

**Date:** 18 March 2022

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

Dear Sir/Madam,

I have recently forwarded to you a copy of the agenda for the next meeting of the Health and Care Overview and Scrutiny Committee.

I am now able to enclose, for consideration at next Tuesday 15th March 2022 meeting of the Health and Care Overview and Scrutiny Committee, the presentations which were provided at the meeting

John Tradewell  
Director of Corporate Services

Enc







UK Health  
Security  
Agency

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# Health Risk Assessment of air quality monitoring results from March to January 2022

Walleys Quarry Landfill Site, Silverdale Newcastle-under-Lyme

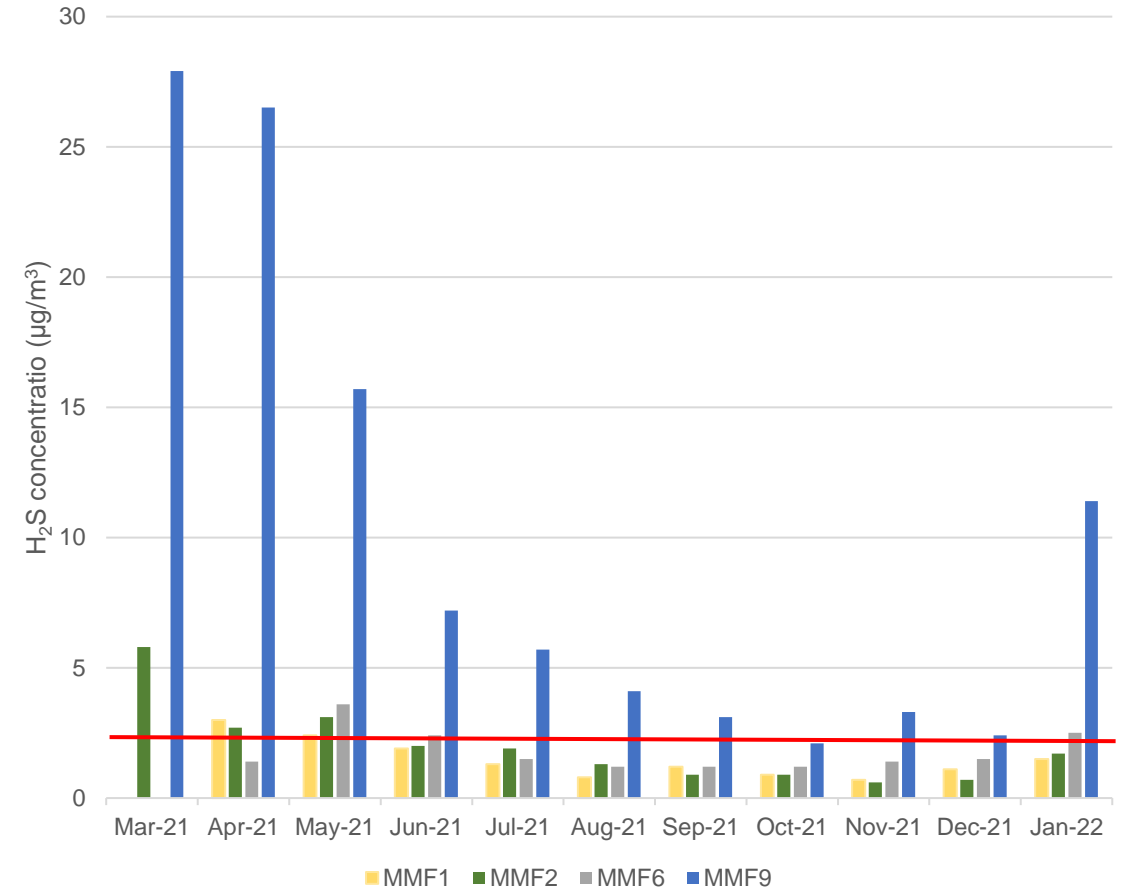
Alec Dobney, Katie Spence, Britta Gadeberg, Emma Sandbach

# Walleys Quarry Landfill Risk Assessment



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Monitoring Station	Cumulative concentration ( $\mu\text{g}/\text{m}^3$ )	Cumulative percentage time above $7 \mu\text{g}/\text{m}^3$	Monitoring dates
MMF1	1.3	3 %	14/04/2021 to 28/02/2022
MMF2	1.8	5 %	05/03/2021 to 28/02/2022
MMF6	1.8	3 %	24/04/2021 to 28/02/2022
MMF9	8.8	16 %	06/03/2021 to 28/02/2022



# Walleys Quarry Landfill Risk Assessment

**From January 2022 onwards, UKHSA is only comparing the results with the United States Environmental Protection Agency long-term (lifetime) health-based ( $2 \mu\text{g}/\text{m}^3$ )**

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- (MMF1 and MMF2) concentrations are below the long-term (lifetime) health-based guidance value, as they have been since June/July 2021
- (MMF6) concentrations have been below the long-term (lifetime) health-based guidance value since July 2021, In January 2022, showed a slight exceedance; the overall cumulative average is below the long-term (lifetime) health-based guidance value
- (MMF9), concentrations in January 2022 remain above the US EPA RfC,

# Summary

- Hydrogen sulphide rectified data up to the end of January 2022 shows continuing exposure to the population around the site
- Currently any risk to long-term (lifetime) physical health is likely to be small however, it is not possible to exclude a risk to long-term health
- The lower the concentrations become, the smaller any risk will be
- 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 those health-based guidance values used to assess long-term exposure

# Update on system transformation programme

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## Staffordshire Health and Care Overview and Scrutiny Committee

15 March 2022



Agenda Item 5

# Transformation programme

## Current projects

- Maternity care – proposals for a continuity of carer model and an on-demand offer for the freestanding midwife-led birthing units at Lichfield and Stafford
- Inpatient mental health services – south east Staffordshire\*
- Urgent and Emergency Care (UEC) – development of mandated urgent treatment centres and reviewing emergency departments in the area
- Community diagnostic centres – national ambition to develop enhanced diagnostic offers in the community
- Difficult decisions (DD) – review into patient eligibility for five procedures of lower clinical value

*\*Alignment to mental health transformation programme and primary care transformation*

## Future projects

- Planned care
- Integrated community hubs – south east/ south west Staffordshire
- Integrated community beds - south east/ south west Staffordshire





# Sense check involvement summer/autumn 2021

## Seeking to:

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

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## Maternity

- 240 survey responses and 28 event participants
- 75% used maternity services in last 3 years, 28% were expecting a baby
- 67% agreed continuity of carer was a good model
- 61% agreed with proposed on-demand model
- Areas for improvement: better support for birth planning, communication, consistent advice, enabling partners to attend scans

## Urgent and emergency care

- 428 survey responses
- 88% of respondents were patients/public
- 84% used UEC services before COVID-19, 65% since COVID-19
- 48% concerned/very concerned about model of care, 27% unconcerned/very unconcerned/ 27% neither concerned/unconcerned
- Areas for improvement: waiting times, NHS111, access to X-ray and opening hours, care for elderly, communication

**The full reports of findings from the different listening exercises are available at:**

[www.twbstaffsandstoke.org.uk](http://www.twbstaffsandstoke.org.uk)

# Sense check involvement summer/autumn 2021 continued

## Mental health

- 80 survey responses and 29 event participants
- 26% of individual respondents used mental health services
- 76% of responses about George Bryan Centre were very good/good
- 42% said services were very good/good at St George's Hospital
- 38% said community services were good/very good
- Areas of improvement: communication, staff, access, quality, continuity of care post discharge
- 85% strongly agreed/agreed with the principles of the model

## Community diagnostic centres

- 148 responses
- 13% were accessing diagnostics/ 41% had accessed services in previous six months
- Key themes: access, parking, accessible locations

## Difficult Decisions

- 306 survey responses
- 96% respondents were about hearing aids
- 52% respondents said NHS should fund provision of care and **hearing aids**. 41% said should be available to anyone with hearing loss
- **Assisted conception** - 12 responses: mixed views on funding and highlight need for clear eligibility criteria
- **Male and female sterilisation** - 8 responses: 100% said procedure should be available for anyone
- **Breast augmentation and reconstruction** - 11 responses: 100% agreed with NHS funding for breast cancer patients and clinical reasons. Support for private funding for cosmetic reasons
- **Removal of excess skin** - 17 responses: most in support of NHS funding. 18% of respondents classed it as a cosmetic procedure not NHS funded

# Continuous involvement

- Recognition each programme is at a different stage and that there may be different levels of involvement required
- A tailored approach to communications and involvement will be taken for each programme, including virtual and face to face activity as appropriate
- Our various reports of findings 2019-2021 show there are some seldom heard groups that we want to continue to develop networks with, as we develop our proposals/models of care:
  - Gypsy and traveller communities
  - Ethnic minority communities
  - Carers
- We will continue to build our networks and utilise the voluntary sector to help reach these communities to seek their comments (for example using focus groups)
- A number of reference groups have been established for key programmes, which will help inform our proposals ahead of the development of business cases - mental health, Difficult Decisions (March) and urgent and emergency care (potentially May 2022)

# Next steps

- Clinicians and technical leads have been reviewing the findings for the listening exercises to help inform the development of proposals
- We are inviting Healthwatch, as independent observers, to our technical groups as proposals are discussed
- We are continuing to seek opportunities to involve service users, staff and seldom heard groups as proposals are developed (different methods for each programme)
- By using the feedback, alongside data and travel analysis, we will be able to develop a short list of proposals
- Viable proposals will be taken forward into business cases
- At this point we will understand the level of change needed and any future involvement activity
- This process is likely to take several months and is subject to change
- We will continue to keep the Committee informed and involved at every stage of this journey

## Maternity

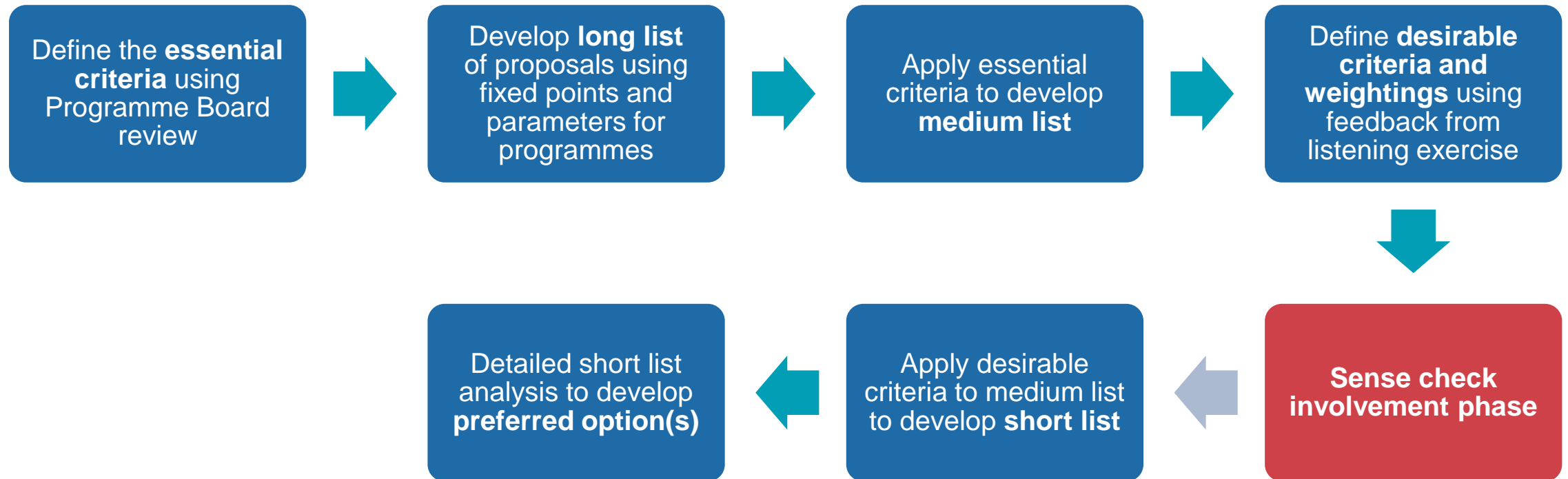
- COVID-19 having a significant impact on workforce
- Trusts remain committed to the proposed on-demand/continuity of carer models
- Detailed workforce analysis being undertaken to understand when an on-demand service could be implemented
- We will bring a further update back to Committee when a decision is made

# Options appraisal process

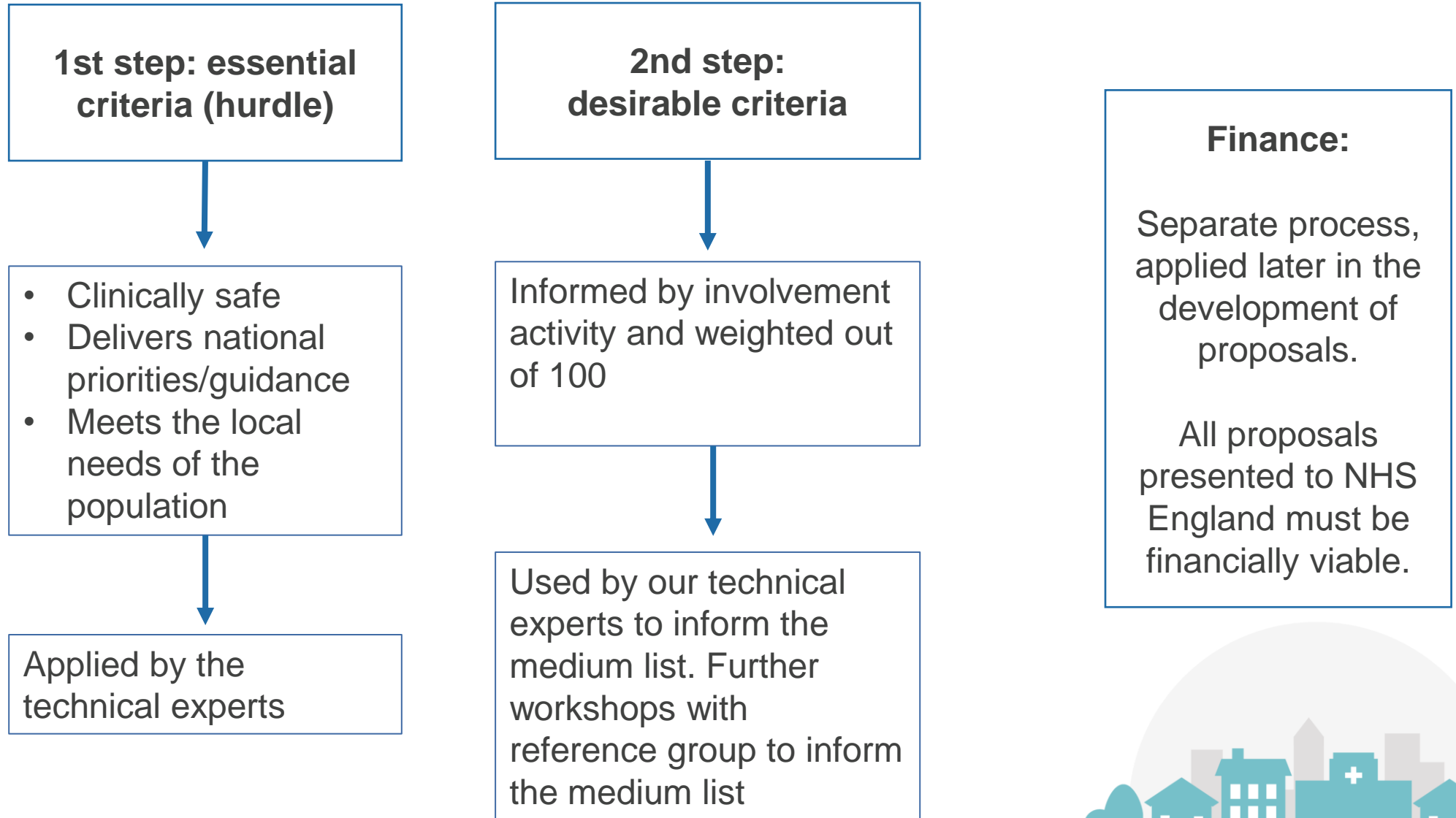
## For larger more complex programmes

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

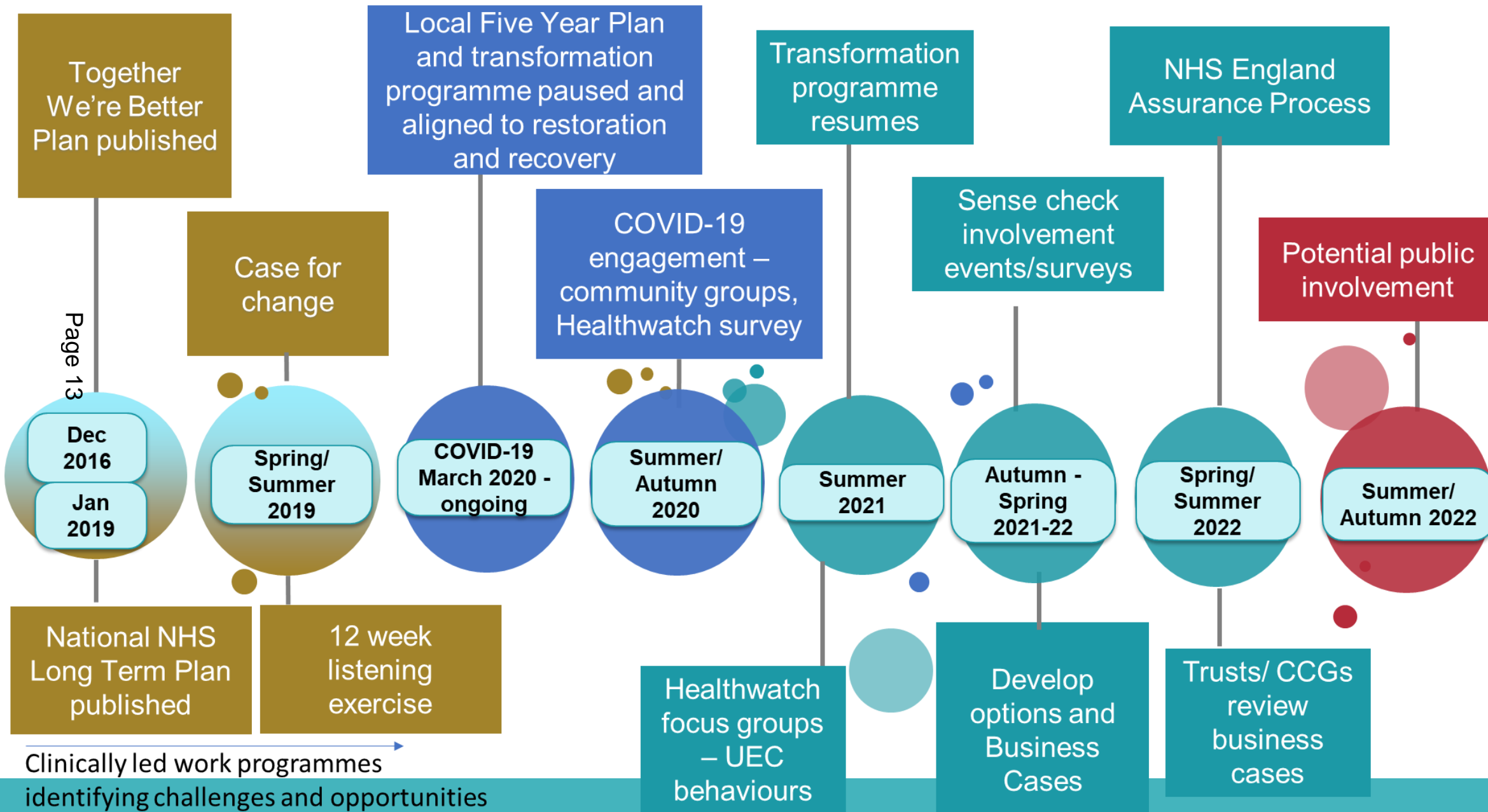
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# What are essential and desirable criteria?



# Overall timeline







# Health Overview and Scrutiny Covid update

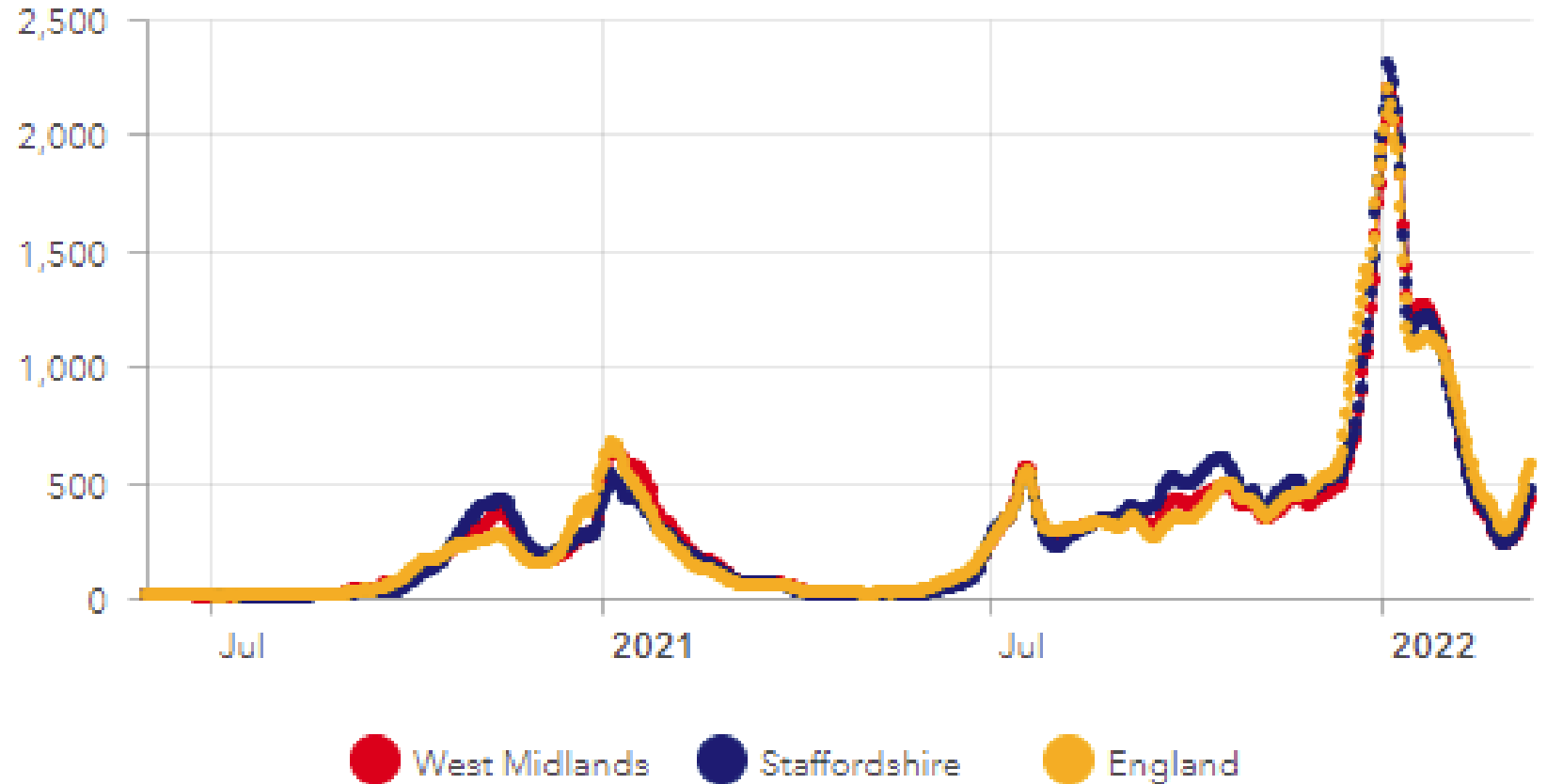
15<sup>th</sup> March 2022

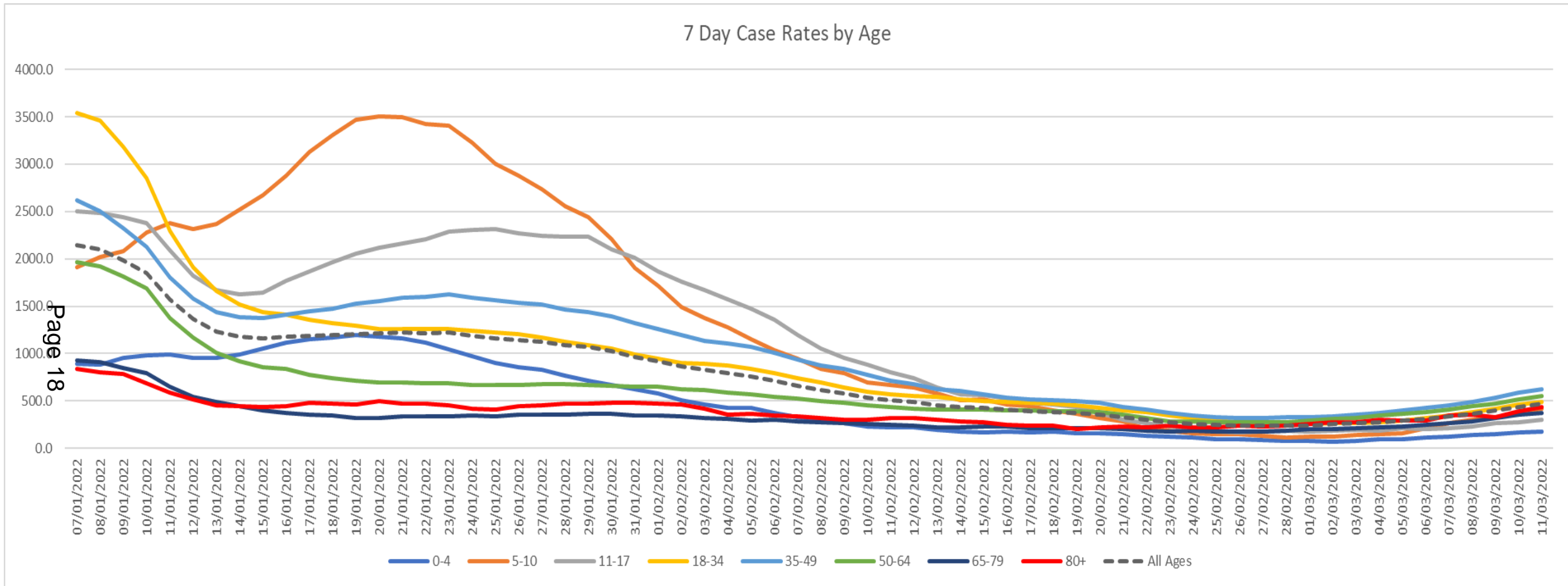


- Covid case rates have **fallen** significantly
  - but are now rising again
- **'Living with COVID'** plan was published on 21 February 2022. Updates included:
  - 24 February: legal requirement to isolate following a positive Covid-19 test replaced with guidance to avoid others for at least 5 days and two negative rapid Covid tests on consecutive days to resume normal activities
  - 01 April: free public testing will be removed. Testing will continue in some high-risk settings (admission to hospital with respiratory illnesses, asymptomatic testing of health and care staff and care home residents)
- There remains a **risk** of resurgence of the virus, especially if a **new variant** emerges
- Ongoing precautions will be required in **high-risk settings** such as care homes
- Ongoing activities:
  - Continue to support prevention and management of outbreaks in high-risk settings
  - Manage localised surges in cases if necessary
  - Continue to support vaccination programme in 2022/23
  - Provide public health advice to the public around sensible precautions to limit the spread of infection

# Case rates

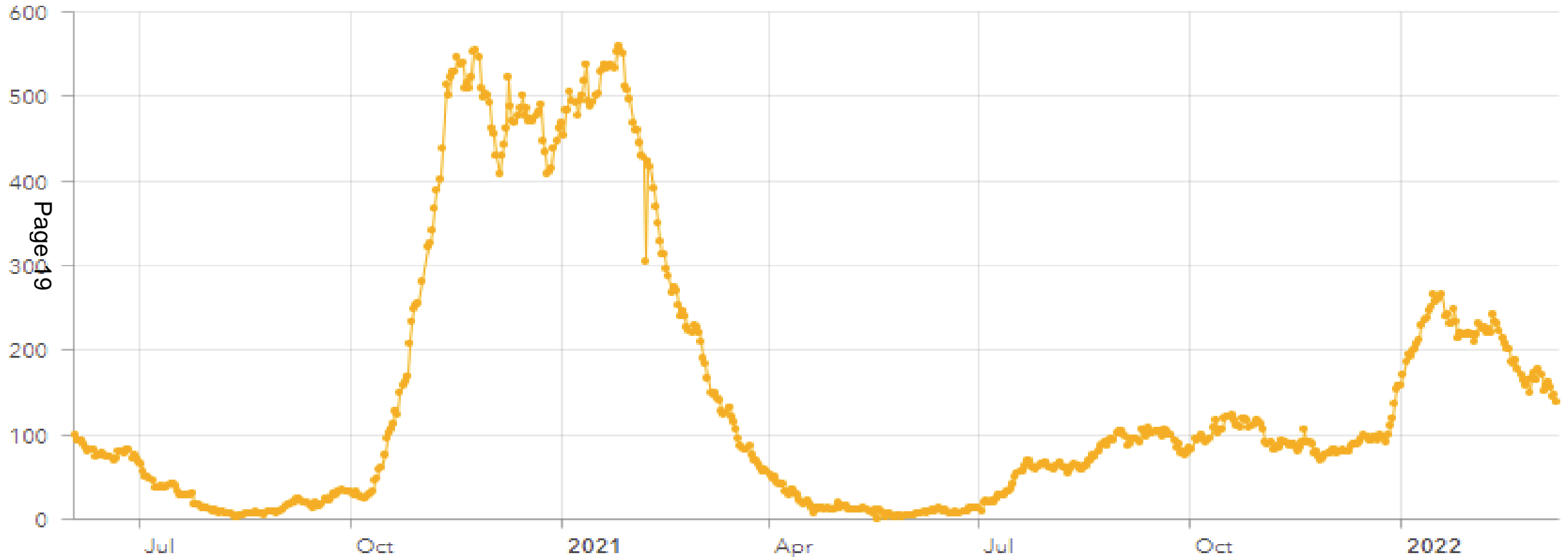
7 days to 11 March	
Extract 09:30 15 March	
England	577.8
West Midlands	422.9
Staffordshire	467.6
Stoke-on-Trent	399.4
Stafford	562.2
East Staffordshire	525.1
Staffordshire Moorlands	468.4
Newcastle	445.2
South Staffordshire	438.7
Tamworth	438.4
Lichfield	434.5
Cannock	387.3





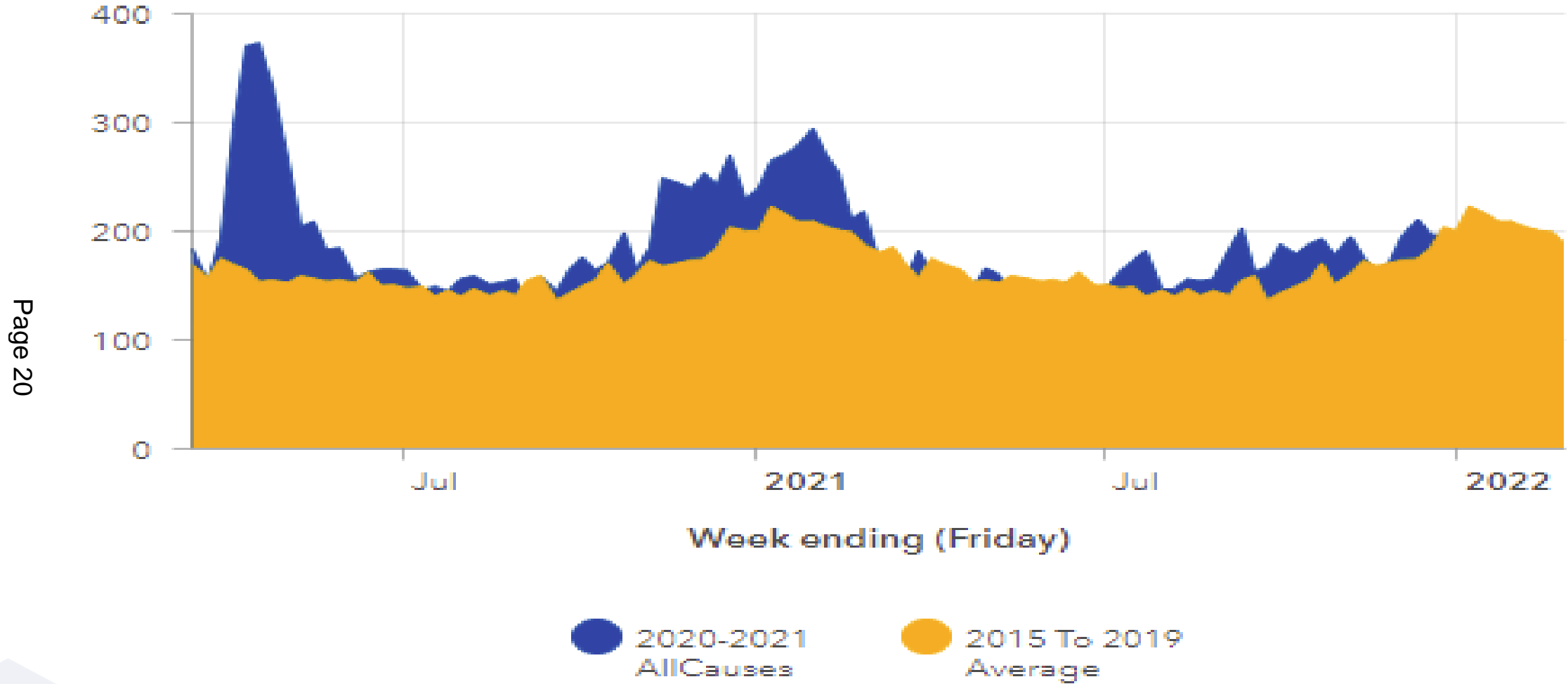
# Hospitalisations

(total Staffordshire/Stoke beds occupied by confirmed cases)



# Deaths

(deaths from all causes during pandemic compared to average for 2015-19)



# Vaccination programme

## Dose 1

Total Doses	704,548
% Total Population	<b>76.6</b>
% 18+ Total Population	<b>88.4</b>

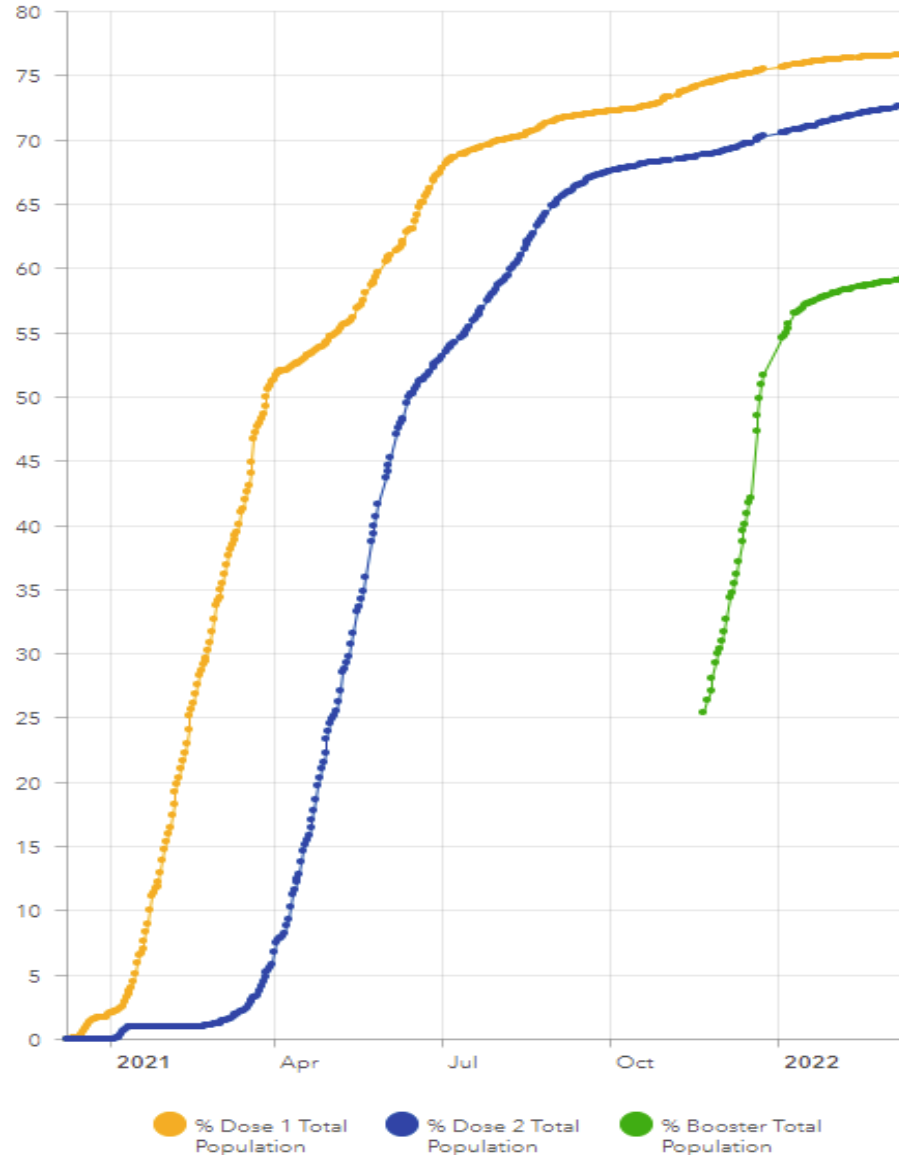
## Dose 2

Total Doses	668,299
% Total Population	<b>72.7</b>
% 18+ Total Population	<b>86.2</b>

## Booster Dose

Total Doses	544,313
% Total Population	<b>59.2</b>
% 18+ Total Population	<b>72.6</b>

% of Total Population Receiving Dose 1, Dose 2 and Booster Vaccinations



## Dose 1

% 80+	<b>93.9</b>
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% 70-74	<b>96.4</b>
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% 60-64	<b>94.5</b>
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% 50-54	<b>91.9</b>
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% 40-44	<b>84.9</b>
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% 30-34	<b>78.5</b>
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% 20-24	<b>79.2</b>
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% 16-17	<b>78.7</b>
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## Dose 2

% 75-79	<b>96.5</b>
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% 65-69	<b>95.6</b>
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% 55-59	<b>93.6</b>
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% 45-49	<b>88.9</b>
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% 35-39	<b>81.3</b>
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% 25-29	<b>76.9</b>
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% 18-19	<b>81.9</b>
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% 12-15	<b>67.9</b>
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## Booster

% 80+	<b>93.6</b>
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% 70-74	<b>96.0</b>
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% 60-64	<b>93.8</b>
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% 50-54	<b>90.7</b>
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% 40-44	<b>82.5</b>
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% 30-34	<b>74.2</b>
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% 20-24	<b>73.4</b>
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% 16-17	<b>61.4</b>
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% 75-79	<b>96.1</b>
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% 65-69	<b>95.0</b>
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% 55-59	<b>92.7</b>
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% 45-49	<b>87.2</b>
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% 35-39	<b>78.2</b>
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% 25-29	<b>71.7</b>
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% 18-19	<b>74.9</b>
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% 12-15	<b>32.6</b>
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% 80+	<b>91.0</b>
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% 70-74	<b>93.5</b>
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% 60-64	<b>88.2</b>
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% 50-54	<b>81.5</b>
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% 40-44	<b>66.4</b>
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% 30-34	<b>48.8</b>
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% 20-24	<b>42.4</b>
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% 16-17	<b>12.6</b>
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# Health Overview and Scrutiny Covid update

15<sup>th</sup> March 2022

