

Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 3 September 2020 at 7.00 pm

- Present:** Councillors Shane Ralph (Chair), Victoria Holloway, Fraser Massey, Sara Muldowney, Joycelyn Redsell and Elizabeth Rigby
- Kim James, Healthwatch Thurrock Representative
- In attendance:** Roger Harris, Corporate Director of Adults, Housing and Health
Ian Wake, Director of Public Health
Stephanie Dawe, Chief Nurse and Executive Director of Integrated Care (Essex & Kent) NELFT
Lee Henley, Strategic Lead, Information Management
Anthony McKeever, Interim Joint AO for Mid & South Essex CCGs
Tania Sitch, Partnership Director Adults Health and Social Care Thurrock North East London Foundation Trust
Mark Tebbs, Deputy Accountable Officer: Thurrock NHS Clinical Commissioning Group
Catherine Wilson, Strategic Lead Commissioning and Procurement
Jenny Shade, Senior Democratic Services Officer
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Before the start of the Meeting, all present were advised that the meeting was being filmed and was being recorded onto the Council's YouTube.

58. Minutes

Minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 18 June 2020 were approved as a correct record.

Councillor Holloway raised her concerns on the appointment of a Vice Chair to this committee and not having a Vice Chair in place for this meeting had shown a lack of respect to the committee. The Chair explained that the appointments of Vice Chairs had to be made at Council and that September's meeting would be the next time for this to be agreed.

Councillor Holloway referred to the Chair's comments made at the June committee on how difficult it was for male victims of domestic violence to get help in Thurrock and he had asked whether there had been any funding appraisals or sources of information support for male victims to which Councillor Holloway had explained that services were offered to both men and woman as it was important that everyone received support. Councillor Holloway then went on to say that domestic violence and sexual violence prominently impacted and affected women and quoted that it was in the high 90%. The Chair had stated that figure was incorrect and had been aware of

only one male shelter and added that a 2012 figure of 44% victims were male and saw a large percentage of males coming through with the work that he undertook. Councillor Holloway then continued to state she had contacted SERICC who provided support to adults and children, male or female, who confirmed that in April 2019 to March 2020 1216 Thurrock victims of which 1179 were female and 37 male had been helped, that was 97%. Councillor Holloway had also contacted Changing Pathways and from 2019 to 2020 all the people they had supported were female, that was 100% and so far had supported two males. Councillor Holloway then questioned where Councillor Ralph had got that 40% figure from eight years ago as she was unable to find it and stated it was important that Members were aware of facts before being presented with domestic violence and sexual violence disproportionately impacting women. The Chair stated that from the history of domestic violence and sexual violence men had trouble coming forward and speaking out about their abuse and how they had suffered, that figure was a lot lower than the 95% towards woman than it was to men. The Chair offered this item to be added to the work programme for the next meeting where a full debate could be undertaken regarding the figures on sexual violence and domestic violence involving all parties. Councillor Holloway stated that this was a complex issue as to why men do not come forward and it would be the chair's prerogative if this was an item to be brought to committee. Councillor Holloway summed by saying that when studies of the different kinds of violence that were perpetrated on men and women, it would show that the violence perpetrated on woman was always more severe.

Councillor Muldowney raised her point made at this meeting for an update on the mismanagement of funds taken from Thurrock's Clinical Commissioning Group to bail out Peterborough and Cambridge Clinical Commissioning Groups to which Anthony McKeever had agreed to provide a specific update in writing to Members. Councillor Muldowney questioned why a written response had not been received to which Anthony McKeever apologised that he had failed to respond as although he had immediately pursued this matter and persisted with his enquiries within the region there had been no substantial information to share with Members. Anthony McKeever agreed to pursue this matter and Mark Tebbs stated this matter was on their agenda and would continue to be pursued through financial routes and would endeavour to get sorted. Councillor Halden was invited to speak by the Chair who stated that Anthony McKeever was not the decision maker in this issue and had been working hard to get some concessions and making a case for Thurrock.

Councillor Muldowney referred to the point that Mark Tebbs stated in these minutes that a national bid was in process for domestic violence and sexual abuse and worked had been undertaken with SERICC to get that bid and asked for an update. Mark Tebbs stated that this bid had been successful.

Councillor Muldowney referred to the point that Councillor Mayes stated in these minutes that mental health and the fewer number of referrals had been a concern, he reported that a Deep Dive Report on focusing on the status of mental health would be undertaken with a recommendation to set up a

working partner taskforce to focus on mental health in its own right and questioned whether this had been carried out. Roger Harris stated an Adult Mental Health Service Transformation Update had been presented at the July's Health and Wellbeing Board and an item was on the Health and Wellbeing Overview and Scrutiny Committee work programme for Mental Health Providers to present in November 2020.

59. Urgent Items

No urgent items were raised.

60. Declarations of Interests

Councillor Ralph declared that he was a private tutor in mental health who had worked for other providers throughout Essex and the wider area including Thurrock Mind.

61. HealthWatch

Healthwatch had no matters to raise.

62. 2019/20 Annual Complaints and Representations Report - Adult Social Care

Lee Henley, Strategic Lead, Information Management presented the Annual Adult Social Care Complaints report covering the period 1 April 2019 to the 31 March 2020. Members were referred to the Appendix which summarised the representations received for this period.

Councillor Muldowney questioned whether the number of complaint and compliment responses received were down due to COVID and whether the concerns raised at the last meeting that residents still felt that services would be taken away from them if they made complaints had been addressed. Lee Henley stated that the drop in the number was not COVID related as this report was for the period that ended March 2020. Lee Henley stated that the drop in compliments may be due to these not being sent to the complaints team for logging onto the system. In relation to the drop in complaints, this was despite the complaints team linking in with internal teams and writing to commissioned providers to ensure complaints were being captured and sent to the complaints team. Lee Henley stated leaflets were being provided to commissioned providers to put up in care homes, in order to provide information to individuals on how to complain.

The Chair asked how easy it was for someone to make a complaint. Lee Henley stated the process was easy with different channels that people could use to make complaints such as telephone, email or letter and stated that anything that met the definition of a complaint would be dealt with as a complaint. Roger Harris reassured members from a service point of view that complaints were taken very seriously and was included as part of the induction of all staff, leaflets were provided for care homes and the

complainants confidentiality was protected at all stages. There may be incidents where service users may feel vulnerable and worried if they were to make a complaint they may lose their services and although there was no evidence to support this, Lee Henley's team would be used as the team was independent from adult social care who would give an element of confidentiality and independence. Service users were also encouraged to use advocates, HealthWatch and other numerous channels that service users could raise complaints. Roger Harris stated that receiving more complaints would be a good thing as this would help with complacency, learning and an opportunity to change the way services work.

Councillor Redsell stated this was a good report and questioned whether the "not available" or "not applicable" comments on the report were due to COVID. Roger Harris reminded members that this report covered the period up to the 31 March 2020 with a very limited period that would overlap with COVID.

Councillor Holloway stated that vulnerable people may still have concerns on the repercussions of making a complaint and questioned how the different means of reporting a complaint would reassure that person. As that person may think that complaints submitted, in whatever format, would have repercussions. Roger Harris stated that there were numerous channels outside the direct service provision where complaints could be made. Complaints could be made directly to Lee Henley's team, through the Council or HealthWatch and encouraged service users to use those opportunities outside their direct care setting. Councillor Holloway hoped that the low numbers reflected the good work that the Council was doing.

Kim James stated that HealthWatch received calls through service users who were concerned about making formal complaints. For those service users who did not wish to make a formal complaint were directed to the monitoring teams and their situation explained. There was still a need for HealthWatch to link in with Lee Henley's team to ensure any complaints received via HealthWatch were captured by that team. Lee Henley and Kim James agreed to talk further outside of this meeting.

Councillor Massey thanked Officers for the report and stated it was good that the number of complaints was down apart from one area and questioned whether there were any common factors with these complaints. Councillor Massey also asked whether in future reports the service areas would be shown for compliments from previous years. Lee Henley stated that this was still a low number of complaints received throughout the year and noted Councillor Massey request for compliments data to capture previous years data.

RESOLVED

That Health and Wellbeing Overview and Scrutiny Committee considered and noted the report.

63. COVID Update

Ian Wake, Director of Public Health, provided Members with an update on COVID within in Thurrock.

- A snap shot of the COVID-19 Surveillance Dashboard for the 3 September 2020 was provided which provided details of the Exceedance RAG Report, Daily Tests and Confirmed Cases, Case Data, Contact Tracing, NHS Test and Trace and Google Mobility Report.
- That Thurrock remained at threat level zero.
- The rate of cases per 100,000 population (for last 7 days) was 5.16.
- Thurrock was ranked 135 nationally.
- The number of tests and positively rate had increased over the last seven days.
- The increase in community cases would be closely monitored.
- There had been a decrease in average age of those testing positive.
- There had been no evidence of increased health or care service use.

The Chair thanked Ian Wake for the very detailed presentation at very short notice and questioned whether the increase of those aged 30 was an indication that they had travelled on holiday. Ian Wake stated that was an interesting point as there had been some evidence that there had been some seeding especially from abroad but with the numbers so low it would be hard to confirm this.

Councillor Muldowney questioned what impact this would have on children going back to school. Ian Wake stated that more the epidemic had gone on a lot more had been learnt about risk and it was now known that not everyone was at equal risk with the risk increasing to those over the age of 50. Therefore if children were to get infected they would more than likely not have any serious health problems. That there was evidence that children would not contract COVID in the first place and less likely to transmit it if they were to contract it.

Councillor Rigby questioned at what threat level would have to be raised to before any thought of any local interventions and low local would these local interventions be. Ian Wake stated that being at zero threat level there had not been any interventions as there were detailed protocols for various risk settings with a full range of preventative work that would need to be continued within those settings. For example in care homes, video for school children and parents and the team were monitoring risks all the time. That a large scale lockdown intervention would be determined from advice from Public Health England to Central Government who would focus on the top 20 nationally, with Thurrock at 135 we were a long way from any national intervention at Thurrock level. Thurrock threat level would be raised to level 1 if there were any indication of sustained community transmission or a major outbreak in a setting or a substantial increase in hospital transmissions.

Councillor Holloway thanked Ian Wake for the update and thanked him and his team for the work undertaking in keeping the cases low in Thurrock and suggested that this report be a standing item on the work programme to which the Chair agreed.

Councillor Redsell requested that a copy of the PowerPoint be sent to Members, Democratic Services would pick up this action point.

64. Temporary reconfiguration of NHS Community Beds across Mid and South Essex including Mayfield Ward from Thurrock Hospital to Brentwood Hospital

Tania Sitch, Partnership Director, Adults Health and Social Care Thurrock (NELFT and Thurrock Council) and Stephanie Dawe (Chief Nurse and Executive Director of Integrated Care (Essex & Kent) NELFT) presented the report and stated that in response to the need to create additional Community Hospital Beds quickly to respond to the Covid Pandemic, Brentwood Community Hospital was reconfigured and Mayfield Community Hospital Beds were moved temporarily to Brentwood Community Hospital in April 2020. The Mid and South Essex partners had to agree a medium-term solution to manage the demand for community inpatient beds during the surge over the winter period. Stephanie Dawe thanked the Thurrock residents for their understanding through this challenging time and the impact this may have had on local people and that following a review by all partners looking at all of the 19 possible options the decision had been made to:

- Hold 20 beds in Halstead
- 16 beds in CICC, Rochford
- 50 beds in Brentwood Community Hospital
- 24 beds to be returned to Mayfield Ward, Thurrock Hospital
- 16 stroke beds to St Peters, Maldon
- 6 stroke beds to CICC, Rochford
- Totalling 110 beds for immediate care and 22 beds for stroke.

The Chair thanked Officers for the report and stated that it was pleasing news that the beds were returning to the Mayfield.

Councillor Holloway asked for confirmation on the 24 beds that had been removed from Thurrock Hospital all 24 beds would now be returned and asked when this would take place. Stephanie Dawe confirmed this was the case and these beds should be returned by the end of September, early October, to which Councillor Holloway stated this was fantastic news.

Councillor Holloway raised her concern that in six months' time a further review may take place that would remove those beds again and asked for reassurances that these services would remain permanently in Thurrock. Councillor Holloway also referred to the Business Case and noted there had been no mention of patients or businesses being included in this. Stephanie Dawe stated that resources would always be required in Thurrock to provide the best health care for all residents in the community. That senior clinicians

would be involved in this process and longer term work would continue to look at what was right for individuals. Councillor Holloway agreed with the principles but questioned whether health professionals would look to work in Thurrock but see that services were being moved out and would question whether this was the right place for them to live and work. Stephanie Dawe stated that patients would be continually offered home as their first destination and be able to provide specialist services locally therefore Thurrock would still be seen as a great place to live and work and would certainly encourage that.

Councillor Halden welcomed the decision to return those beds back to Mayfield and that the decision at the time to move those beds was wise and sensible it was now wise and sensible to return those beds. With winter pressures being routine for adult social care no further changes to services should be made. Where other pressures arise such as COVID, additional systems would need to be catered for and not move services out of the borough. That a permanent move of services leaving the borough would be a significant variance to the recently signed Memorandum of Understanding. Stephanie Dawe stated that work had been carried out with Thurrock Officers to ensure that what services were offered was the cohesive package and had recognised the need to have those beds there for Thurrock residents.

Councillor Muldowney welcomed the decision to move Mayfield Ward back but stated her concern that the terms did not exclude a permanent move and had continually been promised that Thurrock services would remain in Thurrock. That also patients were not involved in the report and provided Members with some example of comments received. Stephanie Dawe apologised that Members had to hear those stories and assurances were given that they wanted to get this right.

The Chair thanked Officers for the report and agreed that Members were very keen to keep services in Thurrock.

Councillor Redsell questioned the change of use of the Day Room at Mayfield to accommodate beds and was informed this would now be changed back to what it was previously.

Mark Tebbs agreed this was a good decision to bring the beds back to Thurrock during the winter period and stated how complex the process had been with 19 different options being considered to balance those services. That the COVID reset work was also looking at how more services could be moved into the community, in primary care and what opportunity there would be for outpatient services to be delivered within Thurrock. Anthony McKeever reiterated that these changes were made based on what was best for patients and it was now the right decision to bring those services back to Mayfield. Anthony McKeever thanked the Mayfield staff on the ward at Brentwood Hospital. That Stephanie Dawe had undertaken a considerable amount of work looking at all those changes and was grateful to the Health and Wellbeing Members for their support on this difficult move in such a crisis and that the Memorandum of Understanding with health care partnerships would enable develop services in place and broaden the services within the

integrated medical centres and offered reassurances and commitment to build services locally.

Councillor Holloway recognised the hard work undertaken and praised staff and thanked Councillor Halden for being in agreement with this decision. Councillor Holloway asked when Mayfield staff would be informed of those decisions. Stephanie Dawe stated as this meeting was to be broadcast live this evening, the decision had been made to ensure that staff heard it first, therefore staff were told today by letter.

Members had a brief discussion on the Integrated Medical Centres to which Roger Harris stated that a full update would be provided at the November meeting.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee to note and comment on the updated position of the Temporary reconfiguration of NHS Community Beds across Mid and South Essex including Mayfield Ward from Thurrock Hospital to Brentwood Hospital.

65. Proposed Consultation on Adult Social Care (Non-Residential) Fees and Charges 2021/22

Catherine Wilson, Strategic Lead Commissioning and Procurement, presented the report that outlined the issue of the gap between what the Council charged for domiciliary care and the actual cost the Council paid providers. Members were provided with a brief background to the report and were directed to the different charging options that were being proposed for the public consultation for internally provided and externally commissioned domiciliary care.

The Chair thanked Officers for the report and asked Councillor Halden to speak.

Councillor Halden stated he respected the scrutiny of this committee and as he had stated in his Annual Report presented at Council, care fees would need to be increased and this had now been undertaken in the most transparent way possible. With the gap increase between the cost of services and what was charged for services would create a great instability in the service and the gap had to be closed. Councillor Halden continued to state that he preferred Option 3 of the three options being presented to Members this evening, as this option would be tapped over a number of years, be able to close the gap and allow the Council to programme in above an inflation increase for the providers of domiciliary care. Councillor Halden finally stated that for a stable system that Thurrock residents could always rely on, the Council needed a flexible system to pay the workers more but needed to make sure the revenue was there. Councillor Halden thanked the Chair for giving him the opportunity to speak and left the meeting.

The Chair stated that the increase of fees was feasible and was reassured that it would only be 10% that would need to pay an increase fee.

Councillor Holloway stated that Options 1 and 2 provided figures but the recommended Option 3 there was not a breakdown of how much each year would bring in. Roger Harris stated the increase was approximately a third each year but it was very difficult to provide an exact figure as the Council had to undertake individual financial assessments on everyone and everyone's situations may be different. Councillor Holloway stated she was not happy with the increases and that it was still an incredible increase even for those 10% even when this was spread over three years. Councillor Holloway welcomed that some services had been ruled out she still had concerns that the increase had not been considered as part of a range of proposals and questioned were there any other options. Councillor Holloway requested her comments be noted for the Cabinet Paper and had not felt comfortable looking at this financial discussion on its own and asked the Chair to add to the work programme the detailed financial proposals that would be proposed for the department for fees and charges and for any other future cuts for the committee to scrutiny. Roger Harris replied by saying that at this stage the committee were only be asked to support the statutory consultation and when the recommendations come back for final decision these would be presented as other options and choices that Members would have to make. Councillor Holloway noted that the process but stated it was vital to get objections and intentions noted early on consultations. The Chair replied that he would check and if feasible would add to the work programme.

Councillor Rigby stated there was not an option not to increase the fees and agreed that Option 3, staged over three years, was sensible and would allow people to plan and would be supporting that option.

Councillor Muldowney referred to the Points of Consultation and questioned that where the responses to the consultation received back stated they did not want any increases there would be no increases. Roger Harris stated that he could not guarantee that as this would need to be looked at as part of the Council budget decisions. The purpose of the consultation was not to get a yes or no answer but would also provide the opportunity to carry out equality impact assessments, look at fair charging policies and a further range of responsibilities would be looked at. Once the results of that consultation came back to committee Members would have to make that decision on a range of budget decisions. Councillor Muldowney asked for her strong objections to be noted and stated that it was wrong that these increases in charges were being made on the most vulnerable in Thurrock. The Chair asked for clarification on the number that would pay the full charge to which Roger Harris stated that at this time this stood at 160 service users who had been assessed to pay the full cost of their care but stated that this figure could change.

Councillor Massey noted that this would be going out to consultation and echoed Councillor Holloway comments on making objections early and that the consultation would be coming back to committee. Councillor Massey questioned when the consultation would start and finish and stated he would

like to see more details of financial breakdowns. Roger Harris stated the consultation would start immediately following the report going to Cabinet on the 16 September and following their agreement. Members were informed that this was a 30 day consultation.

Councillor Redsell stated she was in favour of Option 3 but had concerns that not all people would be able to provide their responses back within this timescale. Catherine Wilson stated that the Council would endeavour to reach as many user services as possible with a questionnaire being sent to all those that received care services, the questionnaire would also be put on the portal, arrangements would also be made available for telephone enquiries and face to face meetings would take place.

Kim James requested that HealthWatch be involved in the consultation to capture some independent views and raised her concern on the 30 day consultation period and previously NHS providers that had presented to this committee had been challenged on proposed short periods of consultation and stated that this 30 days consultation period was not long enough to give service users the time to fully respond. Catherine Wilson thanked Kim James for her comments and would take away and review in consultation with HealthWatch. The Chair agreed this was a good point that should be reviewed.

Councillor Holloway stated that a better understanding was required for each individual that were being charged and agreed this should be picked up from the requested financial scrutiny report to be added to the work programme. Roger Harris reassured Councillor Holloway that her concerns were taken into account as part of the financial assessment and would be happy to forward the fair charging policy to Members. That a detailed assessment carried out looked at income and outgoings before any charges were imposed. Councillor Holloway requested that the information should be included in reports that were presented in the future.

Councillor Muldowney clarified that these charges were being made on the most vulnerable in the borough and supported Councillor Holloway that these cuts and charges should be looked at and scrutinised on block and be a substantial item on the agenda.

The Chair noted the comments made and registered Councillors Holloway and Muldowney objections and requested when the consultation report came back to committee it contained more financial data and the options alongside it.

Councillor Muldowney suggested that recommendation 2 be changed to include that the consultation period be extended to which the Chair agreed.

RESOLVED

1. **That the Health and Wellbeing Overview and Scrutiny Committee reviewed the three options for charging regarding the services in scope detailed in section 3.1**
2. **That the Health and Wellbeing Overview and Scrutiny Committee supported the three options going out to public consultation. That the consultation would be extended past the 30 days originally set for this consultation.**
3. **That the Health and Wellbeing Overview and Scrutiny Committee supported consultation with providers, as soon as possible, over the rates the Council pays with the presumption of an above inflation increase to stabilise the market and reflect the increased costs arising from COVID.**

66. Procurement to provide Autism Specialist Support - Medina Road

Roger Harris, Corporate Director of Adults, Housing and Health, presented this very positive report to Members that outlined the proposal for the service model of care at the Medina Road development and the next steps for the delivery of this new service. Members were also asked to support the proposal to commence the procurement of a service provider to implement this new service into Thurrock.

The Chair thanked Officers for the positive report and stated this was an opportunity to offer long life support in Thurrock and hopefully this service would remain in Thurrock.

Councillor Redsell asked for some clarity on Page 92, Paragraph 2.5 “have a local connection or live within the borough”. Roger Harris stated that this may be someone who had originated from Thurrock but had moved into residential care outside of the borough who may now wish to move back to Thurrock.

Councillor Massey gave praise to the report and stated that the Council should build on this and do more.

Councillor Muldowney welcomed the specialist development that provided a great provision for children and families in Thurrock.

Councillor Redsell questioned why had there been an increase in the number of those being diagnosed with autism. Roger Harris stated that the number had definitely increased as more people were being recognised, that means of recognition had improved and become clearer.

The Chair agreed with the recommendations of the report and recommended that the report go to Cabinet.

RESOLVED

1. **That the Health and Wellbeing Overview and Scrutiny Committee reviewed the future design of the service model to support people living at Medina Road.**
2. **That the Health and Wellbeing Overview and Scrutiny Committee supported the proposal to commence the procurement of the support for Medina Road.**

67. Memorandum of Understanding across Mid and South Essex STP and update on CCG Merger and Single CCG Accountable Officer

Roger Harris, Corporate Director of Adults Housing and Health, presented the report that the Memorandum of Understanding currently being considered was to formalise and build on the existing partnership arrangements and relationships across the Mid and South Essex footprint. Roger Harris stated that the Memorandum of Understanding was the product of a lot of work undertaken and thanked all those involved from an STP to local level. Mark Tebbs echoed Roger Harris's comments that this was a very important report that laid the foundations for the way forward and settled the debate around system place and neighbourhood. That the report reflected the development of alliance working, the involvement in primary care networks in an alliance infrastructure and identified some challenges on the next steps around how the alliance would evolve and be developed.

Ian Wake, Director of Public Health, welcomed the report and referred Members to the Principles for Integrated Working set out on pages 113 and 114 of the document, especially Principle 5 – Subsidiarity – made the point that we should plan at the lowest footprint level possible unless there was a really good case to do something at a wider footprint level. That Principle 7 – Pragmatic Pluralism – needed to aim for a quality of outcome amongst the population. That the Council needed to continue to hold itself to account on what they had signed up to.

Councillor Holloway welcomed the report and thanked Officers for the hard work undertaken in getting the report to this committee. That the report was very substantial but stated what was important was "Place", that Thurrock was the core of our service delivery even though we were part of Mid and South Essex and would be thought of first.

The Chair thanked and noted Councillor Holloway's level of input into this.

Councillor Muldowney stated although it was a substantial document it had been good to see elements such as the focus on Place, addressing inequalities in health care deliveries and health across the area. That it was good that the Health and Wellbeing Overview and Scrutiny Committee would keep their scrutiny role alongside Essex and Southend scrutiny committees.

The Chair thanked Officers for the report and stated it was now for the committee to continue with their scrutiny.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee noted and commented on the Memorandum of Understanding.

68. Work Programme

Members discussed the work programme.

The Chair referred to the Care Quality Commission (CQC) rating of the Maternity Unit at Basildon University Hospital as inadequate with failings found in six serious cases and requested that a report be presented at the next meeting.

Members agreed to have a COVID Update as a standard item on the work programme.

Councillors Holloway, Muldowney and Massey requested a line by line budget options providing the options that had been given to the portfolio holder, taking into account that the Council had to make £20 million of savings next year which was a very large amount of money that would not have had any scrutiny

The meeting finished at 9.38 pm

Approved as a true and correct record

CHAIR

DATE

**Any queries regarding these Minutes, please contact
Democratic Services at Direct.Democracy@thurrock.gov.uk**