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Health and Care Overview and Scrutiny Committee

Tuesday 15 March 2022
10:00
Council Chamber, County Buildings, Stafford

The meeting will be webcast live which can be viewed at any time here:
https://staffordshire.public-i.tv/core/portal/home

John Tradewell
Director of Corporate Services
7 March 2022

A G E N D A

1. **Apologies**

2. **Declarations of Interest**

3. **Minutes of the last meeting held on 31 January 2022** (Pages 1 - 10)

4. **Walley's Quarry Landfill Site - Health Implications Update** (Pages 11 - 46)

   Update from the UKHSA and Environment Agency

5. **Transformation Programme Update** (Pages 47 - 62)

   Report of the Clincical Commissioning Groups

6. **Performance Overview** (Pages 63 - 70)

   Report of the Integrated Care System (ICS)

7. **Covid-19 Update**

   Presentation from Covid Defence Lead, SCC

8. **District and Borough Updates** (Pages 71 - 76)

   Report of the District and Borough Representatives

9. **Work Programme 2021-22** (Pages 77 - 82)

Report of the Scrutiny and Support Officer

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

Notes for Members of the Press and Public

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Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 31 January 2022

Present: Jeremy Pert (Chairman)

Attendance

Charlotte Atkins	Phil Hewitt
Philip Atkins, OBE	Jill Hood
Martyn Buttery	Janet Johnson
Rosemary Claymore	David Leytham
Richard Cox	Paul Northcott (Vice-Chairman (Overview)
Ann Edgeller (Vice-Chairman (Scrutiny)	Janice Silvester-Hall
Keith Flunder	

Also in attendance:
Peter Axon, Interim Chief Executive Designate, Integrated Care System ICS Staffordshire and Stoke on Trent
Lynn Millar – Director of Primary Care and Medicines Optimisation for 6 Staffordshire and Stoke -on -Trent, Clinical Commissioning Groups.
Paddy Hannigan,
Tracey Shewan, Director of Communication and Corporate Services for 6 Staffordshire and Stoke on Trent CCGs
Marcus Warnes, Senior Responsible Officer, Combined Staffordshire CCGs
Clare Neill, Associate Director of Communications & Strategic Partnerships, Midlands Partnership Foundation Trust
Tanisha Steele, Staffordshire and Stoke on Trent CCGs
Emily Doorbar,
Richard Harling, Director Health and Care SCC
Julia Jessel – Cabinet Member Health and Care, SCC

Apologies: Barbara Hughes, Colin Wileman and Ian Wilkes

Substitutes: Cllr Tony Holmes for Cllr Hughes and Cllr Julie Cooper for Cllr Wilkes

PART ONE

56. Declarations of Interest

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

57. Minutes of the last meeting held on 29 November 2021 and 13 December 2021

The minutes of the meetings held on 29 November 2021 and 13 December 2021 be approved and signed as correct records.

58. Integrated Care System Update

The Interim Chief Executive Designate Integrated Care Board (ICB) provided a detailed report and presentation relating to the progress in the creation of the Integrated Care System (ICS), which included the development of the Integrated Care Partnership (ICP) and the recent recruitments to the Integrated Care Board ICB.

The CE ICB advised of the extended timeline for ICS which would now commence on the 1 July 2022. The three-month extended period from April to July would be used to develop the ICP and the governance structure that sits under the ICB. The ICP would oversee the development of the Health and Care Strategy for the ICS and holds the ICB to account for delivery of the strategy. The ICP strategy would be in place by March 2023.

Committee noted the significant challenges and opportunities to ICS at this time for both social care and health care.

In response to Members questions the following responses and clarification was provided:

- The ICS strategy and timelines would be developed by ICP. At a system level the number of meetings held had been reduced. Patient and public participation groups (PPI) would be linked into the system level strategy to ensure that the needs of local people were heard and understood, and that organisational change would have impact on client experience on the ground. There was more to do on developing the strategy over the coming months.
- Assurance was given that the public voice and public need would be considered in all portfolios during the design and development work, in particular that place infrastructure variation considered local access need and would follow the customer journey as part of the strategy.
- Members encouraged community group and voluntary sector involvement in consultation on the strategy. The voluntary sector was a key partner around the table and there was a need to gather intelligence and data to develop the strategy.
- The ICP strategy was at a very early stage, work on timelines and process was progressing and an update would be brought back to a future meeting.
- Delivery would be via three place-based partnerships (Place): North Staffs and Stoke-on -Trent; South East Staffs; South West Staffs and a System Provider Collaborative.

- All Staffordshire County, District and Borough Council Chief Executives and the CE ICS had recently met and talked about Place and how local districts could influence and be involved in the Place discussion and the wider determinants of health agenda. It was understood that the uniqueness of each geographical area had to be considered, e.g., outflows to other areas and the acute services contacted outside the area and that there was a need to involve and be influenced by the District and Borough agendas.
- Assurance was provided that the ICS would build on existing arrangements where they were in place and try to mitigate differences. The ICS CE indicated that when first appointed much of his time had been dedicated to the booster vaccination roll out, but focus was now on the next steps for ICS. It was understood that Covid-19 vaccination programme had impacted on the consultation and development of the ICS framework and that any concern relating to consultation and debating should be made known.
- A Member indicated that Councils were different organisationally to NHS bodies, they were Member led with a medium-term strategy and different pay and conditions, he highlighted the need to communicate, be open and engage with members across the County.
- It was explained that timelines were confined but that there was time to consult fully and prepare the legal framework to commence on 1 July 2022. It was anticipated that design would continue to be developed taking on board all aspects of public and partner considerations before the strategy was finalised in March 2023.

The Chairman indicated that Members would like to see the ICS strategy bring about tangible change for residents and an improved customer journey. The Committee had highlighted that the customer voice and geography of Place should be taken into account and that there was a need to involve the voluntary and community sector in shaping the strategy.

The Chairman thanked the CE ICS for presenting the process and invited an update to a future meeting to provide more detail on the structure and progress.

Resolved:

1. That the update report be noted and a further update be requested on developing the ICS in July 2022.

59. Phase 3 Covid Vaccination 3 Update

The Director of Primary Care and Medicines Optimisation for 6 Staffordshire and Stoke-on-Trent, Clinical Commissioning Groups and the Chair of the Programme Board provided an update report and presentation relating to phase 3 of the Covid Vaccination Programme.

The Committee noted the following comments and responses to questions:

- There were currently no walk-in centres in the Staffordshire Moorlands district for resident's use. It was explained that walk-in centres were targeted for low vaccine take up areas and that Leek and Biddulph areas in Staffordshire Moorlands district had high take up rates. There were community pharmacy appointments available to residents and these could be booked on the national booking system.
- Members requested that changes to location of walk-in centres be widely communicated to residents.
- The walk-in centre at the Pirehill Fire Station was situated on the A34 road at Stone which was not easily accessed on foot. It was explained that the Fire Station site was identified to facilitate access for large numbers of residents by vehicle when it was first known that 150,000 vaccines had to be delivered in two weeks. Members were invited to contact officers if they wanted to suggest more suitable alternatives for walk-in centres in Stafford Town Centre.
- In terms of alternatives to a jab for younger vaccine recipients, such as a sugar cube, it was explained that injection for children was a tried and tested method to vaccinate. The vaccine roll out for 11-15 year olds had a 60% uptake, and roll out for 5-11 year olds who were clinically vulnerable was due to commence. It was planned to offer the vaccine jab to all children 5-11 by the Easter Holidays. It was explained that there were technological reasons why vaccines were offered by injection and the method was approved by the Joint Committee on Vaccination and immunisation (JCVI).
- In relation to low take up of vaccine, Members were advised that an inequalities group met weekly to consider how best to identify and target groups using data. Local councillors were also encouraged to identify groups in their wards and Members were encouraged to talk to their Local Outbreak Control Board Member. For rural areas an 'ice cream van' approach was used, where a mobile unit would be arranged and residents notified what time and date the unit would be on which site. These methods should be highlighted at a workshop for Members on 17th February 2022.
- 2.4 million booster vaccinations had been provided since 12 December 2021. It was understood that the drive to vaccinate had been labour intensive, there was a need to train others to jab and be overseen by a clinician to make best use of people in the system, and there was a need to develop a sustainable model for vaccine roll out moving forward.
- The need to re-circulate community pharmacy site information was highlighted to encourage take up of vaccinations. CCGs were working with social media groups to get factual information out to non-vaccinated residents and encourage take-up and drop in Q&A sessions

with trusted information had been arranged. There was a steady rise in every cohort coming forward for vaccination.

- Vaccination of NHS staff was proposed with the last date to have first vaccine by 4 February 2022. It was reported that of 45,000 members of NHS staff, 2% were unvaccinated, there being potentially 900 staff reduction. This was of concern to Members, they were advised that individual conversations with staff were ongoing and that a process was in place to reduce the impact.

The Chair thanked presenters for the update and their continued work under extreme pressure. The Director of Primary Care thanked Members for their support and offer to get the message out in their local areas.

Resolved:

1. That the update report be received and noted.

60. Covid-19 Update

The Chair congratulated the Emily Doorbar, Covid Defence Lead on the award of British Empire Medal BEM in the Queen's New Year's Honours Awards for her exceptional work relating to Covid-19 track and test programme in Staffordshire which had been shared with other Local Authorities as best practice. The Committee endorsed the Chairman's comments and congratulated her. The Covid Defence Lead thanked the Chair and the team effort to deliver the track and trace programme.

The Covid Defence Lead provided an update which detailed the current position in relation to management of Covid-19, case rates, demographics, hospitalisations, death rate and vaccination programme.

Committee noted the following comments and responses to questions:

- Staffordshire overall rate was 977.5 currently lower than the rest of the West Midlands, and slightly higher than the national rate.
- Case rates remain high but had plateaued. There were currently a lot of re-infection rates across the County.
- The legal requirement to self-isolate was to cease on 24 March 2022, but there would still be testing and enhanced infection prevention controls in the care homes.
- The Lateral Flow Test LFT supply rates were restored.
- Infection rates had reduced significantly in age range 5-10 years.
- Hospitalisations rates had peaked and were now trending downwards across Staffordshire and Stoke on Trent beds.
- Lower death rates were reported. It was clarified that death certificates detail Covid as the cause of death where a person had died because of Covid and also where they had died of other causes but also had Covid.

- As previously reported vaccinations continued through the Christmas period and residents were still coming forward for vaccinations. It was explained that the high level of unvaccinated in younger age groups would be because they were not yet eligible for the jab, also that people had a 28 day delay after testing positive for Covid before they could seek a vaccination. Members welcomed the data set and were assured that there were no current concerns, and no-one was being left behind.

The Chairman referred to the Annual Report of the Director of Public Health 2021 - Staffordshire County Council 'Covid in Staffordshire - impact and opportunities', he welcomed the report and suggested that members read it both in light of the way forward outlined and in relation to partnership working and what could be achieved. He encouraged Members to share the report with District and Parish Councillors.

Resolved:

1. That the update report be received and noted.

61. Integrated Care Hubs

The Associate Director of Communications & Strategic Partnerships outlined the report and presentation. She advised that public consultation Dec 2018 - March 2019 had informed the MPFT delivery plan to introduce Integrated Care Hubs (ICH) across North Staffordshire. The four hubs would be developed in Leek Moorlands Hospital, Bradwell Hospital, Haywood Hospital and Longton.

The Integrated Care Hubs (ICH) would be a single point of access to services with one referral form to integrate work already happening in the community. The ICHs were at this stage integrated models of provision to be rolled out prior to the building becoming a reality. The community and Members would have full involvement in developing the hubs.

The following comments and responses to members questions were noted:

- Members welcomed the report and were pleased that health colleagues were looking at future demand on services, which would potentially be a 17% increase by 2030.
- The ICHs would have flexible spaces which could be used for a range of uses, whether this be clinics or voluntary group usage.
- Voluntary sector services would be commissioned and paid for by MPFT.
- There was a need for community groups to share information protocols and take on board GDPR requirements.
- The small Public Health team within MPFT would link to ICHs. The demonstration of need for relevant services at local level was key and

Public Health colleagues were bringing population health management data into design and modelling conversations.

- Referral to community services time improvement would be made by reducing the number of referral forms from GPs and looking at self-referrals for some services including digital use, to avoid accessing through GP in the first instance.
- Each individual community service currently had an internal referral process, the service was looking to cut out the internal referral process as the multi-disciplinary teams and clinics would be in one place.
- The need for consistency of care and treatment was highlighted. Members noted that there would be differences in spoke and hub models, depending on the area in which they were based and prevalence for service need.
- It was suggested by a member that District Councils covering Leek, Biddulph and Cheadle needed to set up a work group to understand the interaction between the areas in order to future proof the hubs and ensure that patients could still get to appointments. In particular travel, bus routes, activity data for each of the GP services in the area and current usage would be useful feedback to MPFT to understand and work through to help shape ICHs. The existing consultation data was considered valid; however, it was recognised that things had moved on and there was additional demand and backlogs for services.
- Member questioned what was planned in South Staffordshire. The living well model would be across all of Staffordshire, models would be rolled out and GP referral forms would be piloted in South of the County, but at this stage a building conversion in the South had not been discussed.
- There was additional demand relating to mental health issues and more hospitalisation of people who were not identified through community services.
- MPFT was working with public health on the modelling and looking at a range of data to consider activities, lessons learned and taking digital advances into account in the building design.
- It was clarified that this consultation would not re-open discussion on decisions previously taken to close hospital beds.

Resolved:

1. That the update report be received and noted
2. That representatives from Staffordshire Moorlands and Newcastle under Lyme District Councils meet to consider the interaction between the Leek, Biddulph and Cheadle areas in the development of the Integrated Care Hubs and feed findings back to MPFT.

62. Care Home Update

The Cabinet Member Health and Care introduced a detailed report on the care homes situation in Staffordshire and the support provided from Government and the County Council. She highlighted the challenges to care homes during the pandemic, including the introduction of infection control measures; the impact on residents and carers; staff absence, recruitment and retention rates and a drop of occupancy rates bringing financial challenge. She indicated that care homes had been supported by the Council throughout this period, in particular with managing outbreak control measures.

The Cabinet Member advised that new pressures had impacted on care homes capacity to accept new referrals, this impacted on the wider Health and Care system in terms of delayed discharge from hospital and a lack of choice of homes available for residents. There was some recent recovery of occupancy numbers and additional Government funding to address pressures and support care homes but where no progress or improvement was made, action would have to be taken. There was ambition to improve the standard of care by assisting care homes to use more technology and a range of activities and initiatives. The Director of Health and Care indicated that the commissioning initiatives outlined in the report would help to ensure the sustainability of care homes into the future.

The Cabinet Member highlighted that access and affordability were important to individuals' family and carers and that the Council would continue to pursue value for money and stability for home care market by increasing the number of block booked beds and continuing to use dynamic purchasing system. A report to Cabinet in Summer 2022 would consider the review of Council owned nursing care homes capacity.

The Director of Health and Care gave thanks to all care homes and their staff for the extraordinary efforts they had made to look after some of the most vulnerable residents over the course of the pandemic. The Chairman and Committee echoed these comments.

The following comments and responses to members questions were noted:

- Approximately 20% of Staffordshire County Councils funded placements were in care homes rated inadequate or required improvement.
- Locally and nationally, more was needed to understand the costs coming through the reforms in the Social Care Act. The three main element of reforms in the Social Care Act:
  a. A cap that the individual pays towards cost of care in their lifetime (£86,000).

b. A rise in capital assets individual allowed to have before starting to pay for their care from £23,350 to £100,000.

c. A fair cost of care principal which would effectively equalise the amount that self-funders and Local Authorities pay for care.

In relation to (a) the cap: It was understood that self-funders paid more for care but there was no information about how much more. Self-funders would be given the right for the Local Authority to purchase their care, over time that would have the effect of equalising the care costs, which would create financial pressure for the Local Authority.

In relation to (b) & (c): the care cap and capital thresholds would create an increase in assessment needs. This would require new social workers and administration of new funding forms, this would increase the cost of assessments for the Local Authority.

- Purchase of 200 block booked beds aimed to give stability of price and quality for self-funders and the Council, greater stability to the market, and provide value for money.
- Members highlighted that residents and staff mental wellbeing had been impacted through the pandemic, some restrictions were now reducing, and members hoped restrictions would decrease more.
- The 450-place decrease in occupancy rates for 2020-21 during the pandemic was for a variety of reasons, including death rates, that care homes were less desirable place to be, and that people chose to stay in their community. Occupancy level had increased by 250 places, but were still 200 places down from pre-covid levels. Demand for Adult Social Care was currently quite high, but demand was unsettled, there would be a clearer picture of demand and capacity by the Autumn 2022.
- Out of County placements were necessary where specialist care not available in Staffordshire was required, however the most common reason for out of County placements was people's choice to move closer to their family.
- Partners were working closer together and had joint teams with NHS to monitor and support quality improvement and quality assurance in care homes across the County. There may be opportunity for deepening integrated care arrangements to consider joint purchasing arrangements and to think about commissioning and contracting for placements and to make best use of purchasing power across the County Council and the NHS.
- Assurance was provided that access to care home placements was timely and that there were three standards for finding home care placements: highest priority referral (1 day), urgent referral (7 days) and routine cases referral (28 days). Collectively 85% of placements were achieved in timescales for December. In January due to Covid outbreaks 61% were placed within timescales. Care homes that were closed for admissions peaked at 75 a few weeks ago and were now

down to 50. Members were assured that the data demonstrated the right direction of travel.

Resolved:

1. That the update report be noted and a further update be requested to a future meeting.

63. District and Borough Health Scrutiny Update

District and Borough representatives presented update reports on matters being considered at District and Borough meetings.

Resolved:

1. That the District and Borough Updates be noted.

64. Work Programme 2021-22

The Chairman introduced the work programme. Members considered matters planned and associated scrutiny work taking place in the District and Boroughs.

Resolved:

1. That Committee note the work programme update
2. That Committee note the change of date of the 19 April 2022 meeting which has been re-scheduled to Monday 11 April 2022 at 10.00am.
3. That officers circulate the Stafford Borough Council Covenant of Mental Health which was to be launched on 4 February 2022 to District and Borough Councils. To request that members share the Covenant with Cabinet Members to consider signing up to develop a Countywide Covenant for Mental Health.
4. That officers circulate the link to the Health and Well Being Board Priorities consultation to all District and Borough Councils to consider HWB priorities in their areas.
5. That the relevant members from Borough and District Councils meet to consider planning a response to the consultation for the Integrated Care Hubs in North Staffordshire.
6. That officers circulate the recent work carried out by Staffordshire Moorlands Council relating to SEND work in schools with the Committee for information.

Chairman

UK Health Security Agency

Health Risk Assessment of air quality monitoring results from March 2021 to January 2022: 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 RM Ltd), who operate the site as an active landfill which accepts non-hazardous waste. Their Environmental Permit also allows the acceptance of stable non-reactive hazardous waste such as gypsum and asbestos in a separate cell, however the company has chosen not to put the required infrastructure in place and therefore they cannot accept this material at this time.

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

Data, provided to UKHSA by the EA up to the end of January 2022, have been compared to appropriate 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

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

are lower than appropriate 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 at the beginning of 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 January 2022 shows continuing exposure to the population around the site. For two of the monitoring sites (MMF1 and MMF2) concentrations are below the long-term (lifetime) health-based guidance value, as they have been since June/July 2021. The third site (MMF6) monthly average concentrations have been below the long-term (lifetime) health-based guidance value since July 2021, with the exception of January 2022, which showed a slight exceedance. The cumulative averages for MMF1, MMF2 and MMF6 are below the long-term (lifetime) health-based guidance value. At the fourth site (MMF9), concentrations in January 2022 remain above the long-term (lifetime) health-based guidance value. The monthly average values had plateaued from September to December 2021 but were significantly higher in January 2022 (Figure 3).

Currently any risk to long-term (lifetime) physical health is likely to be small, however, we cannot exclude a risk to health from pollutants in the area, where exposure continues above the long-term health-based guidance value. 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.

In January 2022, the percentage of time with concentrations above the WHO odour annoyance guideline value was similar to that seen from March to May 2021. This is likely to have an increased impact on people's health and wellbeing above that experienced between June and December 2021.Therefore, UKHSA continues to strongly recommend that all appropriate measures are taken to reduce the off-site odours from the landfill site.

Scope

The EA has shared with UKHSA monitoring data from MMF units MMF2 and MMF9 from which there is rectified[b] data from the 5 March 2021 – 31 January 2022 (334 days) and 6 March 2021 – 31 January 2022 (333 days) respectively. In April, two additional MMF units were deployed: MMF1 from which there is rectified data from the 14 April 2021 – 31 January 2022 (293 days) and MMF6 from which there is rectified data from the 24 April 2021 – 31 January 2022 (283 days).

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

MMF1 Location – Silverdale Cemetery, Newcastle-under-Lyme

MMF2 Location – Silverdale Road, Newcastle-under-Lyme

MMF6 Location – Newcastle Community Fire Station, Newcastle-under-Lyme

MMF9 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_2S)	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	✓	✓	✓	✓	✓	✓

[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 Walleys 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.

Figure 1 Map showing the location of the four monitoring sites

Map courtesy of the Environment Agency

Methodology

Air quality guidelines, standards and assessment levels

The data provided to UKHSA have been compared to appropriate 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
- 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 **24-hour (average)** 150 µg/m^3 (107 ppb) Based on eye irritation in humans.	**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.

*The WHO guideline value of 7 µg/m^3 (5 ppb) over a 30-minute averaging period is a short-term odour value protective of odour annoyance[1].
** 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 durations[2].
*** 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 lifetime[3].

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/m^3, 30-minute average) (see Table 3). When exposures are above the WHO odour annoyance guideline level, there is potential for significant odour complaints.

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

Monitoring Station	Cumulative percentage time above 7 µg/m^3	Monitoring dates
MMF1	3 %	14/04/2021 to 31/01/2022
MMF2	5 %	05/03/2021 to 31/01/2022
MMF6	3 %	24/04/2021 to 31/01/2022
MMF9	17 %	06/03/2021 to 31/01/2022

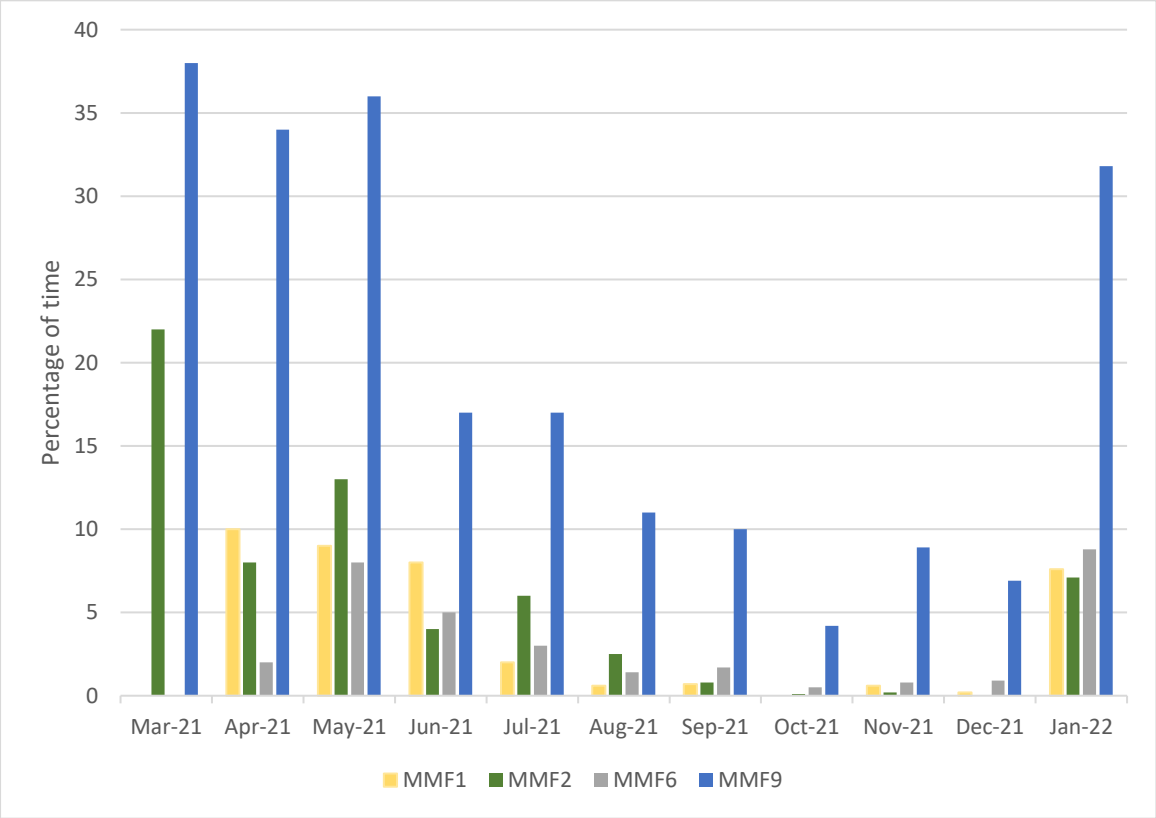
The percentage of time on a monthly basis when hydrogen sulphide concentrations were above the WHO odour annoyance guideline level have also been identified (see Figure 2 and Table 4).

Table 4: Monthly percentage of time that each monitoring station location has recorded hydrogen sulphide concentrations above WHO odour annoyance guideline level (7 µg/m^3)

Dates	Monitoring Station			
	MMF1 (%)	MMF2 (%)	MMF6 (%)	MMF9 (%)
March 2021	NS	22*	NS	38**
April 2021	10***	8	2****	34
May 2021	9	13	8	36
June 2021	8	4	5	17
July 2021	2	6	3	17
August 2021	0.6	2.5	1.4	11
September 2021	0.7	0.8	1.7	10
October 2021	0	0.1	0.5	4.2
November 2021	0.6	0.2	0.8	8.9
December 2021	0.2	0	0.9	6.9
January 2022	7.6	7.1	8.8	32

NS = hydrogen sulphide not sampled (monitoring station not deployed at this stage)
*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/m^3)



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/m^3 on a regular basis.

In January 2022 the concentrations of hydrogen sulphide were above the WHO odour annoyance guideline value for a considerable percentage of the time at three of the monitoring sites, and for a significant percentage of the time at the fourth site, MMF9. This is undesirable due to the effects on people's wellbeing and the symptoms they are experiencing. 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 continues to strongly recommend that all appropriate 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/m^3.

At MMF9, the 24-hour average guideline value has been exceeded on two days at the beginning of the monitoring period: 7 and 8 March 2021, with 24-hour average concentrations of 163 µg/m^3 (7 March 2021) and 202 µg/m^3 (8 March 2021). No further exceedances have occurred to date, and subsequent 24-hour average values have been significantly below the WHO 24-hour average guideline value of 150 µg/m^3.

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

Short-term peaks in hydrogen sulphide concentration have been compared against the US Environmental Protection Agency (US EPA) Acute Exposure Guideline Levels (AEGLs) (see Table 5).

Table 5: US Environmental Protection Agency (US EPA) Acute Exposure Guideline Levels (AEGLs) for hydrogen sulphide

	10 min	30 min	60 min	4 hour	8 hour
AEGL-1†					
ppb	750	600	510	360	330
µg/m^3	(1045)	(836)	(711)	(502)	(460)
AEGL-2††					
ppb	41000	32000	27000	20000	17000
µg/m^3	(57150)	(44600)	(37660)	(27880)	(23700)
AEGL-3†††					
ppb	76000	59000	50000	37000	31000
µg/m^3	(105900)	(82240)	(69690)	(51570)	(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 death[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 timeframes between the 7 and 8 of March 2021 as set out in Table 6. 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 6: 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 (8th March)	0550 - 0655 hrs (8th March)	0415 - 0650 hrs (8th March)	0210 - 0550hrs (8th March)	2245 hrs (7th March) - 0230 hrs (8th 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 in 2021

To assess medium-term exposure to hydrogen sulphide during 2021, the calculated average concentrations from March to December have been compared against the Agency for Toxic Substances and Disease Registry (ATSDR) Intermediate Minimal Risk Level (MRL) of 30 $\mu g/m^3$, which applies cumulatively to up to 1 year.

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

Monitoring around Walley's Quarry Landfill began in March 2021. However, it is not clear when the exposure to elevated levels of hydrogen sulphide began. The previous monitoring data for 2017/18 and 2019 indicates that the levels of hydrogen sulphide have not been consistently high over the past 4 years. An increase in Environment Agency complaints data during December 2020 suggests that an increase in exposure to hydrogen sulphide may have occurred at the end of 2020 to early 2021. Exposures in some months of 2021 were above the US EPA Reference Concentration (US EPA RfC) used to assess long-term exposure and therefore the ATSDR Intermediate MRL for assessment of exposures between 14 and 364 days was used to assess the potential risk in 2021. Cumulative exposure and monthly average concentrations from January 2022 onwards have been considered in the section describing long-term exposure below.

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 and the cumulative average concentration are below the US EPA RfC of 2 µg/m^3. At MMF2 monthly average concentrations since July 2021 and the cumulative average concentration are below the US EPA RfC of 2 µg/m^3 (Figure 3 and Table 7). As such the current risk to long-term (lifetime) health is minimal.

The monthly average concentrations at MMF6 have been below the US EPA RfC of 2 µg/m^3 since July 2021 with the exception of January 2022 which slightly exceeds the US EPA RfC (Figure 3). However, the cumulative average remains below the US EPA RfC (Table 7) and as such the current risk to long-term (lifetime) health is minimal.

At MMF9, the monthly average and cumulative concentrations remain above the US EPA RfC (Figures 3 and 4). Between September and December 2021, monthly average concentrations had plateaued, but there was a significant increase in the monthly average in January 2022 (Table 8). As the monthly average and cumulative concentrations continue to be above the US EPA RfC, it is not possible to exclude a risk to long-term health.

Overall, the risk to long-term (lifetime) health is likely to be small, but it cannot be excluded, especially where monthly average concentrations continue to be above the US EPA RfC. The lower the concentrations become, the smaller any risk will be.

[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.

Figure 3: Monthly average hydrogen sulphide concentrations at each monitoring station

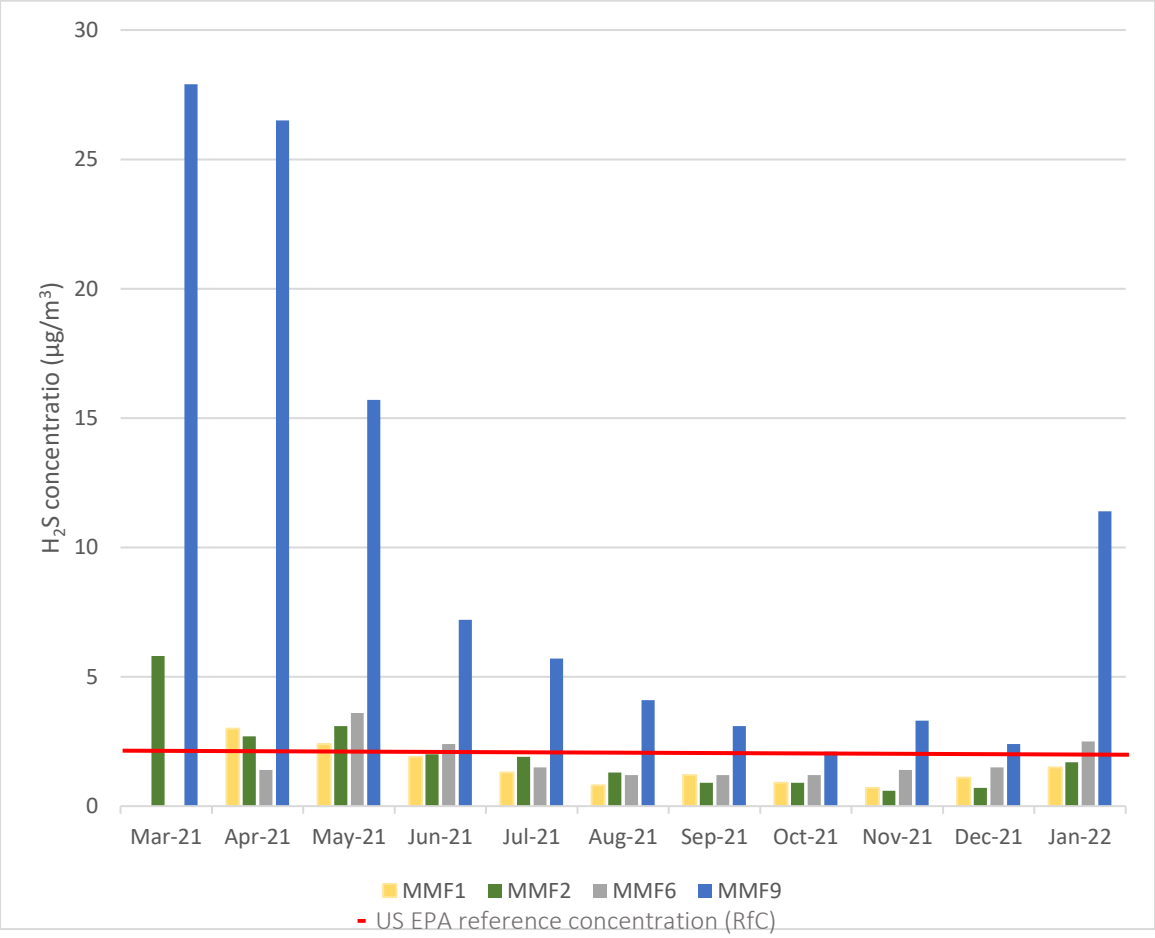


Figure 4: MMF9 cumulative-monthly average hydrogen sulphide concentrations

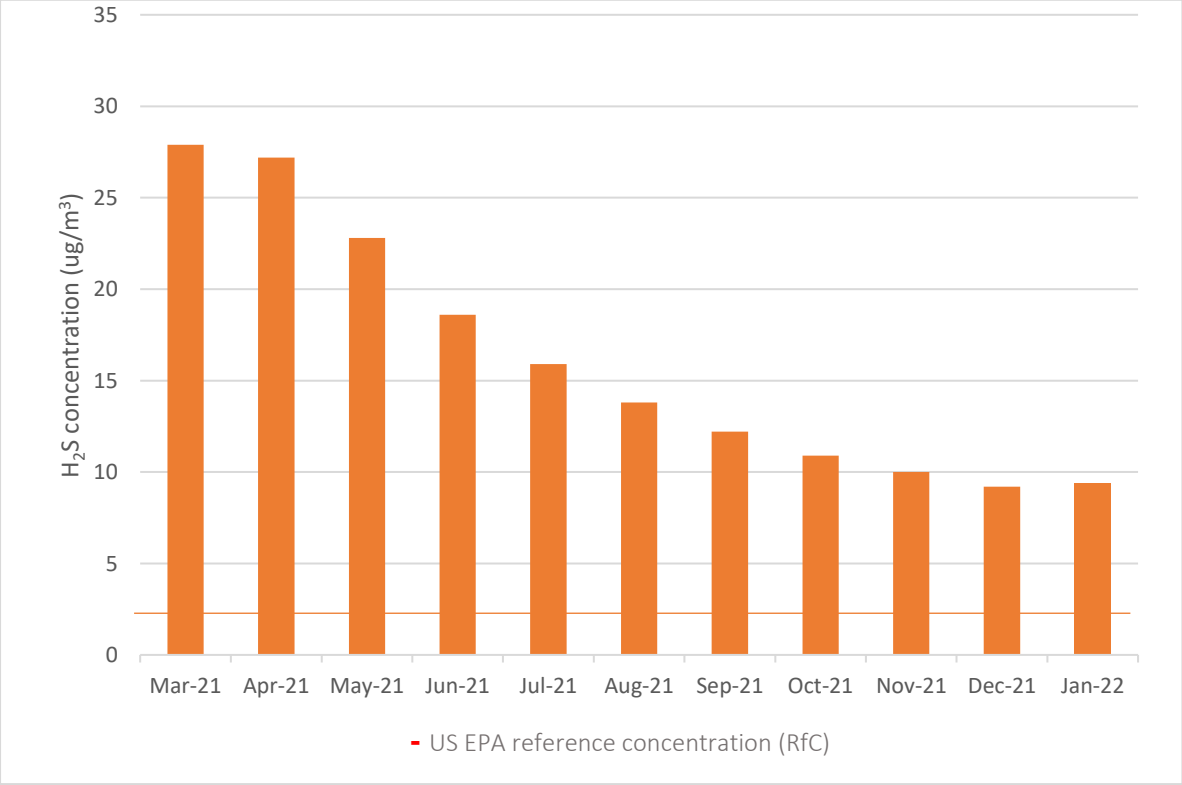


Table 7: Cumulative average concentrations for hydrogen sulphide

Monitoring Station	Cumulative concentration (µg/m^3)	Monitoring dates
MMF1	1.4	14/04/2021 to 31/01/2022
MMF2	1.9	05/03/2021 to 31/01/2022
MMF6	1.9	24/04/2021 to 31/01/2022
MMF9	9.4	06/03/2021 to 31/01/2022

Table 8: Monthly average concentrations for hydrogen sulphide

Dates	Monitoring Station			
	MMF1 (µg/m^3)	MMF2 (µg/m^3)	MMF6 (µg/m^3)	MMF9 (µg/m^3)
March 2021	NS	5.8*	NS	27.9**
April 2021	3.0***	2.7	1.4****	26.5
May 2021	2.4	3.1	3.6	15.7
June 2021	1.9	2.0	2.4	7.2
July 2021	1.3	1.9	1.5	5.7
August 2021	0.8	1.3	1.2	4.1
September 2021	1.2	0.9	1.3	3.1
October 2021	0.9	0.9	1.2	2.1
November 2021	0.7	0.6	1.4	3.3
December 2021	1.1	0.7	1.5	2.4
January 2022	1.5	1.7	2.5	11.4

NS = hydrogen sulphide not sampled (monitoring station not deployed at this stage)
*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

Assessment of previous monitoring data for hydrogen sulphide

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

For the 2017/18 monitoring period the average concentration was 0.85 µg/m^3 and for the 2019 monitoring period the average concentration was 0.95 µg/m^3. These previous concentrations are below the US EPA RfC, therefore they would not be expected to contribute to any significant effects on health.

Particulate matter

Table 9: 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

Table 10: Average particulate matter concentrations

Monitoring Station	50 µg/m^3 not to be exceeded more than 35 times a year (count)	Monitoring dates
MMF1	7	12/04/2021 to 31/01/2022
MMF2	1	04/03/2021 to 31/01/2022
MMF6	0	29/04/2021 to 31/01/2022
MMF9	0	05/03/2021 to 31/01/2022
Monitoring Station	**Average PM_{10} concentration (µg/m^3)**	**Monitoring dates**
MMF1	15.2	12/04/2021 to 31/01/2022
MMF2	14.3	04/03/2021 to 31/01/2022
MMF6	11.8	29/04/2021 to 31/01/2022
MMF9	11.8	05/03/2021 to 31/01/2022
Monitoring Station	**Average $PM_{2.5}$ concentration (µg/m^3)**	**Monitoring dates**
MMF1	8.3	14/04/2021 to 31/01/2022
MMF2	8.5	04/03/2021 to 31/01/2022
MMF6	8.0	24/04/2021 to 31/01/2022
MMF9	7.9	05/03/2021 to 31/01/2022

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

Nitrogen dioxide

Table 11: Nitrogen dioxide (NO_2) 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

Table 12: Average NO_2 concentrations

Monitoring Station	Average concentration ($\mu g/m^3$)	Monitoring dates
MMF2	14.2	04/03/2021 to 31/01/2022
MMF9	11.0	04/03/2021 to 31/01/2022

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

Sulphur dioxide

Table 13: Sulphur dioxide (SO_2) UK Air Quality Objectives

Substance	UK limit values
SO_2	266 $\mu g/m^3$ not to be exceeded more than 35 times a year 15 min mean
	350 $\mu g/m^3$ not to be exceeded more than 24 times a year 1 hour mean
	125 $\mu g/m^3$ not to be exceeded more than 3 times a year 24 hour mean

Table 14: Average SO_2 concentrations

Monitoring Station	Average concentration ($\mu g/m^3$)	Monitoring dates
MMF1	1.2	24/06/2021 to 31/01/2022
MMF6	1.6	24/06/2021 to 31/01/2022
MMF9	3.6	28/05/2021 to 31/01/2022

The SO_2 data for the period averaged are all well below the respective limit values for SO_2 in the UK Air Quality Strategy. Therefore, no significant risks to health from SO_2 are expected during this monitoring period.

Methane

Methane (CH_4) 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/m^3) and the Lower Explosive Limit is 32,781 mg/m^3.

The average concentration of methane recorded are given in Table 15.

Table 15: Average methane concentrations

Monitoring Station	Average concentration (mg/m^3)	Monitoring dates
MMF1	2.3	14/04/2021 to 31/01/2022
MMF2	2.5	05/03/2021 to 31/01/2022
MMF6	1.7	24/04/2021 to 31/01/2022
MMF9	3.7	06/03/2021 to 31/01/2022

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

Benzene, toluene, ethylbenzene and xylene (BTEX)

Benzene

Table 16: 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 $\mu g/m^3$ (annual mean)
	Short-term Environmental Assessment Level (EAL)*: 30 $\mu g/m^3$ (24-hour mean)

* EALs represent a pollutant concentration in ambient air at which no significant risks to public health are expected[5].

Table 17: Average and maximum 30-minute benzene concentrations

Monitoring Station	Average concentration ($\mu g/m^3$)	Monitoring dates
MMF2	0.26	10/03/2021 to 05/01/2022
MMF9	0.30	10/03/2021 to 05/01/2022
Monitoring Station	**Maximum 30-minute concentration ($\mu g/m^3$)**	**Monitoring dates**
MMF2	9.21	10/03/2021 to 05/01/2022
MMF9	5.58	10/03/2021 to 05/01/2022

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 18: 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 exposure[6].

** The WHO recommends that the peak concentrations of toluene in air should be kept below the odour detection threshold level of 1000 µg/m^3 as a 30-minute average[7].

Table 19: Average and maximum 30-minute toluene concentrations

Monitoring Station	Average concentration (µg/m^3)	Monitoring dates
MMF2	1.89	10/03/2021 to 05/01/2022
MMF9	2.78	10/03/2021 to 05/01/2022
Monitoring Station	**Maximum 30-minute concentration (µg/m^3)**	**Monitoring dates**
MMF2	51.45	10/03/2021 to 05/01/2022
MMF9	40.72	10/03/2021 to 05/01/2022

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 20: Ethylbenzene health-based guidance values

Substance	Health-based guidance values
Ethylbenzene	ATSDR chronic MRL*: 260 µg/m^3
	ATSDR acute MRL*#: 22,000 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 durations[8].

The MRL value in this report is different to previous reports because an error in the conversion of the MRL from ppb to µg/m^3 has been identified and corrected. This does not change the conclusions on the risks to health from exposure to the reported levels of ethylbenzene.

Table 21: Average and maximum 30-minute ethylbenzene concentrations

Monitoring Station	Average concentration (µg/m^3)	Monitoring dates
MMF2	0.67	10/03/2021 to 05/01/2022
MMF9	0.51	10/03/2021 to 05/01/2022
Monitoring Station	**Maximum 30-minute concentration (µg/m^3)**	**Monitoring dates**
MMF2	121.56	10/03/2021 to 05/01/2022
MMF9	88.58	10/03/2021 to 05/01/2022

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 22: 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**#: 8700 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 exposure[6].

**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 durations[9]

The MRL value in this report is slightly different to previous reports because an error in the conversion of the MRL from ppb to µg/m^3 has been identified and corrected. This does not change the conclusions on the risks to health from exposure to the reported levels of xylene.

Table 23: Average and maximum 30-minute xylene concentrations

Monitoring Station	Average concentration (µg/m^3)	Monitoring dates
MMF2	2.19	10/03/2021 to 05/01/2022
MMF9	1.42	10/03/2021 to 05/01/2022
Monitoring Station	**Maximum 30-minute concentration (µg/m^3)**	**Monitoring dates**
MMF2	58.59	10/03/2021 to 05/01/2022
MMF9	140.28	10/03/2021 to 05/01/2022

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 benzene, toluene, ethylbenzene and xylene were below health-based guidance values. Therefore, there would be minimal risks to health at these levels of exposure.

The results for hydrogen sulphide in January 2022 were above the WHO odour annoyance guideline value for a considerable percentage of the time at three of the monitoring sites and for a significant percentage of the time at the fourth monitoring site. This is undesirable due to the effects on people's wellbeing and the symptoms they are experiencing.

For the vast majority of the monitoring period from March 2021 to January 2022, 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 theses 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.

To assess the risk from the monitored concentrations in 2021, the data have been compared to the ATSDR intermediate MRL for exposure between 14 - 364 days, and the MRL was not exceeded. This means that the concentrations experienced in 2021 are unlikely to have caused a lasting impact to physical health.

From 2022 onwards, the monthly average and cumulative average hydrogen sulphide concentrations will be compared with the US EPA RfC only.

The hydrogen sulphide data up to the end of January 2022 shows continuing exposure to the population around the site. For two of the monitoring sites (MMF1 and MMF2) concentrations are below US EPA RfC long-term (lifetime) health-based guidance value, as they have been since June/July 2021. The third site (MMF6) monthly average concentrations have been below the long-term (lifetime) health-based guidance value since July 2021, with the exception of January 2022, which showed a slight exceedance. The cumulative averages for the three monitoring sites are below the long-term (lifetime) health-based guidance value. At the fourth site (MMF9), concentrations in January 2022 remain above the long-term (lifetime) health-based guidance value.

The risk to long-term (lifetime) health is likely to be small, but it cannot be excluded, especially where monthly average concentrations continue to be above the US EPA RfC. The lower the concentrations become, the smaller any risk will be.

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 units. UKHSA will continue supporting the other agencies with this work.

Overall, UKHSA continues to strongly recommend that all appropriate 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 the 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 (AEGLs) 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 1a: MMF1 Hydrogen sulphide

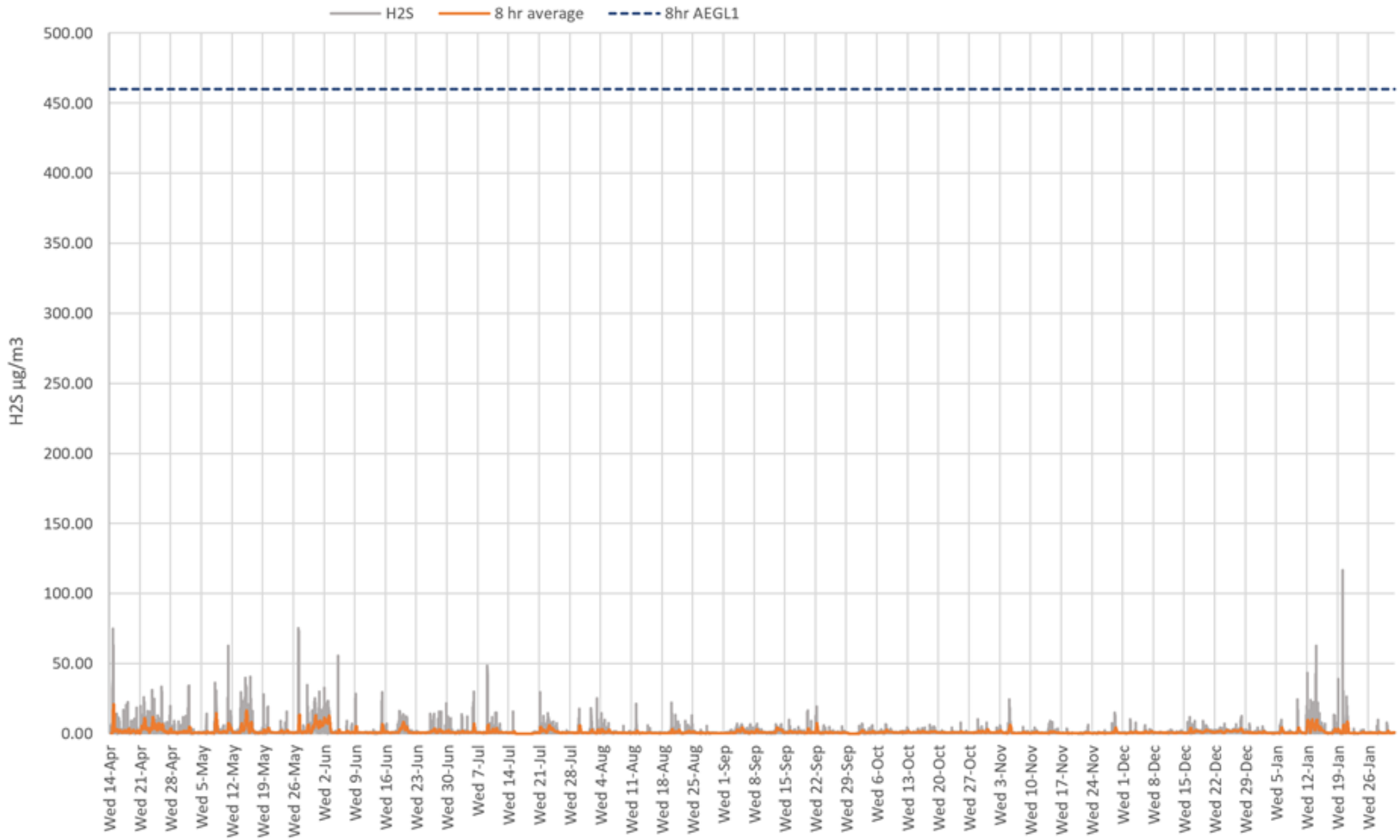


Figure 1b: MMF1 Hydrogen sulphide

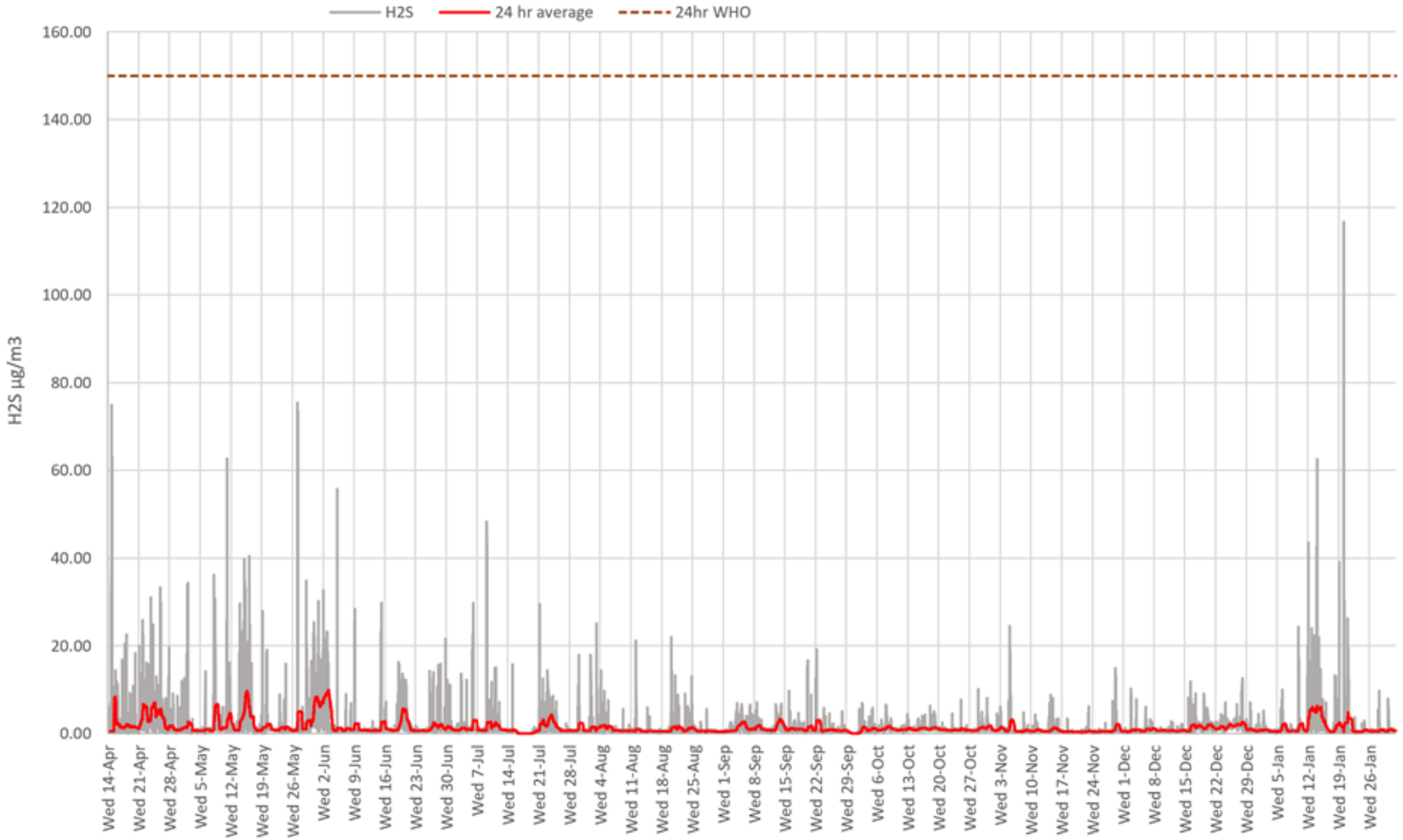


Figure 1c: MMF1 Hydrogen sulphide

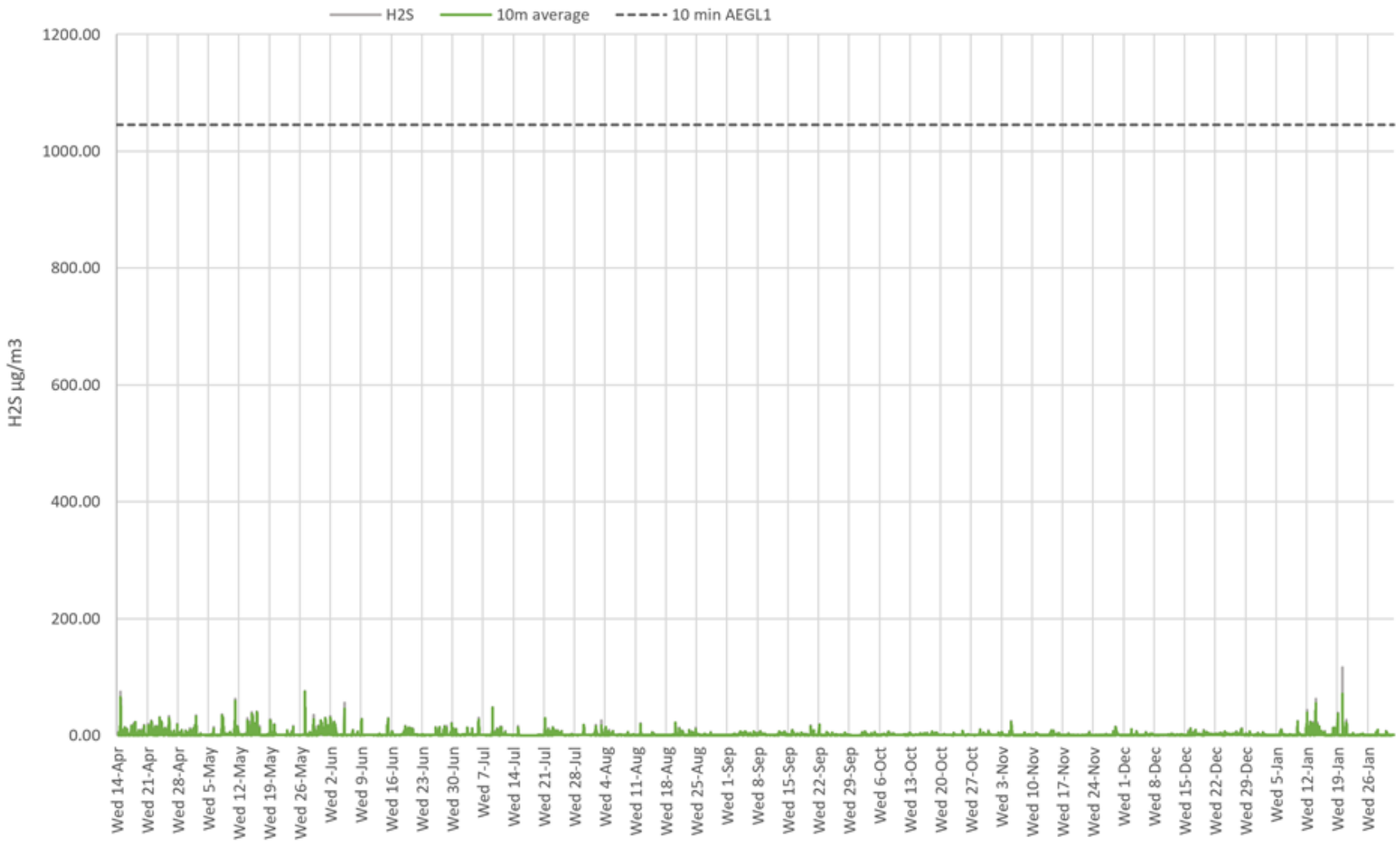


Figure 2a: MMF2 Hydrogen sulphide

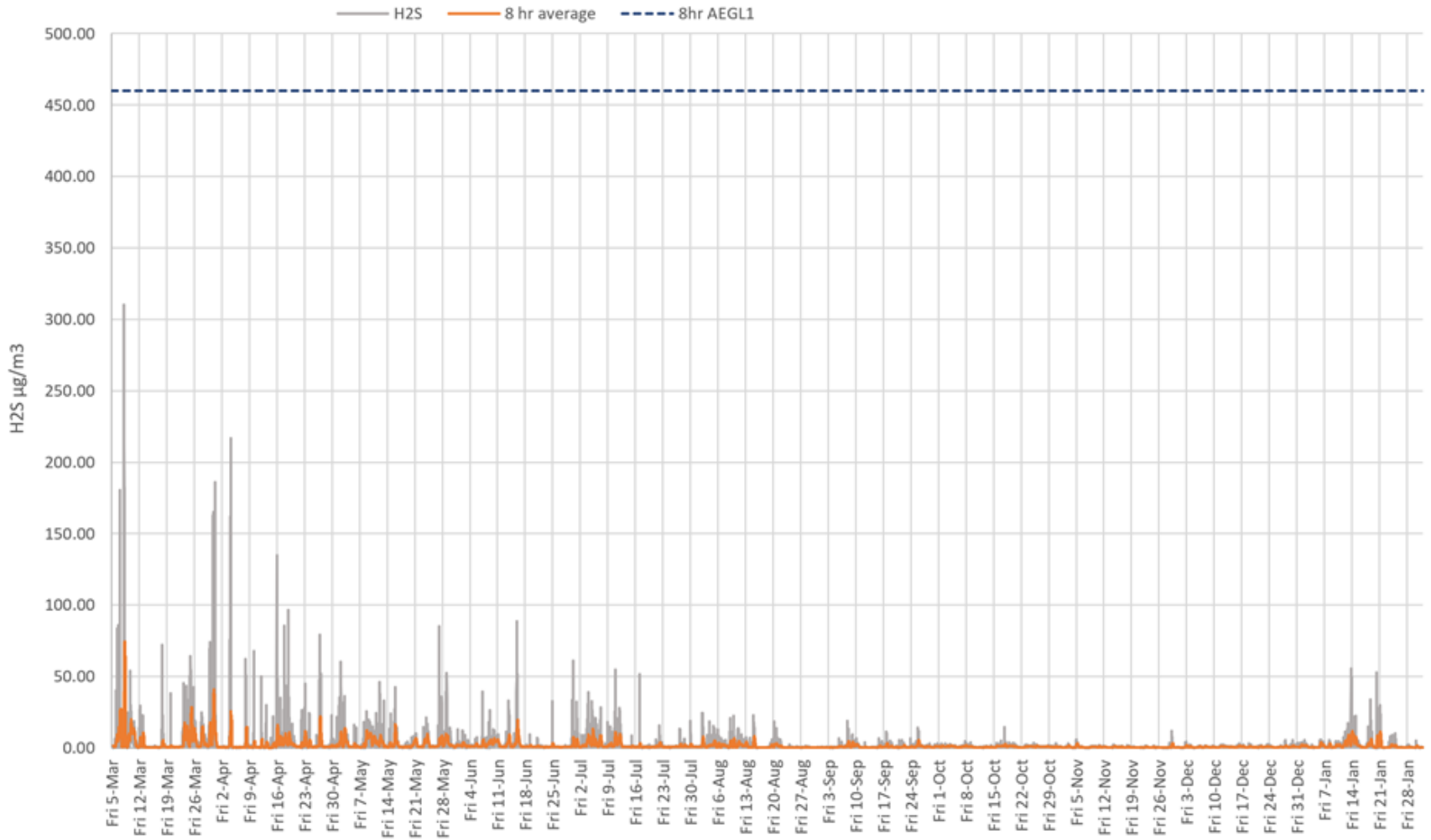


Figure 2b: MMF2 Hydrogen sulphide

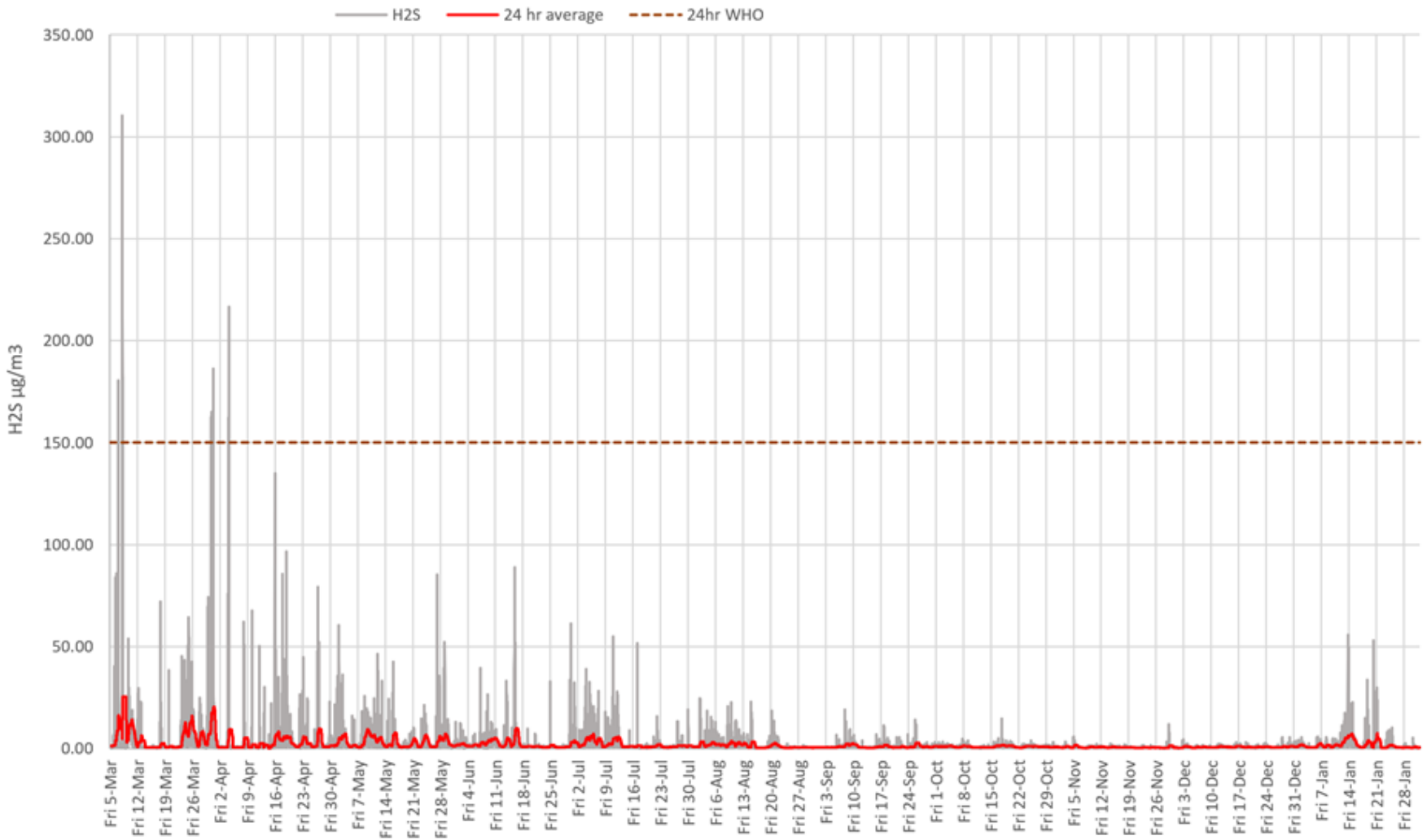


Figure 2c: MMF2 Hydrogen sulphide

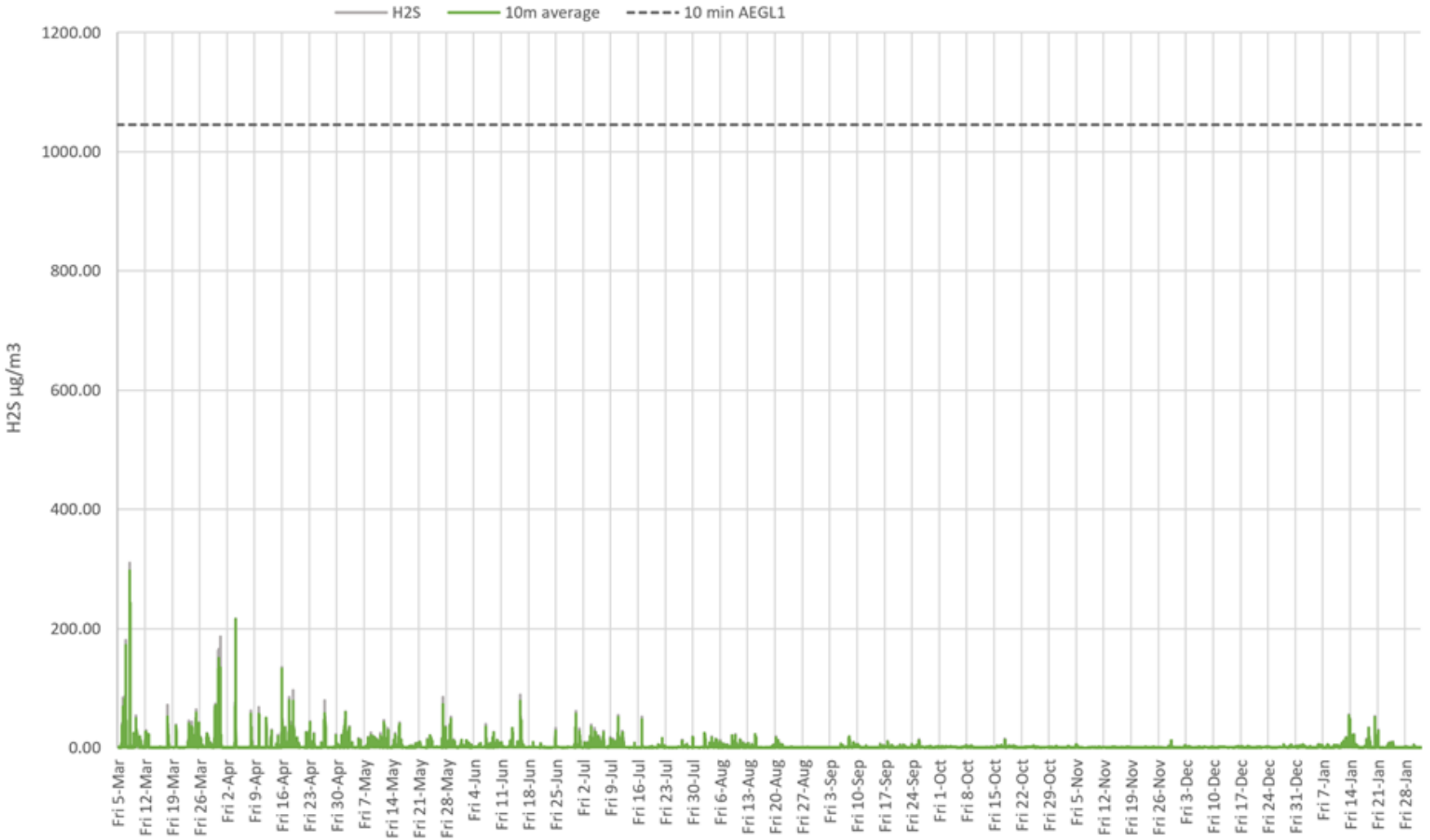


Figure 3a: MMF6 Hydrogen sulphide

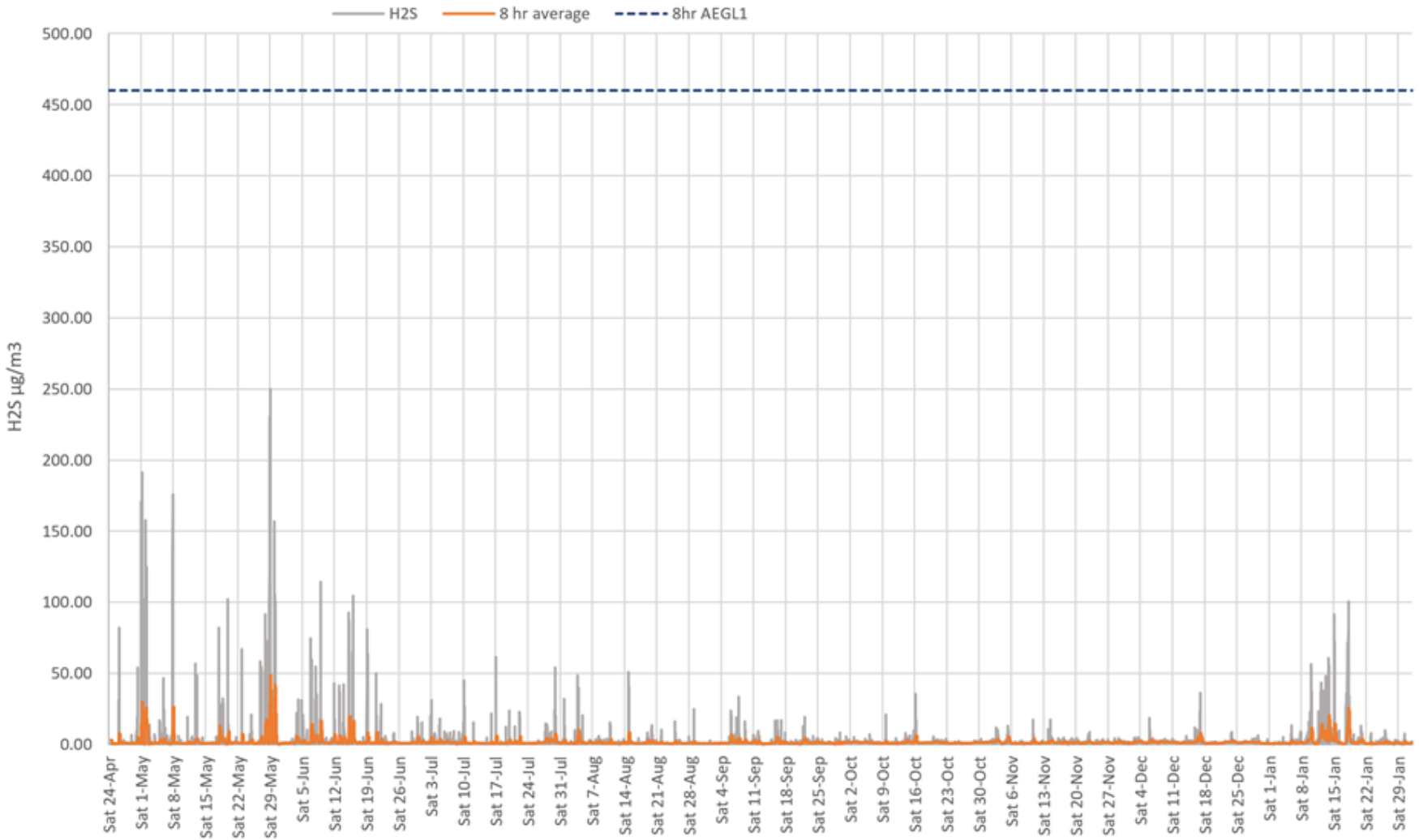


Figure 3b: MMF6 Hydrogen sulphide

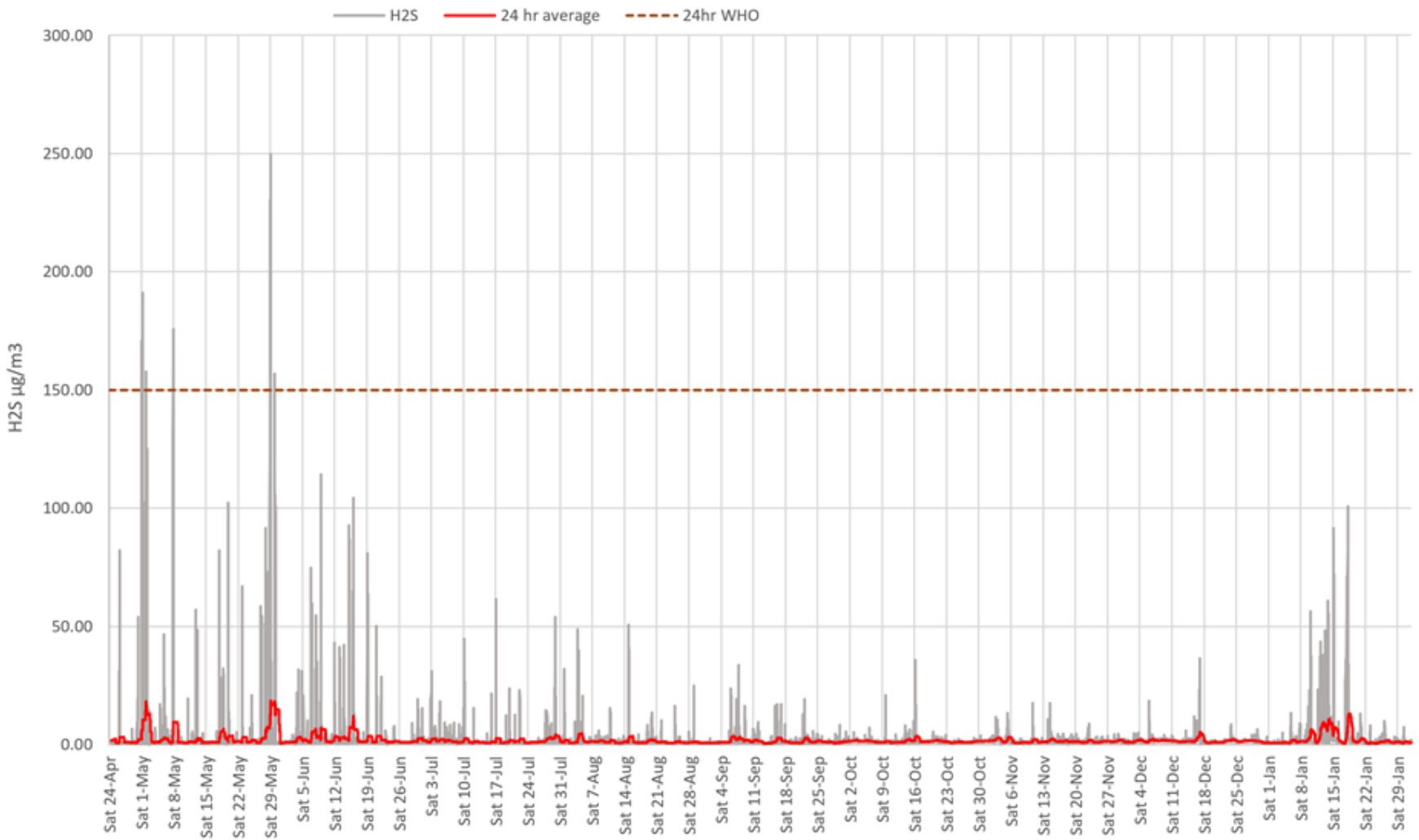


Figure 3c: MMF6 Hydrogen sulphide

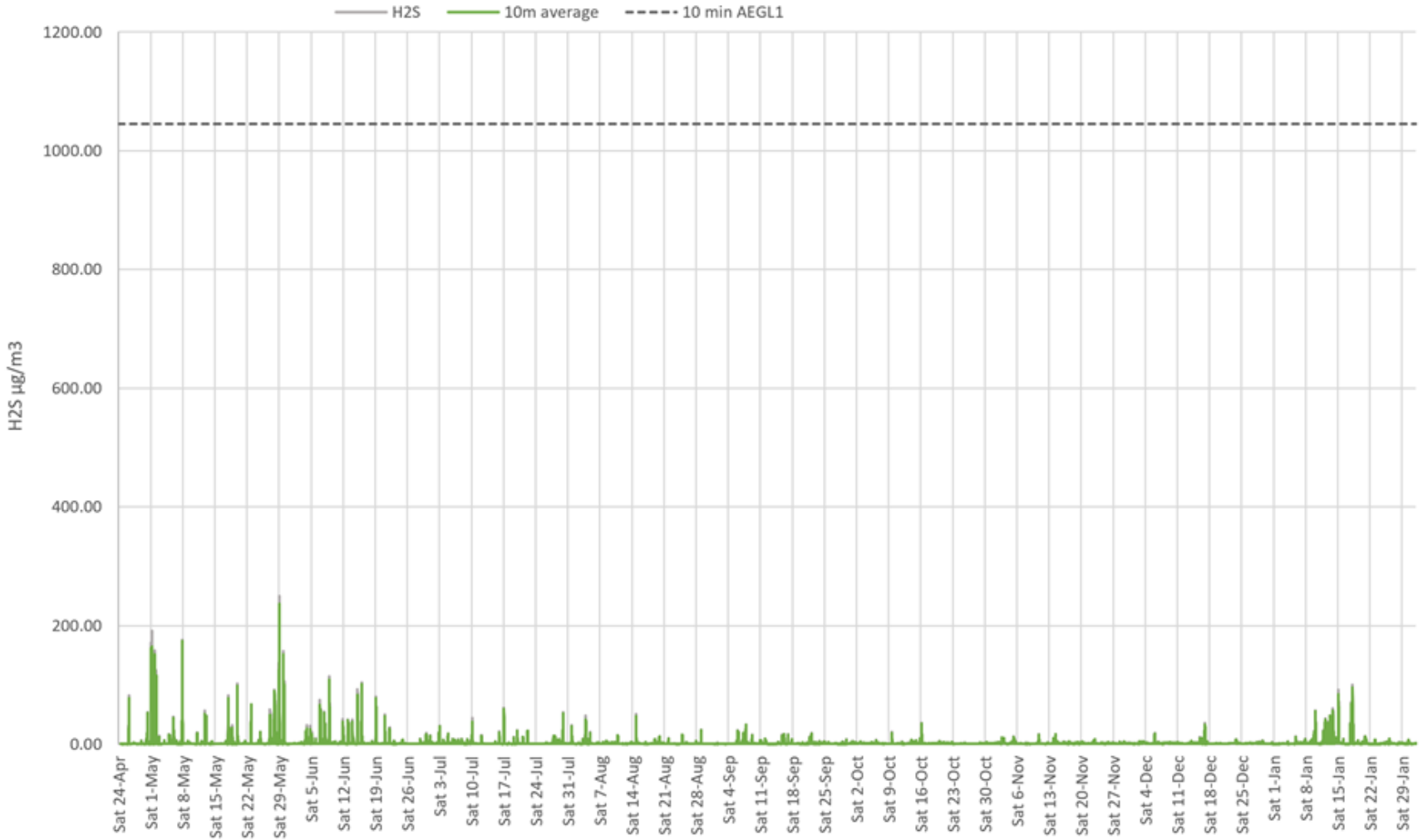


Figure 4a: MMF9 Hydrogen sulphide

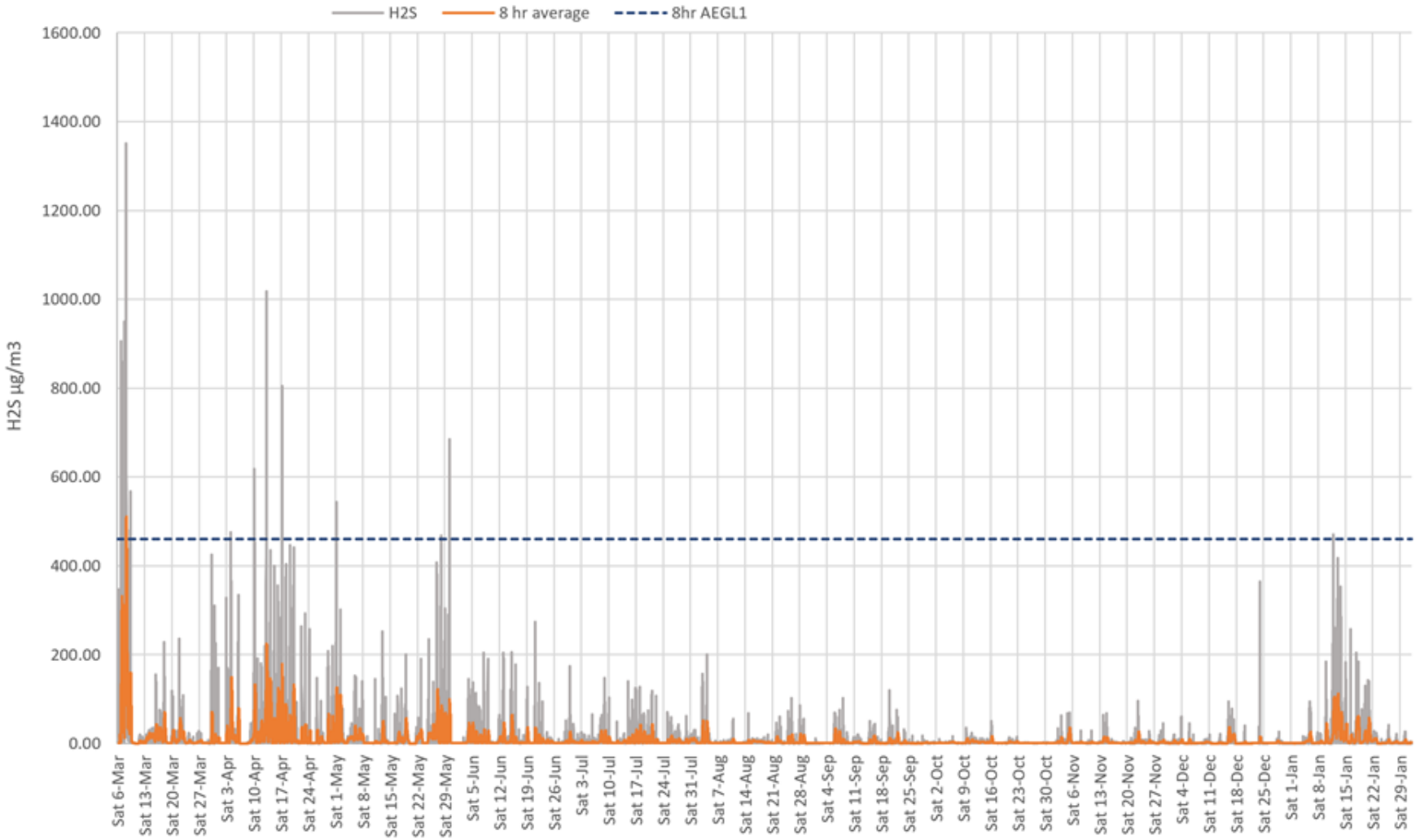


Figure 4b: MMF9 Hydrogen sulphide

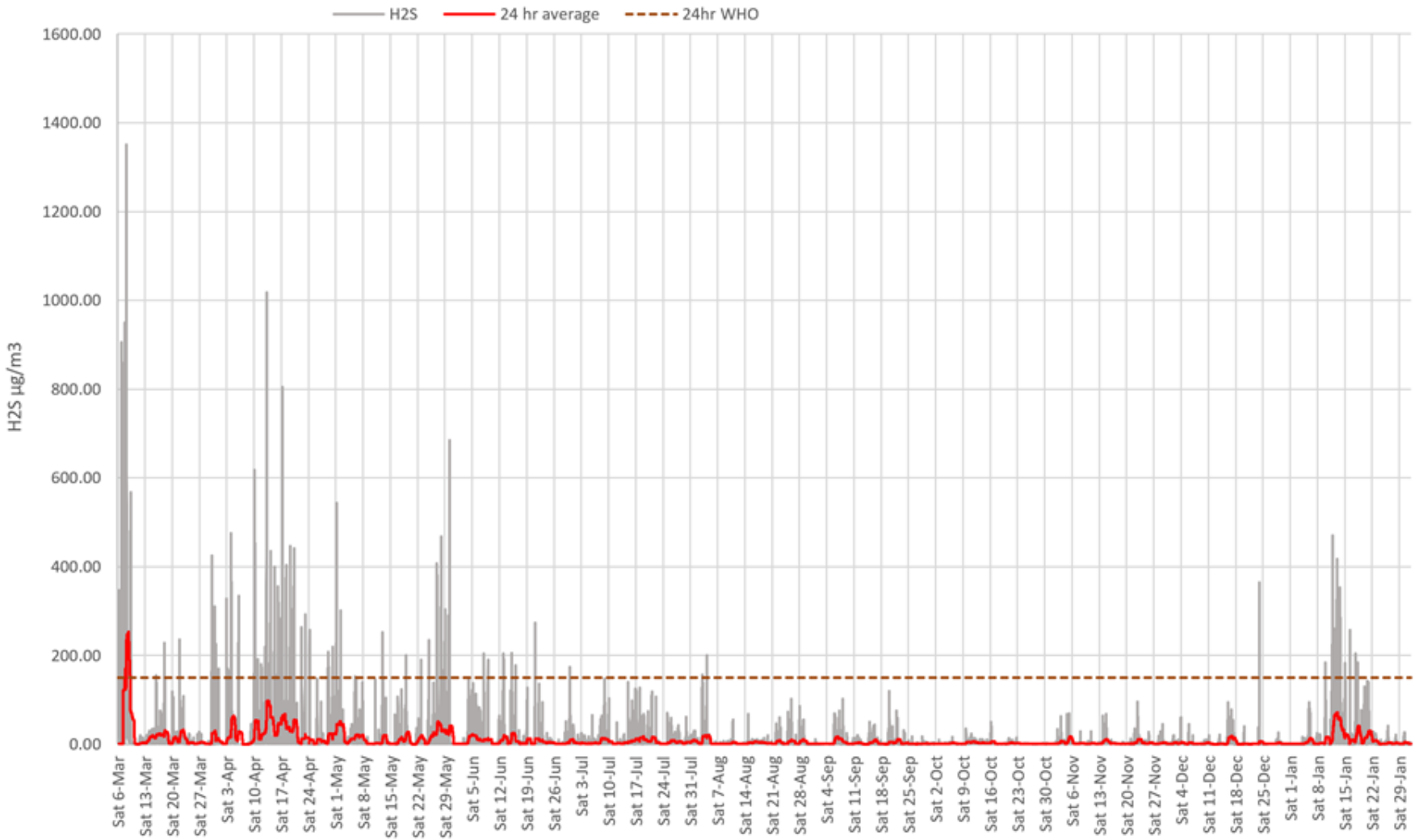
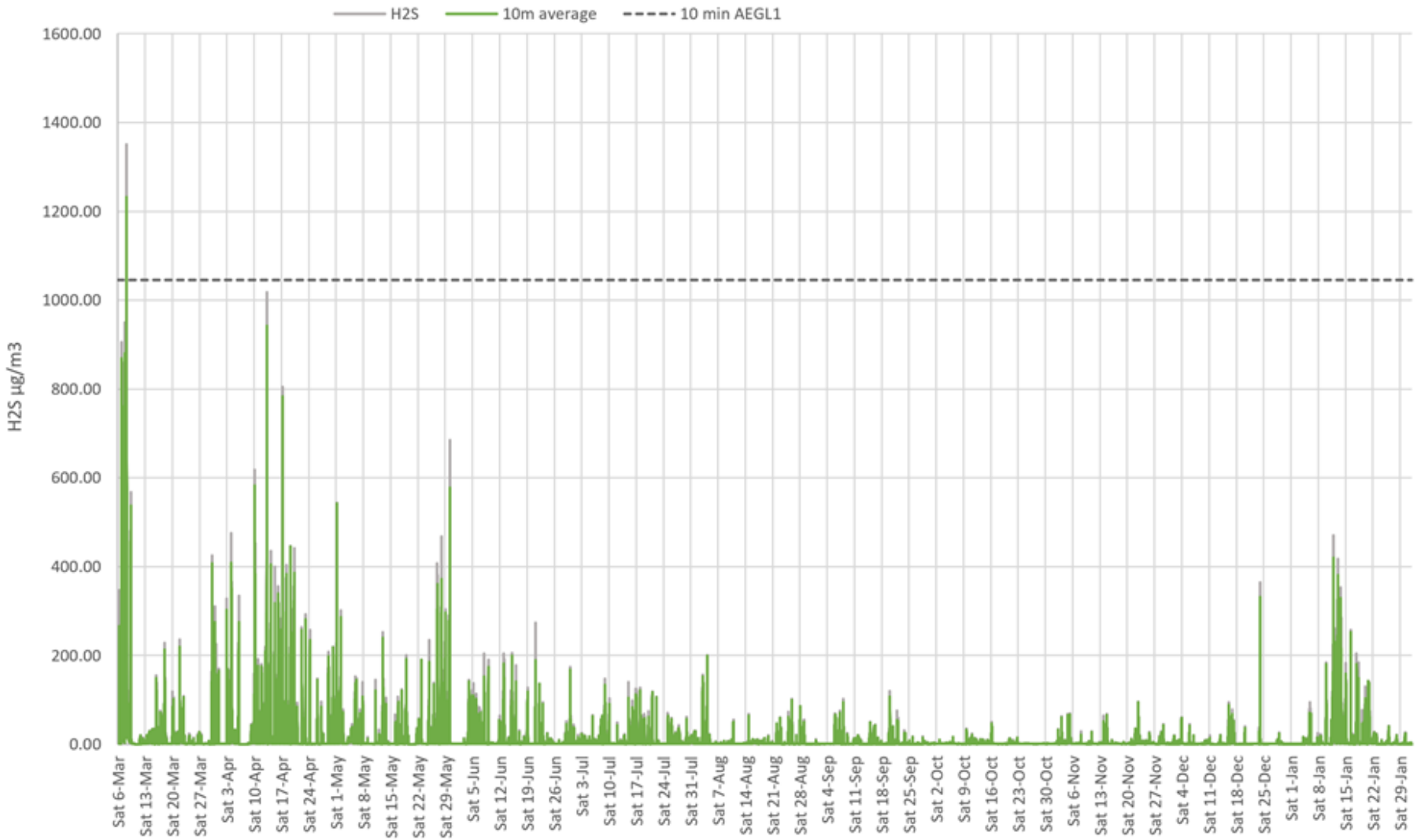


Figure 4c: MMF9 Hydrogen sulphide



Briefing

09 March 2022

Walleys Quarry Landfill Briefing for Staffordshire Health and Care Overview and Scrutiny Meeting – 15 March 2022

Our Role

The Environment Agency's (EA) primary role at Walleys Quarry is to regulate activities authorised by the environmental permit held by the operator of the landfill, Walleys Quarry Ltd. The permit conditions aim to minimise the impact on the local environment in terms of air quality, noise, odour, dust, leachate, and impacts to groundwater. We enforce that permit through monitoring and undertaking site visits (both announced and unannounced) and, where needed, we take enforcement action to address compliance issues.

At all sites that we regulate, we have a statutory obligation to protect the environment and safeguard people's health. Our main objective at Walleys Quarry is for the operator to comply with its permit, including taking the necessary actions to reduce the odour levels outside the site and controlling landfill gas. Whilst landfill sites will never be completely free of odour, the levels experienced at Walleys Quarry Landfill are unacceptable and we are using all our appropriate regulatory powers to bring the site back into compliance.

Current situation as of 09 March 2022

We are continuing to receive reports of odour on a weekly basis. However, over February 2022 the EA received the lowest number of odour reports since December 2020.

For the week 28 February to 6 March 2022 hydrogen sulphide (H_2S) levels were below the World Health Organisation's (WHO) 24-hour average health guideline level to protect against short-term health effects, but were above the WHO's 30-minute average odour annoyance guideline level between 0% and 15% of that week.

We do expect to see short term fluctuations in the concentrations of H_2S leaving the site. The causes can include factors such as the temporary impact of improvement works being carried out on site and changes in the weather. Odours associated with landfill gas emissions will increase during colder weather and still wind conditions. With less dispersion, the potential for causing odour nuisance is greater.

The UKHSA Health Risk Assessment for December 2021[1] records that '*the hydrogen sulphide data up to the end of December 2021 shows continuing exposure to the population around the site. For three of the monitoring sites, concentrations are below the long-term (lifetime) health-based guidance value, as they have been since June/July 2021. At the fourth site, concentrations are slightly above the long-term (lifetime) health-based guidance value. The concentrations measured in December have plateaued and are broadly comparable to those levels observed since September. They remain*

[1] UKHSA December 2021 Health Risk Assessment of air quality monitoring results from March to December 2021: Walleys Quarry Landfill Site, Silverdale Newcastle-under-Lyme see here

lower than the levels seen from March to August 2021'.

We continue to provide weekly updates on our Walleys Quarry Landfill Site Citizen Space page which can be viewed here.

January 2022 H_2S levels and our action

We are aware that there was an increase in the H_2S levels for a limited period during January 2022 recorded by our mobile monitoring facility (MMF) units. In response to this, and a high volume of odour complaints, we undertook an inspection of the site on 14 January 2022 and carried out a review of landfill gas management data. We believe we have identified contributing factors for the increased odour around the site in the second and third weeks of January and have informed Walleys Quarry Ltd of our findings. We are unable to provide any further information on this at present, but will do so as soon as we are able to.

Walleys Quarry permit consultation

The consultation continues on the EA's draft decision to vary two environmental permitting conditions for Walleys Quarry Landfill.

Variations to environmental permits are not unusual during the operational lifespan of a landfill site and the specific variations within this permit are standard for such a regulated site. In most cases, permit variations are introduced to allow for the implementation of improved operational technologies and techniques, or to add additional conditions to improve regulation.

Applications of this kind do not require public consultation. However, given the level of interest from the neighbouring community, the Environment Agency has decided to carry out a consultation before it reaches its final decision. The consultation will allow local residents and interested groups to submit any new relevant information related to the proposed changes.

Further information, including details on how to take part in the consultation, is available online at https://consult.environment-agency.gov.uk/psc/st5-6dh-walleys-quarry-landfill-site-epr-dp3734dc/

The consultation documents can also be viewed in the following local libraries:

• Newcastle Library, Castle House, Barracks Road, Newcastle-under-Lyme, Staffordshire, ST5 1BL

• Knutton Library, Church Lane, Knutton, Newcastle, Staffordshire, ST5 6EB

• Silverdale Library, High Street, Silverdale, Newcastle-under-Lyme, ST5 6LY

Anyone wishing to comment on the proposals is invited to read the documentation online or at the local libraries detailed above before responding electronically on the website or by email to PSCpublicresponse@environment-agency.gov.uk

Our Plan to reduce H_2S emissions

On 17 February 2022 we published the second iteration of our plan to reduce H_2S emissions from Walleys Quarry. This plan continues to build on the extensive regulatory action taken to date and outlines the latest measures the EA has required Walleys Quarry Ltd to implement in the coming months to further improve control of H_2S emissions.

The full plan can be viewed here: Plan to reduce hydrogen sulphide emissions

The measures we have already required Walleys Quarry Ltd to implement are successfully reducing levels of H_2S emissions from the landfill. Since the recorded peak in those emissions in early March 2021, monitoring shows a significant reduction.

Whilst this is very positive, there is more to do, and we continue to focus on ensuring Walleys Quarry Ltd achieves further and sustained reduction in H_2S emissions. This plan outlines the necessary further steps to achieve the outcomes advised by UKHSA.

Along with the substantive action the Environment Agency has already required Walleys Quarry Ltd to take, additional action includes:

- Further operational measures to contain, capture and destroy the H_2S, including:
    - A revised capping and phasing plan and discussions over the final capping of Phase 1;
    - An updated gas management plan; and
    - installation of a new gas flare.
- Improvements in analysis and modelling of H_2S on site and how it is impacted by changes in atmosphere. This will help make sure the gas management system is effective in destroying H_2S in the short and long term.
- Continuation of measures to assure what comes onto the site to prevent new gypsum-bearing materials.

Walleys Quarry Ltd is responsible for the H_2S emissions escaping from its site. Publication of the plan and regular revisions represent our continuing work to rigorously require the operator to resolve the issue of unacceptable levels of those emissions.

Marc Lidderth

Walleys Quarry Landfill - Project Executive

Staffordshire County Council

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee Tuesday 15 March 2022

1.0 Systemwide transformation programme reports of findings

1.1 Recommendation(s)

I recommend that:

a. 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.

b. The committee receives the update around the Transformation Programme.

2.0 Report of Staffordshire and Stoke-on-Trent Integrated Care System

2.1 Summary

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

2.2.1 This report summarises the findings from a series of involvement activities, held in summer/autumn 2021, related to the system-wide transformation programme. Committee members are asked to formally receive the reports of findings.

a. 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.

b. The committee receives the update around the Transformation Programme.

4.0 Background

4.0.1 In 2019 the Together We're Better partnership identified a number of priorities that would require a system-wide approach to transformation. The transformation programme was paused in March 2020 to enable clinicians and staff to prioritise the response to the COVID-19 pandemic. The full 2019 report of findings can be viewed on the Together We're Better website.

4.0.2 In summer 2021 some of these programmes recommenced, with clinicians and staff working to identify any future proposals for service change. To inform the option appraisal processes, further involvement activity was launched in summer/autumn 2021. The programmes included:

a. **Maternity** – proposals to move to a continuity of carer model and to develop an on demand offer for the freestanding midwife-led birthing units (FMBUs) at County Hospital, Stafford and the Samuel Johnson Hospital in Lichfield.

b. **Urgent and emergency care** – focusing on the development of nationally mandated urgent treatment centres, which will abolish minor injury units and walk-in centres. This programme will also review the emergency departments in the area, as part of the wider urgent and emergency care system offer.

c. **Inpatient mental health services south east Staffordshire**. A fire at the George Bryan Centre, in Tamworth, in 2019, led to the temporary centralisation of inpatient services at the St George's Hospital in Stafford and the enhancement of community services caring for adults with dementia and low to medium mental health needs. The fire acted as the catalyst; however in line with the national best practice for mental health there was already a need to review inpatient provision, to support the national vision to deliver more care in the community.

d. **Difficult decisions** – A review into patient eligibility for five procedures across Staffordshire and Stoke-on-Trent. The CCGs wanted to make the eligibility criteria for these procedures consistent for everyone. The five procedures are:

   i. Assisted conception
   ii. Hearing aids for non-complex hearing loss
   iii. Male and female sterilisation
   iv. Breast augmentation and reconstruction
   v. Removal of excess skin following significant weight loss.

e. **Community diagnostic centres** – the system is responding to the national ambition of providing elective diagnostic services in community diagnostic centres (CDCs) as recommended by the Sir Mike Richards' Review of Diagnostics Capacity. The CDCs would be created across Staffordshire and Stoke-on-Trent to support an enhanced offer, providing access to diagnostic services such as blood tests, scans, x-rays and imaging more quickly and nearer to home or work.

   This was a new programme established in summer 2021 and the survey helped inform the early thinking and a bid to NHS England/ Improvement. As further guidance is shared on the requirement for community diagnostic centres our approach to further involvement will be developed.

4.0.3 Recognising the pause in the programme due to COVID-19, the system launched a series of refreshed listening exercises during summer/autumn 2021, to understand if there was any new insight from staff, service users, partners and public to inform the development of future proposals.

5.0 Approach to listening exercises

5.0.1 In 2019 the partnership launched one big conversation, aligned with the national Long-Term Plan. Recognising that the transformation programmes are at different stages of development, individual, tailored listening exercises were carried out in 2021 to seek new insight.

5.0.2 A range of communications channels were used to promote the listening exercises' surveys and where appropriate online events. Stakeholder mapping was undertaken for each programme to identify the appropriate channels and resources needed for each group.

a. **Listening events:** These were structured events. They provided presentations to inform participants, and then gathered feedback on the presentations in a structured way. Participants included partners, service users, community groups and the workforce

b. **Community networks:** Phone calls and emails to voluntary sector, community groups and other stakeholders. The programme asked for their support to promote the surveys and events and also offered to attend any existing meetings

c. **Promotion through partners and stakeholders:** Information packs were shared with partners to support promotion. For the larger programmes, including maternity, urgent and emergency care and inpatient mental health services, public documents (including easy read formats) were developed to communicate the case for change. These documents can be found on the Together We're Better website

d. **Digital promotion:** using organic and where appropriate paid for social media advertising (maternity, urgent and emergency care and inpatient mental health), which aimed to reach new audiences and encourage participation.

6.0 Individual listening exercises

6.1 Maternity – 16 July – 15 August 2021

The partnership held two online events with 28 participants and a survey which received 240 responses. This aimed to understand:

a. People's experiences of using maternity services before and during COVID-19

b. Whether women and their partners would choose a homebirth and why

c. People's views on two proposed new models of care: continuity of carer and an on-demand model at the County Hospital, Stafford and Samuel Johnson Hospital, Lichfield.

6.1.1 In addition to the survey and events, 212 stakeholders were contacted with 462 calls made to community groups and voluntary sector organisations to encourage promotion of the survey and to offer focus groups.

6.2 Urgent and emergency care – 23 September to 31 October 2021

The partnership held three online events with 34 participants and a survey which received 428 responses. The partnership wanted to understand:

a. People's experiences of urgent and emergency care services before and during the COVID-19 pandemic

b. Any new information that should be considered in the development of UTCs and the review of urgent and emergency care services locally

c. If there is anything new that should be considered when agreeing the desirable criteria (that will be used to assess proposals).

6.2.1 In addition to the survey and events, the programme engaged with 783 stakeholders with 3,014 emails and 85 calls made to community groups and voluntary sector organisations to encourage promotion of the survey and to offer focus groups.

6.3 Inpatient mental health services south east Staffordshire – 7 to 31 October 2021

The Midlands Partnership NHS Foundation Trust (MPFT), with support from the Together We're Better partnership, held an involvement programme comprising an online survey and two events. The survey had 80 responses and the events had 29 participants in total. The programme sought to understand:

a. People's experiences of mental health services before the fire at the George Bryan Centre, Tamworth and/or at St. George's Hospital, Stafford
b. People's experiences of mental health services since the fire at the George Bryan Centre
c. People's experiences of mental health services in the community
d. People's views on the national model of care to provide more services in the community.

6.3.1 In addition to the survey and events, 783 stakeholders were contacted via 3,014 emails and 85 telephone calls to promote the involvement activity and encourage participation, with an offer to support stakeholder meetings if required.

6.4 Difficult Decisions – 13 September to 10 October

An online survey was launched that received 306 responses. The partnership wanted to understand if anything new needed to be considered since the pandemic paused this involvement work in 2020.

6.4.1 In addition to this, the programme issued more than 600 emails and contacted 15 community groups on Facebook to share the survey link.

6.5 Community diagnostics centres – 26 July to 23 August 2021

The partnership launched an online survey to understand:

a. People's experiences of diagnostic services prior to the COVID-19 pandemic
b. People's experiences of diagnostic services during the pandemic

c. How people accessed diagnostic services

d. Any barriers experienced when accessing diagnostic services

e. People's views about future service provision, and what services could be provided from community diagnostic centres.

6.5.1 The survey resulted in 148 responses. In addition to these over 3,000 stakeholders were contacted via email and telephone to promote the survey and encourage participation. Digital channels, including owned and stakeholder-owned social media channels and

7.0 Reports of findings

7.0.1 The following section provides a high-level overview of the findings from the listening exercises. The full reports of findings are published on the Together We're Better website (links provided below).

7.0.2 These reports of findings have been shared with the Clinical Commissioning Groups' Governing Body members at their Board meeting on 24 March 2022 for assurance prior to publication.

7.1 Maternity

Of the 240 survey responses, 90% of people were patients or members of the public. 75% of respondents had used maternity services in the last three years, 22% had recently given birth and 28% were currently expecting a baby or their partner was. 9% of respondents worked in the NHS.

7.1.1 A wealth of feedback was received, including people's experiences of services before and during COVID-19. 58% of respondents said that maternity staff were professional and supportive.

7.1.2 Areas for improvement include:

a. Better support for birth planning

b. Getting the right information to promote good choices at each stage of the journey

c. Being listened to and treated with respect

d. Receiving more help with breastfeeding

e. Consistent advice and seeing the same midwife

f. Enabling partners to attend appointments or scans (following the experience during COVID-19).

7.1.3 61% of respondents agreed with the proposed on-demand service for County Hospital, Stafford and Samuel Johnson Hospital, Lichfield. Some respondents said that they would want reassurance that staffing levels would be right and that they were concerned whether a woman might arrive at the unit before a midwife.

7.1.4 67% of respondents agreed that the continuity of carer model was a good model, as seeing the same midwives throughout the pregnancy would make them feel more supported and less anxious.

7.1.5 Link to report of finding: https://www.twbstaffsandstoke.org.uk/get-involved/maternity-services-transformation

7.2 Urgent and emergency care

Of the 428 survey responses, 88% of people were patients or members of the public, 2% were carers and 8% were employed by the NHS. Respondents indicated they had used a range of urgent and emergency care services, including same-day GP services, A&E/emergency departments, NHS 111, walk-in centres and minor injury units.

7.2.1 A wealth of feedback was received, including people's experiences of services before and during COVID-19. People's experiences of urgent and emergency care services varied, with some people giving positive comments for staff and the quality of care provided.

7.2.2 Areas for improvement included:

a. Booking process and availability for same-day GP services needs to be improved
b. Waiting times for care and treatment
c. Accessing help through NHS 111 – no call backs and long waits for calls
d. Need for local services
e. Need for adequate staffing
f. Access to X-ray and opening hours
g. Communication, in particularly for care of the elderly.

7.2.3 65% of respondents said they fully understand the model of care for Urgent Treatment Centres. Some of the key themes on the model of care included:

a. Consider public transport and access for rural areas

b. Consider the needs of specific groups, for example carers, dementia patients
c. Consider access out of hours
d. Local and equitable access to services
e. Patient education/signposting is needed
f. Consider ambulance transport and referrals
g. Provide more information on the model of care.

7.2.4 25% said they were unconcerned or very unconcerned about the move to UTCs, with 27% neither concerned or unconcerned and 48% concerned or very concerned. Some of the key themes identified, included the need to:

a. Ensure appropriate staffing of UTCs
b. Consider the need for local urgent care services
c. Consider travel time
d. Ensure location of UTCs are accessible
e. Consider demographics of different areas, for example social deprivation and population density
f. Consider growing populations when planning services
g. Consider impact on workforce
h. Consider cross-border care
i. Utilise existing estates.

7.2.5 A further report was produced by Reach, who held Zoom focus groups with people with learning difficulties. Their feedback is summarised in the report and includes the need for more communication and challenges in accessing NHS 111 and GP services and long waits at walk-in centres.

7.2.6 Link to report of finding: https://www.twbstaffsandstoke.org.uk/get-involved/previous-involvement-work/improving-urgent-and-emergency-care-services-in-staffordshire-and-stoke-on-trent

7.3 Inpatient mental health services south east Staffordshire

Of the 80 responses received, 95% responded as an individual (for example, a patient, member of the public or an NHS employee), and 5% responded on behalf of an organisation as a formal organisational response. Of the individual responses, 26% had used mental health services, 36% were members of the public and

11% were carers. Of the organisational responses, 22 percent were from NHS employees, 3% from health-related group, charity or organisation and another 3% were from other public sector organisations.

7.3.1 When commenting on experiences of mental health services, 29% each responded about services experienced at the George Bryan Centre and community mental health services, respectively, and 12% responded about services experienced at St George's Hospital. 39% responded that they were not responding about any of those services.

7.3.2 For responses about services experienced at the George Bryan Centre, 14% of respondents focused on services provided prior to March 2019; 86% focused on services experienced after March 2019. All experienced services provided from the West Wing of the George Bryan Centre.

7.3.3 There were differing views about the experience of services at the George Bryan Centre 76% said they were very good or good. 17% stated services were very poor or poor. Key themes included:

a. Quality of care at the George Bryan Centre was good (patient-centred) (33% / eight people)

b. Staff at the George Bryan Centre were supportive and caring (29% / seven people)

c. Staff at the George Bryan Centre were unhelpful (29% / seven people)

7.3.4 When asked about their experience of services provided at St. George's Hospital, 33% focused on services provided prior to March 2019; 67% focused on services experienced after March 2019.

7.3.5 A total of 42% of respondents said services were very good or good. 33% stated services were very poor or poor. Comments included:

a. Communication at St. George's Hospital requires improvement (50% / five people)

b. Staff at St. George's Hospital were very caring (20% / two people)

c. Staff at the George Bryan Centre were unhelpful (20% / two people)

7.3.6 For responses about services experienced within the community, 48% focused on services provided before and during March 2019; 52% focused on services experienced after March 2019.

7.3.7 Analysis of responses showed 38% of people responding said services were very good or good, and 31% stated they were very poor or poor. Comments included:

a. People experienced difficulty in accessing mental health services (42% / 10 people)

b. Quality of care was poor (29% / seven people)

c. There was a lack of continuity of care following discharge (25% / six people).

7.3.8 When asked about the model of care, 85% strongly agreed or agreed with the principles of the model; 4% strongly disagreed or disagreed with the principles. People said they felt the principles would improve the quality of care (20% / 10 people) and encouraged MPFT/ the partnership to consider the need to implement the principles effectively (18% / nine people).

7.3.9 Link to report of finding: https://gettinginvolved.mpft.nhs.uk/george-bryan-centre-engagement

7.4 Difficult Decisions

Of the 306 survey responses, the majority were about hearing aids. Feedback was received on all five procedures, but there were not as many responses as the 2020 survey. This is because people were asked not to duplicate their survey responses if their views had not changed since 2020. This new insight will be used alongside the insight in 2020 to inform any future proposals.

7.4.1 Of the respondents, 93% were white British, 81% were aged 55 and over and 64% were female.

7.4.2 The following key themes were identified as part of the report of findings.

a. Hearing aids for non-complex hearing loss (295 responses)

i. 52% of respondents the NHS should fund provision of care and hearing aids

ii. 41% of respondents said the service should be available to anyone with hearing loss

b. Assisted conception (12 responses)
   i. mixed views on funding
   ii. 25% of respondents from Staffordshire and Stoke-on-Trent highlighted the need for clear criteria for eligibility

c. Male and female sterilisation (8 responses)
   i. 100% of the respondents said the procedure should be available to anyone who would benefit from it
   ii. 17% said they would likely be a service user in future

d. Breast augmentation and reconstruction (11 responses)
   i. 100% of respondents agreed with NHS funding of the service for breast cancer patients and clinical reasons procedure should be funded privately for cosmetic reasons

e. Removal of excess skin following significant weight loss (17 responses)
   i. most respondents in support of NHS funding this service
   ii. 18% of respondents classed this as a cosmetic procedure and therefore should not be funded by the NHS

7.4.3 Link to report of findings: https://www.twbstaffsandstoke.org.uk/get-involved/health-and-care/difficult-decisions

7.5 Community diagnostic centres

Of the 148 responses received, 13% were accessing diagnostic services at the time of the survey; 41% had accessed services in the six months prior to the survey. Respondents commented about how, when and why they had accessed diagnostic services, with the top locations accessed by respondents: Royal Stoke University Hospital, their local GP and County Hospital, Stafford, respectively.

7.5.1 Respondents were asked about any barriers they had experienced when accessing diagnostic services, with key themes identified across access (distance to travel, public transport or location) (46% / 33 people) and parking (lack of parking or high cost) (24% / 17 people).

7.5.2 When asked about what had worked well, quality of care (41% / 34 people), access to services (close to home or adequate parking) (30% / 25 people) and communication (ensuring timely sharing of test results) (13% / 11 people) were key themes.

7.5.3 People said they would be willing to travel a range of distances to access diagnostic services, with 75% / 99 people citing a willingness to travel over five miles, and 25% / 33 people willing to travel less than five miles.

7.5.4 People shared a range of ideas about what could be provided from community diagnostic centres, including:

a. Consider provision of imaging services (e.g. CT, MRI, X-ray) (20% / 22 people)

b. Consider provision of screening services (e.g. cancer screening, breast screening) (15% / 17 people)

c. Consider provision of women's health service (e.g. smears, mammograms, coil fitting, maternity checks, menopause tests) (15% / 17 people).

7.5.5 People also suggested a range of locations for community diagnostic centres:

a. Consider primary care settings (e.g. medical or health centres, GP surgeries, local clinics) (25% / 31 people)

b. Location should be accessible (e.g. close to home, good public transport) (21% / 26 people)

c. Consider community hospitals for a community diagnostic centre (18% / 22 people)

7.5.6 Link to report of findings: https://www.twbstaffsandstoke.org.uk/get-involved/previous-involvement-work/community-diagnostic-hubs

8.0 Approach to analysis

8.0.1 NHS Midlands and Lancashire Commissioning Support Unit were commissioned to independently analyse the responses to the survey and events.

8.0.2 The surveys used a combination of 'open text' questions for respondents to make written comments, and 'closed' questions where respondents 'ticked' their response from a list of pre-set responses.

8.0.3 To analyse the open text questions a sample of open responses are read and from this a code frame of themes is developed. Following this all open text responses received are read and coded against the code frame. The code frame is updated during the coding process as new themes are identified or existing themes are amended. The

code frame of themes is then grouped into overarching 'main themes' for reporting purposes. All responses are coded against the code frame of themes, and this enables a frequency of theme mentions to be calculated.

8.0.4 The reports of findings include all open and coded closed questions cross tabulated against the full demographic profile of respondents.

9.0 Continuous involvement

9.0.1 These listening exercise reports, alongside the initial findings in 2019-20, provide a wealth of information and experiences to help inform any future service change. However, the programme recognises that an approach of continuous involvement is required, as we continue to develop proposals and seek further opportunities to work with seldom heard groups.

9.0.2 Although attempts were made to reach seldom heard/protected groups during the listening exercises, response rates from some groups, for example the Gypsy and Traveller Liaison community and ethnic minority groups, remain low. We aspire to reach higher numbers of respondents from these groups. We will continue to build relationships with trusted advocates for these groups, over the coming months, to understand their specific needs and support them to get involved in any future involvement activity.

10.0 Next steps: maternity

10.0.1 The proposals in 2021 outlined the system's proposal for all midwife-led units to work as an on-demand service, to support the national continuity of carer model.

10.0.2 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.

10.0.3 Both providers (University Hospitals North Midlands NHS Trust (UHNM) and University Hospitals Derby and Burton NHS Trust (UHDB) are working to restore services, however due to the ongoing workforce challenges the providers are unable to give a date for when the FMBUs at Stafford and Lichfield can accept patients. Both providers remain committed to the proposals of reopening the Stafford and Lichfield FMBUs as an on-demand service, when the workforce challenges are resolved. The providers are undertaking proactive recruitment and are modelling the

workforce requirements for the on-demand model, to inform the next steps for this programme.

10.0.4 Providers are actively recruiting to support the continuity of carer model. Due to the pressures of the COVID-19 pandemic and the need to recruit more midwives to support these proposals, this programme has been unable to progress further at this time.

10.0.5 The providers' business cases will be reviewed by the Clinical Commissioning Groups before any final decisions are made. We will continue to keep the Committee informed of progress on this programme.

10.0.6 Maternity services are continuing to keep patients informed of their choices, based on their clinical needs, as they develop individual birthing plans.

11.0 Next steps: Option appraisal process

11.0.1 The options appraisal process commenced in 2019-20 (except for community diagnostic centres) and recommenced in autumn 2021 following the COVID-19 pause. Technical experts, including medical directors, clinicians and executive leads from partner organisations are reviewing the evidence and issues presented against a series of essential criteria. The essential criteria, includes meeting national and local strategies, meeting population needs and clinical sustainability.

11.0.2 The reports of findings from the 2019-20 and 2021 involvement activity have been shared with these technical experts, to inform the development of future proposals.

11.0.3 The programme is committed to continuing to involve staff, service users and other interested groups to inform the development of proposals. A tailored approach to further involvement will be taken for each programme, as appropriate. The programme continues to work with the Consultation Institute to take a best practice approach.

11.0.4 For the more complex programmes, including Urgent and Emergency Care, inpatient mental health and Difficult Decisions, reference groups are being established. These balanced groups will include service users, workforce and members of protected characteristic groups. The programme is currently recruiting to these groups and further information can be found on the Together We're Better website.

11.0.5 Further information on the emerging proposals will be shared with these groups, with an opportunity to comment, share any new insight and highlight any potential impact (positive and negative) that should be considered by the technical groups before further analysis is undertaken.

11.0.6 The output of these groups will inform the technical groups, as they develop shortlists of proposals for service change. This process will identify the viable options that should be considered.

11.0.7 This is an important milestone in a critical programme that will help the CCGs and system to tackle the clinical and financial challenges we face collectively as a system.

11.0.8 At this point in the process, no decisions have been made and there is further work to be done to develop detailed business cases and impact assessments (including travel and equality analysis) on any viable options. This process is likely to take several months as it is important that we take the time to get this right.

11.0.9 Any preferred options will be outlined within the business cases, which will be shared with partner organisations and the CCGs for assurance. This will then be subject to assurance by NHS England/Improvement and the West Midlands Clinical Senate.

11.0.10 The assured business cases will then be considered by the CCGs, as the statutory decision makers, to inform any future involvement activity.

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

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

12.0 Link to Strategic Plan

12.0.1 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:

13.0 Our purpose

a. 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.

b. Through local services we will help you to live independently and stay well for longer.

c. When you need help, you will receive joined up, timely and accessible care, which will be the best that we can provide.

14.0 Link to Other Overview and Scrutiny Activity

14.0.1 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 and transformation to the committee was in October 2021.

15.0 Community Impact

15.0.1 Refer to CIA guidance on the Learning Hub

16.0 List of Background Documents/Appendices:

17.0 Contact Details

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Staffordshire County Council

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee Tuesday 15 March 2022

Performance Overview

Recommendation(s)

I recommend that:

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

Summary

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

1. Note the performance overview for the Staffordshire and Stoke-on-Trent population.

2. The briefing and attached dashboard provide an overview of CCG performance against key constitutional standards and targets.

Report

Background

Since the second half of 2021 Covid-19 infection has been prevalent and at the end of December, the system was already addressing the emerging impact of Omicron. This has impacted on overall performance.

A particular challenge has been the high level of infections and staff absence across the winter months of late 2021 and early 2022 has continued significantly impacted on performance against national standards. Staff absence, although plateauing, remains a significant challenge. System partners continue to work collaboratively to address workforce risks and shortages. Additional demands also remain on all those involved with Infection Prevention and Control (IPC) within organisations across Staffordshire and Stoke-on-Trent.

Although elective services were not completely stood down during wave 3 of the pandemic, the high numbers of Covid-19 patients inevitably led to elective cancellations and fewer patients being referred for treatment.

A combination of all these factors mean that performance against national standards will continue to be challenging as the we focus on the back log and reducing wait times for patients.

At the time of reporting, the latest information available in full is December 2021.

Referral to Treatment Times (RTT)

During the course of the pandemic there has been a significant increase in both the length of time patients are waiting and the total amount of patients on the waiting list. Providers are prioritising actions to reduce waiting times for patients and the backlog.

The number of RTT incomplete pathways has continued to grow since February 2020 with the >18 week wait to >40 week wait cohort of patients growing rapidly in recent months. Recovery of RTT performance was seen from July 2020 until it deteriorated again due to the most recent wave of Covid-19.

The number of >52 week waits and >104 week waits has increased significantly since July 2021 when Covid-19 infection levels picked up. As at December, there are 7687 patients who have waited more than 52 weeks for treatment and 561 patients currently waiting 104 weeks. In recognition of the need to address long wait, a national target has been set to get back to 0 for 104 waits by July 2022.

Delivery against outpatient activity plans remains challenging in December.

Diagnostic test waiting times

Diagnostic activity decreased rapidly following the first lockdown in March 2020 but began to recover again quickly from May 2020 and nearer to pre-pandemic levels. Diagnostic activity has declined again between October and December 2021. This reflects workforce and Covid pressures.

All providers are developing plans to address the delays in diagnostic procedures.

Cancer waits

The system is coping well with Cancer 31 day subsequent treatments. Cancer 31 day definite treatments have improved in December.

Two week waits has been under pressure in the second half of 2022, however improvement are made in December.

Cancer Breast Symptomatic 2 week wait performance continues to be an issue. People referred under the Breast Symptoms 2 week wait pathway will be deemed to have low risk of breast cancer by their GP. This pathway includes people with breast pain and no other symptoms. Breast pain alone is not an indicator of cancer. WMCA (West Midlands Cancer Alliance) are supporting all systems to develop community breast pain clinics which will reduce pressure on hospital breast cancer services and improve performance.

Performance against the 31-day decision to treat to first treatment standard has been variable since the pandemic started in 2020, although providers have been able to retain a position much closer to the 96% standard throughout.

Performance has been variable for the 62-day urgent referral to first treatment standard since the first lockdown in April 2020. None of the main providers are currently achieving the 85% target.

Accident & Emergency - Provider

Meeting the A&E 4 hours target remains challenging for acute providers. This is also the case for 12 hours trolley breaches. The number of patients breaching the 12 hour trolley standard has seen seasonal peaks and troughs in line with winter pressures with numbers increasing from July 2021 onwards.

General Practice

All GP practices, where assessments have taken place, have retained an excellent/good CQC rating.

Patients are returning to see their GPs, but face to face appointments fell in November compared to October in 5 CCGs (note the data has an extra 1 month lag), which led to a decline in total appointments. Home visit numbers were up in 5 of the 6 CCGs.

Overall the direction of travel is encouraging with consultation activity being above 2019 levels consistently during 2021.

National operational planning guidance

Recovery of NHS service activity and performance following the effects of the Covid-19 pandemic is underway. The national operational planning guidance for 2022/23 sets clear ambitions around recovery. Specifically, for elective, diagnostics and cancer activity a range of recovery ambitions were outlined in the national Delivery Plan for Tackling the Covid-19 backlog of Elective Care published on 8th February 2022. The document recognises the different starting points for all organisations will impact on recovery of services.

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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Performance Overview

Current Financial Year 2021-22

Report Month Dec 21

Notes on content: red and green shading is provided to illustrate achievement against target - red is below, green is above or equal to.
Rolling trend charts detail a rolling 12 month period unless otherwise stated.
Data collection paused for Mixed Sex Accommodation breaches, across the COVID-19 period.

Indicators	Target	Stafford & Surrounds					Cannock Chase					South East Staffs & Seisdon Peninsula				
		21/22 YTD	Oct 21	Nov 21	Dec 21	Rolling 12 Months Trend / Performance	21/22 YTD	Oct 21	Nov 21	Dec 21	Rolling 12 Months Trend / Performance	21/22 YTD	Oct 21	Nov 21	Dec 21	Rolling 12 Months Trend / Performance
Healthcare Acquired Infections																
MRSA	0	1	0	0	1		1	0	0	0		3	0	2	1	
C.difficile	28/20/37	38	4	4	6		33	7	0	1		52	4	4	3	
Referral to Treatment Times																
RTT Admitted	n/a	76.43%	75.13%	78.56%	77.79%	n/a	65.08%	66.67%	67.79%	68.46%	n/a	57.20%	60.57%	58.46%	60.93%	n/a
RTT Non-Admitted	n/a	82.82%	82.65%	82.91%	82.51%	n/a	81.17%	80.38%	79.10%	80.26%	n/a	76.81%	76.02%	74.24%	75.34%	n/a
RTT incompletes	92%	66.80%	67.76%	66.83%	63.84%		69.71%	69.17%	69.50%	67.64%		60.70%	59.91%	58.21%	57.94%	
RTT 52 week + waiters (Incompletes, all Providers)	0	12,331	778	790	837		7,626	642	651	677		7,779	1,877	1,991	2,048	
Diagnostic test waiting times																
Diagnostics 6 weeks +	99%	76.36%	74.28%	77.67%	76.80%		74.57%	71.08%	76.69%	76.34%		66.34%	65.47%	66.97%	63.05%	
Cancer waits																
Cancer 2 week wait	93%	72.20%	70.47%	47.90%	60.29%		79.06%	83.93%	69.67%	77.02%		75.09%	73.39%	69.46%	71.31%	
Cancer Breast Symptoms 2 week wait	93%	51.46%	92.86%	26.67%	18.18%		43.55%	90.48%	55.00%	44.44%		50.00%	41.18%	23.68%	13.04%	
Cancer 31 day first definitive treatment	96%	89.40%	84.42%	80.00%	89.61%		87.46%	84.72%	78.57%	85.71%		90.99%	89.22%	90.35%	92.23%	
Cancer 31 day subsequent treatment - surgery	94%	76.47%	77.78%	72.22%	86.67%		75.51%	88.89%	50.00%	54.55%		74.64%	69.23%	66.67%	75.00%	
Cancer 31 day subsequent treatment - drug	98%	98.54%	100.00%	94.12%	100.00%		97.30%	96.15%	100.00%	100.00%		99.47%	95.00%	100.00%	100.00%	
Cancer 31 day subsequent treatment - radiotherapy	94%	98.39%	96.67%	100.00%	100.00%		87.95%	100.00%	88.00%	86.96%		93.31%	96.88%	90.32%	94.74%	
Cancer 62 day standard	85%	61.85%	50.00%	44.74%	37.21%		57.19%	57.14%	36.36%	62.16%		60.50%	62.50%	47.92%	68.00%	
Cancer 62 day screening	90%	79.49%	88.89%	71.43%	75.00%		50.00%	44.44%	0.00%	57.14%		75.34%	66.67%	33.33%	66.67%	
Cancer 62 day upgrade	0%	85.00%	81.25%	77.78%	85.71%		76.24%	54.55%	85.71%	61.54%		74.00%	68.00%	73.33%	69.57%	
Mixed Sex Accommodation Breaches																
Mixed Sex Accommodation Breaches	0	0	0	-	-		0	0	-	-		0	0	-	-	

Indicators	Target	East Staffordshire CCG					North Staffordshire CCG					Stoke on Trent CCG				
		21/22 YTD	Oct 21	Nov 21	Dec 21	Rolling 12 Months Trend / Performance	21/22 YTD	Oct 21	Nov 21	Dec 21	Rolling 12 Months Trend / Performance	21/22 YTD	Oct 21	Nov 21	Dec 21	Rolling 12 Months Trend / Performance
Healthcare Acquired Infections																
MRSA	0	3	0	0	0		1	1	0	0		5	1	1	2	
C.difficile	43/48/63	34	2	6	6		40	4	2	2		68	7	5	7	
Referral to Treatment Times																
RTT Admitted	n/a	55.95%	54.17%	59.87%	57.51%	n/a	65.11%	65.82%	66.67%	67.26%	n/a	61.31%	60.52%	60.60%	59.66%	n/a
RTT Non-Admitted	n/a	71.85%	70.08%	68.76%	68.37%	n/a	78.28%	77.53%	77.98%	75.35%	n/a	78.82%	79.13%	75.53%	76.60%	n/a
RTT incompletes	92%	63.47%	62.66%	61.86%	60.64%		60.74%	60.21%	59.77%	57.80%		60.57%	59.36%	58.82%	56.65%	
RTT 52 week + waiters (Incompletes, all Providers)	0	6,214	722	743	769		18,037	1,263	1,373	1,447		15,995	1,709	1,798	1,909	
Diagnostic test waiting times																
Diagnostics 6 weeks +	99%	65.98%	62.10%	68.22%	64.65%		70.24%	67.16%	70.43%	65.98%		69.27%	64.93%	69.07%	65.16%	
Cancer waits																
Cancer 2 week wait	93%	70.39%	57.08%	58.35%	64.78%		69.36%	63.76%	45.65%	59.06%		69.86%	64.43%	47.30%	55.92%	
Cancer Breast Symptoms 2 week wait	93%	52.81%	55.56%	0.00%	6.82%		50.85%	37.50%	4.00%	9.09%		44.81%	47.06%	21.21%	0.00%	
Cancer 31 day first definitive treatment	96%	92.40%	94.37%	86.96%	97.18%		91.27%	88.29%	84.75%	93.91%		91.55%	87.27%	91.06%	93.64%	
Cancer 31 day subsequent treatment - surgery	94%	79.61%	66.67%	90.00%	76.92%		77.63%	70.59%	79.17%	80.00%		83.91%	81.82%	100.00%	92.31%	
Cancer 31 day subsequent treatment - drug	98%	99.17%	95.45%	100.00%	100.00%		97.16%	89.47%	93.75%	100.00%		99.37%	95.83%	100.00%	100.00%	
Cancer 31 day subsequent treatment - radiotherapy	94%	87.23%	83.33%	86.67%	78.95%		96.82%	89.74%	92.86%	97.14%		96.00%	93.02%	94.55%	93.02%	
Cancer 62 day standard	85%	62.41%	41.94%	58.06%	65.52%		64.07%	59.38%	56.00%	61.40%		63.74%	65.96%	54.84%	53.85%	
Cancer 62 day screening	90%	86.15%	100.00%	100.00%	88.89%		74.75%	62.50%	69.23%	45.45%		73.47%	84.62%	53.85%	66.67%	
Cancer 62 day upgrade	0%	81.58%	100.00%	83.33%	66.67%		82.92%	70.97%	91.30%	84.85%		78.35%	63.89%	87.50%	80.65%	
Mixed Sex Accommodation Breaches																

Mixed Sex Accommodation Breaches	0	0	0	-	-		0	0	-	-		0	0	-	-	

Accident & Emergency - Provider	Target	21/22 YTD	Oct 21	Nov 21	Dec 21	Rolling 12 Months Trend / Performance	21/22 YTD	Oct 21	Nov 21	Dec 21	Rolling 12 Months Trend / Performance	21/22 YTD	Oct 21	Nov 21	Dec 21	Rolling 12 Months Trend / Performance
		UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST					THE ROYAL WOLVERHAMPTON NHS TRUST					THE DUDLEY GROUP NHS FOUNDATION TRUST				
A&E 4 Hour Target	95%	67.82%	64.91%	64.86%	63.01%		80.55%	79.76%	78.94%	78.71%		78.79%	76.69%	77.40%	76.09%	
12 hour trolley breaches	0	2,259	278	372	609		345	56	64	53		164	28	21	28	
		UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST					UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST					WALSALL HEALTHCARE NHS TRUST				
A&E 4 Hour Target	95%	69.42%	66.97%	64.56%	63.60%		57.87%	54.17%	52.33%	54.12%		82.50%	80.51%	76.66%	76.09%	
12 hour trolley breaches	0	672	72	106	124		764	96	161	134		27	0	5	2	

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 21/22 FYTD	Sep 21	Oct 21	Nov 21	FYTD Trend	Cannock Chase 21/22 FYTD	Sep 21	Oct 21	Nov 21	FYTD Trend	South East Staffs & Seisdon Peninsula 21/22 FYTD	Sep 21	Oct 21	Nov 21	FYTD Trend
GP Appointments by Type																
Face-to-Face		385,780	54,523	55,552	51,666		337,120	45,165	48,583	47,338		460,414	54,182	73,483	67,696	
Home Visit		8,932	1,015	1,079	1,218		5,584	648	624	723		5,651	606	639	917	
Telephone		211,628	23,116	21,620	21,214		180,714	21,439	18,784	20,582		335,545	40,315	36,699	37,898	
Unknown / Data Issue		0	0	0	0		0	0	0	0		0	0	0	0	
Video Conference/Online		255	28	14	10		4,339	494	478	595		764	75	109	164	
Total		**606,595**	**78,682**	**78,265**	**74,108**		**527,757**	**67,746**	**68,469**	**69,238**		**802,374**	**95,178**	**110,930**	**106,675**	
Time Between Book and Appointment																
Same Day		233,323	27,691	27,657	32,153		191,395	21,465	21,249	25,430		327,241	36,859	36,012	41,905	
1 Day		36,854	4,034	4,367	4,699		40,794	5,025	4,481	4,928		59,266	6,550	6,527	7,273	
2 to 7 Days		114,469	12,564	13,519	14,080		111,928	13,838	13,301	13,046		151,536	16,739	15,868	17,318	
8 to 14 Days		80,698	8,265	8,537	9,088		68,268	7,936	7,212	7,861		93,810	10,520	9,259	10,003	
15 to 21 Days		36,471	4,042	3,011	4,118		33,506	2,449	2,804	3,729		48,391	4,941	4,612	5,029	
22 to 28 Days		20,285	2,005	1,484	1,784		15,747	1,051	1,212	1,655		22,827	2,271	2,232	3,125	
More than 28 Days		23,111	1,781	1,448	1,822		8,922	566	488	692		14,611	1,510	981	1,706	
Unknown / Data Issue		281	12	48	86		60	9	7	9		140	7	47	28	

Appointments in General Practice		East Staffordshire CCG 21/22 FYTD	Sep 21	Oct 21	Nov 21	FYTD Trend	North Staffordshire CCG 21/22 FYTD	Sep 21	Oct 21	Nov 21	FYTD Trend	Stoke on Trent CCG 21/22 FYTD	Sep 21	Oct 21	Nov 21	FYTD Trend
GP Appointments by Type																
Face-to-Face		296,611	34,764	46,522	40,644		427,678	58,150	59,814	61,661		586,162	80,093	89,825	84,958	
Home Visit		937	88	136	134		7,870	922	888	1,206		7,075	659	895	1,238	
Telephone		274,634	31,662	29,645	31,723		338,269	39,191	36,785	38,252		415,628	44,745	40,656	42,062	
Unknown / Data Issue		1,010	133	166	168		3,784	415	539	599		1,587	103	228	460	
Video Conference/Online		620	90	55	88		1,263	146	154	167		118	46	1	0	
Total		**573,812**	**66,737**	**76,524**	**72,757**		**778,864**	**98,824**	**98,180**	**101,885**		**1,010,570**	**125,646**	**131,605**	**128,718**	
Time Between Book and Appointment																
Same Day		254,861	29,709	29,739	32,913		308,693	34,738	34,549	39,086		409,516	45,257	45,040	53,402	
1 Day		37,999	4,653	4,275	4,774		69,022	8,608	7,787	8,906		81,750	9,649	8,819	9,804	
2 to 7 Days		99,802	11,329	11,789	12,304		172,070	18,643	19,504	21,483		215,262	24,995	24,454	26,491	
8 to 14 Days		61,596	5,934	6,925	7,074		87,063	7,463	8,664	10,201		111,489	11,479	12,580	14,116	
15 to 21 Days		28,724	2,622	2,247	3,412		34,809	2,795	3,182	3,867		47,245	4,368	4,207	5,818	
22 to 28 Days		14,307	1,210	1,125	1,555		13,721	1,260	1,179	1,155		20,834	1,629	1,577	2,215	
More than 28 Days		15,240	954	725	1,094		10,573	870	694	1,422		18,810	1,212	1,071	1,584	
Unknown / Data Issue		292	31	40	77		287	41	18	25		696	57	62	83	

Note: The following CQC Rating Data is publically available. The monthly counts are of inspection results for practices within each CCG as at the report run month.E.g. a practice inspection rating may have been allocated 12 months prior to the report run date, but the rating retained as no subsequent inspections have taken place.

In month snapshot of current CQC rating	Stafford & Surrounds CCG			Cannock Chase			South East Staffs & Seisdon Peninsula		
CQC Inspection Rating	**Oct 21**	**Nov 21**	**Dec 21**	**Oct 21**	**Nov 21**	**Dec 21**	**Oct 21**	**Nov 21**	**Dec 21**
CQC									
Outstanding	0	0	0	0	0	0	**1**	**1**	**1**
Good	**14**	**11**	**11**	**21**	**21**	**21**	**21**	**21**	**20**
Inadequate	0	0	0	0	0	0	0	0	0
Requires improvement	0	0	0	0	0	0	0	0	0
No published rating	0	0	0	0	0	0	0	0	0
Data not available for this period	0	**3**	**3**	**1**	**1**	**1**	**1**	**1**	**1**

In month snapshot of current CQC rating	East Staffordshire CCG			North Staffordshire CCG			Stoke on Trent CCG		
CQC Inspection Rating	**Oct 21**	**Nov 21**	**Dec 21**	**Oct 21**	**Nov 21**	**Dec 21**	**Oct 21**	**Nov 21**	**Dec 21**
CQC									
Outstanding	**1**	**1**	0	**4**	**4**	**4**	**2**	**2**	**2**
Good	**16**	**16**	**15**	**26**	**26**	**22**	**34**	**34**	**31**
Inadequate	0	0	0	0	0	0	0	0	0
Requires improvement	**1**	**1**	**1**	0	0	0	0	0	0
No published rating	0	0	0	0	0	0	0	0	0
Data not available for this period	0	0	0	0	0	**1**	**2**	**2**	**2**

Total inspection count in the financial year to date

Staffordshire County Council

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee - Tuesday 15 March 2022

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 29 November 2021.

7. **Cannock Chase District Council**

   Cannock Chase's Health and Wellbeing Scrutiny Committee last met on 30 November 2021.

   Date next meeting: 23 March 2022

8. **East Staffordshire Borough Council**

   East Staffordshire Borough Council's Scrutiny Community Regeneration, Environment and Health and Well Being Committee met on 26 January 2022

   Date next meeting: 24 March 2022

9. **Lichfield District Council**

   Lichfield District Council's Overview and Scrutiny Committee has not met since the last meeting.

   Date of next meeting:17 March 2022

10. **Newcastle-under-Lyme Borough Council**

    Newcastle-under-Lyme Borough Council's Wellbeing & Partnerships Scrutiny Committee met on 7th March 2022; a verbal update can be provided at the meeting.

    Date of next meeting: 23 June 2022.

11. **South Staffordshire District Council**

    South Staffordshire Council's Wellbeing Select Committee met on 8th February 2022.The committee received a presentation from Staffordshire County Council on the Staffordshire Joint Health and Wellbeing Strategy.

The Strategy has been developed in response to the joint strategic needs assessment and how Covid-19 has changed the landscape and exacerbated health inequalities. Members supported the strategy and its focus on prevention and proposed a collaborative approach around reducing inequalities and increasing healthy lifestyles across South Staffordshire.

Date of next meeting: Tuesday 12th April 2022

12. **Stafford Borough Council**

Stafford Borough Council's Community Wellbeing Scrutiny Committee was due to be held on Tuesday 8th March 2022, where the following items were to be considered:-

- **Health and Care Overview and Scrutiny Committee** - a report back on previous meetings of the Health and Care Overview and Scrutiny Committee held on 25 October, 29 November and 13 December 2021 and 31 January 2022.

- A **Members' Item** relating to NHS Dentistry provision within Stafford Borough

- **Performance Update Report** - a detailed analysis of the performance monitoring of those services within the remit of the Scrutiny Committee for the quarter 3 period ending 31 December 2021

- **Work Programme** – a report outlining the Committee's Work Programme for meetings up to March 2023.

13. **Staffordshire Moorlands District Council**

Staffordshire Moorlands District Council's Health Overview and Scrutiny Panel met on 9 February 2022.

Items for consideration included:-
- Kniveden and John Hall Gardens
- Leek Integrated Care Hub (services and Board representation)

Date of next meeting: 9 March 2022 at which members will receive a presentation on the NHS's Approach to Climate Change.

14. Tamworth Borough Council

The following is a summary of relevant business transacted at the meeting of Tamworth Borough Council's Health & Wellbeing Scrutiny Committee held on 25 January 2022 - link to Agenda and reports pack:

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

Minute No.	Title
55.	Update from Midlands Partnership Foundation Trust (MPFT) The Committee received an update on progress made by the MPFT since September 2021 which included: • services which the MPFT were currently looking to commission to support individuals to navigate through health services • communications work to increase awareness of the MPFT transformation, and how to access services, including the roles and potential involvement of the voluntary sector locally in Tamworth
	Date of the next meeting is 29 March 2022

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 Janet Johnson	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

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WORK PROGRAMME – 31 January 2022
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 Breeedon, 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 Councilors 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	• 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	• Restoration and Recovery • Access to GP surgeries • Future Delivery of Residential Replacement Care Services in Staffordshire (learning disabilities) (21/07/2021) • Covid-19 Update		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. 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. 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.
Monday 26th July at 2.00 pm Additional meeting	• Walleys Quarry Landfill site - Health Implications		Health and wellbeing implications : Questionning 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	• George Bryant Centre • Maternity Services • Covid-19 Update	Work planning (7.6.2021) SCC PH	GBC- Endorsed the process., requested additional information re clinical data to include in the business case. Highlighted the importance of the community impact assessment. Healthwatch Staffordshire to support face to face engagement with service users, families and carers. Further report requested following consultation. Maternity Services – endorsed the process and requested further trend data for home births. Healthwatch Staffordshire support to contact user groups. Further report following consultation.

Monday 20 September 2021 at 10.00 am Scheduled	• 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 – Porgress 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 • overview of services from mild to acute provision	Work Planning (7.6.2021) CS/ASC/CCG	The link to the video for the session was shared with all members and is available on the Health and Care O&S resource page on Mod.gov.
Monday 25 October 2021 at 10.00 am Scheduled	• Mental health hosiptals in Staffordshire • Transformation Programme Update • ICS Performance Overview • Walleys Quarry Update (*26/7/21*) • COVID-19 update (Verbal)		Assurance given that actions were ongoing to maintain quality assurance and improvements.a lessons learned from Eldertree Lodge report would be circulated. Update noted and CCG to feed back comments relating to need for face to face meetings. The performance update was noted, this will form part of the overall dashboard for Health in Stafordshire. Noted and further update in 3 months including update on impact on residents mental health. Noted and continue to monitor.
Monday 29 November 2021 at 10.00 am Scheduled	• Overview of public health outcomes and services • COVID-19 update		Committee requested additional informationabout cessation of services in Haregate street, new monies attained for drug and alcohol services, vaping data, mental health support and & counselling for termination service. Cabinet Member be invited to February Children public health meeting. Obesity and Diabetes and social prescribing be added to the work programme for 2022-23.
Monday 13 December 2021 at 10.00 am Additional meeting	• GP Access • West Midlands Ambulance Service/ ICS/ CCG • Home Care Update		GP Access - Information to be shared as requested – Vaccine plan, PC Strategy, 6 month update and add NHS Estate to the work programme. Urgent and Emegency - System Wide Action Plan to be shared with the members
Monday 31 January 2022 at 10.00 am Scheduled	• Integrated Care System (ICS) • Care Home services (SCC) • Integrated Care Hubs (MPFT) • Vaccination Programme • Covid-19 Update		Peter Axon Andrew Jepps / Dr Richard Harling MPFT Lynn Millar/ Paddy Hannigan Emily Doorbar
~~**Children PH /Mental Health TBC Feb 2022 VC Overview lead**~~	~~• PH outcomes and services (Children's)~~ ~~• Mental Health Support in Schools~~	Cabinet Member not available	Karen Coker – PH outcomes and services - Continued from 29.11.2021 – Cabinet Member cannot attend – look to 11 April / 30 May 2022 Nicola Bromwich CCG / Karen Coker SCC/ Cllr Paul Northcott update on Childrens Mental health in schools – 11 April / 30 May 2022
Tuesday 15 March 2022 at 10.00 am Scheduled	• Walleys Quarry Update • Transformation Programme update • NHS Dashboard Monitoring • Covid-19 Update		SCC/UKHSA CCG CCG Jane Moore Emily Doorbar
21 March 2022 VC Scrutiny Lead	• Healthier Communities - wider determinents of health	Workshop Inquiry PM	Details to be confirmed

Monday 11 April 2022 at 10.00 am	Post COVID lessons learned Care sector update Green NHS agenda - Climate change	SCC / CCG SCC CCG	
To Be Scheduled	• Use of advances in technology in Health & Social Care	Work planning (7.6.2021)	Put back from March 2021
	• Impact of Long COVID	Work planning	
	• Environment Day • Impact of air pollution on health	Work planning (7.6.2021)	
	• Workforce Planning Health and Care	25.10.2021	Work Programme for 2022-23.
	• Acute Trust performance update	25/10/21	
	• Obesity and Diabetes	29/11/21	
	• Social prescribing	29/11/21	
	• General Practice Access be update in 6 months	13/12/21	
	• NHS estate.	13/12/21	

Suggested Items		
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	
Workforce Planning (Accute Hospital Trusts)	Requested by Chairman Committee meeting on 26 October 2020	
Staffordshire Healthwatch Annual Report and Contract (Healthwatch and SCC)	Requested at meeting on 16 March 2021	Briefing ciculated August 2021 – schedule early 2022
Going Digital in Health (CCGs)	Requested at meeting on 16 March 2021	To be scheduled
Social Care IT system procurement		To be scheduled
Childrens Dentstry – Keep Stoke Smiling (inc Staffs) Flouridisation/ orthodontic access	To be scheduled (work planning - 07.06.2021)	July 2022 transfer to ICS commissioning
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

Borough/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 2021at 10.00 am special meeting WMAS/ GP Access
Monday 31 January 2022 at 10.00 am;
February 2022 (TBC) Childrens PH/Mental Health in Schools
March 2022 (TBC) at 10.00 am – Wider Determinants
Tuesday 15 March 2022 at 10.00 am;
Tuesday 19 April 2022 at 10.00 am.

Working Party met September 2021 - February 2022
Met MPFT. To meet Headteacher rep January 2022
Cllr Northcott to report February 2022