

## Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 4 November 2021 at 7.00 pm

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**Present:** Councillors Shane Ralph (Chair), Victoria Holloway (Vice-Chair), Tony Fish, Terry Piccolo, Sue Sammons and Graham Snell (Substitute) (substitute for Georgette Polley)

**Apologies:** Councillor Georgette Polley

**In attendance:** Ian Wake, Corporate Director of Adults, Housing and Health  
Jo Broadbent, Director of Public Health  
Dawn Shepherd, Housing Strategy and Quality Manager  
Mark Tebbs, NHS Alliance Director Thurrock  
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 may be filmed and was being recorded, with the audio recording to be made available on the Council's website.

### **20. Minutes**

Kim James asked that on page 7, paragraph 3 of the agenda, HealthWatch could be replaced with Thurrock CVS as they managed the recruitment.

*Kim James stated that social prescribing offer was ran by the voluntary services and community resources with recruitment being managed by Thurrock CVS*

Following this change, the minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 2 September 2021 were approved as a correct record.

### **21. Urgent Items**

No urgent items were raised.

### **22. Declarations of Interests**

No interests were declared.

### **23. HealthWatch**

No HealthWatch items were raised

### **24. Community Inpatient Beds in Mid and South Essex**

Present for this item were:

Claire Hankey, Director of Communications  
Tania Sitch, Integrated Care Director  
Andy Vowles, Programme Director  
James Wilson, Transformation Director  
Dr Sarah Zaidi, GP and Ageing Well Lead

The following PowerPoint was presented to Members:

[\(Public Pack\)Item 6 - Presentation Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 04/11/2021 19:00 \(thurrock.gov.uk\)](#)

Councillor Ralph thanked officers for the presentation and stated he was fully supportive of the stroke side of this service and appreciated that the best care for some residents may mean having to go outside the borough. Councillor Ralph stated it would be a good idea to have all the specialists in one place. Councillor Ralph also raised his concern and objection to Joint HOSCs as not all size fitted all and Thurrock could easily be out-voted and power could be easily be given to other HOSCs.

Jo Broadbent referred to the stroke rehab beds and whether there was an early supportive discharge service within Mid and South Essex and whether the evidence based around stroke early supportive discharge had been taken into account in the calculation around the number of stroke rehabilitation beds. James Wilson stated that early thinking around volumes would need to be developed and embedded from views as part of the engagement process and ultimately be in the pre-consultation business case and confirmed there was an early supportive discharge service across Mid and South Essex and would be complimented to those requiring bed based rehabilitation. Dr Sarah Zaidi stated that the modelling being undertaken was aligning everything to best practice in terms of optimising outcomes and that early supportive discharge had been included as part of the modelling exercise.

Councillor Holloway thanked officers for the presentation and asked that the committee be informed of the specific impacts on Thurrock's care and Thurrock's residents. Andy Vowles stated that at this point in the process there was not any definitive set of options that could come to committee. The paper had come to committee to start exploring through engagement on what those potential options were and the criteria would be known once assessed. It would be at that point when a more definitive view on what would impact Thurrock's residents. Councillor Holloway questioned what elements would be looked at when drawing all this together and making those final decisions to which James Wilson stated that the elements would be criteria, evidence based, patient experience and financial component. It was important to get the criteria right before moving from engagement of issues to the options.

Councillor Holloway stated the report was very general and hard to comment on but agreed that everyone wanted the best care for patients and was mindful that the best care could sometimes be configured outside of Thurrock but it was key that those stroke beds were kept in Thurrock.

Councillor Fish questioned what patients would be considered suitable for those beds and how the capacity would be worked out for those needing the beds. Dr Sarah Zaidi stated there were different service needs and this was standard practice and would recommend that this continued. It had been recognised that for older people it was to get them home as quickly as possible as this had been seen as good for them. It would be this cohort of patients that could be considered suitable and the decisions to be made were around the right model of care, were the outcomes being optimised, were they being benchmarked to national standard and where that bed configuration should be.

Kim James thanked officers for the report and looked forward to working with Claire Hankey but had concerns that these services may be too far away for relatives who did not have access to transport and that it had been fought to keep those stroke services at Basildon for that reason. That this was a concern for HealthWatch and for patients on how this would be managed and how residents would be discharged home.

Councillor Ralph had concerns that Basildon Hospital may lose all their experienced specialists as these services may be pushed further away and that patients would not be getting quality of care. James Wilson stated at this point in the process was to design the criteria and evaluate the best configuration and conclusions. Need to look at what was important for this engagement exercise in terms of criteria, options and engagement and to scope those to ensure the right outcomes were achieved.

Councillor Piccolo stated that if specialist treatment was required outside the borough, family members should be supported and that transport links should be available to them. James Wilson stated this would be taken into consideration as part of the options to support residents and patients.

Councillor Holloway and Councillor Fish both agreed that Joint HOSCs were not particularly helpful and not sure how a joint HOSC would work.

Councillor Ralph thanked officers for attending and noted that the presentation had provided members with updates on the work being undertaken to look at the possible future number and location of community beds across Mid and South Essex, had the opportunity to discuss the plans of engagement and that further updates would be provided as the project was developed and consult further on potential options.

*Claire Hankey, Tania Sitch, Andy Vowles, James Wilson and Dr Sarah Zaidi left the meeting at 7.33pm.*

## 25. **Adults, Housing and Health - Fees and Charges Pricing Strategy 2022/23**

Catherine Wilson presented the report that set out charges in relation to services within the remit of the Health and Wellbeing Overview and Scrutiny Committee. Any new charges would take effect from the 1 April 2022 subject to consultation and Cabinet approval unless otherwise stated. In preparing the proposed fees and charges the Adult Social Care Directorate had worked within the charging framework and commercial principles set out in section three of the report. It had also taken into account the effect that Covid-19 had and would continue to have on services, residents and the local economy. Further Director delegated authority would be sought from Cabinet to allow fees and charges to be varied within the financial year in response to commercial or legal requirements. Members were referred to the full list of proposed charges as detailed in Appendix 1. At this stage there were no proposals to increase charges for 2022/23 other than the proposal that had already been agreed and currently being implemented which was the three year incremental increase to the domiciliary care charges.

Councillor Ralph thanked Catherine Wilson for the report.

Councillor Holloway thanked officers for the breakdown of the fees and charges but would also have liked to have seen the wider directorate breakdown of finance. Asked for clarification that the Appendix 1 was for information only and requested some financial context in which the financial charges sat. Members agreed to add to recommendation 2 that any such changes would be brought back to the Health and Wellbeing Overview and Scrutiny Committee for scrutiny. Ian Wake reassured Member that such changes would be consulted with service users and then back to committee. Ian Wake stated this was a challenging time for the Council with a deficient of £3 million for 2022/23 with a lot of work being undertaken in the background and further proposals were being put in place to close that deficient. In Ian Wake's directorate there was a transformation programme in place to transform services with a target savings of just under £5 million over two years.

### **RESOLVED**

- 1. That Health and Wellbeing Overview and Scrutiny Committee noted and agreed that a consultation should be completed for the proposals to revise fees and charges for Adult Social Care.**
- 2. That Health and Wellbeing Overview and Scrutiny Committee noted that Director delegated authority will be sought from Cabinet to allow Fees and Charges to be varied within a financial year in response to commercial and legal requirements. That any such changes would be brought back to the Health and Wellbeing Overview and Scrutiny Committee for scrutiny.**

*Catherine Wilson left the meeting at 7.42pm.*

## 26. Thurrock Health and Wellbeing Strategy Refresh

Jo Broadbent presented the report that provided an update on progress in refreshing the Health & Wellbeing Strategy for 2021-26. That an eight week consultation exercise had commenced on Wednesday 13 October 2021 which was due to close on Friday 3 December. Members were briefed on the domains and specifically domains four to six which were more focused on health. On the variety of ways residents could get involved to provide their views on the proposals. Members were briefed on the materials used to develop a consistent, recognisable approach for raising awareness of the consultation exercise. The live communication activity grid to ensure the opportunities were captured. Examples of branding, text and questionnaires used were referred to in the Annexes to the report.

Councillor Ralph questioned who had written the questions and whether these had been seen by members prior to the consultation exercise commencing to which Jo Broadbent stated this had been a team effort through the steering group, stakeholders and engagement teams looking at topics which could be turned into priorities. That Councillor Halden as chair of the Health and Wellbeing Board had seen and signed off the questions. That due to the September Health and Wellbeing Board being cancelled this was undertaken after the consultation had gone public. That a lot of replies had already been received with several 100s of hits on the web site and over 50 individual responses received. The CVS continued with attending places of engagement and engaging with stakeholders. Kim James stated that CVS would lead on this with the help of HealthWatch. That this was a massive piece of work and would be too much for someone to complete all at once. It had been identified on what group were being engaged would depend on which domain was most appropriate to discuss. That stakeholders needed to be talked through each domain which was very time consuming and confusing for many. Councillor Ralph stated that more information was required against each domain and agreed it would be better verbally delivered rather than residents having to struggle with completing the consultation on-line. Councillor Holloway stated this was a brilliant piece of work but the consultation had not been written for residents, it was too jargonised and would take too long for people to complete and questioned whether the length of the consultation could now be reduced. Councillor Sammons agreed it was too technical for some residents. Councillor Piccolo questioned whether another shortened version could be provided. Councillor Snell stated that lessons were not learnt from previous consultations and that this consultation was too long and would be a chore to complete. Councillor Ralph stated this was a missed opportunity and too late to change and whether the strategy needed to be rethought. Ian Wake stated the strategy was board and that it needed to be, it had to address equality in its entirety and was statutory to have one in place. That member's criticism was well made and ideally this consultation would have been undertaken over a longer period of time. That the engagement process and continuous conversations could continue to enable the consultation to be completed. Ian Wake suggested that additional wording be added to the consultation for residents to focus on the domain that would be of interest to them.

Councillor Ralph stated this was a good piece of work and that face to face engagement with residents would get the best results.

Councillor Holloway stated this was an opportunity to reach out to residents and engage with them and this should continue through engagement groups and forums. Councillor Holloway suggested that the consultation be made shorter with tick boxes and to tell residents how long each domain would take to complete. This could potentially reach out to more residents.

Kim James stated that the eight week consultation period was very short and following HealthWatch having technical issues in starting the consultation may be requesting an extension.

## **RESOLVED**

**That members noted the consultation exercise, considered and proposed opportunities to engage the public and interested parties during the consultation period.**

### **27. COVID Update Presentation**

Jo Broadbent provided Members with an update on the latest Thurrock COVID Data and Intelligence:

- Current Picture, Rate per 100K Population and Positivity – Thurrock's positivity rate for the last seven days was 358 per 100K residents. In comparison to January 2021 when the positivity rate was about 1500 per 100K.
- Current Picture, Positive Tests, Testing and Positivity – Rates fluctuated between 50 and 100 cases a day and had stayed at this level and not fallen back down to the low levels we had in April and May. The test rates and positivity rates mirrored each other so no peaks had been seen with the positivity rate about 8%.
- Total Tests by Age – Breakdown of tests by age and gender with consistently higher testing amongst female residents with low levels of testing across all age groups. The rate of 10 to 19 year olds back in September was much greater due to testing amongst school children at the start of term.
- Current Picture – Positive Tests by Age Band – Over the past couple of months the highest rates had consistently been in the 10 to 19 age group and about two weeks ago that positivity rate in that age group was over 1000 per 100K. This was now down to 650 which had been due to the impact of half term. Work had been undertaken with schools to try and stop spread between year groups through sibling transmission. A number of actions taken with schools had brought the positivity rate down. The age group 40 to 49 for the past few weeks had been the second highest group and over the past month rates had been increasing slowly in the over 60s.
- BTUH bed occupancy by type – Thurrock and Non Thurrock residents – Lower and more consistent rates now when compared to earlier in the

year. A consistent number of Covid beds occupied with a few with mechanical and non-invasive ventilation although most were just oxygen therapy.

- Vaccinations – Uptakes in the various different age and risk groups. The uptake of the vaccine in the over 18s had stalled with very slow increases. The vaccination rollout continued for the younger groups of 16 to 17 and 12 to 15 age groups. School based programmes were in place to book vaccination and bookings could be made through the National Booking Service.
- Confirmed Cases – Map identified the distribution of cases of unique postcodes within the borough who had at least one case in the latest seven days data. Highest case rates were within Purfleet and Grays with much of the rest of the borough with low number of cases. There were only a handful of schools with an outbreak, 13 schools recovering from an outbreak and one care home with a live breakout which was all good. That the community transmission had begun to decrease and much lower activity in the educational and care home settings.

Jo Broadbent concluded that:

- Thurrock's overview rate of positive tests had increased steadily between 29 September and 20 October but since then had levelled off with Thurrock remaining in the lowest third in the country (104<sup>th</sup> out of 149 UTLAs).
- Case rates currently highest in ages 11-18. Rates had peaked before half term but had since reduced.
- The number of PCR tests taken by Thurrock residents had decreased slightly in recent weeks.
- LFD tests comprised the majority of testing recorded in the last week.
- Geographic distribution of cases showed all LSOAs had seen a positive test result in the most recent 14 days.
- Hospital bed use had increased recently with a small number of critical care beds continuing to be occupied. With 11 Covid positive admission for a Thurrock residents to BTUH in the most recent week of data.
- Vaccines continued to be administered in line with the Covid-19 Vaccination Priority Groups.
- The Key Priorities were to maximise vaccine uptake by all over 18s, roll out of the vaccination for 12-15 year olds in school, key message continued and anyone identified as a close contact of a case should get a PCR, including household contact of cases.

Councillor Ralph thanked Jo Broadbent for the report and questioned the age group of 60 to 69 who had been hospitalised and whether those being admitted to hospital had been double vaccinated. Unfortunately that data was not to hand but it would be likely to see some people who had been double vaccinated come into hospital but a larger number or larger proportion of those unvaccinated were likely to be hospitalised.

Councillor Ralph questioned what ideas and suggestions were being made to increase the vaccination figures to which Jo Broadbent stated they had tried to be creative, inclusive and a lot of research on vaccine hesitancy in Thurrock and had engaged a social marketing research company to do some work on that. That key messages were out there to address people's concerns which were mainly around rapidity of the vaccine, development and sort of associated safety concerns. A lot of community dialogues had also been undertaken to address those different types of concern, short videos on Instagram and other social media platforms. Analysis of the uptake by geographical area, age, ethnicity and gender and had several mobile vaccination units in the borough. Councillor Ralph referred to the mobile vaccination bus at Lakeside and stated this should be located more centrally in the shopping centre so that more people can see it and hopefully use it. Kim James suggested that school assemblies would be an ideal place to explain the vaccination process and hopefully help to elevate any fears or concerns to which Jo Broadbent stated that EPUT were already in contact with Heads of Schools and offers of this service were already in place.

Councillor Snell stated his concern on the reactions that the vaccination were having on some people and specifically referred to Gitelman Syndrome and that stories or theories being told about the vaccination may deter that cohort still deciding whether to have the vaccine or not. Councillor Sammons also echoed Councillor Snell's concerns.

Councillor Holloway asked whether any data on the booster jab was available and how many Thurrock residents had taken that that offer up to which Jo Broadbent stated this data was not to hand but would send to members following the meeting.

Councillor Piccolo questioned whether the take up of the vaccination in the 14 year old age bracket was a national figure or just particular to Thurrock to which Jo Broadbent stated Thurrock was not too different from national levels and although there had been some hesitancy the roll out was being undertaken through schools. This was not a rapid rollout as the service had not been designed for a rapid rollout rather than as an annual programme.

Councillor Fish stated his concerns on inaccessibility to some of the vaccination sites, referred to the mortality rates and questioned the profiles of those and whether any were from Thurrock to which Jo Broadbent stated this information was not to hand and would provide this following the meeting. That the number of recent deaths in Thurrock, over the last seven day reporting data, was low with low hospitalisations of around seven to eight. Ian Wake stated there were 40 people in Basildon Hospital with Covid but unable to confirm how many of those were from Thurrock. That it would be dangerous to take raw hospital bed data and assume this had been driven by Covid.

Councillor Ralph questioned whether there were any outbreaks in Basildon Hospital to which Mark Tebbs stated there were about 45 Covid patients in Basildon Hospital with a third of the ITU beds occupied by Covid patients but



the hospital was managing some very sick people. Mark Tebbs stated that the current data showed no reported outbreaks in Basildon Hospital but stated the hospitals were extremely busy with very high attendance levels into A&E. There were reporting over 100 reported cases over the three hospitals with some very sick people in ITU.

**28. Adult Social Care - Consultation feedback on the meal delivery and day care services**

Ian Wake presented the report that following a meeting of the Health and Wellbeing Overview and Scrutiny Committee on 17 June 2021, proposals were discussed regarding the closure of the Council's meal delivery scheme and the consolidation of the three existing day care centres into one at Cromwell Road. At this meeting, members requested a further service user consultation be undertaken which started in July 2021 and involved face-to-face and telephone discussions with service users and their families.

Dawn Shepherd outlined the outcomes of that consultation and highlighted that:

- Out of the 47 service users who attended the two closing day care centres only five would not be willing to attend Cromwell Road centre because of the distance but all five had alternative support in place; and
- Out of the 89 service users receiving meals from the delivery scheme, only 24 had no alternative support in place and would need a service in the future.

Members were informed the second phase would commence undertaking a more detailed assessment and tailoring of packages and options for those who still needed a service. That one service would not take over the entire meal delivery scheme it would be introducing multiple options in order to find bespoke outcomes in line with our desire to be person-centred and to offer choice and control to service users. Members were reassured that the meal delivery scheme would only cease when all current service users had an alternative suitable service in place. This would be communicated to service users and their families in due course.

Councillor Ralph thanked officers for the positive outcome of the consultation and commented that those 24 service users would further down the line need to have those reassurances that the service would not cease. Councillor Ralph also commented that he was pleased to hear of the other ways of support and meals delivered.

Councillor Holloway thanked officers for the work undertaken on the consultation and questioned whether there were any plans in place for the 24 services users to be assessed. Councillor Holloway also had concerns that some older people would not be aware that this support and the offer of hot meals would be still available. Dawn Shepherd stated this would start on Monday 8 November and anticipated this would take six to eight weeks to

complete and hoped to provide a briefing note to members by the end of December. In regards to people knowing about the service, at present users come through the assessment process and could still come through the single point of access. Also that Thurrock First was a point of access but there were a lot of options available which people were aware of. That advertising or making people aware would be down to those individual groups out in the community and the council would encourage them to continue to advertise and make people aware.

Members discussed the bespoke services available and how quality and nutrition checks could be undertaken but all agreed that meals would be defined by individuals and having those different options available may actually help with their quality of life.

Ian Wake concluded by reassuring members that the meal delivery scheme would only cease when all current service users had an alternative suitable service in place.

## **RESOLVED**

**That the Health and Wellbeing Overview and Scrutiny Committee noted the consultation outcome.**

### **29. Work Programme**

Councillor Ralph referred to the Briefing Note provided on the Update Position on Basildon University Hospital Maternity to which members noted the key achievements, improvement plans and challenges and agreed that this item be added to the 2022/23 work programme to enable time for a benchmark exercise to be undertaken.

Councillor Ralph referred to the Mental Health Review, which the committee agreed to undertake as part of the Scrutiny Review Project but as the Mental Health Member Engagement Group would be meeting to receive an update on the mental health transformation programme, he suggested a change of focus and to look at Alcohol Addiction in the borough. Councillor Ralph would contact members to discuss the topic and scope of any future review. Ian Wake advised the committee that there was insufficient capacity within the Public Health Informatics Team to undertake any additional local analyses of alcohol data prior to the new financial year but offered to share nationally collected Thurrock alcohol profile dataset with Councillor Ralph.

Councillor Fish questioned when the Update on the Whole Systems Obesity Strategy Delivery and Outcomes Framework would come to committee to which Jo Broadbent stated that a briefing note was currently being prepared and would be send out to members in the next week.

Councillor Holloway requested to add the Overview of Responsibilities of Portfolio Holder for Adults and Communities item for Councillor Huelin to the March committee.

**The meeting finished at 9.20 pm**

Approved as a true and correct record

**CHAIR**

**DATE**

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