A meeting be arranged in early December 2021 to consider GP Access and WMAS performance.

Chairman

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee Monday 25 October 2021

Quality Assurance of Independent Hospitals providing care for patients with Mental Health and/or Learning Disabilities

Recommendation(s)

I recommend that:

- a. The Committee take assurance from the actions being taken by the CCGs, the wider NHS and other system partners in respect of the quality assurance and drive for improvement of these independent hospitals.
- b. Note the positive system response to recent challenges and the positive approach to this key matter.
- c. Highlight any further related areas where assurance is required.

Report of:

Heather Johnstone, Executive Director of Nursing and Quality and Host Commissioner Lead, Staffordshire and Stoke on Trent CCGs
Ben Boyd, Associate Director Specialist Services, North Staffordshire Combined Healthcare NHS Trust
Mary Barlow, Strategic Lead for Nursing, Quality and Patient Safety, Staffordshire and Stoke on Trent CCGs

Summary

What is the Overview and Scrutiny Committee being asked to do and why?

The attached slide pack is intended to provide brief summary details of the current approach to the quality assurance of key Mental Health and Learning Disability Independent Hospitals across our area. This is being presented at the request of the Committee.

Contact Details

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Staffordshire and Stoke-on-Trent CCG Host Commissioner

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Host Commissioner LDA governance in place to oversee quality and safety.



- Intelligence gathered monthly via system wide Internal Independent Hospital Intelligence Sharing Meeting from CCG Safeguarding, LA safeguarding, LDAP Leads, Police, NSCHT/MPFT and intelligence submitted to datix from placing commissioners
- Health watch attend CCG Internal Independent Hospital Intelligence Sharing Meeting & participated in virtual quality visits gathering feedback from relatives.
- Feedback collated and reported into monthly CQC portfolio review calls.
- Trends and themes discussed at Quarterly Independent hospital meeting and share learning- attended by system partners i.e. Asist, NHSE, CQC, IH Managers, Health watch, Safeguarding, MPFT & NSCHT
- Exception report included within Quality & Safety report to QSCC monthly since April. Quarterly update report submitted to QSCC
- Reported to governing body by exception

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- Contacts well established as CCG designated Professionals are part of Quality team and regularly share intelligence
- The Independent hospitals update a spread sheet of current patients with their placing Commissioner. Updated by the Provider and submitted to Host Commissioner monthly.
- All out of area placing Commissioners contacted using NHSE template advising host commissioner guidance and responsibilities. Generic soft intelligence inbox email to report datix soft intelligence. Any new commissioners contacts updated monthly
- Good working relationships and weekly updates with CQC, Police, Safeguarding for information sharing
- Safeguarding Professional's meeting informed CQC intelligence
- Use the Host Commissioner Guidance for Complex Mental Health too

key issues and risks



Positives

- Existing good Contacts information for Hospital
- Good Relationships with CQC, Safeguarding & Police
- Good system partnership working well established to provide support and assurance for patient safety
- Generic in box already established for intelligence & submissions
- Gap analysis undertaken on draft HC guidance and actions in place.
- System wide Memorandum of Understanding with Acute Mental Health Providers to support failing provider

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Issues

- Placing commissioners do not routinely alert us patient placed. (Some emails incorrect)
- No additional resource to implement Host Commissioner Guidance.
- Volume of work created by Provider failure has put pressure on the system. Prioritised due to patient safety.
- No face to face reviews undertaken of service providers during Pandemic. Now undertaken but limited due to Covid restrictions

What is working well and areas to consider improvement



Provider failure SOP for Independent Hospitals.

Memorandum of Understanding with Acute Mental Health Providers to support when a provider is failing

Quality visit schedule implemented with specialist staff using a system wide approach.

Proactive Quality assurance programme for each Hospital including on site visits by relevant specialist and includes patient and carer feedback.

Monthly Quality & Safety meeting with IH Providers in place. (As NHS Contract not held)

NHSE template for safe and well checks shared on a wider foot print

Involvement of other specialist fields i.e. IPC, Safeguarding

Consider business case for specialist Lead for IH Quality Monitoring.

Develop close links with our own placing Commissioners.

Staffordshire and Stoke-on-Trent CCG Placing Commissioner

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Learning Disability & Autism

Current LDA Independent Hospital placements		
Total patients	In STP area	Out of STP area
15	0	8

There are currently patients who were in Independent Hospitals but are now in NHS Hospital beds with 6 locally and 1 in London, 6 are being prepared for community placements

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Placements with regulatory action	Within STP	Number of patients	Outside of STP	Number of patients
Inadequate CQC			Healthlinc House, Lincolnshire	2
Requires Improvement CQC			Cygnets Cedar Vale	1

We have 2 organisations where regulators have concerns

All 3 patients have had safe & well checks and are being prepared for community placements

Would be unhelpful to transfer temporarily to another Hospital

Current Complex Care Mental Health Placements		
Total patients	In STP area	Out of STP area
84	42	42

Of the 26 Independent Hospitals where Staffordshire patients are placed 21 are rated as good or better by regulators

Placements with regulatory action	Within STP	Number of patients	Outside of STP	Number of patients
Inadequate CQC	John Munroe Edith Shaw	4	Elysium Healthcare - Field House	2
	John Munroe Rudyard	21		
Requires Improvement CQC	Elysium Healthcare - The Woodhouse	1		
Not assured <i>HCI Wales</i>			Elysium Healthcare – Ty Grosvenor	1

We have 5 organisations where regulators have concerns

All patients have had safe and well checks

John Munroe is undergoing a system review by CCG, MPFT & NSCHT

Patients with Elysium are being prioritised for Multi-disciplinary Team review

Further actions to improve quality



- All Independent Hospitals are now subject to an NHS contract, that specifies minimum operational and quality requirements at all times.
- This contract relationship widens the scope of patient review to include organisational quality in addition to meeting individual needs.
- We have recruited Psychiatrists and Psychologist to add to the Nurses and Social Workers in the multi-disciplinary review team.
- Reviews are being carried out “in person” recognising limitation of video contact.
- We have commissioned a housing sector organisation to help us develop services that do not rely on Independent Hospitals for mental health.

Local Members Interest

N/A

Health and Care Overview and Scrutiny Committee - Monday 25 October 2021

Transformation Programme update

Recommendation(s)

I recommend that:

- a. The committee receives the update around the Transformation Programme.
- b. The committee reviews the content of the report and advises on any additional information that is required by members to feel assured that due process and sufficient involvement activity is being undertaken/ planned.

Report of NHS Staffordshire and Stoke-on-Trent Clinical Commissioning Groups

Summary

1. What is the Overview and Scrutiny Committee being asked to do and why?

- 1.1 The committee receives the update around the Transformation Programme.
- 1.2 The committee reviews the content of the report and advises on any additional information that is required by members to feel assured that due process and sufficient involvement activity is being undertaken/ planned.

Report

2. Background

2.1 We have previously presented detail on the listening exercise that was completed in Summer 2019, with patients, public and members of the workforce. This information was utilised to develop and refine the clinical model of care that was included in the options appraisal process which took place from November 2019 through to February 2020. A full report of the feedback compiled from this activity was shared with commissioners and providers to inform the future models of care. However, before work could progress further, the associated transformation programmes were placed on hold in response to the COVID-19 pandemic.

2.2 Presentations also included detail of temporary service changes that were implemented in response to the COVID-19 pandemic. An update was provided on the temporary changes that still remain in place due to workforce pressures, in particular relating to maternity and urgent and emergency care provision.

3. Maternity

3.1 On 9th August 2021, an update on the Maternity programme was presented to the committee.

3.2 The key objective is for all midwife-led units to work as an on-demand service, to support a continuity of carer model.

3.3 Two online engagement events were held in July and August 2021 and the online survey received 240 responses.

3.4 The report of findings was received on 6 September 2021 and providers are now working within their own organisations to review the report and refine their proposals based on the feedback. This will be reviewed by the Clinical Commissioning Groups before any final decisions are made.

3.5 Both Providers (UHNM and UHDB) are actively recruiting to support the Continuity of Carer model.

4. Urgent and Emergency Care

4.1 On 20th September 2021, an update on the Urgent and Emergency Care (UEC) programme was presented to the committee.

4.2 The aim of the UEC programme is to deliver consistent and simplified urgent and emergency care services for the local population and to create Urgent Treatment Centres (UTCs), to deliver the national mandate given in the NHS Long Term Plan.

4.3 We have held three online sense-check events during the first two weeks of October 2021, in order to understand people's experience of UEC services and to discuss their views on any new considerations we need to take when designing the new model of care and future proposals.

4.4 There is an online survey which is open until 31 October 2021. We are in the process of completing a midpoint review for the UEC online survey, to inform the approach to promotion.

4.5 The next step in the process is to develop a short-list of proposals, by reviewing our original long-list of proposals, using the latest data, and experiences from COVID-19 and the report of findings from the sense-check involvement.

5. George Bryan Centre

5.1 On 9th August 2021, an update on the George Bryan Centre was presented to the committee.

5.2 The George Bryan Centre programme concerns the provision of mental health services in southeast Staffordshire (Burton upon Trent, Lichfield, Tamworth and surrounding areas), following the fire that destroyed the west wing of the building in 2019.

5.3 The key objectives are to create mental health services that are inclusive, accessible, value people as they are, and are responsive to their needs. We will embrace innovation and new ways of working to remove traditional barriers, improve communication and training, and provide personalised support that enables people to live well and realise their full potential.

5.4 We have two events planned during October, in order to understand people's experience of mental health services since the fire and to discuss their views on any new considerations we need to take when confirming the model of care and future proposals.

5.5 There is an online survey which is open until 31 October 2021.

5.6 The report generated from the sense-check involvement will be shared with our clinicians and professionals, and used alongside detailed analysis

and data to develop a business case containing our final proposals for a long-term solution and a model of care that meets the needs of the local population.

6. Difficult Decisions

6.1 On 20th September 2021, an update on the Difficult Decisions programme was presented to the committee.

6.2 In 2019, the six Staffordshire and Stoke-on-Trent CCGs reviewed eligibility criteria for a range of interventions/procedures with the overarching aim of aligning criteria where there were differences across the CCGs.

6.3 The three stage process for development of proposals was outlined in September 2021 and a high level involvement plan with indicative timescales is included in the table below. Activity	Date
Stage 1a: Development of a long list of solutions	August – October 2021
Stage 1b: Engagement reset including: Public survey, analysis of responses, release report of findings	August – November 2021
Stage 2: Criteria weighting including: Virtual event and report of findings	November 2021 – January 2022
Stage 3: Development of Proposals , including: Virtual and/or face to face events, data processing and analysis, impact assessments, development of business case	January - March 2022

6.4 On conclusion of the above stages, a business case will be developed to outline the proposals for each of the five procedures/interventions and at this point we will be able to identify future involvement activity needed.

7. Community Diagnostic Hubs

7.1 A national independent review has set out the need to increase diagnostic capacity and for a new model of diagnostic service provision.

7.2 One of the key recommendations is for the rapid establishment of Community Diagnostic Hubs (CDHs) which are needed to accommodate the major expansion in diagnostic services required over the next five years, as potential for expansion on acute hospital sites is very limited. The rationale for these has been further strengthened by the need to respond to the pandemic.

7.3 This is an additional programme of work and likely to be an enhancement to current service provision across Staffordshire and Stoke on Trent.

7.4 Demand and capacity work is ongoing and will inform the site locations.

7.5 An online survey was conducted between 26 July 2021 and 23 August 2021 and received 148 responses. The report of findings has been produced and is with providers and the CCGs for consideration alongside the development of the clinical model for Community Diagnostic Hubs across Staffordshire and Stoke-on-Trent.

8. Interdependencies

While we recognise each clinical programme needs to be progressed individually and at pace, through the ICS Transformation Board we will be ensuring that any risks due to interdependencies between programmes are outlined and mitigated.

9. Summary

The processes for each programme are detailed above. Where business cases are to be developed, these will be taken to the relevant Provider Trust Boards (as appropriate) and the Governing Bodies of the Clinical Commissioning Groups (CCGs) for review. The process to develop proposals and ultimately a business case is likely to take several months, as it is important we take the time to get this right. We need to use the feedback from this sense check phase, alongside our data including demand, travel and population needs, to take our long list of proposals into a shortlist of proposals.

We will want to involve service users, carers and staff on this journey, as we develop proposals and before we make any future decisions.

We will keep the committee informed of the emerging findings and progress in developing future business cases, and to inform our approach to any future involvement activity.

Link to Strategic Plan

The Together We're Better Partnership has an agreed vision: Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work:

Our purpose

- If you live in Staffordshire or Stoke-on-Trent your children will have the best possible start in life and will start school ready to learn.

- Through local services we will help you to live independently and stay well for longer.
- When you need help, you will receive joined up, timely and accessible care, which will be the best that we can provide.

Link to Other Overview and Scrutiny Activity

Since 2016 the partnership has attended Committee meetings to update on progress against the transformation programme. Today's meeting is a continuation of this ongoing conversation. The most recent update on restoration and recovery to the Committee was in September 2021.

Community Impact

Refer to CIA guidance on the [Learning Hub](#)

List of Background Documents/Appendices:

Reference any document or appendices that you relied on when writing your report. N.B these will need to be published as part of the decision-making process unless they meet the criteria for remaining private.

Appendices must be in separate documents, and named Appendix 1 – Document Title, Appendix 2 – Document Title and so on.

Contact Details

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Update on transformation programme

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October 2021



Case for Change

Our case for change focusses on the more pressing priorities for health and care in Staffordshire and Stoke on Trent

Key considerations in our Case for Change



Our Case for Change highlights many areas where the system could improve, both outcomes and performance

- Delivering for our deprived population
 - Responding to an ageing population
 - The healthcare needs of the population are growing, with increasing levels of long-term conditions
 - Improving life expectancy
 - Mortality varies significantly across the STP, and there is a high incidence of death from avoidable causes
 - The quality of healthcare could be improved to better manage demand and address performance challenges
 - The financial challenge is significant, and will require efficiencies across all areas of the system
- * *Restoration and recovery following COVID-19*
- * *Learning from COVID-19*
- * *Population health management and prioritisation programme*

Transformation programme

Current projects

- Maternity care – South Staffordshire
- George Bryan Centre – South Staffordshire
- Urgent and Emergency Care (UEC)
- Difficult decisions (DD)
- Community diagnostic hubs

**Alignment to Mental health transformation programme and primary care transformation*

Future projects

- Planned care
- Community hubs – South East/ South West Staffs
- Integrated Community Beds - South East/ South West Staffs



Sense check involvement

Seeking to:

- Understand people's experiences of these services since 2019/20 (COVID-19/temporary changes)
- Inform and seek views on the models of care and any new considerations (clinical/operational) since 2019/20
- Understand if there is anything new/ any new negative impacts that we need to be aware of to inform the development of proposals
- Sense check the desirable criteria (UEC/Difficult Decisions)

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Get involved

During the listening exercises we will seek feedback through:

- Virtual events (where appropriate)
- Online surveys
- Phone calls and emails to community groups/seldom heard groups to seek feedback and offer focus groups
- Targeted promotional activity aligned to each demographic audience
- For help taking part or more information phone 0333 150 2155

<https://www.twbstaffsandstoke.org.uk/get-involved/health-and-care>

Our journey of involvement is on our website, including the report of findings from:

- **2019 Listening Exercise**
- **COVID-19 experience (Summer/Autumn 2020)**

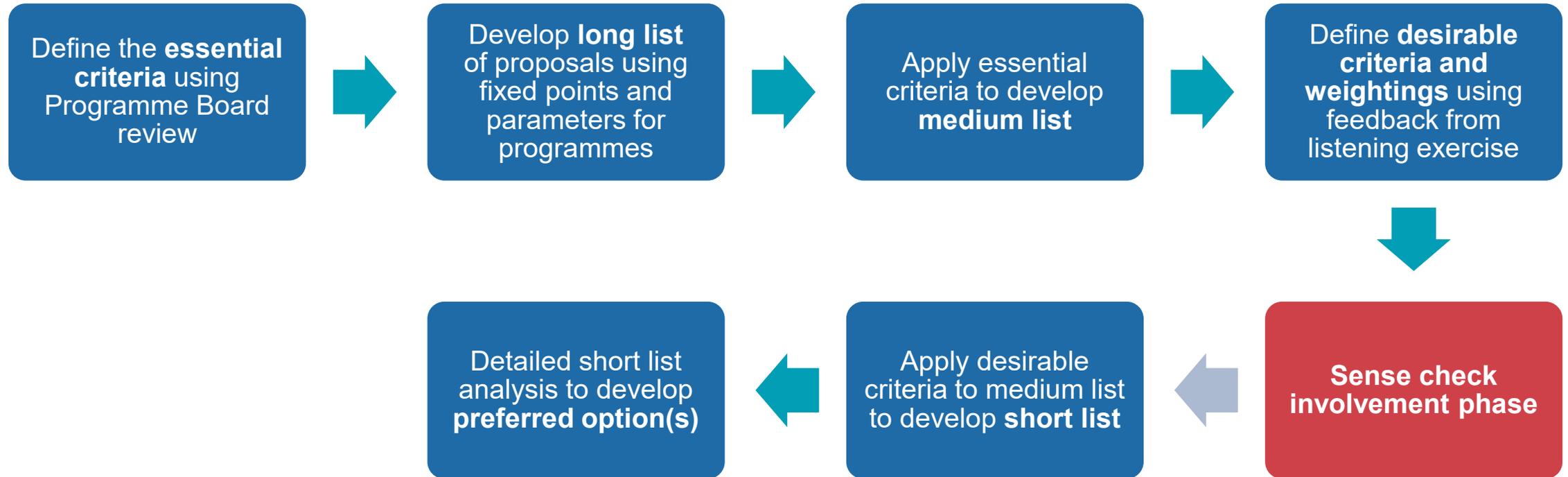
C&E provisional milestones (Summer-Winter)

Activity	Date	July	August	September	October	November	December	January	February
Maternity sense check involvement	16.07.21 - 15.08.21	■	■						
Maternity option appraisal process/assurance	06.09.21 – Autumn 2021			■	■	■			
Community diagnostics listening exercise	26.07.21 – 23.08.21	■	■						
Community diagnostics option appraisal process	Autumn 2021			■	■	■			
DD sense check involvement	13.09.21 – 10.10.21			■	■				
DD option appraisal process	Autumn-Winter 2021-22					■	■	■	■
George Bryan sense check involvement	07.07.21 – 31.10.21				■				
George Bryan option appraisal process	Autumn-Winter 2021-22					■	■	■	■
UEC listening exercise	22.09.21 – 31.10.21			■	■				
UEC option appraisal process	Autumn-Winter 2021-22					■	■	■	■

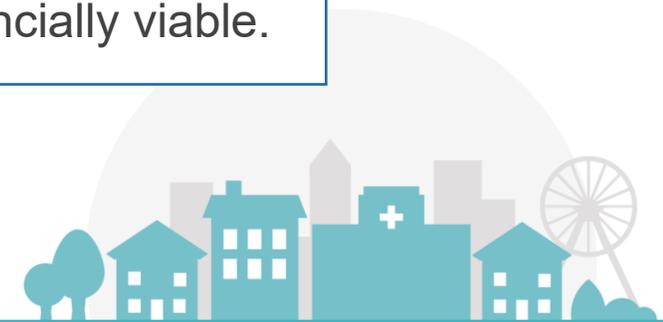
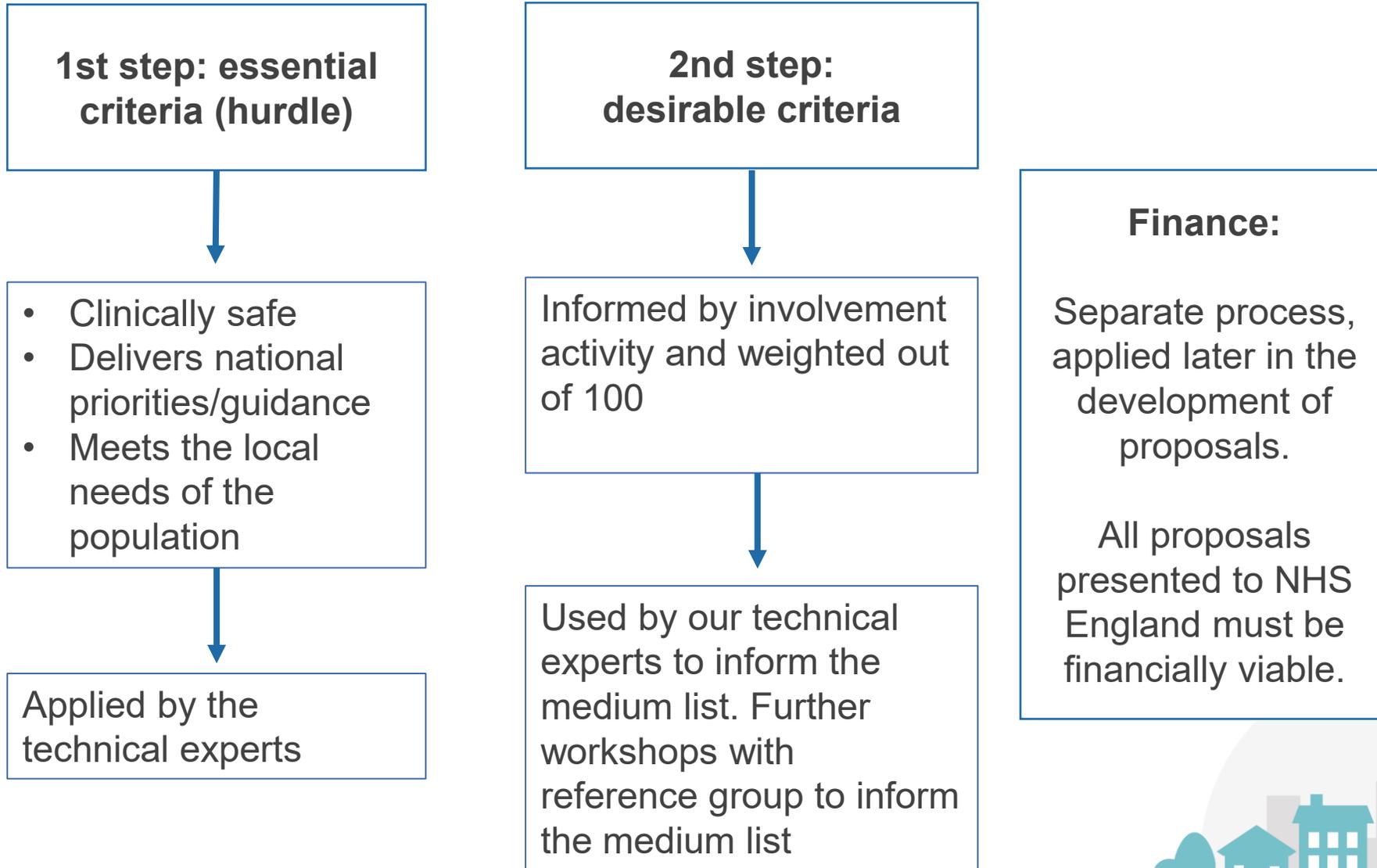
Options appraisal process

The options appraisal process uses the feedback from the listening exercise alongside, clinical feedback and data analysis to develop proposals for future service change

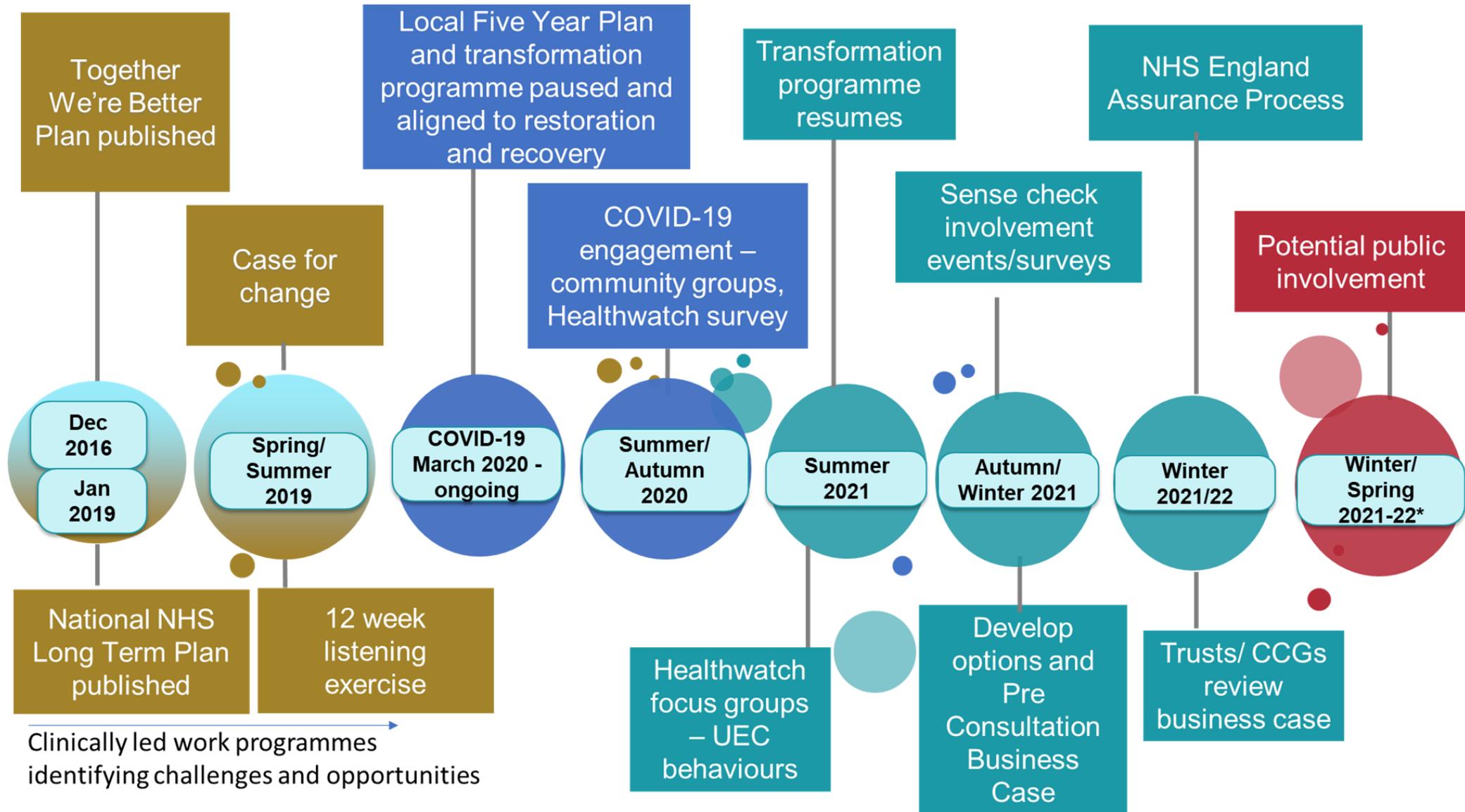
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What are essential and desirable criteria?



Overall timeline



Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee - Monday 25 October 2021

Performance Overview

Recommendation(s)

- a. The Committee to note the performance overview for the Staffordshire and Stoke-on-Trent Integrated Care System (ICS) population.

Report of the Staffordshire and Stoke-on-Trent Integrated Care System - Together We're Better

Summary

What is the Overview and Scrutiny Committee being asked to do and why?

- a. Note the performance overview for the Staffordshire and Stoke-on-Trent Integrated Care System (ICS) population.
- b. The briefing and attached dashboard provides the Committee with an overview of some of the key performance challenges currently facing the ICS, including some key metrics for primary care.

Report

Background

1. The ICS continues to experience operational pressures as a result of the national pandemic that is impacting on delivery of NHS constitutional targets. It is envisaged that progress will be made in reducing elective backlogs over the coming months, however this will be incremental and in the context of wider pressures. Demand for Mental Health, Community and Primary Care services has also increased. There are also a range of challenges in social care linked to domiciliary care provision, and workforce shortages in the sector.
2. It is important to note that there is an ongoing, significant response, to Covid, winter planning, vaccination programmes (flu and Covid) as well as the impact that respiratory syncytial virus (RSV) will have during winter. There are interdependencies between the level of demand within

the system and performance, as it calls upon the same capacity and workforce.

3. Workforce constraints are significant due to the NHS Covid isolation guidelines ie not coming into work if a family member is positive. Staff absence continues to be challenging, similar to the national picture due to Covid. Covid related absences have increased slowly throughout August and into September.

Referral to Treatment Times (RTT)

4. The continued prevalence of Covid, and the need to stand down elective activity in 2020 and again in 2021, with the agreement of NHS England (NHSE) has had a profound impact on performance.
5. The prolonged impact of Covid has had a significant impact on delivery against outpatient activity plans. Whilst occupancy levels of Covid inpatients started to decline in late March and early April, social distancing requirements remained in place.
6. The number of patients waiting >52 weeks has increased throughout 2020/21, with a broadly improved position being seen in June and July. However the number is expected to increase by the end of March 2022.
7. Providers continue to ensure that patients who have already had extended waits for their treatment can be prioritised alongside more urgent patients. The use of independent sector capacity continues to be optimised to support elective activity.
8. The system continue to work on delivery of actions by the Planned Care programme. Provider specific actions support this work through a range of workstreams eg University Hospital of North Midlands (UHM) Outpatient Service Delivery & Performance workstream, the Enhanced Advice & Guidance sub workstream and the Patient Initiated Follow-up workstream.

Diagnostics

9. Activity levels have been over and above pre-covid levels to ensure that people are able to access diagnostics. Work is ongoing to develop more diagnostics in community settings.
10. The greatest proportion of > 6 week waits are within Non-obstetric ultrasound and endoscopy at University Hospital of North Midlands (UHM). The ultrasound position is related to an increase in demand alongside workforce shortfalls.

Cancer

11. Referrals for suspected cancer are higher than pre-Covid-19 levels. This is affecting all Trusts in our region and is a severe pressure being given a high priority at both regional and system level. There is a range of work ongoing at regional and local level to support maintaining cancer services.
12. Cancer services will continue to be a risk as there may be a significant number of people who have not yet encountered NHS services and this could impact Trusts for the next six to twelve months.
13. Delivery against the 62-day referral to treatment standard has been particularly challenged throughout the pandemic. The position is being managed through the daily clinical prioritisation meetings and a robust planned care assurance framework.

Urgent care operational pressures and planning for winter

14. Operational pressures, especially the increasing levels of activity seen in emergency pathways. As a result of demand and the continued need to split estate and flow to meet Infection Prevention and Control requirements the number of breaches to the 4 hour A&E standard has been high across all providers. Pressures on social/domiciliary care are impacting directly on flow in urgent care pathways.
15. A whole system operational response has been put in place to respond to daily pressures and agree tactical actions. A surge plan is in place, bringing these strands together and ensuring the connectivity of plans in respect of capacity and workforce.
16. Additional actions include:
 - a) Working with system partners to promote redirection at streaming stage.
 - b) Further promotion of NHS 111 Urgent Care by appointment.
 - c) NHS 111 Referrals to SDEC (as an alternative to ED)
 - d) Care and management of mental health patients presenting in conjunction with Mental Health Providers.
 - e) Further integrated work with system partners to support discharge processes and timely transfers of patients.

Link to Strategic Plan

N/A

Link to Other Overview and Scrutiny Activity

N/A

Community Impact

N/A

List of Background Documents/Appendices:

Attached Performance Overview, appendix 1.

Contact Details

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Current Financial Year **2021-22** Mixed Sex Accommodation breaches - data collection paused across the COVID-10 period
 Latest Data Month **13**
 Report Month **Sep 21**
 Reporting Month **4**

Indicators	Target	Stafford & Surrounds				Rolling 12 Months Trend / Performance	Cannock Chase				Rolling 12 Months Trend / Performance	South East Staffs & Seisdon Peninsula				Rolling 12 Months Trend / Performance
		21/22 YTD	May 21	Jun 21	Jul 21		21/22 YTD	May 21	Jun 21	Jul 21		21/22 YTD	May 21	Jun 21	Jul 21	
Healthcare Acquired Infections																
MRSA	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	
C.difficile	28/20/37	18	6	1	1	21	1	5	3	36	4	6	9			
Referral to Treatment Times																
RTT Admitted	n/a	75.93%	75.73%	76.24%	80.04%	n/a	63.98%	59.04%	64.80%	69.65%	n/a	54.50%	51.78%	56.50%	54.71%	n/a
RTT Non-Admitted	n/a	83.80%	83.62%	83.36%	84.94%	n/a	82.40%	80.45%	82.89%	85.69%	n/a	78.06%	77.19%	77.99%	78.15%	n/a
RTT Incompletes	92%	68.23%	68.53%	69.23%	67.59%		70.99%	70.82%	72.74%	71.93%		62.51%	62.62%	63.52%	63.57%	
RTT 52 week + waiters (Incompletes, all Providers)	0	3634	727	683	699		2953	602	544	545		8381	1680	1640	1542	
Diagnostic test waiting times																
Diagnostics 6 weeks +	99%	77.57%	82.37%	78.44%	75.17%		76.19%	78.58%	78.16%	80.03%		69.45%	72.25%	72.41%	70.46%	
Cancer waits																
Cancer 2 week wait	93%	81.15%	81.31%	91.11%	81.25%		80.08%	81.63%	80.89%	81.80%		77.78%	77.81%	73.71%	82.19%	
Cancer Breast Symptoms 2 week wait	93%	50.42%	23.81%	60.71%	89.47%		22.22%	7.69%	18.18%	33.33%		57.99%	54.55%	40.43%	83.78%	
Cancer 31 day first definitive treatment	96%	93.99%	94.44%	96.88%	90.54%		90.94%	92.42%	86.49%	90.79%		91.00%	95.00%	86.00%	90.57%	
Cancer 31 day subsequent treatment - surgery	94%	77.05%	86.67%	85.71%	70.59%		83.02%	100.00%	66.67%	88.89%		78.31%	73.33%	100.00%	70.83%	
Cancer 31 day subsequent treatment - drug	98%	98.63%	100.00%	100.00%	100.00%		96.94%	95.65%	100.00%	89.47%		100.00%	100.00%	100.00%	100.00%	
Cancer 31 day subsequent treatment - radiotherapy	94%	98.39%	100.00%	100.00%	96.88%		85.27%	91.30%	85.71%	87.10%		93.13%	96.00%	85.29%	96.15%	
Cancer 62 day standard	85%	69.80%	72.41%	74.58%	52.27%		60.12%	68.57%	57.14%	45.71%		62.66%	69.57%	67.92%	53.85%	
Cancer 62 day screening	90%	77.42%	33.33%	55.56%	100.00%		55.00%	33.33%	50.00%	60.00%		81.08%	85.71%	71.43%	100.00%	
Cancer 62 day upgrade	0%	86.14%	86.36%	91.30%	90.00%		80.87%	80.95%	75.00%	85.19%		77.67%	68.00%	71.43%	81.82%	
Mixed Sex Accommodation Breaches																
Mixed Sex Accommodation Breaches	0															

Indicators	Target	East Staffordshire CCG				Rolling 12 Months Trend / Performance	North Staffordshire CCG				Rolling 12 Months Trend / Performance	Stoke on Trent CCG				Rolling 12 Months Trend / Performance
		21/22 YTD	May 21	Jun 21	Jul 21		21/22 YTD	May 21	Jun 21	Jul 21		21/22 YTD	May 21	Jun 21	Jul 21	
Healthcare Acquired Infections																
MRSA	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	
C.difficile	43/48/63	17	1	2	6	29	3	5	5	43	7	10	4			
Referral to Treatment Times																
RTT Admitted	n/a	55.71%	56.98%	52.54%	53.52%	n/a	62.51%	59.40%	58.49%	60.81%	n/a	60.66%	59.54%	55.84%	58.18%	n/a
RTT Non-Admitted	n/a	74.16%	75.42%	74.51%	74.14%	n/a	79.53%	80.32%	78.85%	78.84%	n/a	80.53%	80.92%	79.63%	80.66%	n/a
RTT Incompletes	92%	65.42%	65.79%	67.61%	66.24%		62.64%	63.59%	63.59%	62.39%		63.05%	63.94%	63.75%	62.66%	
RTT 52 week + waiters (Incompletes, all Providers)	0	4134	917	812	707		5637	1136	1038	1075		7072	1344	1292	1394	
Diagnostic test waiting times																
Diagnostics 6 weeks +	99%	69.08%	73.60%	71.81%	69.95%		72.66%	78.00%	74.11%	69.74%		72.05%	77.06%	74.22%	70.38%	
Cancer waits																
Cancer 2 week wait	93%	77.26%	80.84%	72.15%	81.68%		78.20%	81.67%	88.35%	75.42%		78.97%	82.01%	90.08%	78.84%	
Cancer Breast Symptoms 2 week wait	93%	64.22%	54.05%	54.90%	83.67%		55.37%	30.43%	54.76%	78.38%		49.79%	27.59%	47.46%	77.78%	
Cancer 31 day first definitive treatment	96%	91.88%	96.61%	89.09%	95.00%		93.77%	97.53%	95.20%	91.09%		92.20%	92.68%	91.54%	93.57%	
Cancer 31 day subsequent treatment - surgery	94%	84.75%	100.00%	77.78%	72.73%		80.25%	58.33%	86.36%	88.89%		83.33%	66.67%	90.91%	90.00%	
Cancer 31 day subsequent treatment - drug	98%	99.14%	96.15%	100.00%	100.00%		98.63%	100.00%	94.44%	100.00%		100.00%	100.00%	100.00%	100.00%	
Cancer 31 day subsequent treatment - radiotherapy	94%	86.84%	87.50%	100.00%	64.29%		98.10%	97.44%	100.00%	100.00%		97.50%	100.00%	92.31%	97.44%	
Cancer 62 day standard	85%	68.52%	73.08%	55.17%	66.67%		70.00%	67.44%	69.70%	71.64%		68.34%	73.33%	65.22%	67.61%	
Cancer 62 day screening	90%	73.08%	66.67%	100.00%	75.00%		79.25%	87.50%	80.00%	77.78%		76.00%	72.73%	81.82%	55.56%	
Cancer 62 day upgrade	0%	77.78%	100.00%	100.00%	80.00%		83.33%	84.62%	86.11%	85.71%		79.59%	82.22%	73.68%	73.68%	
Mixed Sex Accommodation Breaches																
Mixed Sex Accommodation Breaches	0															

Indicators	Target	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST				Rolling 12 Months Trend / Performance	THE ROYAL WOLVERHAMPTON NHS TRUST				Rolling 12 Months Trend / Performance	THE DUDLEY GROUP NHS FOUNDATION TRUST				Rolling 12 Months Trend / Performance
		21/22 YTD	May 21	Jun 21	Jul 21		21/22 YTD	May 21	Jun 21	Jul 21		21/22 YTD	May 21	Jun 21	Jul 21	
Accident & Emergency - Provider																
UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST																
A&E 4 Hour Target	95%	72.75%	72.14%	69.67%	67.39%		82.42%	82.02%	80.93%	79.95%		83.00%	84.87%	77.61%	77.40%	
12 hour trolley breaches	0	2	0	2	15		4	0	2	1		0	0	0	54	
UNIVERSITY HOSPITALS OF BIRMINGHAM NHS FOUNDATION TRUST																
WALSALL HEALTHCARE NHS TRUST																
A&E 4 Hour Target	95%	75.16%	75.30%	73.25%	69.88%		65.50%	65.51%	60.37%	56.13%		90.75%	90.87%	89.99%	84.42%	
12 hour trolley breaches	0	9	4	4	20		5	2	2	25		5	2	1	3	

Note the following GP Appointment Data is publically available and is 1 month behind the validated, published, performance data above.

Appointments in General Practice	Stafford & Surrounds CCG					Cannock Chase					South East Staffs & Seisdon Peninsula				
	21/22 FYTD	Apr 21	May 21	Jun 21	FYTD Trend	21/22 FYTD	Apr 21	May 21	Jun 21	FYTD Trend	21/22 FYTD	Apr 21	May 21	Jun 21	FYTD Trend
GP Appointments by Type															
Face-to-Face	144,794	31,633	32,065	39,064	—	94,053	30,329	29,972	33,752	—	172,303	42,628	39,433	45,472	—
Home Visit	3,707	863	862	1,043	—	1,982	651	614	717	—	2,132	480	501	623	—
Telephone	106,340	27,844	27,103	27,689	—	62,989	20,879	19,725	22,385	—	151,365	36,276	35,592	40,257	—
Unknown / Data Issue	0	0	0	0	—	0	0	0	0	—	0	0	0	0	—
Video Conference/Online	168	54	41	34	—	1,419	480	443	496	—	140	13	12	35	—
Total	255,009	60,394	60,071	67,830		160,443	52,339	50,754	57,350		325,940	79,397	75,538	86,387	
Time Between Book and Appointment															
Same Day	87,501	27,691	27,657	32,153	—	68,144	21,465	21,249	25,430	—	114,776	36,859	36,012	41,905	—
1 Day	13,100	4,034	4,367	4,699	—	14,434	5,025	4,481	4,928	—	20,350	6,550	6,527	7,273	—
2 to 7 Days	40,163	12,564	13,519	14,080	—	40,185	13,838	13,301	13,046	—	49,925	16,739	15,868	17,318	—
8 to 14 Days	25,890	8,265	8,537	9,088	—	23,009	7,936	7,212	7,861	—	29,782	10,520	9,259	10,003	—
15 to 21 Days	11,171	4,042	3,011	4,118	—	8,982	2,449	2,804	3,729	—	14,582	4,941	4,612	5,029	—
22 to 28 Days	5,273	2,005	1,484	1,784	—	3,918	1,051	1,212	1,655	—	7,628	2,271	2,232	3,125	—
More than 28 Days	5,051	1,781	1,448	1,822	—	1,746	566	488	692	—	4,197	1,510	981	1,706	—
Unknown / Data Issue	146	12	48	86	—	25	9	7	9	—	82	7	47	28	—

Appointments in General Practice	East Staffordshire CCG					North Staffordshire CCG					Stoke on Trent CCG				
	21/22 FYTD	Apr 21	May 21	Jun 21	FYTD Trend	21/22 FYTD	Apr 21	May 21	Jun 21	FYTD Trend	21/22 FYTD	Apr 21	May 21	Jun 21	FYTD Trend
GP Appointments by Type															
Face-to-Face	84,689	27,872	27,255	29,562	—	158,048	35,316	37,635	43,082	—	210,543	48,291	49,000	56,558	—
Home Visit	287	80	118	89	—	2,973	898	620	717	—	2,856	1,157	535	593	—
Telephone	91,164	28,294	29,416	33,454	—	155,812	37,774	36,888	41,751	—	203,239	49,050	48,071	56,204	—
Unknown / Data Issue	198	88	53	57	—	1,400	331	337	450	—	553	135	159	153	—
Video Conference/Online	172	108	23	41	—	492	99	97	145	—	69	13	45	5	—
Total	176,510	56,442	56,865	63,203		318,725	74,418	75,577	86,145		417,260	98,646	97,810	113,513	
Time Between Book and Appointment															
Same Day	92,361	29,709	29,739	32,913	—	108,373	34,738	34,549	39,086	—	143,699	45,257	45,040	53,402	—
1 Day	13,702	4,653	4,275	4,774	—	25,301	8,608	7,787	8,906	—	28,272	9,649	8,819	9,804	—
2 to 7 Days	35,422	11,329	11,789	12,304	—	59,630	18,643	19,504	21,483	—	75,940	24,995	24,454	26,491	—
8 to 14 Days	19,933	5,934	6,925	7,074	—	26,328	7,463	8,664	10,201	—	38,175	11,479	12,580	14,116	—
15 to 21 Days	8,281	2,622	2,247	3,412	—	9,844	2,795	3,182	3,867	—	14,393	4,368	4,207	5,818	—
22 to 28 Days	3,890	1,210	1,125	1,555	—	3,594	1,260	1,179	1,155	—	5,421	1,629	1,577	2,215	—
More than 28 Days	2,773	954	725	1,094	—	2,986	870	694	1,422	—	3,867	1,212	1,071	1,584	—
Unknown / Data Issue	148	31	40	77	—	84	41	18	25	—	202	57	62	83	—

Note: The following CQC Rating Data is publically available. The monthly counts are of inspections made to practices within each CCG, in the stated month. Data is not a count of individual Practices inspected.

CQC Inspection Rating	Stafford & Surrounds CCG				Cannock Chase				South East Staffs & Seisdon Peninsula			
	YTD Count	May 21	Jun 21	Jul 21	YTD Count	May 21	Jun 21	Jul 21	YTD Count	May 21	Jun 21	Jul 21
CQC												
Outstanding										1	1	1
Good		14	14	14		20	19	20		21	21	21
Inadequate												
Requires improvement						1	1	1				
No published rating												
Data not available for this period						1	2	1		2	2	2

CQC Inspection Rating	East Staffordshire CCG				North Staffordshire CCG				Stoke on Trent CCG			
	YTD Count	May 21	Jun 21	Jul 21	YTD Count	May 21	Jun 21	Jul 21	YTD Count	May 21	Jun 21	Jul 21
CQC												
Outstanding		1	1	1		4	4	4		2	2	2
Good		15	15	15		26	26	26		34	33	34
Inadequate										1	1	
Requires improvement										1	1	
No published rating												
Data not available for this period										1	1	2

*Total inspection count in the financial year to date

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee Monday 25 October 2021

Walley's Quarry Health Implications Update

Recommendation(s)

I recommend that:

Committee consider and comment on the update reports provided.

Reports of:

- a. Public Health and Prevention Team, Health and Care Directorate, Staffordshire County Council.
- b. UK Health Security Agency

Summary

What is the Overview and Scrutiny Committee being asked to do and why?

The reports provide an update to Health and Care Overview and Scrutiny Committee to highlight findings from surveys that have been undertaken to measure odour and symptoms experienced by residents living close to Walleys Quarry, and to report on the Health Risk Assessment of air quality monitoring and measures taken to reduce the off-site odours from the landfill site, as requested at its meeting 26 July 2021.

Further information about the latest position and operational activity at Walley's Quarry Landfill Site can be viewed on the Environment Agency Citizens Space page: <https://consult.environment-agency.gov.uk/west-midlands/walleys-quarry-landfill-sliverdale/>

Walley's Quarry Landfill site

Summary of surveys of odour and symptoms

Emma Sandbach

16 October 2021

1. This report highlights findings from four surveys that have been undertaken to quantify health and well-being issues experienced by residents of Newcastle-under-Lyme living close to Walleys Quarry Landfill site.
2. The following surveys have been included:
 - Walleys Quarry Health Impact Survey - produced by MP Aaron Bell's Office, went live on 4th of May (**HISMP**)
 - Smell and symptom tracker - Staffordshire County Council, cumulative results from 18th May to 13nd of October (**ST**)
 - Health impact statements from local residents - Newcastle-Under-Lyme Borough Council, collected between 29th January and 25th of April (**HISLR**)
 - Walley's Quarry Landfill Community Health Survey Report - produced by Sian Rooney, et al., collected between 1st and 30th of June 2021 (**CHS**)
3. As with any self-reported survey there is a risk of bias: people tend to base their answers on how they feel at the time - for example, if they were responding to the survey on a day where there was no odour they might be more likely to under report; if severe odour they might be more likely to over report symptoms.
4. It is important to note that the four surveys have similarities and differences. Each survey asked respondents to self-report odour and symptoms that they were experiencing. However the questions were asked in different ways, which makes direct comparison difficult - for example, they included option to report different symptoms and some combined symptoms.
5. The data collection methods were also different between surveys. The HISMP, HISLR and CHS were undertaken at a single but different point in time so variations in responses may be due to the different levels of exposure at the different times.
6. The ST was longitudinal and for the purpose of this report cumulative results have been used covering the period 18 May to 13 October. Due to the nature of this survey allowing respondents to log on daily and record their symptoms it will include multiple responses from the same people.

7. The CHS included respondents that were both over and under 18 years old, so in order to compare the results with the other surveys only responses from those over 18 years are included in the symptom table below.

Responses to the surveys

8. Table 1 highlights the response rates for the different surveys. It is likely that some of the responses are from the same people completing each survey. The figures of 1,000 to 2,000 responses to each survey represent around 3-5% of the total population of the inner and outer zones identified in Figure 1 below.

Table 1: surveys and number of responses

Survey	Number of responses
Walley's Quarry Health Impact Survey (HISMP)	1,426
Smell and symptom tracker (ST)	2,168 cumulative responses
Health impact statements from local residents (HISLR)	800
Walley's Quarry Landfill Community Health Survey (CHS)	1,881 total 1,754 18+ years

Respondents distance from the site

9. Figure 1 shows data from the ST highlighting the areas with the most frequent responses. 94% of respondents to ST lived within 3 miles, and 45% lived within one mile of the site. Data from the ST indicates an inner zone with very frequent responses and an outer zone with frequent responses. Based on ONS Mid-Year population estimates for 2019 these would have the following populations:
 - Inner zone: 10,200
 - Outer zone: 36,700 (or 26,500 excluding those within the inner zone)
10. Figure 2 shows data from the CHS highlighting the area with the most frequent responses. This area is consistent with the results from the ST. The majority of respondents to CHS also lived within 5000m (3 miles) of the site. 49% of respondents to HISMP lived in the two postcode areas closest to Walley's Quarry landfill site (ST5 6, ST5 2).

Figure 1: responses to ST (cumulative to 13 October 2021)

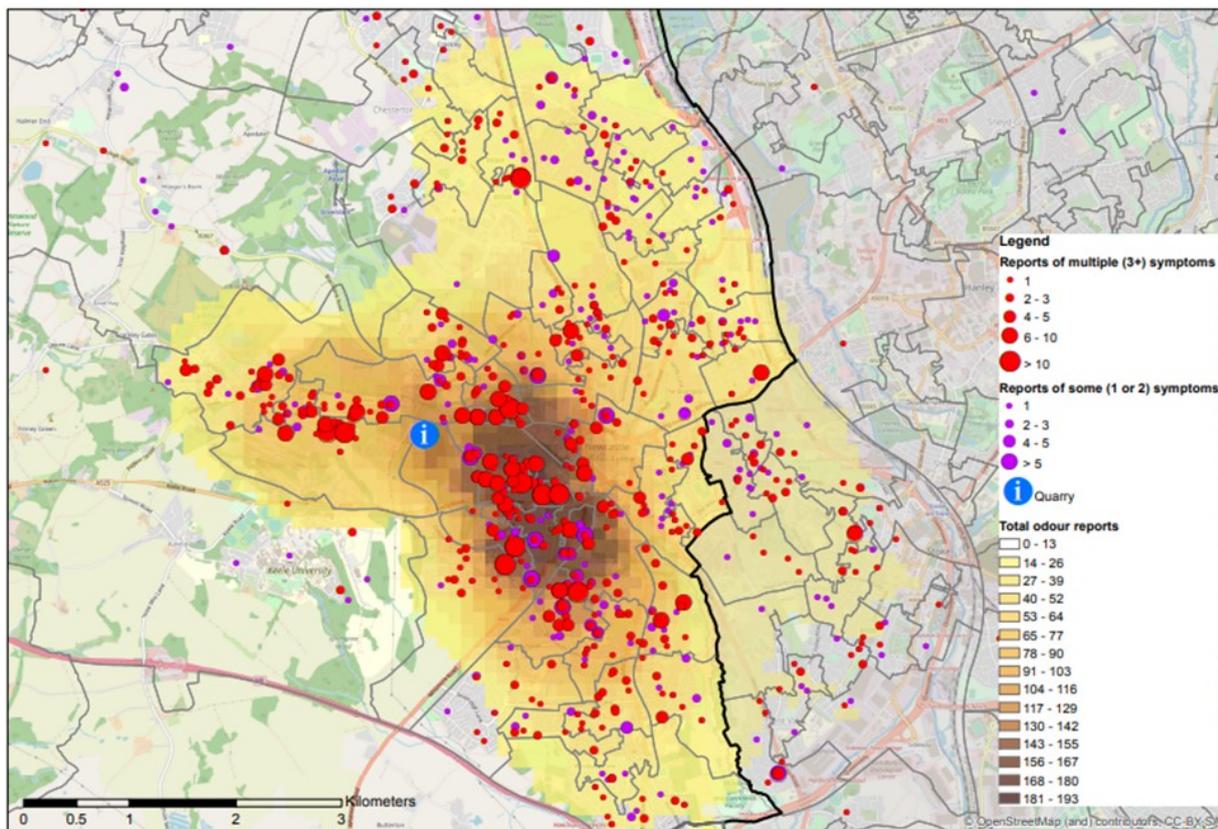
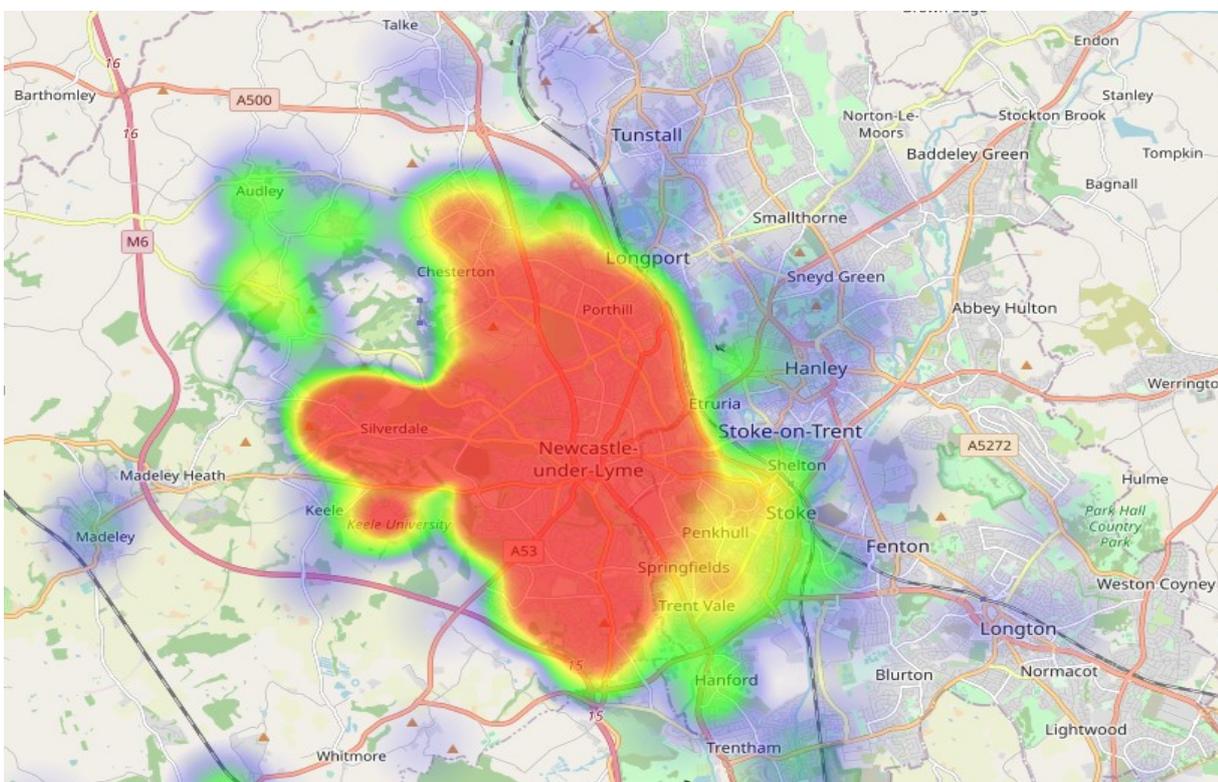


Figure 2: responses to CHS (01 to 30 June 2021)



Results

Odour

11. The vast majority (80%) of responses to the ST stated that the odour from the Quarry was strong, with large proportions of responses rating the odour as very or extremely strong (25% and 35%, respectively). 94% of all responses rating the odour as strong were from people living less than three miles from the Quarry.
12. Over two thirds (68%) of respondents of the HISMP reported that they could smell the odour five or more days a week, with over a quarter (26%) of all respondents stating that they could smell the odour every day. The majority (58%) reported being significantly affected by the odour five or more days a week and 19% reported that they are significantly affected every day.
13. Nearly all (95%) of respondents to the HISMP, who had specified what measures they were taking due to the impact of the odour, reported having to close their windows in an attempt to avoid the odour, 83% reported not being able to use their gardens, 49% were not inviting friends over, and 29% had taken the decision to leave the area. Most respondents (75%) had also purchased products such as air fresheners and candles due to the odour.
14. Lower proportions of respondents of the HISLR reported impact of the odour on day-to-day living (although the responses to HISMP and HISLR may not be directly comparable due to differences in data collection between the surveys): 44% stated that they could not open windows/air vents/doors to get fresh air, 30% reported odours in property (house/flat or in cars), 22% stated that they cannot use garden/enjoy garden properly/put washing out, 18% reported impact on daily outdoor exercise, 6% reported odours in schools/college/hospital/ workplaces and 5% stated that they avoided/disliked visiting areas where smells permeate.

Symptoms

15. Each of the surveys asked people to report various symptoms that they were experiencing. Table 2 shows the symptoms reported to each survey:
 - Headache was consistently reported as the most common symptom across all the surveys, although the range is wide (between 49% HISLR to 82% HISMP).
 - The results for Mental Health are similar across all three surveys with symptoms reported by around half of all respondents, with the exception of the CHS with three quarters of respondents reporting some symptoms, although reports of anxiety and depression were in line with the other surveys.

- Nausea/feeling sick was reported by over half of respondents in two of the surveys (ST and HISMP).
- Eye irritation and disturbed sleeping were also reported by a high proportion of respondents in both the (ST, CHS and HISMP surveys).
- Difficulty breathing was reported by just under half of the CHS respondents, a third of ST respondents and just under a quarter of HISMP respondents.

Table 2: symptoms reported

	Health Impact Survey (HISMP)	Symptom tracker (ST)	Impact statements (HISLR)	Community Health Survey (CHS)
Symptoms related to odour				
Headache	82%	66%	49%	67%
Feeling sick/nausea	71%	54%	28%	N/A
Vomiting	13%	N/A	N/A	N/A
Dizziness	N/A	25%	Included with headache	N/A
Disturbed sleep	38%	64%	11%	60%
Symptoms related to hydrogen sulphide exposure				
Irritation of nose and throat	17%	N/A	19%	48%
Irritation of eyes	45%	11%	61%	N/A
Difficulty breathing	23%	32%	11%	47%
Exacerbation of respiratory conditions	20%	N/A	13%	N/A
Mental health symptoms				
Any symptoms	N/A	43%	46%	74%
Stress	51%	N/A	N/A	N/A
Anxiety	45%	N/A	N/A	32%
Depression	27%	N/A	N/A	19%
Low mood	N/A	N/A	N/A	44%
Panic attacks	10%	N/A	N/A	N/A

Conclusions

16. The surveys had some methodological limitations: they all rely on self-reported data and respondents were not necessarily reflective of the wider population living close to Walleys Quarry landfill site. The surveys are also not directly comparable because questions were not consistent, and the time periods were different.
17. Nevertheless, large numbers of people have reported odour and symptoms, and the surveys demonstrate that air pollution from Walleys Quarry landfill site is having a detrimental effect on the well-being of more than 35,000 people.
18. The advice from the UK Health Security Agency is that the air pollution is unlikely to cause serious long-term physical health problems if levels of hydrogen sulphide can be brought down and kept low by the end of 2021.
19. Whilst the risk of long-term physical health problems, residents have undoubtedly a short-term impact on their well-being and it must be a high priority to reduce air pollution from the Walleys Quarry landfill site as a matter of urgency.
20. A further report will explore whether routinely available data indicates any evidence of long term health problems associated with living close to Walleys Quarry landfill site.



UK Health
Security
Agency

Health Risk Assessment of air quality monitoring results from March to August 2021: Walleys Quarry Landfill Site, Silverdale Newcastle-under-Lyme

Regarding ongoing response to odours and health concerns associated with the site

On 1 October 2021, Public Health England (PHE) transitioned to the newly established UK Health Security Agency (UKHSA)^a. From 1 October, PHE's Category 1 functions under the Civil Contingencies Act 2004 transferred to the UKHSA. The UKHSA West Midlands Health Protection Team will continue to provide senior representation at Local Resilience Forum (LRF) meetings and events. They will provide the expert health protection advice to local authority Directors of Public Health, the local NHS and to LRF structures and programmes. UKHSA, as a Category 1 Responder, will be the point of contact for public health incidents and will be responsible for establishing Scientific and Technical Advisory Cells (STACs) during relevant responses.

Non-Technical Summary

The site is owned by Walleys Quarry Limited (formerly Red industries), who operate the site as an active landfill which accepts non-hazardous waste, and a cell which accepts stable non-reactive hazardous waste (gypsum and asbestos). Activities at the site are regulated by the Environment Agency (EA) under an Environmental Permit first issued in 2016.

In response to increased community concern of odours within Silverdale and the surrounding areas, from March 2021 the EA installed air quality Mobile Monitoring Facility (MMF) units which are to remain in place until at least March 2022 to collect monitoring data to continuously assess air quality.

Data, provided to UKHSA by the EA, have been compared to available health-based air quality guidelines and standards or assessment levels for hydrogen sulphide, particulate matter, nitrogen dioxide, sulphur dioxide, methane and volatile organic compounds (VOCs comprising benzene, toluene, ethylbenzene and xylene (BTEX)). In addition, for hydrogen sulphide and toluene the concentrations have been compared to the odour annoyance guideline and odour detection thresholds respectively. Air concentrations of particulate matter, nitrogen dioxide, sulphur dioxide, methane and VOCs are lower than appropriate

^a All reference to Public Health England has now been changed to UKHSA in this report

health-based and odour standards, guidelines or assessment levels, and therefore, the risk to health from these substances is minimal.

The short term 24-hour average guideline value for hydrogen sulphide was exceeded at MMF9 on two days during the monitoring period: 7 and 8 March 2021. Exposure to concentrations of hydrogen sulphide above this guideline does not necessarily mean eye irritation or other health effects will occur, but it reduces the margin of safety that is considered desirable to protect health.

The hydrogen sulphide data up to the end of August 2021 shows continuing exposure to the population around the site, albeit concentrations in August continue to decrease compared to those seen from March to July (Figure 4). Additionally, at three of the monitoring sites concentrations are now below the long-term (lifetime) health-based guidance value. Currently any risk to long-term (lifetime) physical health is likely to be small, however, we cannot completely exclude a risk to health from pollutants in the area, where exposure continues above the long-term health-based guidance values. Short-term health effects may be experienced such as irritation to the eyes, nose and throat. People who have health conditions that affect breathing, such as asthma, may experience increased frequency and/or severity of symptoms. With continuing exposure these effects may be prolonged but are not anticipated to continue long-term, once exposure has decreased to acceptable levels.

Hydrogen sulphide is an odorous chemical and the human nose is very sensitive to odours. While substances that are perceived as odorous are commonly present at levels below which there is a direct physical health effect of the substance itself, odours can cause nuisance and temporary symptoms. Such effects include headache, nausea, dizziness, watery eyes, stuffy nose, irritated throat, cough or wheeze, sleep problems and stress. The concentrations of hydrogen sulphide continue to be above the WHO odour annoyance guideline value for a considerable percentage of the time at one of the monitoring sites, which is undesirable due to the effects on people's wellbeing and the symptoms they are experiencing. Even at hydrogen sulphide concentrations below the WHO odour annoyance guideline value odour may still be present, however as concentrations fall to even lower levels it is anticipated that the strength of any odour should also reduce.

Therefore, UKHSA continues to strongly recommend that all measures are taken to reduce the off-site odours from the landfill site.

Scope

The EA has shared with UKHSA monitoring data from MMF Stations MMF2 and MMF9 from which there is rectified^b data from the 5 March – 31 August 2021 (181 days) and 6 March – 31 August 2021 (180 days) respectively). In April two additional monitors were deployed MMF1 from which there is rectified data from the 14 April – 31 August 2021 (140 days) and MMF 6 from which there is rectified data from the 24 April – 31 August 2021 (130 days).

^b Rectified data - Data is collected by the Environment Agency (EA) from four of the EA's Mobile Monitoring Facilities (MMF) located adjacent to the Walley's Quarry and Landfill Site in Newcastle-under-Lyme. There may be gaps in data as a result of power supply failure, hardware failure, communication loss or software updates. In some cases, it may be possible to retrospectively include this information. The EA call this data, 'rectified data' as it has undergone a basic quality assurance check and has been subjected to calibration where possible. However, as the calibration dates don't directly match the data collection period, this is not 'final data' and it is likely that this rectified data set may be updated following further quality assurance.

UKHSA has reviewed the available data from the MMF stations, listed below, and shown on a map in Figure 1:

MMF 1 Location – Silverdale cemetery, Newcastle under Lyme

MMF 2 Location – Silverdale Road, Newcastle under Lyme

MMF 6 Location – Newcastle community Fire Station, Newcastle under Lyme

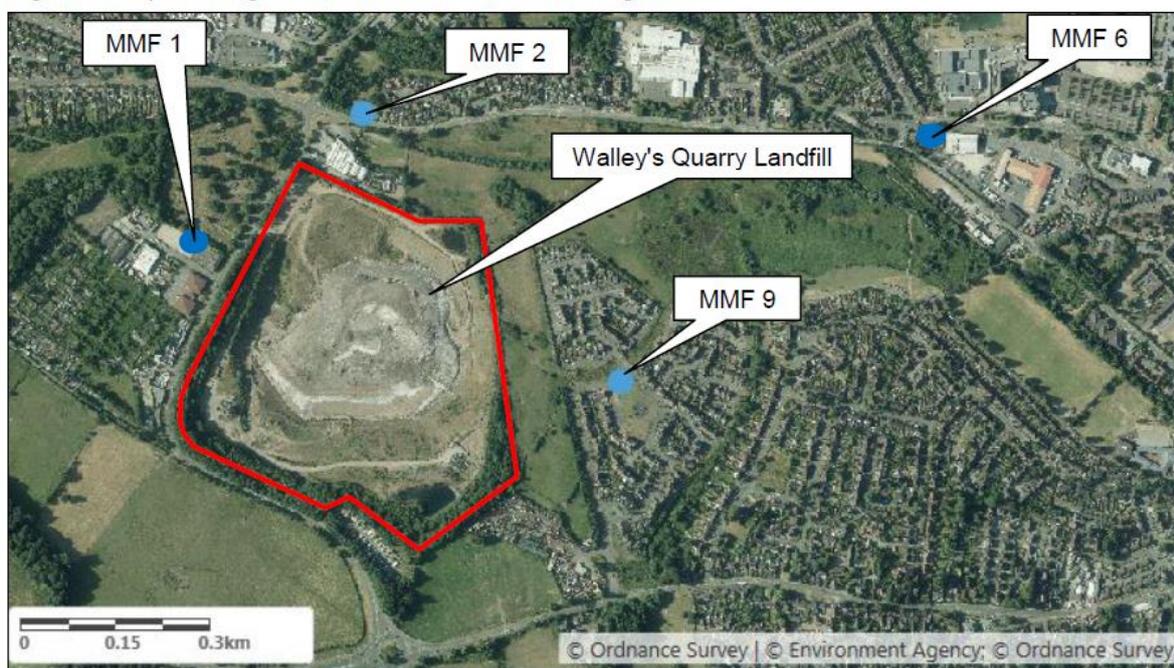
MMF 9 Location – Severn Trent Pumping Station off Galingale View, Newcastle-under-Lyme

The contaminants monitored at each MMF are provided in Table 1.

Table 1 Monitoring stations and the contaminants they are monitoring

Monitoring station	Hydrogen sulphide (H ₂ S)	Methane (CH ₄)	Nitrogen dioxide (NO ₂)	Sulphur dioxide (SO ₂)	Particulate matter (PM ₁₀ , PM _{2.5})	Benzene, toluene, ethylbenzene and xylene
MMF1	✓	✓		✓	✓	
MMF2	✓	✓	✓		✓	✓
MMF6	✓	✓		✓	✓	
MMF9	✓	✓	✓	✓	✓	✓

Figure 1. Map showing the location of the four monitoring sites



Methodology

Air quality guidelines, standards and assessment levels

The data provided to UKHSA have been compared to available health-based air quality guidelines, standards or assessment levels. There are a variety of health-based standards and assessment levels that have been derived by a number of organisations shown below:

- UK health-based guidance values
- UK air quality standards
- World Health Organization (WHO) air quality guidelines
- European air quality standards
- Other UK air quality assessment levels
- National air quality assessment levels or health-based guidance values (other than UK)

Hydrogen sulphide

The health-based guidance values used by UKHSA for the risk assessment for acute, intermediate and lifetime exposure to hydrogen sulphide are summarised in Table 2.

Table 2: Health based guidance values used for this risk assessment

WHO air quality guidelines	ATSDR- MRL**	US EPA RfC***
30-minute (average)* 7 µg/m ³ (5 ppb) Based on odour annoyance	Intermediate (up to 1 year) 30 µg/m ³ (20 ppb) Based on lesions of the nasal olfactory epithelium in rats.	For assessment of lifetime exposure 2 µg/m ³ (1 ppb) Based on lesions of the nasal olfactory epithelium in rats.
24-hour (average) 150 µg/m ³ (107 ppb) Based on eye irritation in humans.		

*The WHO guideline value of 7 µg/m³ (5 ppb) over a 30-minute averaging period is a short-term odour value protective of odour annoyance¹.

** An MRL is an estimate of the daily human exposure to a hazardous substance that is likely to be without appreciable risk of adverse non-cancer health effects over a specified duration of exposure. They are derived for acute (>1, ≤14 days), intermediate (>14, <364 days), and chronic (365 days and longer) exposure durations².

*** An estimate (with uncertainty spanning perhaps an order of magnitude) of a continuous inhalation exposure to the human population (including sensitive subgroups) that is likely to be without an appreciable risk of deleterious effects during a lifetime³.

Hydrogen sulphide acute (short term) exposure

WHO 30-minute (average) guideline

The EA monitoring data were used to identify the percentage of time across the whole monitoring period when hydrogen sulphide concentrations were above the WHO odour annoyance guideline level (7 µg/m³, 30-minute average):

MMF1 (14/04/2021 to 31/08/2021): 7%

MMF2 (05/03/2021 to 31/08/2021): 7%

MMF6 (24/04/2021 to 31/08/2021): 4%
 MMF9 (06/03/2021 to 31/08/2021): 23%

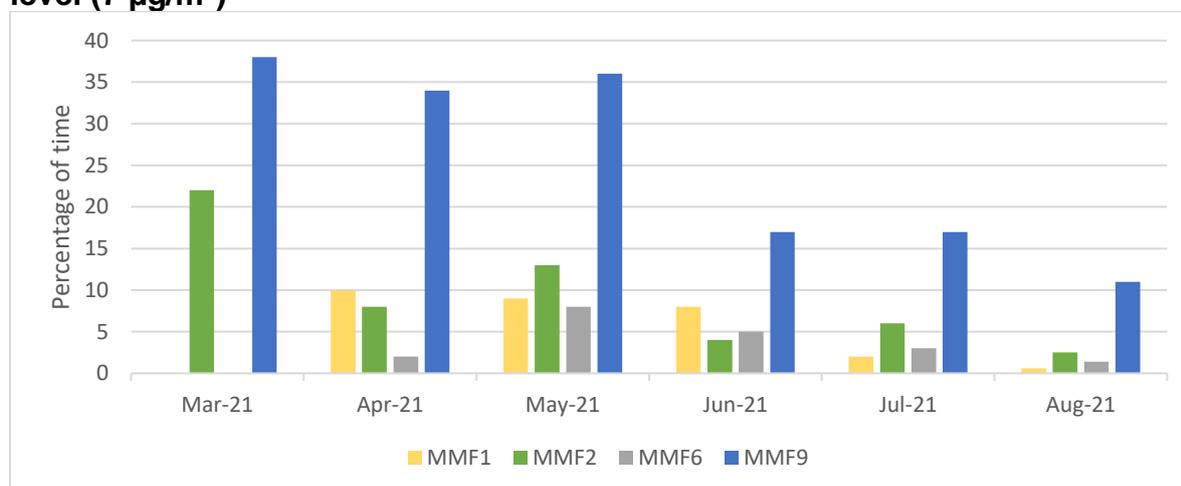
As such, there was potential for significant odour complaints to occur over these periods (see Table 3 and Figure 2).

Table 3: Monthly percentage of time that each monitoring station location has recorded hydrogen sulphide concentrations above WHO odour annoyance guideline level (7 µg/m³)

Monitoring Station	March 2021 (%)	April 2021 (%)	May 2021 (%)	June 2021 (%)	July 2021 (%)	August 2021 (%)
MMF1	NS	10***	9	8	2	0.6
MMF2	22*	8	13	4	6	2.5
MMF6	NS	2****	8	5	3	1.4
MMF9	38**	34	36	17	17	11

NS = hydrogen sulphide not sampled
 *Data from 5th March 2021 to 31st March 2021
 **Data from 6th March 2021 to 31st March 2021
 ***Data from 14th April 2021 to 30th April 2021
 ****Data from 24th April 2021 to 30th April 2021

Figure 2: Monthly percentage of time that each monitoring station location has recorded hydrogen sulphide concentrations above WHO odour annoyance level (7 µg/m³)



Odours can become a nuisance and start to affect people, causing temporary symptoms including headache, nausea, dizziness, watery eyes, stuffy nose, irritated throat, cough or wheeze particularly if a person has a pre-existing respiratory condition, sleep problems and stress. Individuals will react differently to the odour of hydrogen sulphide. Some people may be more sensitive to hydrogen sulphide odour than others. As the hydrogen sulphide concentration increases more people would be expected to have symptoms, particularly when the concentration exceeds the WHO 30-minute odour annoyance level of 7 µg/m³ on a regular basis. This is reflected in the impacts on the effects on people's wellbeing and the

symptoms they are experiencing, as reported to Staffordshire County Council’s Smell and Symptom Tracker ([link](#)).

Even at hydrogen sulphide concentrations below the WHO odour annoyance guideline value odour may still be present, however as concentrations fall to even lower levels it is anticipated that the strength of any odour should also reduce.

UKHSA strongly continues to recommend that all measures are taken to reduce the off-site odours from the landfill site.

WHO 24-hour (average) guideline

The monitoring data has been converted to 24-hour averages for each of the monitoring days. At MMF1, MMF2 and MMF6 24-hour average values were significantly below the WHO 24-hour average guideline value of 150 µg/m³.

At MMF9, the 24-hour average guideline value was exceeded on two days during the monitoring period: 7 and 8 March 2021, with 24-hour average concentrations of 163 µg/m³ (7 March 2021) and 202 µg/m³ (8 March 2021). No further exceedances have occurred, and subsequent 24-hour average values were significantly below the WHO 24-hour average guideline value of 150 µg/m³.

Exposure to concentrations of hydrogen sulphide above the WHO 24-hour guideline value does not necessarily mean eye irritation or other health effects will occur, but it reduces the margin of safety that is considered desirable to protect health.

Peak exposures

Table 4: US Environmental Protection Agency (US EPA) Acute Exposure Guideline Levels (AEGs) for hydrogen sulphide

	10 min	30 min	60 min	4 hour	8 hour
AEGL-1[†] ppb µg/m ³	750 (1045)	600 (836)	510 (711)	360 (502)	330 (460)
AEGL-2^{††} ppb µg/m ³	41000 (57150)	32000 (44600)	27000 (37660)	20000 (27880)	17000 (23700)
AEGL-3^{†††} ppb µg/m ³	76000 (105900)	59000 (82240)	50000 (69690)	37000 (51570)	31000 (43210)

[†] The level of the chemical in air at or above which the general population could experience notable discomfort, irritation, or certain asymptomatic non-sensory effects. However, the effects are not disabling and are transient and reversible upon cessation of exposure.

^{††} The level of the chemical in air at or above which there may be irreversible or other serious long-lasting effects or impaired ability to escape.

^{†††} The level of the chemical in air at or above which the general population could experience life-threatening health effects or death⁴.

Short-term peaks in hydrogen sulphide concentration have been compared against the US Environmental Protection Agency (US EPA) Acute Exposure Guideline Levels (AEGs) (see Table 4).

AEGLs are expressed as specific concentrations of airborne chemicals at which health effects may occur and used to assess peaks of exposure. They are designed to protect the elderly and children, and other individuals who may be susceptible.

The monitoring data from MMF1, MMF2, MMF6 and MMF9 were compared with AEGL-1 10-minute, 30-minute, 60-minute, 4-hour and 8-hour levels for hydrogen sulphide (Figures 1-4 in the Appendix). At MMF1, MMF2 and MMF6, all concentrations were significantly below the AEGL-1 values.

At MMF9, the AEGL-1 level was exceeded across the AEGL time frames between the 7 and 8 of March as set out in Table 1. No further exceedances have occurred, and all later concentrations were significantly below the AEGL-1 values.

Exposure to concentrations above the AEGL-1 values may cause notable discomfort, irritation or certain asymptomatic, non-sensory effects. However, the effects are not disabling, and are transient and reversible upon cessation of exposure.

Table 1: AEGL-1 timeframes

	Acute Exposure Guideline Levels (AEGLs)				
	10 min	30 min	60 min	4 hour	8 hour
Timeframe of Exceedances of AEGL-1 at MMF9	0615 - 0650 hrs (8 th March)	0550 - 0655 hrs (8 th March)	0415 - 0650 hrs (8 th March)	0210 - 0550hrs (8 th March)	2245 hrs (7 th March) – 0230 hrs (8 th March)

Note that exceedances of AEGLs occur when rolling-average concentrations over a given AEGL duration (ie, 10 min, 30min, 60min, 4 hour and 8hour) exceed the corresponding AEGL concentration.

Hydrogen sulphide medium term exposure

To assess medium term exposure to hydrogen sulphide during 2021, the calculated average of the daily exposure concentrations from the March - August data have been compared against the Agency for Toxic Substances and Disease Registry (ATSDR) Intermediate Minimal Risk Level (MRL) of 30 µg/m³, which applies cumulatively to up to 1 year. The average daily hydrogen sulphide concentrations across the whole monitoring period were:

MMF1 (14/04/2021 to 31/08/2021): 1.8 µg/m³
 MMF2 (05/03/2021 to 31/08/2021): 2.7 µg/m³
 MMF6 (24/04/2021 to 31/08/2021): 2.2 µg/m³
 MMF9 (06/03/2021 to 31/08/2021): 13.8 µg/m³

At all the monitoring stations, the average daily hydrogen sulphide concentrations over the period March to August 2021 are below the ATSDR Intermediate MRL. This means that the concentrations experienced so far in 2021 are unlikely to cause a lasting impact to physical health, and as such, any risk to long term (lifetime) physical health is likely to be small.

The monthly average and cumulative-monthly average hydrogen sulphide concentrations for MMF 9 (the monitoring station with the highest recorded concentrations of hydrogen sulphide) are shown in Figure 3 below. Monthly average hydrogen sulphide concentrations for complete months data is represented in Table 5 and Figure 4 below.

Table 5: Monthly average concentrations for hydrogen sulphide

Monitoring Station	March 2021 ($\mu\text{g}/\text{m}^3$)	April 2021 ($\mu\text{g}/\text{m}^3$)	May 2021 ($\mu\text{g}/\text{m}^3$)	June 2021 ($\mu\text{g}/\text{m}^3$)	July 2021 ($\mu\text{g}/\text{m}^3$)	August 2021 ($\mu\text{g}/\text{m}^3$)
MMF1	NS	3.0***	2.4	1.9	1.3	0.8
MMF2	5.8*	2.7	3.1	2.0	1.9	1.3
MMF6	NS	1.4****	3.6	2.4	1.5	1.2
MMF9	27.9**	26.5	15.7	7.2	5.7	4.1

NS = hydrogen sulphide not sampled

*Data from 5th March 2021 to 31st March 2021

**Data from 6th March 2021 to 31st March 2021

***Data from 14th April 2021 to 30th April 2021

****Data from 24th April 2021 to 30th April 2021

Figure 3: MMF9 monthly average and cumulative-monthly average hydrogen sulphide concentrations

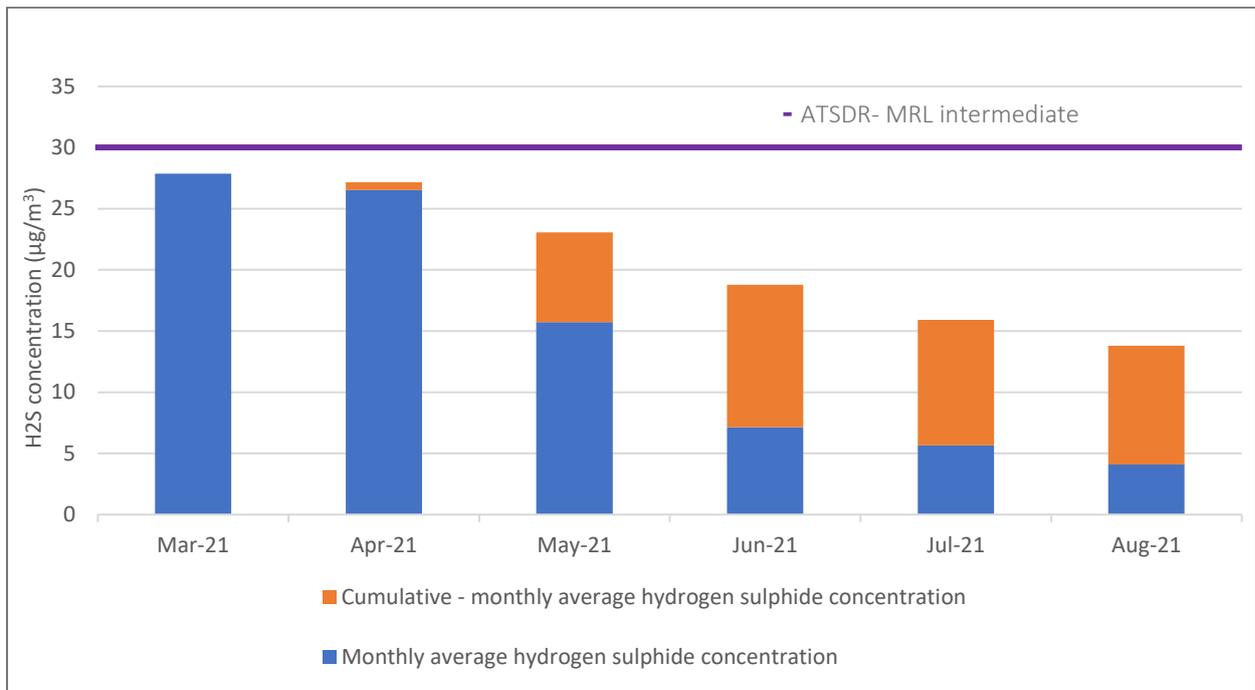
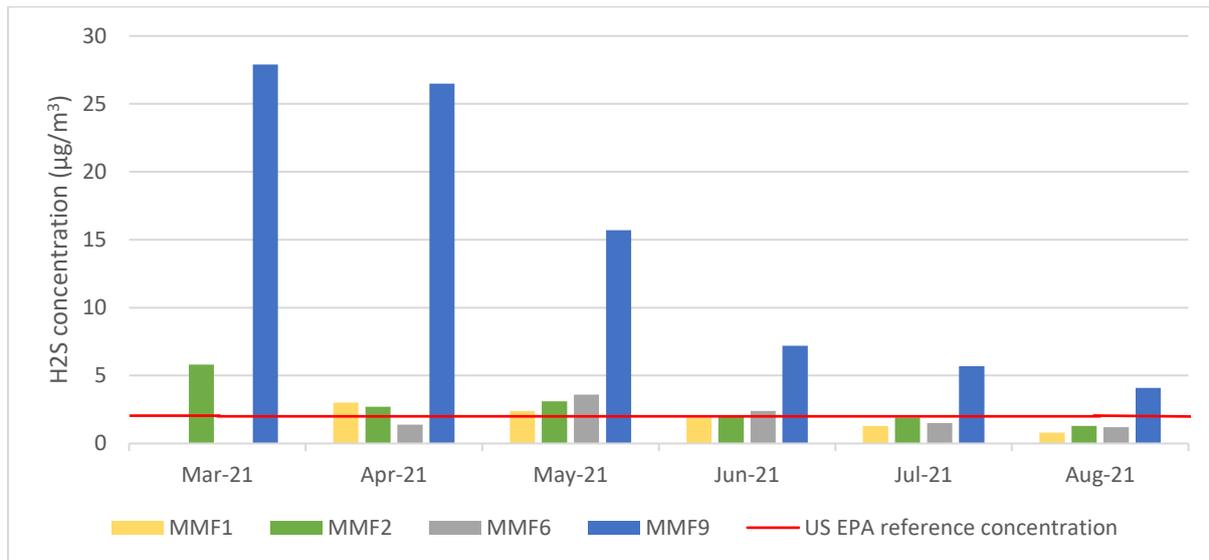


Figure 4: Monthly average hydrogen sulphide concentrations at each monitoring station



Hydrogen sulphide long-term exposure

To assess long term exposure to hydrogen sulphide, data has been compared against the US EPA Reference Concentration (RfC) shown in Table 2. The RfC is an estimate of a continuous inhalation exposure to the human population (including sensitive subgroups) that is likely to be without an appreciable risk of deleterious effects during a lifetime. Exposure to concentrations of hydrogen sulphide above the US EPA RfC does not necessarily mean health effects will occur, but it reduces the margin of safety^c that is considered desirable to protect health.

At MMF1, the monthly average concentrations since June 2021 have been below the US EPA RfC of 2 µg/m³. At MMF2 and MMF6, the monthly average concentrations since July 2021 have been below the US EPA RfC of 2 µg/m³ (Figure 4). If these concentrations continue, the risk to long term (lifetime) health would be minimal.

At MMF9, the monthly average concentrations are reducing but they continue to be above the US EPA RfC (Figure 4). Currently, as the concentrations are below the ATSDR Intermediate MRL (see above), the risk to long term (lifetime) health is likely to be small, but it cannot be completely excluded if the monthly average concentrations continue to be above the US EPA RfC. The lower the concentrations become, the smaller any risk will be.

Assessment of previous monitoring data for hydrogen sulphide

In considering, long term exposure to hydrogen sulphide, the previous monitoring data from 6/7/2017 to 14/2/2018 and 15/1/2019 to 25/6/2019 monitoring periods should also be taken into account in the assessment against the US EPA RfC shown in Table 2.

^c Health-based guidance values are derived from animal or human data with a margin of safety applied to account for uncertainties in the data including potential differences in human response compared to that of an animal species and the variability in response in the human population due to factors such as genetic profile, age, and health status.

For the 2017/18 monitoring period the average 24-hour concentration was 0.85 µg/m³ and for the 2019 the average 24-hour concentration was 0.95 µg/m³. These previous concentrations are below the US EPA value, therefore they would not be expected to contribute to any significant effects on health.

Particulate matter

Table 5: Particulate matter UK Air Quality Objectives

Substance	UK limit values
PM ₁₀	50 µg/m ³ not to be exceeded more than 35 times a year 24 hour mean
	40 µg/m ³ Annual mean
PM _{2.5}	25 µg/m ³ Annual mean

PM₁₀:

Average for MMF1 (12/04/2021 to 31/08/2021): 17.6 µg/m³

Average for MMF2 (04/03/2021 to 31/08/2021): 15.8 µg/m³

Average for MMF6 (29/04/2021 to 31/08/2021): 11.8 µg/m³

Average for MMF9 (05/03/2021 to 31/08/2021): 12.3 µg/m³

PM_{2.5}:

Average for MMF1 (14/04/2021 to 31/08/2021): 8.5 µg/m³

Average for MMF2 (04/03/2021 to 31/08/2021): 8.6 µg/m³

Average for MMF6 (24/04/2021 to 31/08/2021): 7.6 µg/m³

Average for MMF9 (05/03/2021 to 31/08/2021): 7.8 µg/m³

These results are all below the relevant annual air quality objectives.

Nitrogen dioxide

Table 6: Nitrogen dioxide (NO₂) UK Air Quality Objectives

Substance	UK limit values
NO ₂	200 µg/m ³ not to be exceeded more than 18 times a year 24-hour mean
	40 µg/m ³ Annual mean

Average for MMF2 (04/03/2021 to 31/08/2021): 13.7 µg/m³

Average for MMF9 (04/03/2021 to 31/08/2021): 8.8 µg/m³

These results are all well below the relevant annual air quality objectives in the UK Air Quality Strategy.

Sulphur dioxide

Table 7: Sulphur dioxide (SO₂) UK Air Quality Objectives

Substance	UK limit values
SO ₂	266 µg/m ³ not to be exceeded more than 35 times a year 15 min mean
	350 µg/m ³ not to be exceeded more than 24 times a year 1 hour mean
	125 µg/m ³ not to be exceeded more than 3 times a year 24 hour mean

Average for MMF1 (24/06/2021 to 31/08/2021): 1.1 µg/m³

Average for MMF6 (24/06/2021 to 31/08/2021): 1.1 µg/m³

Average for MMF9 (28/05/2021 to 31/08/2021): 3.8 µg/m³

The SO₂ data for the period averaged are all well below the respective limit values for SO₂ in the UK Air Quality Strategy. Therefore, no significant risks to health from SO₂ are expected during this monitoring period.

Methane

Methane (CH₄) is generally considered to be an asphyxiant rather than a toxic gas. It is typically only a risk to health in high concentrations in enclosed spaces. There are no ambient air quality standards. However, levels greater than 80% methane may cause asphyxia (1% methane is equivalent to 6,556 mg/m³) and the Lower Explosive Limit is 32,781 mg/m³.

The average concentration of methane recorded were:

MMF1 (14/04/2021 to 31/08/2021): 2.3 mg/m³

MMF2 (05/03/2021 to 31/08/2021): 2.6 mg/m³

MMF6 (24/04/2021 to 31/08/2021): 1.7 mg/m³

MMF9 (06/03/2021 to 31/08/2021): 4.2 mg/m³

All the maximum concentrations of methane were significantly below the values discussed above.

Benzene, toluene, ethylbenzene and xylene (BTEX)

Benzene

Table 8: Benzene UK Air Quality Objective and health-based guidance value

Substance	UK Air Quality Objective and health-based guidance value
Benzene	UK Air Quality Objective: 5 µg/m ³ (annual mean)
	Short-term Environmental Assessment Level (EAL)*: 30 µg/m ³ (24-hour mean)

* EALs represent a pollutant concentration in ambient air at which no significant risks to public health are expected⁵.

Average for MMF2 (10/03/2021 to 11/08/2021): 0.21 µg/m³

Average for MMF9 (10/03/2021 to 11/08/2021): 0.25 µg/m³

Maximum 30-minute concentration for MMF2: 8.01 µg/m³
 Maximum 30-minute concentration for MMF9: 2.42 µg/m³

The calculated averages for the monitoring period are below the UK Air Quality Objective and the maximum 30-minute concentrations are below the short-term EAL therefore there would not be expected to be any significant risks to health at these levels of exposure.

Toluene

Table 9: Toluene health-based guidance values

Substance	Health-based guidance values
Toluene	PHE indoor air quality guideline (long-term)*: 2300 µg/m ³ (24-hour average)
	PHE indoor air quality guideline value (short-term)*: 15,000 µg/m ³ (8-hour average)
	WHO odour detection threshold level**: 1000 µg/m ³ (30-minute average)

*An estimate of a level human exposure to a chemical in air at which no significant risks to health are expected. Whilst these values have been set to assess indoor exposure, they are also relevant for assessment of outdoor exposure⁶.

** The WHO recommends that the peak concentrations of toluene in air should be kept below the odour detection threshold level of 1000 µg/m³ as a 30-minute average⁷.

Average for MMF2 (10/03/2021 to 11/08/2021): 1.94 µg/m³
 Average for MMF9 (10/03/2021 to 11/08/2021): 3.10 µg/m³

Maximum 30-minute concentration for MMF2: 51.45 µg/m³
 Maximum 30-minute concentration for MMF9: 26.71 µg/m³

The calculated averages and maximum 30-minute concentrations are below the health-based guidance values. Therefore, there would not be expected to be any significant risk to health at these levels of exposure.

Ethylbenzene

Table 10: Ethylbenzene health-based guidance values

Substance	Health-based guidance values
Ethylbenzene	ATSDR chronic MRL*: 260 µg/m ³
	ATSDR acute MRL*: 27,700 µg/m ³

*An MRL is an estimate of the daily human exposure to a hazardous substance that is likely to be without appreciable risk of adverse non-cancer health effects over a specified duration of exposure. They are derived for acute (>1, ≤14 days), intermediate (>14, <364 days), and chronic (365 days and longer) exposure durations⁸.

Average for MMF2 (10/03/2021 to 11/08/2021): 0.77 µg/m³
 Average for MMF9 (10/03/2021 to 11/08/2021): 0.61 µg/m³

Maximum 30-minute concentration for MMF2: 121.56 µg/m³
 Maximum 30-minute concentration for MMF9: 88.58 µg/m³

The calculated averages and maximum 30-minute concentrations are below the health-based guidance values. Therefore, there would not be expected to be any significant risk to health at these levels of exposure.

Xylene

Table 11: Xylene health-based guidance values

Substance	Health-based guidance values
Xylene	PHE indoor air quality guideline value (long-term)*: 100 µg/m ³
	ATSDR acute MRL**: 9000 µg/m ³

*An estimate of a level human exposure to a chemical in air at which no significant risks to health are expected. Whilst these values have been set to assess indoor exposure, they are also relevant for assessment of outdoor exposure⁶.

**An MRL is an estimate of the daily human exposure to a hazardous substance that is likely to be without appreciable risk of adverse non-cancer health effects over a specified duration of exposure. They are derived for acute (>1, ≤14 days), intermediate (>14, <364 days), and chronic (365 days and longer) exposure durations⁹

Average for MMF2 (10/03/2021 to 11/08/2021): 2.28 µg/m³

Average for MMF9 (10/03/2021 to 11/08/2021): 1.63 µg/m³

Maximum 30-minute concentration for MMF2: 58.59 µg/m³

Maximum 30-minute concentration for MMF9: 140.28 µg/m³

The calculated averages for the monitoring period are below the PHE indoor air quality guideline value and the maximum 30-minute concentrations are below the ATSDR acute MRL therefore there would not be expected to be any significant risks to health at these levels of exposure.

Conclusions

The monitoring results for particulate matter, nitrogen dioxide and sulphur dioxide were below UK air quality objectives. Levels of volatile organic compounds (VOCs) (namely benzene, toluene, ethylbenzene and xylene (BTEX)) were below health-based guidance values. Therefore, there would be minimal risks to health at these levels of exposure.

The results for hydrogen sulphide continue to be above the WHO odour annoyance guideline value for a considerable percentage of the time at one of the monitoring sites, which is undesirable due to the effects on people's wellbeing and the symptoms they are experiencing.

For the majority of the monitoring period from March to August 2021 the concentrations of hydrogen sulphide were below the short term WHO 24-hour health-based guideline value and AEGL values. The WHO 24-hour value and the AEGLs values were exceeded over a 2-day period on 7 and 8 March 2021. Exposure to concentrations above these values could potentially cause notable discomfort and irritation. Exceedances of these values does not necessarily mean health effects will occur, but it reduces the margin of safety that is generally considered to be desirable to protect health.

The hydrogen sulphide data up to the end of August 2021 shows continuing exposure to the population around the site, albeit concentrations in August continue to decrease compared to those seen from March to July. At three of the monitoring sites concentrations are now below the US EPA (RfC) long-term (lifetime) health-based guidance value. To assess the risk from the monitored concentrations in 2021, the concentrations have been compared to the ATSDR intermediate MRL for exposure between 14 - 364 days, and the MRL has not been exceeded. As a result, currently any risk to long term physical health is likely to be

small, however we cannot completely exclude a risk to health from pollutants in the area, where exposure continues above the long-term health-based guidance values. Short term transient health effects may be experienced such as irritation to the eyes, nose and throat, in addition to effects resulting from odour such as headache, nausea, dizziness, watery eyes, stuffy nose, irritated throat, cough or wheeze, sleep problems and stress. Individuals with pre-existing respiratory conditions may be more susceptible to these effects. With continuing exposure these effects may be prolonged, but are not anticipated to continue long term, once exposure has decreased to acceptable levels.

The EA and multi-agency partners will also be assessing additional factors such as meteorological conditions, complaints, and distance to receptors from the monitoring stations. UKHSA will continue supporting the other agencies with this work.

Overall, UKHSA continues to strongly recommend that all measures are taken to reduce the off-site odours from the landfill site, as early as possible, and reduce the concentrations in the local area to levels below those health-based guidance values used to assess long term exposure.

References

- 1 World Health Organization (WHO) air quality guideline [Microsoft Word - 6.6-hydrogen sulfide.doc \(who.int\)](#)
- 2 U.S. Department of Health and Human Services, Agency for Toxic Substances and Disease Registry (ATSDR), Toxicological profile for Hydrogen Sulphide, 2006. <http://www.atsdr.cdc.gov/ToxProfiles/tp114.pdf>
- 3 U.S. Environmental Protection Agency Reference Concentration for Hydrogen Sulphide. https://cfpub.epa.gov/ncea/iris2/chemicalLanding.cfm?substance_nmbr=61
- 4 Hydrogen Sulphide Acute Exposure Guideline Levels (AEGs) [Acute Exposure Guideline Levels for Airborne Chemicals | US EPA](#)
- 5 Environment Agency Environmental Assessment Levels (EALs) <https://www.gov.uk/guidance/air-emissions-risk-assessment-for-your-environmental-permit>
- 6 Public Health England. Indoor Air Quality Guidelines for selected Volatile Organic Compounds (VOCs) in the UK, 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/831319/VO_statement_Final_12092019_CS_1_.pdf
- 7 World Health Organization (WHO) air quality guideline, Toluene.

https://www.euro.who.int/_data/assets/pdf_file/0005/74732/E71922.pdf

8 U.S. Department of Health and Human Services, Agency for Toxic Substances and Disease Registry (ATSDR), Toxicological profile for ethylbenzene, 2010.

<https://www.atsdr.cdc.gov/ToxProfiles/tp110.pdf>

9 U.S. Department of Health and Human Services, Agency for Toxic Substances and Disease Registry (ATSDR), Toxicological profile for xylene, 2007.

<https://www.atsdr.cdc.gov/toxprofiles/tp71.pdf>

Appendix

Figure 1: MMF1 Hydrogen sulphide

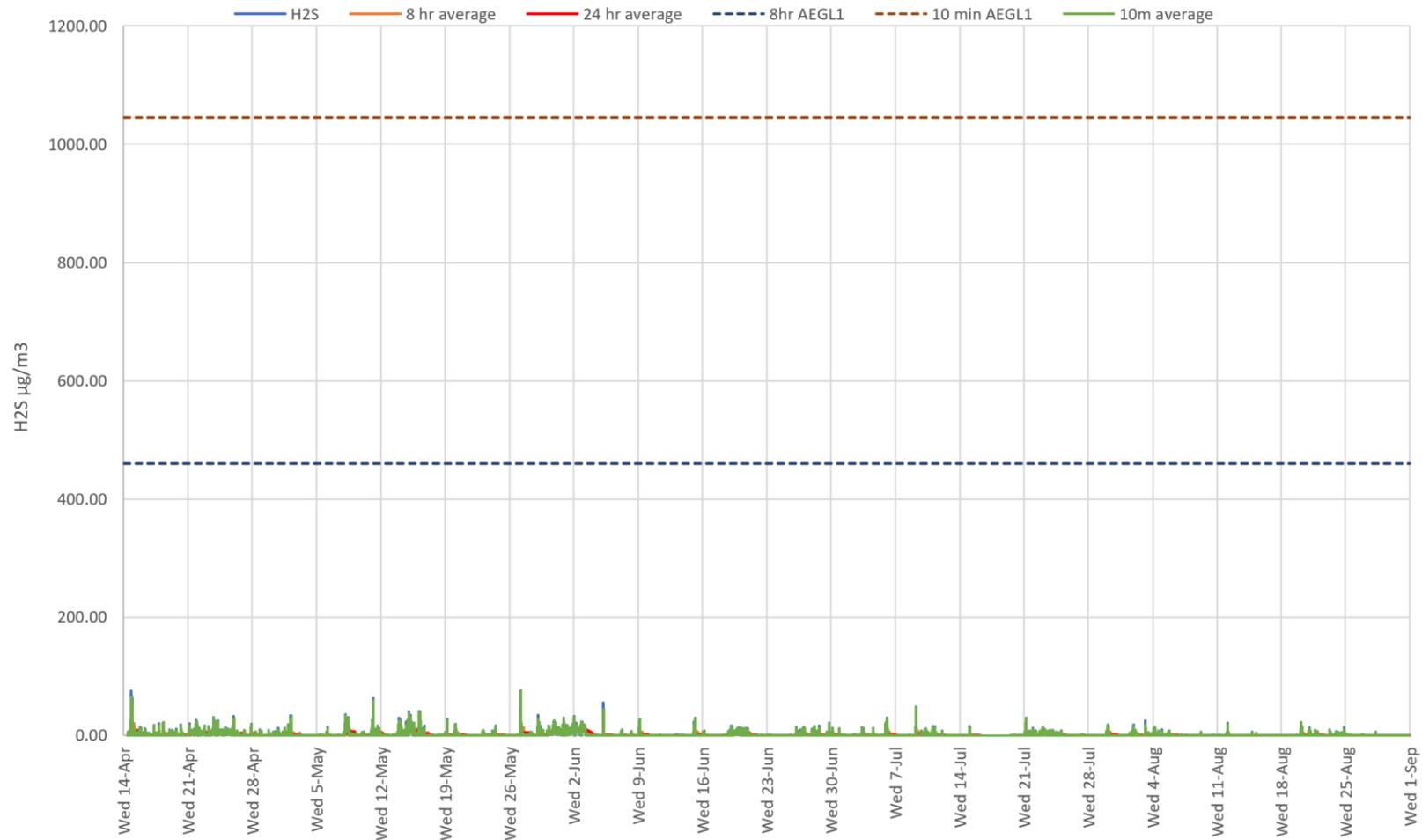


Figure 2: MMF2 Hydrogen sulphide

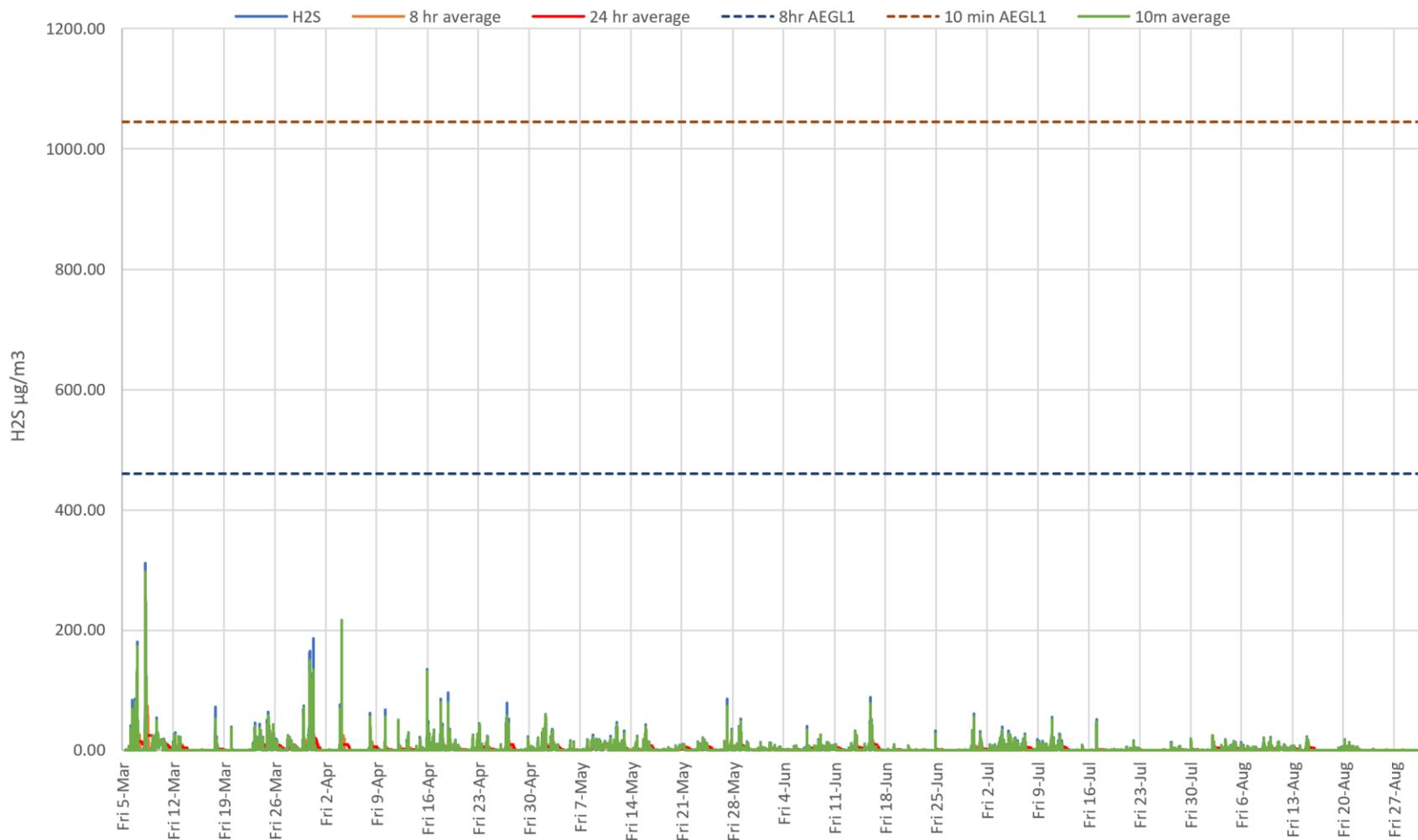


Figure 3: MMF6 Hydrogen sulphide

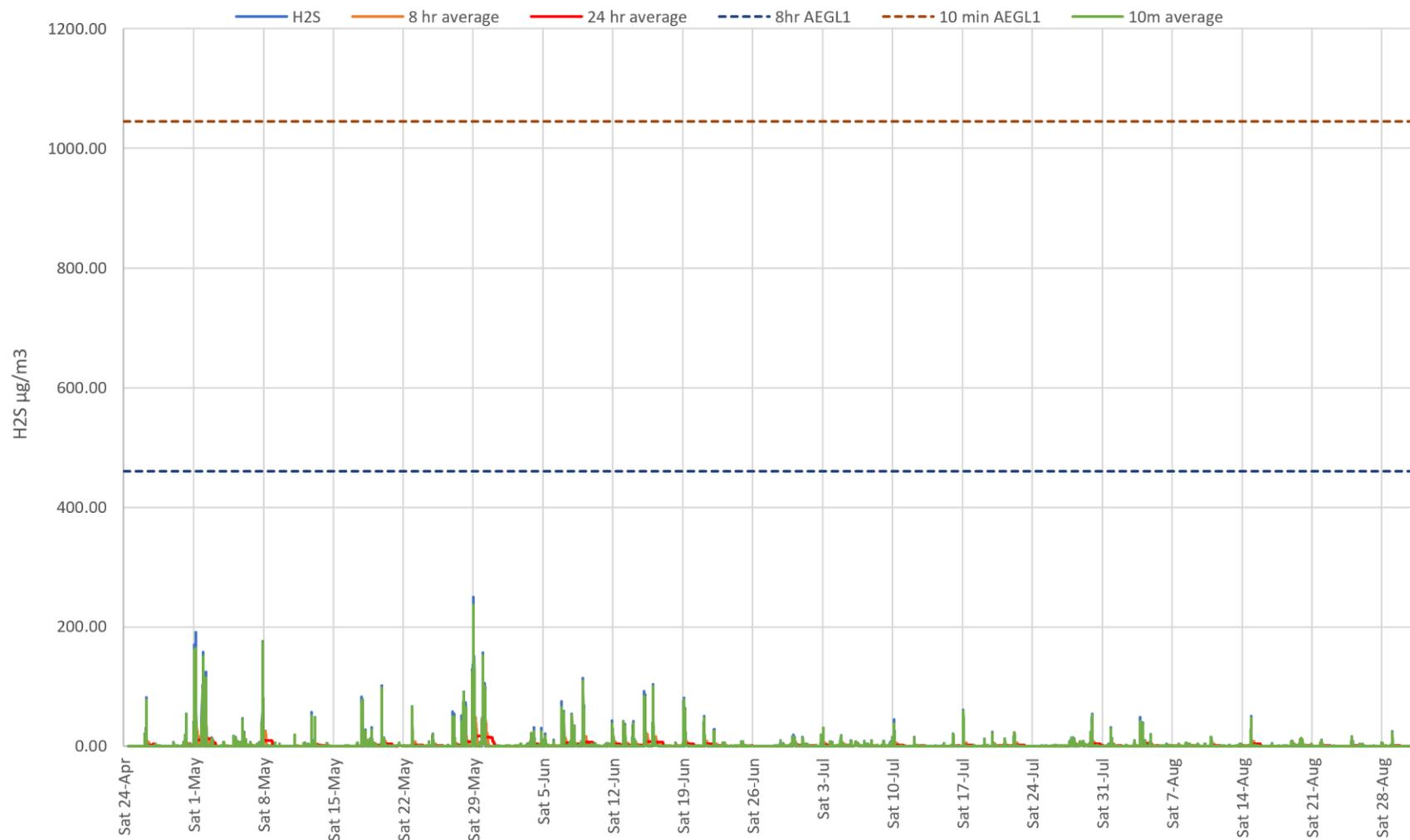
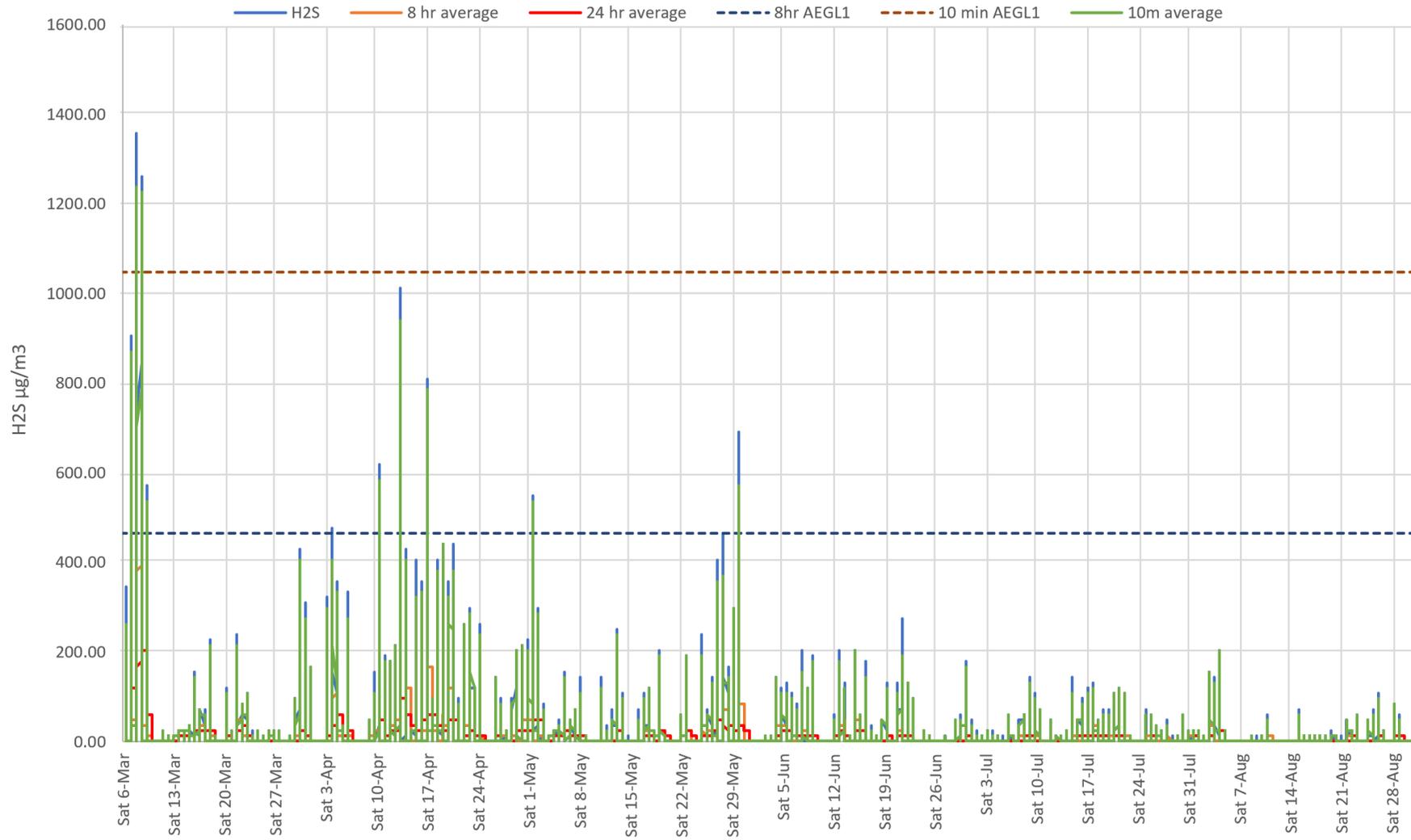


Figure 4: MMF9 Hydrogen sulphide



Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee - Monday 25 October 2021

District and Borough Health Scrutiny Activity

Recommendation

I recommend that:

- a. The report be received, and consideration be given to any matters arising from the Health Scrutiny activity being undertaken by the Staffordshire District and Borough Councils, as necessary.

Summary

1. The Committee receives updates at each meeting to consider any matters arising from the Health Scrutiny activity being undertaken by the Staffordshire District and Borough Councils.

Background

2. The Health and Social Care Act 2001 confers on local authorities with social services functions powers to undertake scrutiny of health matters. The County Council currently have responsibility for social services functions but, to manage health scrutiny more effectively, they have agreed with the eight District/Borough Councils in the County to operate joint working arrangements.
3. Each District/Borough Council has a committee in which holds the remit for health scrutiny matters that have a specifically local theme. The Health and Care Overview and Scrutiny Committee will continue to deal with matters that impact on the whole or large parts of the County and that require wider debate across Staffordshire.
4. District and Borough Councils each have a representative from the County Council Health and Care Overview and Scrutiny Committee as a member of the relevant committee with remit for health scrutiny matters. The County Councillors will update the District and Borough Councils on matters considered by the Health and Care Overview and Scrutiny Committee. A summary of matters considered by this committee is circulated to District and Borough Councils for information.

5. It is anticipated that the District and Borough Councillors who are members of this committee will present the update of matters considered at the District and Borough committees to the Health and Care Overview and Scrutiny Committee.
6. The following is a summary of the health scrutiny activity which has been undertaken at the District/Borough Council level since the last meeting of the Health and Care Overview and Scrutiny Committee on 20 September 2021.

7. Cannock Chase District Council

Health and Wellbeing Scrutiny Committee last met on 14 September 2021

- a. Date next meeting: 30 November 2021

8. East Staffordshire Borough Council

East Staffordshire Borough Council's Scrutiny Community Regeneration, Environment and Health and Well Being Committee last met on 22 September 2021. The Committee are concluding the reviews of Community Engagement through the COVID-19 pandemic and Waste Recycling.

Date of next meeting: 2 November 2021

9. Lichfield District Council

Lichfield District Council's Overview and Scrutiny Committee last met on 16 September 2021.

Date of next meeting: 18 November 2021

10. Newcastle-under-Lyme Borough Council

Newcastle-under-Lyme Borough Council's Wellbeing & Partnerships Scrutiny Committee met on 13 September and the following matters were considered:

- a. The Committee discussed the meeting of the County Health and Care Overview and Scrutiny Committee held on 26 July at Castle House to consider the health impacts arising from Walley's Quarry odour issues. The Committee noted that a number of letters had been sent to Government and responses were awaited. Members asked for a regular item on the agenda about the health impacts from Walley's

Quarry.

- b. Meeting with the Clinical Commissioning Group – the Committee received notes from the regular meeting between the Chair, officers, and Tracey Shewan of the CCG. The meeting had discussed the vaccination programme, numbers of people in hospital with Covid and current hospital waiting lists. The Committee discussed the importance of accessing primary care including face to face appointments, impact of the flu virus and long Covid and whether there were plans and additional resources to address the backlog in hospital waiting lists.
- c. Report from the meeting of the Police, Fire and Crime Panel held on 21 June - the Panel had met the new Police, Fire and Crime Commissioner Ben Adams and he had outlined his initial priorities. The Committee discussed key issues that they would like to raise with Mr Adams when he attended the next meeting in November; issues included the importance of a visible police presence, vandalism and anti-social behaviour particularly impacting Newcastle town centre and response times.
- d. The Work Programme was discussed, and the Committee agreed that the next meeting would focus on the discussion with the Police, Fire and Crime Commissioner. A report on the Newcastle Housing Advice Service would be considered at the March meeting to consider the service now it had been brought back in-house.

Cllr Julie Cooper, Vice Chair (in the chair for the meeting)

11. South Staffordshire District Council

South Staffordshire District Council's Wellbeing Select Committee met on 5 October 2021 and the following items were considered.

- a. Pre commencement of the meeting a discussion took place regarding GP access and Members will collate local examples and share with the committee Chairmen.
- b. Better Health Staffordshire – A whole system approach (WSA) to healthy weights Mark Sutton, Cabinet Member for Children and Young People, Natasha Moody, Assistant Director for Commissioning and Karen Coker, Senior Commissioning Manager from Staffordshire County Council delivered a presentation on Better Health Staffordshire and answered members questions on this subject area.

- c. Children's & Young People: Emotional Health & Wellbeing Mark Sutton, Cabinet Member for Children and Young People, Natasha Moody, Assistant Director for Commissioning and Karen Coker, Senior Commissioning Manager from Staffordshire County Council delivered a presentation on the draft Children's Emotional Health and Wellbeing Strategy and answered members questions on this subject area.
- d. The work programme was discussed, and the committee agreed that December's meeting would focus on Breast Screening and an update from the Community Safety Partnership.

Date of next meeting: 7 December 2021

12. **Stafford Borough Council**

Stafford Borough Council's Community Wellbeing Scrutiny Committee met on 21st September 2021, where the following items were considered:-

- a. Health and Care Overview and Scrutiny Committee - a wide ranging discussion on the previous meetings of the Health and Care Overview and Scrutiny Committee held on 26 July and 9 August 2021.
- b. Performance Update Report - a detailed analysis of the performance monitoring of those services within the remit of the Scrutiny Committee for the quarter 1 period ending 30 June 2021.
- c. Work Programme – consideration of the Committee's Work Programme for meetings up to March 2022. During the discussion on their Work Programme, a suggestion was made to consider the issue of Child Poverty.

Date of next meeting: 16 November 2021

13. **Staffordshire Moorlands District Council**

Staffordshire Moorlands District Council's Health Overview and Scrutiny Panel met on 15 September 2021 a verbal update was provided to the meeting on 20 September 2021:

- a. Health related matters considered
 - i. Aftercare following discharge from hospital
 - ii. Midlands Partnership NHS Foundation Trust – Annual update
 - iii. West Midlands Ambulance Service – Review of Community Ambulance Stations and rural provision of the service.

- b. During the WMAS agenda item, it became evident that there were issues which impacted the whole of the County and not just the Moorlands. Therefore, this matter was escalated to HCOSC for further consideration.
- c. Date next meeting: 15 December 2021 and the agenda items are being formalised.

14. **Tamworth Borough Council**

Health & Wellbeing Scrutiny Committee met on 23 September 2021.

The following is a summary of relevant business transacted at the meeting of Tamworth Borough Council's Health & Wellbeing Scrutiny Committee held on 23 September 2021 - link to Agenda and reports pack:

<http://democracy.tamworth.gov.uk/ieListMeetings.aspx?CommitteeId=209>

Minute No.	Title
25.	<p><u>Midlands Partnership Foundation Trust presentation</u></p> <p>The Head of Primary Care Development & MH Programme Lead (South Staffordshire) and a Consultant Nurse and Approved Clinician from Midland Partnership Foundation Trust (MPFT) as well as the Council's Community Partnerships Manager attended the meeting. MPFT provided an overview of the planned transformation of mental health provision over the next three years, with a focus on:</p> <ul style="list-style-type: none"> • The plans to create integrated neighbourhood teams, in this area covering Burntwood, Lichfield and Tamworth; • The work with partners to empower people with autism to remain independent and to prevent avoidable hospital admissions; • The work to ensure mental health teams would be in all A&E hospitals (Core 24) with the specialisms required to address mental as well as physical conditions; • The work on the pathway which would look at the social barriers following a discharge from hospital and to support patients with their integration back into the community through the support of a recovery worker; • the additional resources being focussed to provide support to individuals through a service known as Increasing Access to Psychological Therapies (IAPT) which was a self-referred service for individuals.

	<p>The Committee discussed the local provision, and planned future local services in Tamworth including:</p> <ul style="list-style-type: none"> • The importance of partnership working to the success of this transformation process. • The role of co-producing and co-designing services locally. • The extent to which services were provided locally and the importance of that local provision. The work ongoing to locate services locally and accessibly. The fact that Tamworth had the first financial wellbeing adviser at its Citizens Advice and had been identified to pilot the rehabilitation and personality disorder pathways. • The need to ensure that there was not the perception in the local community that services were geographically distant which could alienate residents from accessing services. • Localising the communication plan to specific areas, noting that local word of mouth was vital, in addition to the traditional paper based and online communication methods and social media, including postcards and radio. • The importance of overcoming the stigma of mental health issues, where it was acknowledged that this could affect individuals accessing help and the importance of working in partnership to engage with communities and support local people to navigate to the services and the importance of those who had lived experience and reflected the local community being involved in navigation. • How the system was geared up to people with chronic mental health conditions given the fact that most services seemed to be time limited and whether chronic conditions would be addressed as part of this transformation. • The importance of and the role of carers in supporting relatives, and the need for services to work as closely as possible with carers. • The importance of all organisations understanding the work undertaken locally by both service providers and by the voluntary sector and the role of Support Staffordshire in supporting communications.
	<p>Additional matters relevant to HCOSC</p>
<p>1.</p>	<p>The Committee had identified food vulnerability / healthy eating / social prescribing as issues of interest and noted that there could interact with the County wide item planned on wider determinants of health. Committee would want any work to tie in with County consideration / timescales.</p>

2.	Strategic Transformation Programme (STP) – nature / extent / timing of any Committee consideration aimed to tie in with County consideration.
	Date of the next meeting is 19 October 2021

Link to Strategic Plan

Scrutiny work programmes are aligned to the ambitions and delivery of the principles, priorities, and outcomes of the Staffordshire Corporate Plan.

Link to Other Overview and Scrutiny Activity

The update reports provide overview of scrutiny activity across Borough and Districts, shares good practice, and highlights emerging concerns which inform work programmes for Health and Care Overview and Scrutiny Committees across Staffordshire.

List of Background Documents/Appendices:

Council	District/ Borough Representative on CC	County Council Representative on DC/BC
Cannock Chase	Cllr Martyn Buttery	Cllr Phil Hewitt
East Staffordshire	Cllr Colin Wileman	Cllr Philip Atkins
Lichfield	Cllr David Leytham	Cllr Janice Sylvester-Hall
Newcastle	Cllr Ian Wilkes	Cllr Ian Wilkes
South Staffordshire	Cllr Joyce Bolton	Cllr Jak Abrahams
Stafford BC	Cllr Jill Hood	Cllr Anne Edgeller
Staffordshire Moorlands	Cllr Barbara Hughes	Cllr Keith Flunder
Tamworth	Cllr Rosey Claymore	Cllr Thomas Jay

Contact Details

Report Author: Deb Breedon
Job Title: Scrutiny and Support Officer
Telephone No.: 01785 276061
E-Mail Address: Deborah.breedon@staffordshire.gov.uk

WORK PROGRAMME – 25 October 2021

Health and Care Overview and Scrutiny Committee 2021/22

This document sets out the work programme for the Health and Care Overview and Scrutiny Committee for 2021/22.

The Health and Care Overview and Scrutiny Committee is responsible for:

- Scrutiny of matters relating to the planning, provision and operation of health services in the Authority's area, including public health, in accordance with regulations made under the Health and Social Care Act 2001 and subsequent guidance.
- Scrutiny of the Council's work to achieve its priorities that Staffordshire is a place where people live longer, healthier and fulfilling lives and In Staffordshire's communities people are able to live independent and safe lives, supported where this is required (adults).

Link to Council's Strategic Plan Outcomes and Priorities

- Inspire healthy, independent living
- Support more families and children to look after themselves, stay safe and well

We review our work programme from time to time. Sometimes we change it - if something comes up during the year that we think we should investigate as a priority. Our work results in recommendations for NHS organisations in the county, the County Council and sometimes other organisations about how what they do can be improved, for the benefit of the people and communities of Staffordshire.

Councillor Jeremy Pert

Chairman of the Health and Care Overview and Scrutiny Committee

If you would like to know more about our work programme, please get in touch with Deborah Breedon, Scrutiny and Support Officer on Deborah.breedon@staffordshire.gov.uk

In Staffordshire, the arrangements for health scrutiny have been set up to include the county's eight District and Borough Councils. The Health and Care Overview and Scrutiny Committee is made up of elected County Councillors and one Councillor from each District or Borough Council. In turn, one County Councillor from the Committee sits on each District or Borough Council overview and scrutiny committee dealing with health scrutiny. The Health and Care Overview and Scrutiny Committee concentrates on scrutinising health matters that concern the whole or large parts of the county. The District and Borough Council committees focus on scrutinising health matters of local concern within their area.

Health and Care Overview and Scrutiny Committee Work Programme 2021-22

Date	Topic	Background/Outcomes	
Committee Meetings, Reviews and Consultations			
		Background	Outcomes from Meeting
Monday 7 June 2021 at 10.00 am Scheduled	<ul style="list-style-type: none"> Health Scrutiny Arrangements Work Programme Planning Covid-19 Update 		Awareness of the background, scope and role of health scrutiny in Staffordshire. Work programme items to be prioritised and work programme to be submitted to the meeting on 5 July 2021
Monday 5 July 2021 at 10.00 am Scheduled	<ul style="list-style-type: none"> Restoration and Recovery Access to GP surgeries Future Delivery of Residential Replacement Care Services in Staffordshire (learning disabilities) (21/07/2021) Covid-19 Update 		<p>R&R: highlighted the work carried out through pandemic, noted the progress and risks around R&R and work planned to address current issues and move forward. Requested additional data and actions plans.</p> <p>Access to GP : noted the actions planned and requested detail of process to engage re s106 agreement relating to healthcare and feedback from consultation work with residents and practices on patient preference - perceptions, challenges and barriers.</p> <p>RRCS: Endorsed the commencement of the option appraisal. Pre-decision report requested. Covid update was noted members to share the update and representation of the vaccine programme widely.</p>
Monday 26th July 2021 at 2.00 pm Additional meeting	<ul style="list-style-type: none"> Walleys Quarry Landfill site - Health Implications 		Health and wellbeing implications : Questioning of strategic partners relating to the health and wellbeing implications of odour emissions from Walley's Quarry Landfill Site resulted in a recommendation to write to Government relating to the length of time the issues had been going and the adverse impact on the health and wellbeing of residents in Staffordshire and to request intervention in this matter. Other recommendations related to requests for further information about health and safety of employees, air quality monitoring reports, data relating to mental health impact. Also recommendations to EA to maintain monitoring, share data with PHE and to suggest investigate technical monitoring of emissions at landfill sites and recommendations to CCGs relating to referral pathways for those requiring support for mental health and wellbeing issues associated with Walleys Quarry Landfill Site. EA was requested to provide monthly written briefings of emission levels and a report to this committee in October 2021 to detail the range of works completed.
Monday 9 August 2021 at 10.00 am Scheduled	<ul style="list-style-type: none"> George Bryant Centre Maternity Services Covid-19 Update 	Work planning (7.6.2021) SCC PH	<p>GBC- Endorsed the process., requested additional information re clinical data to include in the business case. Highlighted the importance of the community impact assessment.</p> <p>Healthwatch Staffordshire to support face to face engagement with service users, families and carers. Further report requested following consultation.</p> <p>Maternity Services – endorsed the process and requested further trend data for home births. Healthwatch Staffordshire support to contact user groups. Further report following consultation.</p>

Monday 20 September 2021 at 10.00 am Scheduled	<ul style="list-style-type: none"> Urgent and Emergency Care Programme Difficult Decisions Phase 3 vaccination programmes COVID-19 Update 	Work programme (14.09.2020) Triangulation (2020) & Work planning	Process agreed - Comments re consultation process U&E care programme and Difficult decisions will feed into the consultation process and reports re feedback to future meeting. Phase 3 Vaccination programme – Progress noted, suggestion to include more detail of Flu vaccination programme in Webinar on 29 Sept. Thanked officers for speed of mobilisation. Covid Update- noted increase in case rates, steady take up rate and early winter pressures. To circulate Covid study report. DC/BC requested additional urgent items re GP Access and West Midlands Ambulance Service to be added to work programme.
Thursday 21 October 2021 at 2.00 pm Members Workshop	Introduction to Mental Health workshop <ul style="list-style-type: none"> Mental Health and Wellbeing – overview of services from mild to acute provision 	Work Planning (7.6.2021) CS/ASC/CCG	
Monday 25 October 2021 at 10.00 am Scheduled Page	<ul style="list-style-type: none"> Transformation Programme Update Mental health hospitals in Staffordshire Performance Overview and Dashboard ICS Walleys Quarry Update (26/7/21) COVID-19 update (Verbal) 		
Monday 29 November 2021 at 10.00 am Scheduled	<ul style="list-style-type: none"> Health & Care pathway Performance Overview and Dashboard PH COVID update 		Residents can access the services they need and can move seamlessly through health and care services without deconditioning
Monday 13 December 2021 at 10.00 am Additional meeting	<ul style="list-style-type: none"> West Midlands Ambulance Service GP Access 		Requested 20 September meeting
January 2022 TBC VC Scrutiny Lead Inquiry day	Inquiry Day - wider determinants of Health <ul style="list-style-type: none"> AM – Healthy you - Diet/ obesity/ activity healthy life expectancy. PM – Healthy Environment impact – housing, planning, food outlets 	Full day 2 sessions	Role of partners including community support and Parish Councils Involving DC/BC, Parish Councils, healthwatch and voluntary sector.
Monday 31 January 2022 at 10.00 am Scheduled	<ul style="list-style-type: none"> Care Home services – review of market and health and care plan for sector medium term Impact of Long COVID Health and Care post COVID lessons learned Integrated Care System 		
Tuesday 15 March 2022 at 10.00 am Scheduled	<ul style="list-style-type: none"> Use of advances in technology in Health & Social Care (Inquiry) Draft Mental Health Strategy 		

Tuesday 19 April 2022 at 10.00 am Scheduled	Environment Day <ul style="list-style-type: none"> Climate change – what are Staffordshire’s health and care partners doing Impact of air pollution on health 		Corporate and Prosperous – considering Climate Change
Working Party VC Overview lead Scope	<ul style="list-style-type: none"> Role and impact from school’s mental wellbeing counsellors, including the Healthy Schools Programme 	Awaiting timeline	
To be scheduled Chair Lead holding to Account	<ul style="list-style-type: none"> Scrutiny of Corporate Plan (Single item) Focus on Health and Care 	Work planning (7.6.2021)	Corporate O&S - 29 July 2021 officers to prepare performance data: Draft Corporate Plan to be considered (date to be agreed)

Working list of items		
Suggested Items	Background	Possible Option
The Role of Community Hospitals within the Wider Health Economy (CCGs, MPFT, D&BUHFT)		
‘Long’ Covid-19 - Reponse by Health (CCGs and Accute Hospital Trusts)	Agreed at Committee meeting on 14 September 2020	January 2022
Workforce Planning (Accute Hospital Trusts)	Requested by Chairman at Committee meeting on 26 October 2020	
SCC Mental Health Strategy (SCC)	Requested by Richard Deacon 21 October 2020	Draft February 2022
ICS and Urgent Care configuration engagement (CCGs/ICS)	Requested by Chairman in correspondence with CCGs Accountable Officer 5 March 2021	20 September 2021
Staffordshire Healthwatch Annual Report and Contract (Healthwatch and SCC)	Requested at meeting on 16 March 2021	Briefing circulated August 2021 – schedule early 2022
Going Digital in Health (CCGs)	Requested at meeting on 16 March 2021	15 March 2022
Care Homes – Future Strategy and Key Issues including Future Demand (SCC)	Requested at meeting on 16 March 2021	January 2022
Social Care IT system procurement		March 2022
Mental Health: Community	To be scheduled (work planning - 07.06.2021)	
Mental Wellbeing Children: engage with education providers	To be scheduled (work planning - 07.06.2021)	
Mental Health : Acute – shortage of childrens beds	To be scheduled (work planning - 07.06.2021)	
Childrens Dentstry – Flouridisation/ orthodontic access	To be scheduled (work planning - 07.06.2021)	
STP	Scheduled October 2021	
Womens Health Strategy	To be scheduled (work planning - 07.06.2021)	
Application funding for Adult Social Care	To be scheduled (work planning - 07.06.2021)	

Membership

Jeremy Pert Chairman)
Paul Northcott (Vice-Chairman - Overview)
Ann Edgeller (Vice-Chairman – Scrutiny)

Jak Abrahams
Charlotte Atkins
Philip Atkins
Richard Cox
Keith Flunder
Thomas Jay
Phil Hewitt
Jill Hood
Janice Silvester-Hall
Ian Wilkes

Ward/District Councillors

Jill Hood (Stafford)
Martyn Buttery (Cannock)
Rosemary Claymore (Tamworth)
Barbara Hughes (Staffordshire Moorlands)
Colin Wileman (East Staffordshire)
Joyce Bolton (South Staffordshire)
David Leytham (Lichfield)
Ian Wilkes (Newcastle-under-Lyme)

Calendar of Committee Meetings

at County Buildings, Martin Street, Stafford. ST16 2LH
(at 10.00 am unless otherwise stated)

Monday 7 June 2021 at 10.00 am;
Monday 5 July 2021 at 10.00 am;
Monday 26 July 2021 – Special meeting - Castle House NuLBC
Monday 9 August 2021 at 10.00 am;
Monday 20 September 2021 at 10.00 am;
Monday 21 October at 2pm - Mental Health Workshop;
Monday 25 October 2021 at 10.00 am;
Monday 29 November 2021 at 10.00 am;
Monday 13 December 2021 at 10.00 am special meeting WMAS/ GP Access
Monday 10 or 17 January 2021 (TBC) at 10.00 am – Wider Determinants
Monday 31 January 2022 at 10.00 am;
Tuesday 15 March 2022 at 10.00 am;
Tuesday 19 April 2022 at 10.00 am.

Working Party meetings to be scheduled September 2021 - February 2022
Paused awaiting timelines

