

Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 15 March 2022

Present: Jeremy Pert (Chairman)

Attendance

Philip Atkins, OBE	Barbara Hughes
Martyn Buttery	Thomas Jay
Richard Cox	David Leytham
Ann Edgeller (Vice-Chairman (Scrutiny))	Paul Northcott (Vice-Chairman (Overview))
Keith Flunder	Janice Silvester-Hall
Phil Hewitt	Colin Wileman

Also in attendance:

Marcus Warnes, Accountable Officer, Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCG)

Alec Dobney, Head of Unit, UK Health Security Agency (UKHSA)

Britta Gadeberg, Toxicology Consultant, UKHSA

Emma Sandbach, Consultant in Public Health, SCC

Katie Spence, Local Deputy Director, UKHSA

Jenny Fullard, Communications and Engagement Service Partner, NHS Midlands and Lancashire Commissioning Support Unit

Helen Slater, Transformation Manager, CCG

Emily Doorbar, Covid Lead SCC

Dr Richard Harling, Director Health and Care SCC

Julia Jessel – Cabinet Member Health and Care, SCC

Apologies: Charlotte Atkins, Rosemary Claymore, Jill Hood, Janet Johnson and Ian Wilkes

Substitute: Cllr Julie Cooper substituted for Cllr Wilkes

PART ONE

65. Declarations of Interest

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

66. Minutes of the last meeting held on 31 January 2022

The minutes of the meetings held on 31 January 2022 be approved and signed as a correct record.

67. Walley's Quarry Landfill Site - Health Implications Update

The Head of Unit UKHSA provided a detailed report and presentation relating to the health risk assessment for Walley's Quarry Landfill Site. He advised that the odours within Silverdale and the surrounding areas continued to be a complex and long running incident for UKHSA.

The Chairman welcomed the quality of the assessment and data in the report and presentation which was based on the monthly UKSHA risk assessments of the site. The report considered air quality data and health data going back to the inception of this incident and presentation slides further detailed the position of the mobile monitoring stations around the Landfill Site and data from the monitoring stations.

The Committee noted that high concentrations of hydrogen sulphide (H₂S) were first recorded in March 2021, levels of H₂S had decreased monthly towards December 2021 and at that time there was anticipation that the measures put in place were having the desired effect. However, UKHSA informed Committee that increases in concentration of H₂S were recorded in December 2021 and January 2022 with the highest concentrations of H₂S recorded at station MMF9 located in the Galingale residential area. This had raised new concerns that some of the measures on site were not continuing to have the desired effect. UKHSA reported concern for the toxicological effect on individuals' physical health and also the psychological effect on residents. It was explained that only the Environment Agency (EA) could determine the effectiveness of the interventions on the site.

It was explained that from January 2022 onwards, UKHSA was only comparing the monitoring results with the United States Environmental Protection Agency long-term (lifetime) health based guideline (2 µg/m³).

- (MMF1 and MMF2) concentrations were below the long-term (lifetime) health based guidance value, as they have been since June/July 2021
- (MMF6) concentrations have been below the long-term (lifetime) health-based guidance value since July 2021, In January 2022, showed a slight exceedance; the overall cumulative average is below the long-term (lifetime) health-based guidance value
- (MMF9), concentrations in January 2022 remained above the US EPA RfC. In this location concentrations were also above the World Health Organisation(WHO) odour annoyance guideline value for 16% of the time.

At MMF9, located in the Galingale residential area, concentrations had remained above the recommended guideline value for the duration of the incident and currently, whilst any risk to long-term (lifetime) physical

health is likely to be small, UKHSA could not exclude long term health impact if they remained so.

The Committee noted the following comments and responses to questions:

- Data measurement – concerns were raised that monitoring data would not show seasonality without a full year monitoring data. Assurance was provided that monitoring data went back to March 2021 and would be in place until December 2022 and there would be more than a years' worth of data to compare.
- Concerns were highlighted about H2S concentration levels at MMF9 in the residential area and the health impact on people who lived there. Psychological impact, although not in the risk assessment of air quality data, was also being taken into account. The figures did not show that the remedial work going on to date had been successful.
- Levels of other substances monitored on the site were not of concern at this time from the data presented.
- UKSHA could not respond to questions about the effectiveness of remedial work on site, the EA had provided a briefing paper on regulatory action taken to date, the latest measures to improve control of H2S emissions and a link to the plan to reduce H2S emissions from Walley's Quarry. UKHSA could only interpret the EA's monitored levels of H2S concentration coming off site. The only way UKHSA could determine if the work was effective was if levels fell in the monitoring data provided by EA.
- UKHSA had seen evidence of levels decreasing and had seen some differences caused by atmospheric conditions, but essentially EA was responsible for monitoring concentrations outside of the site and provided monitoring data to UKHSA. UKHSA was independent of the EA rather than contracted to the EA.
- Concern was raised about the impact of materials deposited in the landfill site on the water course. It was confirmed that the EA was responsible for monitoring the water and had a duty to make UKHSA aware of any issues. At this time no concerns had been reported.
- Members stressed that residents across Staffordshire had suffered long enough but there was no clear point of resolution for residents. Committee were advised that residents continued to be extremely annoyed about the odour, the impact on them, and that the situation had gone on for over 15 months. Residents continued to report a range of problems - foul odour, headache, nausea and respiratory symptoms irritation around eyes and throat which correlated with HS2 concentrations. Mechanisms were in place for residents to report symptoms.

- Members were disappointed that the EA had not been able to send a representative to respond to questions and determined to send a strong letter to Government to express this.
- Committee heard that in autumn 2021 Public Health was reasonably optimistic that there was a clear improving trend, but now were not confident having seen a spike in levels of H2S on the site. There was concern that there was not a clear plan to assure residents of what was promised to them in Parliament a year ago and concerns to the health of residents as the incident endures.
- Committee was assured that NHS had set up a dedicated mental health support facility and residents could access support and advice on health issues through their general practice GP.
- Activity on the site was due to end in 2026 when the contract ended, monitoring of the landfill site would have to continue even when activity ended, and the site was capped. Remediation of the site would be part of any Government action.

The Chairman thanked representatives from UKHSA and Dr Richard Harling for presenting the updates and for responses to questions at the meeting.

The Chairman summarised that the incident at Walley's Quarry had been an ongoing matter, since 2020, this committee had met in July 2021 to discuss the health implications and residents were still looking for a resolution to the problem in March 2022. The committee had heard that the longer this incident goes on, without a timeline to resolve the issue, the risks to long term health because of H2S concentrations could not be excluded and there was an impact on residents' mental health. The committee stressed the need to send a clear message to the Government for a decisive and urgent solution to the problems at Walley's Quarry Landfill Site, with the concentrations of H2S escape and in the absence of a clear plan there was a need to discontinue operations and close the site.

Resolved:

1. That the Health and Care Overview and Scrutiny Committee Chairman write to the Secretary of State for Environment, Food and Rural Affairs to express the committees' disappointment that the Environment Agency West Midlands Area chose not to attend committee to respond to questions on specific actions and about the plan to reduce hydrogen sulphide emissions at Walley's Quarry Landfill Site, Silverdale, Newcastle under Lyme, Staffordshire.
2. That the Health and Care Overview and Scrutiny write to HM Government to request that it intervene directly to resolve the situation at Walley's Quarry Landfill Site, using emergency powers if necessary to discontinue operations and close the site.

3. That the responses to the letters to HM Government be circulated to members as soon as received, and if no progress has been made to resolve the situation, request a further report to Health and Care Overview and Scrutiny Committee in two months.

68. Transformation Programme Update

The Accountable Officer, the Head of Transformation at Staffordshire and Stoke on Trent CCGs and the Communications and Engagement Service Partner NHS Midlands and Lancashire Commissioning Support Unit were in attendance to provide an update report and presentation on the system-wide transformation programme. The Accountable Officer also gave a verbal update on the Cannock Minor Injuries Unit (MIU).

The Cannock MIU was closed temporarily at the start the pandemic and was yet to re-open. Members were assured that the CCG was fully committed to re-opening Cannock MIU and was considering options. The Royal Wolverhampton Trust was not in a position to resume staffing it and a procurement exercise would be required to find a provider. CCG had faced challenges because there were widespread workforce issues due to Covid sickness and the skill set required to staff MIU's was in short supply and in great demand. CCG aimed to re-open Cannock MIU in June 2022, Members noted that the future of all Urgent and Emergency Care Services would be consulted on later in the year. An update report would be provided to the next meeting 11 April 2022.

In terms of the system wide transformation programme, an update was provided and detail about the processes and timelines were shared. Committee understood that since reporting on involvement activity Autumn 2021 there had been further changes to the transformation programme:

- As a result of new Government guidance, development of community diagnostic centres had been added and residents had been engaged.
- Some projects had been uncoupled from the programme to enable them to progress.
- Some projects were still paused
- Some projects were being sense checked to ensure consultation feedback from July 2019 was still relevant post Covid, that new guidance had been taken into account and that feedback on changes during Covid was included.

The Committee noted the following comments and responses to questions:

- Members felt that the number of consultation responses were relatively low. CCG advised that it was working to encourage better

uptake and that digital and social media involvement activity would be taken forward. Also, that CCG aimed to work with Healthwatch and voluntary organisations and welcomed suggestions from members for other methods to encourage uptake, including the suggestion to engage service users.

- In terms of the Urgent and Emergency Care Programme all emergency care portals would be considered as part of the options appraisal.
- Members highlighted the need for mental health providers to share details of pathways, to signpost where to access mental health support both direct and via voluntary sector support.
- The Case for Change (2019) set out the clinical model for Integrated Care Hubs (ICH) which were focussed on long term conditions. Consultation on ICHs in North Staffordshire was starting soon.
- It was understood that good community involvement required a connection to trusted voices in communities. During the pandemic community leaders had been working closely with partners. CCG was exploring with HW and VSCE colleagues both how to connect with communities and how to identify funding to set up surveys and engagement activities.
- Members were assured that there were pilot schemes and discussions underway to build alliances and long-term relationships between HW, VAST, Support Staffordshire and the Integrated Care System (ICS). Members expressed they wanted to be involved in supporting ICS in communities to link to community leaders as part of the process.
- Members highlighted the importance of reliability and value of data in the options appraisal to inform decision making for the George Bryan Centre. Assurance was given that the information gathering process was the same as used in other work, and that a range of evidence and impact assessments had been taken into account in the development of proposals. The stakeholder session to consider the proposal for the George Bryan Centre later that day would provide a sense check and would take into account the findings. The business case would go through an assurance process and be reported to committee in Summer 2022.
- Members understood that local intelligence and knowledge of trusted voices in the community was the best way to reach out and were assured that links were being built in to processes to speak to all communities.
- In relation to difficult decisions, committee were assured that a consistent approach would be taken across Staffordshire for residents of all geographical areas. CCG gave assurance that national and local guidance was referred to and kept up to date to ensure prioritisation and clarity of key design criteria. It was confirmed that health inequalities and the equality duty were taken into account. There was

consistency of approach in terms of service provision and being mindful in terms of access to services.

The Chair thanked presenters for the update.

Resolved:

1. That the Health and Care Overview and Scrutiny Committee received the reports of findings in the Transformation Programme update report and requested a report to a future meeting to consider the final proposals.
2. That an update report relating to Cannock MIU be provided to the next meeting of the Health and Care Overview and Scrutiny Committee.

69. Performance Overview

The Accountable Officer and Transformation Manager, CCG presented a report and performance dashboard to provide an overview of CCG performance against key constitutional standards and targets. The report updated committee on referral to treatment times, diagnostic test waiting times, cancer waits, accident and emergency provider and general practice.

The Accountable Officer advised that the high level of infections and staff absence across the winter months of late 2021 and early 2022 had been a particular challenge. He indicated that many of the targets on the dashboard were not being hit and were showing as a red rating.

Members were advised that there was an increase in numbers of people in hospital with Covid, over 8,000 in hospital in March 2022 which was a 20% increase since February 2022. In many cases Covid was not the reason for admission, many were testing positive after being hospitalised with a different condition. The high Covid numbers in hospitals had put significant pressure on the recovery programme.

Committee noted the following comments and responses to questions:

- Concern was raised about monitoring Covid cases once restrictions were lifted. Members were advised that during the pandemic only 1 in 6 lateral flow tests (LFT) had been reported, indicating that only a proportion of positive cases were reported. It was confirmed that the Office for National Statistics (ONS) data across the Country showed that 1 in 25 people were testing positive and data gathered would also show any new variants.

- Covid was considered endemic, there were still high numbers, but the population would need to follow Government guidance on 'Living with Covid'.
- Concerns were highlighted about breast cancer; histopathology testing and diagnostic waits which were longer than desired. There were also issues for rectal and skin diagnostic waits. Staffing was identified as a big problem which could not be resolved by additional funding, there were just not enough trained clinicians to carry out diagnostic tests and procedures in certain specialisms; and there was a shortage of trained clinicians to recruit. The Chairman advised that workforce issues would be looked at in the work programme for 2022-23.
- Members were concerned that it would take years not months to work through the backlog lists and address staffing resources. Members were re-assured that CCG was making some progress to reduce the backlog, but people were still presenting to add to the list.
- CCG was mindful that the consequences go far beyond the dashboard rating, this was about real people with real lives that were being affected by the long wait times and whilst dealing daily with the symptoms of their condition.
- CCG indicated that although changes were being made to areas of the pathway, when a redesign could make a difference, this was not going to resolve the bigger issues.
- CCG advised that it would take a long time to train people in clinical roles, and with more people were leaving the NHS than were joining it there was a need to retain people and make the NHS a place where people wanted to work. It was stressed that the last two years had been exhausting for the workforce and the challenge was not just about recovering elective timelines, but that the workforce needed time to recover as well.
- Members highlighted the importance of learning from good practice and the need to look at the six areas to identify where recovery had gone well so that good practice and learning could be shared across the system and with neighbouring ICS colleagues.
- The Chairman thanked all staff in the system for all the work they do.

The Chairman welcomed the detail in the report and presentation and indicated that key themes of concern from residents were access to GP surgeries and the backlog of elective surgeries. He clarified that committee maintained regular overview of the Primary Care Access Plan and also that a report on the backlog of elective surgeries was scheduled to committee in the work programme.

Resolved:

- 1) that Committee note the report and request a further monitoring report to a future meeting.

70. Covid-19 Update

The Covid Defence Lead provided an update report. She advised that the 'Living with Covid' paper was announced 21 February 2022, there were two significant changes one relating to the legal duty to isolate following a positive Covid test was replaced with guidance to limit contact from 24 Feb. The second was the intention to cease pre-public testing from 1 April 2022.

Main messages from the presentation were:

- That activities will focus on supporting high risk settings.
- A Covid helpline would be retained.
- Case rates were starting to rise. All age groups were rising but most increase was in the 35-39 age group.
- Hospitalisation rate was steadily reducing.
- Death rates remained below average.
- Vaccination drives continued. There was a significant increase in 12-16 year old take up of second doses.

Committee noted the following comments and responses to questions:

- The 'Living with Covid' paper focussed on an individuals' personal responsibility and personal accountability. The new local outbreak plan encompasses the paper but also looks at how to support local businesses to encourage public to take responsibility.
- The Lateral Flow Test (LFT) free public tests would cease from 1 April 2022.
- A review of the outbreak management response was taking place and communities that were considered to be at risk were being looked at to consider how to support them when free public testing ceased. A community impact assessment would be completed as part of review to understand who would be affected and how to support them.
- Members welcomed the success of the vaccination programme and indicated it was key to get back to normal with people taking personal responsibility. When assessing the effectiveness of some of the precautions during Covid restrictions they would be a need to look at the negative impact on mental health, the economy and take a balanced approach. They would continue to get the vaccination message out to public to be vaccinated and to get the message out.
- 119 system was a health number and could not be confirmed how long that would be in place. Assurance was provided that the Staffordshire County Council SCC Covid helpline would remain and would be manned until March 2023.
- New entrants entering from abroad were able to help them enter safely and to get support and be tested.

The Chairman concluded that as Covid was now classed as endemic in the environment there would be no requirement for a regular update on each agenda moving forward. The Chairman thanked the Covid Lead for attending committees and for her input over the duration of the pandemic. He asked that should any situation emerge that required a report to committee the Covid Lead would be invited to update the Committee.

Resolved:

1. That the update report be received and noted

71. District and Borough Updates

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

East Staffordshire Borough Council representative offered to send links to a scrutiny review report submitted to Cabinet on 14 March 2022, relating to Engaging and Supporting Communities. The Chairman welcomed sharing best practice between District and Borough Councils.

Staffordshire Moorlands meeting for 9 March had been postponed to Thursday 17 March 2022.

Resolved:

1. That the District and Borough Updates be noted.

72. Work Programme 2021-22

The Chairman introduced the work programme.

The wider determinants of health session led by Vice-Chair Scrutiny had been delayed to enable attendance of the new Public Health Consultant who joins Staffordshire County Council in April 2022.

The Mental Health Support Team report led by the Vice-Chair Overview had been delayed to 30 May 2022 to enable key witnesses to attend and to take account of the Draft Mental Health Strategy which was delayed to Spring 2022. Members were assured work was progressing.

The next meeting of the Committee takes place 11 April 2022.

1. That Committee note the work programme update

Chairman