



HEALTH OVERVIEW & SCRUTINY PANEL AGENDA

Date: Wednesday, 15 December 2021

Time: 2.00 pm

Venue: Hybrid meeting. Council Chamber, Moorlands House, Stockwell Street, Leek, ST13 6HQ and via 'Teams'

7 December 2021

PART 1

1. Apologies for Absence.
2. Notification of Substitute Members, if any.
3. To Approve the Minutes of the Previous Meeting. **(Pages 3 - 8)**
4. Minutes of the Last Meeting of the Healthy Staffordshire Select Committee. **(Pages 9 - 18)**
5. Urgent Items of Business, if any. (24 hours notice to be provided to the Chairman).
6. Declaration of Interests:
 - Disclosable Pecuniary Interests
 - Other Interests
7. Work Programme. **(Pages 19 - 20)**

Any additional items to be added to the Work Programme:-

 - i) Chairman's items;
 - ii) Members items;
8. Questions to Portfolio Holders, if any.

(At least two clear days notice required, in writing, to the Proper Officer in accordance with Procedure Rule 15).
9. Leek Integrated Care Hub (services and community representation on Boards) - Adam McKeown, Head of Operations & Nicky Tongue, Clinical Director Integrated Community Services.

MARK TRILLO
EXECUTIVE DIRECTOR & MONITORING OFFICER

Membership of Health Overview & Scrutiny Panel

Councillor B A Hughes (Chair)	Councillor J T Jones (Vice-Chair)
Councillor R Alcock	Councillor C J S Atkins
Councillor B Cawley	Councillor E Fallows
Councillor K Flunder	Councillor I Herdman
Councillor T Holmes	Councillor A Hulme
Councillor I Lawson	Councillor L A Malyon
Councillor T McNicol	Councillor D Price
Councillor J Redfern	Councillor T Riley
Councillor J Salt	Councillor L Swindlehurst
Councillor P Wood	

STAFFORDSHIRE MOORLANDS DISTRICT COUNCIL **HEALTH OVERVIEW & SCRUTINY PANEL MEETING**

Minutes

WEDNESDAY, 15 SEPTEMBER 2021

PRESENT: Councillor B A Hughes (Chair)

Councillors R Alcock, C J S Atkins, B Cawley, E Fallows, K Flunder, I Herdman, A Hulme, J T Jones, L A Malyon, D Price, T Riley and L Swindlehurst.

IN ATTENDANCE: M Bowen Cabinet Member - Communities
A Hart Cabinet Member - Property and Tourism
K Hoptroff
P Routledge

APOLOGIES: Councillors T Holmes, T McNicol, J Salt and P Wood

116 **NOTIFICATION OF SUBSTITUTE MEMBERS, IF ANY.**

Councillor Hoptroff was substitute member for Councillor Salt.

117 **TO APPROVE THE MINUTES OF THE PREVIOUS MEETING.**

DECIDED – That the minutes of the meeting of the Health Overview and Scrutiny Panel held on 23 June 2021 be **APPROVED** as a correct record and signed by the Chair.

118 **URGENT ITEMS OF BUSINESS, IF ANY. (24 HOURS NOTICE TO BE PROVIDED TO THE CHAIRMAN).**

There were no urgent items of business. However, at this point in the meeting Councillor Atkins raised the matter of the arrangements for meetings as some continued to be held virtually and it was the opinion of some members that meetings in person should resume. The Executive Director – (People), advised that this matter was due to be discussed shortly at a meeting of the Group Leaders, at which the approach to the next cycle of meetings would be agreed.

119 **DECLARATION OF INTERESTS:**

Agenda No.	Member Declaring Interest	Nature of Interest
Agenda item not specified.	Cllr T. Riley	Other – A family member is an NHS Employee.
Agenda item 10- WMAS Review of Community Ambulance	Cllr B, Hughes	Other – Family member is training to be a paramedic.

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Stations and rural provision of the service.	Cllr J. Jones	Other – Previously employed by WMAS and is an acquaintance of serving paramedics.
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120 **MINUTES OF THE LAST MEETING OF THE HEALTHY STAFFORDSHIRE SELECT COMMITTEE.**

DECIDED – That the minutes of the meeting of the Health and Care Overview and Scrutiny Committee on 9 August 2021 be **NOTED**.

121 **QUESTIONS TO PORTFOLIO HOLDERS, IF ANY.**

1. Question received from Councillor Salt:

“In Biddulph we host the breast screening mobile service at the Leisure Centre. The lease for that expires soon. Are the CCG planning to continue that service in Biddulph and if so have they made any plans to submit another planning / lease request to SMDC?”

Response from Councillor Bowen - Portfolio Holder for Communities and Councillor Hart – Portfolio Holder for Property and Tourism.

We can confirm that the Council has not been approached by NHS England to extend its current lease to continue to operate the mobile breast screening service from Biddulph Valley Leisure Centre.

However, the lease could be extended from the Council's perspective and Parkwood have informed us that all the signage is in place, so if a new lease is required and agreed, the service would be able to continue as it has previously from their point of view.

We have asked the responsible body, NHS England for comment on this matter, but they have yet to reply.

122 **AFTERCARE FOLLOWING DISCHARGE FROM HOSPITAL - PAUL BYTHEWAY, CHIEF OPERATING OFFICER, ROYAL STOKE UNIVERSITY HOSPITAL & JENNIE COLLIER - MANAGING DIRECTOR, MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST. (2:10 PM)**

At the request of a member, the Panel received a presentation on Acute Hospital Discharge. The following topics were explained during the presentation: -

- Acute Hospital Discharge Process
- SAFER patient flow bundle - (Senior Review, All Patients, Flow, Early Discharge, Review and Senior Review)
- Pathways (Home First, Community Hospital, care home bed, long term care home bed and end of life pathway)
- Discharge Timescales
- Outcomes from Home First
- Outcomes from D2A Beds

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- Urgent and Emergency Care Improvement Programme – Discharge Work Stream

The system was under immense pressure at the moment, particularly around domiciliary care. Throughout the pandemic, the Trust had managed to sustain same day discharge for the majority of patients on Pathway One.

Patient discharge late at night – An example of an elderly patient discharged late in the evening without an appropriate care package was described by a member of the Panel. In response, the Officers advised that the Trust aimed to discharge as many in-patients as possible early in the day and Pathways were normally in place for patients between the hours of 8am -8pm. However, dependent on tests and sometimes capacity, patients could be discharged up until 10pm at night. Patients in receipt of a complex discharge pathway would always receive a visit on the first day they returned home. Work was being carried out to raise patients' awareness of what to expect when discharged from hospital whilst they were being admitted.

Cost comparatives and effectiveness of recovery at home – Officers confirmed that Home First was the most cost-effective way to support people at home and reduced the need for long-term care. An integrated Occupational Health Service supported adaptations required to homes and they were not aware of any delay issues in the Moorlands.

Use of the word care home in presentations and misinterpretation - This terminology encompassed a range of residential care providers such as residential care homes, nursing care homes, community hospital beds, and enhanced nursing home facilities.

Re-admittance following discharge – 7-8% of patients across the whole of UHMN were re-admitted to hospital within 10 days which was the average for similar acute providers.

Outcomes for specific conditions – Rather than measurements for outcomes of specific conditions, patients' initial functional needs were measured and again at the end of their Pathway to review the level of improvement achieved.

Other comments made by councillors included an underused hospital at Cheadle and a closed community ambulance station.

The Chair thanked the Officers for their informative presentation.

DECIDED: That the presentation be noted.

123 MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST ANNUAL UPDATE - NEIL CARR, CHIEF EXECUTIVE OFFICER. (2:40 PM)

Jennie Collier – Managing Director, provided the Annual Update for the Trust via a presentation, as apologies had been received from Neil Carr – Chief Executive, MPFT.

The presentation reflected on the work undertaken by the Trust over the past 12-18 months. Developments in the Moorlands were highlighted such as an online self-referral system, a collaborative Community Nursing Team which worked alongside

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Park Medical Centre in Leek, the re-opening of the Leek Minor Injuries Unit and the launch of the programme to deliver integrated care hubs.

Other topics covered during the presentation included the Trust's response to Covid-19 and funding for long-covid services which were now being expanded to provide re-habilitation services for patients with this condition.

MPFT had been instrumental in terms of the vaccination programme in the area which the Trust has received praise for. This has encompassed 3 mass vaccination centres, a pop-up clinic at Leek Moorlands Hospital and support for testing programmes.

Employees and volunteers had been recognised locally for their hard work and commitment during The Big Soother Week and The Big Shout Out Event. Resources were available to staff to assist with their wellbeing and the Officer thanked all of the Trust's teams.

Finally, MPFT had been recognised nationally as it had been shortlisted for the HSJ Awards 2021 for Mental Health provider of the year, Freedom to Speak Up award in terms of patient safety and collaborative working.

Changes to the nature of services provided at Leek MIU – Members were re-assured that the MIU was open for walk-in appointments. It was thought that there were some misunderstandings as there had been no changes in terms of the provision of services. The department was open between the hours of 9am-5pm, 7 days a week. People were asked to attend by 4:30pm, to ensure they had been assessed and received treatment before the unit closed at 5pm. Further communications on opening hours and customer expectations were planned to take place.

Concern as some patients had been turned away from Leek MIU without an assessment of their health status - The Officer advised that 1441 patients had been seen at the MIU since the beginning of August and to the best of her knowledge 4 patients had been turned away. Arrangements were being put in place to ensure patients received a clinical triage before being redirected to alternative services and the number of redirected patients would be monitored. Members were encouraged to contact 111 before a visit was made to an urgent treatment centre. The 111 service also had the ability to book appointment slots at some urgent treatment centres. An App was also now available which gave real time data on waiting times at walk-in centres which may be useful to some patients when making a decision on which place to attend.

Mental health self-referral system and digital access – It was queried whether the system may be overloaded with minor issues which may deny access for those with more serious mental health issues. In response, it was confirmed that those with low level mental health issues should contact the service, additional capacity had been created and the Trust wanted to increase the number of people accessing the system. MPFT had recently carried out work to address digital inequalities as part of its 5-year Digital Strategy.

Impact on MPFT due to a lack of face-to-face GP appointments - The Trust had been impacted at the beginning of the pandemic but as Primary Care services had begun to re-open this had lessened. MPFT had good working relationships with Primary Care providers and further work was required around virtual and face-to-

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face appointments. It was suggested that the Primary Care Team could be invited to the Panel to give further information around this.

Consultation on services provided at Leek Integrated Care Hub – No further formal consultation was planned but engagement events would be held during the Autumn to enable the community and councillors to have an input on the types of services they would like to be available at the Hub.

Integrated Care Boards and community involvement/representatives – It was suggested that the Integrated Care Team could be invited to a future meeting to address this issue at a future meeting.

The Chair thanked Jennie Collier and gave her thanks to all NHS staff for their work during the pandemic.

DECIDED: That the update be received.

124 **WEST MIDLANDS AMBULANCE SERVICE - REVIEW OF COMMUNITY AMBULANCE STATIONS & RURAL PROVISION OF THE AMBULANCE SERVICE) - MARK DOCHERTY, DIRECTOR OF CLINICAL COMMISSIONING & STRATEGIC DEVELOPMENT/EXECUTIVE NURSE. (3:10 PM)**

In advance of the meeting, members had received a briefing note and general statistics from the WMAS.

Mark Docherty gave a verbal update to the Panel which included the key points below:-

- Given the past year, the workforce was tired and staff morale was very low. There was no ability to reduce opening hours or the level of service provided to patients. Staff were regularly late off duty which had a knock-on effect the following day. The Trust has moved to REAP 4 (the highest level of concern) for the first time in its history.
- The Service was well prepared to deal with the pandemic as there were no vacancies, had all of the necessary PPE, a fleet of new vehicles and 86% of staff are now fully vaccinated.
- WMAS had a Vision and Strategy for many years to introduce large hubs as this gave the opportunity to work more effectively and efficiently. Paramedics rarely returned to the stations, unless they had the opportunity for a meal break. The money saved from not having the Community Ambulance Stations (CAS) could be invested in additional staff and ambulances.
- To illustrate the high demand for the WMAS the Officer gave real time data to the Panel.
- A major issue was the number of lost hours due to delays handing over patients at hospitals.
- WMAS was looking to develop a Community Response Model and had recently introduced a Clinical Validation Desk.
- More defibrillators were required to save lives.

A detailed statement from the Leader was read out on her behalf by the Vice-Chair. To summarise, the closure of CAS would put lives at risk and residents of the

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Moorlands would not receive the service they deserved. A copy of the statement would be brought to the attention of the Trust Board.

Members were very concerned about a reduced level of service currently seen by patients in the area and were worried that the removal of the CAS would lead to further reductions. It was thought that ambulances would be deployed to urban areas before attending calls in the rural areas. Members queried the success of the Integrated Care System if there were such issues when patients were transferred to hospital. It was also noted by members that Community First responders were demoralised.

The Officer agreed waiting times were unacceptable, the demand for ambulances had increased significantly and this was an issue for the whole of the region. The Trust did not have the resource to cope with the demand and members felt that these issues needed to be brought to the attention of the County Council and the Government.

The Chair thanked the Officer for his explanation and attendance at the meeting.

DECIDED:

- 1) For the information to be noted.
- 2) For the matter to be escalated to the Health and Care Overview and Scrutiny Committee as the issues impacted the whole of the County.

125 **WORK PROGRAMME. (3:40 PM)**

DECIDED:- That the Panel's Work Programme be agreed, subject to the addition of the following items:-

- Access to GP Appointments (Primary Care Team)
- Community Involvement with Integrated Care Boards
- Details of the Social Care Plan given the recent increase to National Insurance contributions and the quality of care in the Moorlands/Midlands

The meeting closed at 4.45 pm

_____ Chairman _____ Date

Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 25 October 2021

Present: Jeremy Pert (Chairman)

Attendance

Philip Atkins, OBE	David Leytham
Martyn Buttery	Paul Northcott (Vice-Chairman (Overview)
Richard Cox	Janice Silvester-Hall
Ann Edgeller (Vice-Chairman (Scrutiny)	Colin Wileman
Jill Hood	

In Attendance:

Heather Johnstone – Executive Director Nursing and Quality for 6 Staffordshire and Stoke on Trent CCGs
Ben Boyd – Associate Director Specialist Services North Staffordshire Combined Healthcare NHS Trust
Mary Barlow - 6 Staffordshire and Stoke on Trent CCGs
Marcus Warnes - Accountable Officer for 6 Staffordshire and Stoke on Trent CCGs and Senior Responsible Officer for Transformation Programme
Jane Moore - Executive Director of Strategy, Planning and Performance
Tracey Shewan - Director of Communications and Corporate Services
Simon Fogell – Chief Executive Healthwatch Staffordshire
Emma Sandbach – Staffordshire County Council Public Health Consultant
Claire Dinnas – Area Director for West Midlands for the Environment Agency
Marc Liddeth – Project Executive Walley’s Quarry Project Team, Environment Agency
Alec Dobney – Head of Unit, Environmental Hazards, UK Security Agency UKSA
Dr Ovnair Sepai – Group Leader General Toxicology, supporting UKSA

Apologies: Jak Abrahams, Charlotte Atkins, Joyce Bolton, Rosemary Claymore, Keith Flunder, Phil Hewitt, Barbara Hughes and Thomas Jay

PART ONE

34. Declarations of Interest

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

Councillor Richard Cox declared an interest in Item 4 Independent Mental Health hospitals, a family member was a former service user at George Bryant Hospital.

35. Minutes of the last meeting held on 20 September 2021

That the minutes of the meetings 20 September 2021 be approved and signed by the Chairman as a correct record subject to correction of the grammatical amendments identified.

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

The Executive Director Nursing Staffordshire & Stoke on Trent 6 CCGs outlined the approach to quality assurance of key Mental Health and Learning Disability Independent Hospitals and described the mechanisms in place to ensure that patients in Staffordshire and in external provision were safe and receiving the best possible care.

Host commissioner guidance came into effect in January 2021 to oversee systems and quality and to demonstrate they met the criteria outlined. A CQC review in March 2021 alerted the host commissioner of issues at Eldertree Lodge in Staffordshire, which resulted in management of the situation and closure of the premises. All patients were relocated within timelines and had settled well into new accommodation.

Following this, a gap analysis of processes was undertaken and working arrangements had been strengthened in Staffordshire, in line with the host commissioner guidance to include: patient monitoring every 6-8 weeks; link with placing commissioners; a provider failure operational process as part of the toolkit; face to face site visits to other providers; and a proactive programme of visits regularly taking place across the system. There was acute mental health provider support with specialist mental health patients and good connections with Safeguarding Children and Adults Boards. Some of the processes developed through lessons learned were being shared locally and nationally.

In terms of mental health provision 84 patients were in placement, half in area half out, 21 out of 26 of providers were rated as good by CQC but 2 independent providers were of concern and assurance was given that commissioners were working with them and all 3 patients in placement had received satisfactory safe and well checks.

The following comments and responses to members questions were noted:

- following a Covid outbreak at John Munroe Group in Leek, other concerns were identified and CQC carried out a routine visit. An improvement plan

has been put in place with regular monitoring visits. CQC had re-visited and John Munroe Group which was subject to further improvements.

- During the pandemic commissioners working from home were not able to carry out face to face visits unless there were specific circumstances. Since Eldertree Lodge failure, face to face visits have been carried out where there was the slightest concern.
- CCG was working on a document with NHS England to capture all lessons learned from Eldertree Lodge failure, highlighting how to manage the situation and to deal with challenges of relocating high level of high-risk individuals.
- Providers were independent providers and it was important to maintain quality and standards, and to ensure patients who were amongst the most vulnerable residents in Staffordshire had a voice.
- As placing commissioners of a learning disability or autism package of care out of County there was a responsibility to check the individual in placement on a minimum of eight weekly basis.
- Host commissioner guidance placed the responsibility on each of the host commissioners to make sure the organisation was safe, to advise the placing commissioner of any issues and to meet to source alternative placement for individuals, where necessary.
- In terms of mental health facilities out of County, there were regular in person reviews and a blend of working with host commissioners and providers remotely and at least one review in person to ensure safety.
- There was a national scheme for relatives to claim back travel expenses and families could be helped in advance of travel, where possible placement distance was kept to a minimum.
- Staffordshire and Stoke on Trent beds were commissioned from NHS providers where possible; it was considered that there was an over dependence on Independent Mental Health Hospitals in the County and the aim was to reduce in-placement levels and to consider housing association providers in the County.
- Members were assured that positive behaviour support was available in the community, to train and support the independent sector providers, to bridge between independent hospitals and community placements and to provide a blend of roles and expertise to support individuals.
- For face to face meetings the 'care programme approach' and 'care and treatment reviews' were used. Service user, provider, family members and carers were all involved. This approach had a support network for individuals and a contract with the provider.

The Chairman thanked presenters for a clear presentation and report.

Resolved:

1. That Committee note the actions being taken by the CCGs, the wider NHS and other system partners in respect of the quality assurance and drive for improvement of these independent hospitals.

2. That committee note the positive system response to recent challenges and the positive approach to this key matter.
3. That the lessons learned report post Eldertree Lodge failure be circulated to Members of the Health and Care O&S Committee.

37. Transformation Programme

The Accountable Officer 6 Staffordshire and Stoke on Trent CCGs outlined the process to develop proposals and business cases relating to Maternity, Urgent and Emergency Care (UEC), George Bryant Centre, Difficult Decisions, Community Diagnostic Hubs, and interdependencies between programmes. It was explained that feedback from this sense check phase and other relevant data would take the long list of proposals to a shortlist of proposals for consultation.

Concerns were raised relating to NHS guidance relating to no face to face engagement. It was confirmed that CCG were working in accordance with the NHS England and consultation institute guidance and that CCG was working with Healthwatch and other voluntary sector groups in the community to carry out face to face meetings, feedback from which would be included in feedback to this committee. It was suggested that CCG pass the committee's concerns on to NHS England.

The Chief Executive, Healthwatch Staffordshire advised that he championed the resident's voice at meetings with Integrated Care System ICS colleagues. He clarified that not all people wanted face to face meetings some wanted digital consultation and that a Healthwatch survey was been undertaken to find out more about what people want.

The following comments and responses to members questions were noted:

- In terms of engagement with public in a pandemic, CCG highlighted that it was important to find a balance to provide easy access without putting people at risk and fulfil statutory duties when consulting on Major transformations.
- In 2019 Pre-pandemic engagement took place using face to face mechanisms, the current process was to sense check the feedback from that consultation through surveys and digital means. In the next stage of consultation a hybrid approach would be taken.
- In relation to engagement matters discussed:
 - Access to digital consultations: there were concerns about digital exclusion. It was considered that digital consultation was better attended, more accessible for many and covered a wider audience.
 - Face to face: Members wanted to speed up processes to engage in face to face meetings. There were concerns that some of the public felt excluded and that hard to reach groups may be excluded. CCG had learned a lot and reached communities that may not have taken part before. Partners and Healthwatch were working together.

- Face to face consultation was considered essential for Elderly people who have difficulty using digital for consultation or appointments. GP Access was a top priority nationally and Committee would consider the matter in more detail on 13 December 2021.
- Terminology: the term 'difficult decisions' may be confusing to people.
- Finance: All proposals consulted on had to be financially viable options under the NHSI guidance for them to go forward. Cost benefit analysis would consider the benefits from a population perspective against the financial requirements.
- Data: It was confirmed that records of how many people were consulted, how they were contacted and where getting responses from were maintained. CCG carried out targeted work with partners and work included protective characteristic groups as well as those with digital poverty. The data on digital and face to face involvement would be useful and would be included in the report of findings back to committee.
- GDPR: Access to service users, it was confirmed that CCG work with partner colleagues (service providers) on all consultation to consult past and present service users, partners can access records and make contact.
- Comments on the slides:
 - Amend 'improving life expectancy' to add the word healthy 'improving healthy life expectancy'.
 - It was suggested that other consultations be included on the timeline slide for consultation, to demonstrate the amount of transformation work planned.
- Important to get the balance right between digital and face to face consultation.

The Chairman thanked officers for the detailed report and responses to questions.

Resolved:

1. That the Update around the Transformation Programme was noted
2. That CCG be requested to feed comments back to NHS England relating to face to face meetings.

38. Performance Overview and Dashboard

The Accountable Officer of the 6 Staffordshire and Stoke on Trent CCGs and Director and Programme Director presented information relating to performance overview and dashboard. The report detailed referral times, diagnostic timelines and metrics, and information relating to UEC and winter pressures. It was highlighted that the ongoing pandemic and with case rates rising, the NHS was facing probably the most difficult winter ever ahead and the pressures were reflected in the dashboard submitted.

The following comments and responses to members questions were noted:

- The indicators and red amber and green RAG rated dashboards gave a view to how indicators would progress over time. Next year the

Integrated Care System ICS would move to one dashboard rather than the 6 CCG dashboards.

- Health care acquired indicators detailed expected levels over 12 months April to March. It was considered that the infection control and lack of visitors during the pandemic had an impact on the indicators, but they did provide an indication of protection and cleanliness.
- ICS to produce quarterly data and to report progress positive or negative movement from the last quarter. From a transformation and restoration perspective it was also important to compare current data with pre pandemic levels, pre-pandemic there were no waiting periods to access most services, which was considerably different now.
- It was suggested that a financial dashboard could be added to sense check financial position moving forward.
- More information was given on the breast cancer symptom indicator. CCG advised that this was an issue across the region and that work was taking place to set up different pathways for people to be seen, looking at new and innovative means to get women through this pathway.
- The Chairman welcomed seeing GP Access data which was of importance to all residents

ICS was working across the system to get better integrated performance data and to use the data to ask questions to see how to improve and what can be done differently. In the new system the oversight indicators may change and links between old data and new would be looked at, it was considered that the information would be useful to people to help understand what was happening and to make change happen.

The Chairman welcomed the report which helped to build towards an overall dashboard of health across the County to see progression. It also could be rolled down into District and Borough Councils to consider what they are doing individually to improve the Health of residents.

Resolved:

That the performance overview for the Staffordshire and Stoke-on-Trent Integrated Care System (ICS) population was noted

39. Walley's Quarry Health Implications - Update

Representatives from Staffordshire Public Health, the Environment Agency and UK Security Agency provided updates to highlight findings from four surveys that had been undertaken to measure odour and symptoms experienced by residents living close to Walley's Quarry, and to report on the Health Risk Assessment of air quality monitoring and measures taken to reduce the off-site odours from the landfill site, since July's meeting.

Committee considered the latest community figures from the surveys covering the period between 18 May 2021 and 13 October 2021. The

residents self-reported odours and symptoms which indicated that that the air pollution continued to have a detrimental effect but that there had been an increase in the number of mental health symptoms reported due to the length of time residents were impacted by levels of Hydrogen Sulphate H2S.

The EA Project Executive provided a brief update on the strategy and plan to contain, capture and destroy H2S gas including the successful deployment of the posi-shell on 70% of the site. With the temporary capping in place to contain the gas, progress had also been made to drill 20 of the 28 wells and 50% more gas was being captured and destroyed as at same time last year. The data showed a consistent reduction in H2S levels, that measures were having the impact expected and strong regulatory approach was being taken to encourage compliance by the operator. There had been 2 face to face consultation events over consecutive weeks with 160-180 residents attending.

The UK Security Agency UKSA (the successor body to Public Health England) provided an update on the Health Risk Assessment of air quality monitoring results from March to August 2021. The report detailed that the Hydrogen Sulphide H2S data up to the end of August showed continuing exposure to the population around the site at decreased concentration levels compared to March-July 2021 and at 3 of the monitoring sites they were below the long-term (lifetime) health based guidance levels.

The following comments and assurances were noted in response to Members questions:

- Site MF9 had higher WHO annoyance levels than recommended. The impact of the odour on resident's mental health and the uncertainty about safety and health of self and family should not be undermined even when the advice was that air pollution was unlikely to cause long-term physical health problems.
- Assurance was given that there was no pollution in the water course coming from the landfill. Site monitors would stay in place and would continue to monitor water.
- It was reported that gypsum had got into the landfill and had produced H2S. Work was ongoing to ensure no gypsum-based materials go into site. Checks were made by sampling and continuous monitoring, also EA was also looking at where the waste was coming from and if the waste, they were sending was suitable.
- There were further concerns raised about a reduction in people's mental health highlighted in the symptom tracker. Concern was raised about the impact on families and that there were no questions related to family breakdowns in the surveys.
- Concerns were raised about impact on families in the future and it was suggested that The PH Consultant prepare a paper to share with Members to draw out the main messages from the Keele University

study relating to mental health, the public health report and the community impact work being led by Newcastle under Lyme Borough Council.

- MF9 there was no date for when levels site would be consistently below required level. The operator was working with EA to reduce levels and it was expected that H2S levels for September were expected to show a further decrease, however it was indicated that H2S may stay in the air longer in colder weather and no assurances could be given even though concentrations continue to reduce.
- The Chairman suggested that the symptom tracker be recorded month by month to show a trend in residents reporting.

The Chairman thanked all presenters for contributions and clarity of reports. He welcomed the update on progress to reduce the impact of odour from WQ, that information on any other emissions had been shared and that the air pollution data indicated a decrease month on month.

Resolved:

1. To note the update report and request a further update in 3 months.
2. That further information relating to the impact on resident's mental health in communities be circulated.

40. Covid-19 Update

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

- Covid case rates remained high and above the National and West Midlands averages. School age children have the highest case rates however they were increasing across all groups.
- Hospitalisations were creeping up however deaths from all causes remained around the same as the 5-year average.
- Vaccination: 12-15 group had slowed due to delays and the highest infection rates, causing young people to isolate and not get the vaccine jab for 28 days.

Committee noted the following comments and responses to questions:

- Testing rates in Staffordshire were amongst the highest nationally. Some issues had been reported relating to test centres and would be looked at on a case by case basis.
- Concerns that people were disrupted in their daily life waiting for test results. No tests were sent to Wolverhampton test centre from Staffordshire these were sent to Keele and further north.
- 3rd dose booster vaccine was not rolling out as fast as anticipated.

- In Staffordshire flu vaccine roll out was on track and data would be included in future presentations.

Resolved:

1. That the update report be noted.

41. District and Borough Updates

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

- Cannock Chase 14 September 2021 meeting established Enviro crime and waste and recycling. The Portfolio holder had written to CCG about MIU awaiting response.
- Working Groups had been set up at East Staffordshire DC relating to GP Access and the Impact Covid was having in East Staffordshire. Waste review and engaging communities' reports would be considered at a meeting soon.
- Lichfield Council had set up Dual Recycling and Climate Change work groups.

The Chairman reminded District and Borough representatives that the GP Access was being considered at County Overview and Scrutiny Committee and that local scrutiny should relate to local matters and not duplicate the work of this Committee.

Resolved:

1. That the District and Borough Updates be noted.

42. Work Programme 2021-22

Committee received the work programme and noted the following:

- The meeting on 13 December 2021 would focus on WMAS and system pressures in Staffordshire, as well as an update on the GP Access action plan.
- The link to the Introduction to Mental Health session 21 October 2021 would be circulated to all Members.
- George Bryant Centre schedule February-March 2022.

Chairman

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**SMDC Health Overview & Scrutiny Panel
Work Programme 2021/22**

Date	Items for Agenda
23 June 2021	
	North Staffordshire Combined Healthcare NHS Trust Annual Update
	Update on the temporary closure of Leek Minor Injuries Unit.
	Leek Integrated Care Hub
15 September 2021	
	Aftercare following discharge from hospital
	MPFT Annual Update
	WMAS – (Review of Community Ambulance Stations & rural provision of the Ambulance Service)
15 December 2021	
	Leek Integrated Care Hub (services and community representation on Boards)
9 March 2022	
TBC	Regular progress updates on the Leek Integrated Care Hub
	Regular updates on the temporary closure of Leek MIU
	SMDC Climate Change Strategy - impacts on health eg fuel poverty and excessive winter deaths
	Mental health first aid training for staff and councillors
	Annual Updates CCG, MPFT, Royal Stoke, WMAS , Combined Health Care & Healthwatch
	Provision of defibrillators
	Collaborative Working/Primary Care Networks and Self-Care Model - MPFT

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