

## **Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 14 January 2021 at 7.00 pm**

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- Present:** Councillors Shane Ralph (Chair), Victoria Holloway, Fraser Massey, Sara Muldowney and Joycelyn Redsell
- Apologies:** Kim James, Healthwatch
- In attendance:** Roger Harris, Corporate Director of Adults, Housing and Health  
Ian Wake, Director of Public Health  
Catherine Wilson, Strategic Lead Commissioning and Procurement  
Mark Tebbs, Deputy Accountable Officer: Thurrock NHS Clinical Commissioning Group  
Rahul Chaudhari, Director of Primary Care, Clinical Commissioning Group  
Dr Kallil, Chair Thurrock NHS Clinical Commissioning Group  
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 live streamed to the Council's online webcast channel.

### **82. Minutes**

Minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 5 November 2020 were approved.

Councillor Muldowney referred to the Clinical Commissioning Group update on the 2019/20 financial assistance provided to Cambridge and Peterborough STP and questioned whether the letter referred to in the minutes of the 5 November 2020 meeting had been sent out on behalf of all HOSC members. Councillor Muldowney stated that it was unacceptable that this item was not on the agenda and that no representative had attended this evening to answer Member concerns. Mark Tebbs stated that the letter sent to Members from Maria Wheeler, the Chief Finance Officer to Thurrock Clinical Commissioning Group, had set out the position, the commitment made to return the money and had been perused as far as it could. Following a discussion between members it was agreed that the letter referred to in the 5 November 2020 minutes should be sent out from the Chair on behalf of all HOSC members, with the item being added to the 4 March 2021 meeting agenda. Members requested that any responses received should be shared with them. Members also requested that the appropriate persons be available at this meeting to answer their questions.

Councillor Holloway raised her concerns that there was no report on Fees and Charges item on the agenda for HOSC members to scrutinise. Roger Harris confirmed that this would be discussed under Item 7 of the agenda.

Councillor Holloway raised concern that items on the work programme had been removed or added without the consent of all HOSC members. Roger Harris stated that the work programme had been re-profiled up to March 2021 and into the new municipal year as officers had been dealing with COVID for the last three month and it had not been possible to prepare reports. Councillor Holloway stated she understood the pressure that officers were currently experiencing but it was vital that a fees and charges report be brought to this committee to ensure the appropriate scrutiny was carried out.

### **83. Urgent Items**

No urgent items were raised.

### **84. Declarations of Interests**

No interests were declared.

### **85. HealthWatch**

No items as Kim James from HealthWatch had sent her apologies.

### **86. COVID Update**

Ian Wake, Director of Public Health, provided Members with an update on the latest Thurrock COVID-19 Data and Intelligence:

- Current Picture, UTLA Rate per 100K Population and Positivity – Thurrock overall rate as of yesterday of positive tests per 100K population was 1334.7 with Thurrock ranking out of all the upper tier local authorities the highest during the period just up to and after Christmas. Thurrock were now ranking fifth which was still a high absolute rate. Rates that increased rapidly due to the new variant of COVID that was more transmissible than the original strain of COVID. Thurrock's positivity rate, the proportion of COVID tests that were positive stood at 22% and although this rate was high it was not as high as some of Thurrock's neighbouring authorities.
- Current Picture – Positive Tests, Testing and Positivity – The latest test data was explained on the absolute number of tests and the absolute number of positive tests. There had been a surge and demand for testing in the run up to Christmas, this then fell back down over the Christmas week and following the Christmas period had seen an increase in demand for testing. In this demand of testing it had seen the number of positives drop off with the test positivity rate over the proportion of tests that had been positive fallen. In regards to what was happening in terms of underlying community incidence and prevalence it was plateauing. Not to mislead members into a sense of complacency there had been some

promising signs that the measures in place were keeping the community transmission at a stable rate.

- Current Picture – Positive Tests by Age Band – Between 1 January 2021 and 7 January 2021 – One thing that had changed over the last few weeks was the age groups in terms of where most positive tests were occurring. Up until the closure of schools before Christmas the age group with the greatest number of tests was for the 10 to 19 year olds. The age group with the greatest number of positive tests were now in the age group of 22 to 59.
- Current Picture – COVID Positive, Unique Postcodes by LSOA – Between 27 December 2020 and 12 January 2021 – There were sustained community transmission in all parts of the borough. The highly transmissible variant was an issue in terms of care homes with a significant reduction in activity in education settings as more children were accessing remote learning.
- Current Picture – Bed Occupancy BTUH – Bed occupancy at Basildon Hospital showed figures had rapidly increased from mid-December as the new variant hit with a major incident being declared on the 27 December. There had been good coordination between partnership working to try to stabilise and share with health care system across Essex which had made some efforts in terms of slowing the growth rate.

Ian Wake concluded that:

- Some evidence that overall prevalence was plateauing, albeit at a high level of incidence.
- There continued to be a wide spread community transmission.
- Positive test results were most concentrated in working age adult age groups.
- Demand on hospital beds continued to increase albeit at a slower rate than before Christmas.
- The local health and care system remained under very significant pressure, particularly ICU.
- The new variant continued to result in high number of outbreaks in care homes.
- Hospital beds used due to COVID continued to increase although the pace of growth in demand appeared to be slowing. There had been a sustained rise in ITU bed usage.
- The Key Priorities were to target testing of working age adults unable to work from home; stabilising the health and care system and the vaccination programme.

Councillor Ralph thanked Ian Wake for the presentation and admitted the figures being recorded before Christmas had been a great cause of concern and had been worried how the hospital would cope.

Councillor Redsell questioned whether those residents in the care homes that had live outbreaks had not received their injections and how was the new variant getting into care homes when no visitors were being allowed in. Ian Wake stated the roll out of vaccinations to care homes was being carried out

to both staff and residents and that the new variant was getting into care homes through staff because they come and go into the homes. That everything possible was being done to try and mitigate the risk with Thurrock testing care home staff with a PCR test twice a week. It had been regrettable that with the new variant it had not been possible for this to be picked up and to isolate everyone quick enough but everything possible was being done.

Councillor Ralph questioned what tests were being undertaken at care homes. Ian Wake confirmed that Thurrock were providing the full PCR testing for staff twice a week as these were more sensitive tests and more likely to detect. Ian Wake also confirmed that due to licencing rules, flow tests were not allowed to be done at staff's own homes but was something that was being considered. This was not allowed at present because the lower the level of training of the person undertaking the swab with their flow tests the poorer the accuracy of the test would be.

Councillor Muldowney questioned how Thurrock had gone from being 106 out of 149 of the upper tier local authorities to then seeing the numbers taking Thurrock to number one on that list. How had this happened so quickly and questioned whether there was anything different the Council would have done to have prevented this rapid increase. Ian Wake stated that the new variant had changed everything and had caught everybody by surprise and how rapidly it had increased in communities and had subsequently impacted on health and care systems. Ian Wake stated in terms of the new variant not very much could have been done differently but the biggest impact had been the closure of schools as it had been identified the new variant was far more transmissible than the older variants. That the difference in tier status between Essex County Council and Thurrock in mid-October would not have made any difference.

Councillor Ralph questioned whether more action being taken on schools shutting sooner may have had any impact on the figures. Ian Wake stated the Council did not have the power to shut schools, this would fall to the Secretary of State for Education to make that decision.

Mark Tebbs reassured Members that before those teams who were administering vaccinations went into care homes a thorough risk assessment would be undertaken to ensure it was clinically safe. This had been very well supported by public health colleagues who had provided the kind of advice and information before teams entered. That good progress was being made in terms of the vaccination rollout with a target to complete all vaccinations in care homes and care home staff by the 24 January.

Councillor Holloway questioned whether Thurrock should be adapting the advice and guidance being given to residents bearing in mind the new variant and referred to the Working Age Adult, COVID testing that had now commenced for everyone who cannot work from home. She questioned whether the Council should be advising people to get tested repeatedly as results could change from day to day. Ian Wake stated at the moment in time the current advice and guidance still stood but was aware that Public Health

England were looking at this in great detail and that a technical briefing had been promised. Residents should still be advised to rigorously wash hands, not touch their face and keep two meters apart from everybody else at all times. In regards to the frequency of testing, the testing capacity was not infinite and due to the amount of testing capacity in the labs, daily testing would not be possible in the current program. It was unclear how long the Working Age Adult testing would be maintained for as Government were prioritising the areas at highest rates.

Councillor Muldowney asked for clarify on the communications around asymptomatic testing and whether the PCR testing was being undertaken to obtain a snapshot of data. Ian Wake stated if Thurrock had the testing capacity to test every person every day they would but this would not be possible and would continue with PCR testing for as long as that functionality was available. If and when that resource were to be diverted the option to test with later flow tests could be used for the community on a regular basis but the results of these tests were not as accurate as the PCR tests.

Councillor Muldowney questioned what was happening with the test, trace and isolate functionality. Ian Wake stated that the national and local programs were still operating but both were incredibly stretched and locally were constantly chasing to catch up on capacity. That the team had grown in size with further recruitment exercises taking place and that performance was over 90% which was considerably more than the national scheme.

Councillor Ralph asked whether the APP worked to which Ian Wake stated this was developed centrally rather than locally and that he would still recommend everyone to continue to use it.

Mark Tebbs stated that Anthony McKeever had been unable to join the meeting his evening due to him managing the current crisis but had extended his thanks to all colleagues in Thurrock who had been working so hard. Members were provided with a broad overview of the system responses to the pandemic which had been under unprecedented pressure following the announcement of the critical incidents between Christmas and the New Year period. This had reflected in the volume of patients being seen in hospitals, the pressures that those hospitals were under and that a number of patients requiring ventilation or oxygen had been transferred outside of the Mid and South Essex area, such as to Papworth in Cambridge, as the capacity for ICU beds had ran out. That the average number of patients over the last seven days in Basildon Hospital was 355 with the number of patients requiring oxygen had increased and how this had tested the infrastructure in regards to the flow of oxygen. In addition the length of stay in hospital had been exceeded as hospitals had got better at treating patients as the outcomes of the treatment had got better.

Members were updated on the responses being made to those pressures:

- Additional beds at Brentwood community hospital that focused on sub-acute levels and had the support of the Army.

- Additional beds in Braintree, Mayfield Unit and Brentwood hospitals.
- Designated red site had been opened at Meadowview Community Hospital.
- That an enormous effort had been made to maximise the community capacity on both red and green pathways to ensure the flow out of hospital was maintained.
- Support at care homes with GPs providing robust support.
- That call volumes for the 111 service had been extremely high with the response times reflective of the volume of calls v. the number of staff being off work sick but good service had been maintained.
- Mental Health services had been open for business as usual with more patients being seen in wards.
- Primary care efforts in supporting hospital discharges, care home support and the vaccination process.
- The vaccination national plan had been published this week with the priority for care home patients and staff being on track and on target to be completed by the 24 January.
- The four priority groups to be prioritise by mid-February. These were:
  1. Residents in a care home for older adults and staff working in care homes;
  2. All those 80 years of age and over and frontline health and social care workers;
  3. All those 75 years of age and over and
  4. All those 70 years of age and over and clinically extremely vulnerable individuals (not including pregnant women and those under 16 years of age).
- The supply of vaccinations were being delivered to the locally based sites in Stifford Clays and Chadwell St Mary which had opened today. Vaccinations were also being delivered to Basildon Hospital and over the next couple of weeks to the Thurrock Community Hospital.
- This had been a massive haul on staff resources and had been a massive team effort with training being undertaken on as many people as possible.
- Grateful for all the volunteers and for those Clinical Commissioning Group staff who had been redeployed.
- Promise of national data, regional and then by system but not possible by local authority.
- All information goes onto the national system pinnacle and then transferred onto GP systems.

Mark Tebbs summarised by stating that vaccinations were being delivered as soon as the vaccines arrived with mass vaccination sites coming on board. That this was a massive logistical effort and thanked all those front line staff for working so far to deliver both the pandemic response and the vaccination program.

Roger Harris provided members with the following update:

- Endorsed the point made on the amazing resilience of staff who had now been working seven days a week since November and was enormously proud of his whole team.

- It had been incredibly difficult since mid-November onwards as most of Thurrock care homes had had an outbreak at some time over the last three months. That there was a wraparound system in place with good support from GPs and now a helpline for a consultant geriatrician on call which had been extremely valuable in supporting the care homes.
- Biggest problem had been around staffing with staff self-isolating or being off sick and staff have had to be redeployed across adult social care and from other parts of the council.
- Support had been received from community voluntary sector providers and in particular Thurrock Lifestyle Solutions who had taken on some domiciliary care duties.
- A designated setting, Oak House, had been established for anyone coming out of hospital who had been COVID positive and could not go straight back into the care home.
- Resilience payments have been paid to providers for a period of six months and a further 5% uplift for the period January to March to allow extra resilience to both care home and residential providers.
- Levels of staff had been particularly challenging and a significant amount of extra agency staff had been recruited where possible.
- That incident management teams were held three times a day to review all the patient flow with the hospital social work team being absolutely brilliant. This team was now based in the hospital and had been working seven days a week for several months now.
- That over the last few days it had felt more manageable with the numbers going into hospital were fast exceeding the numbers coming out of hospital. The patient flow was now much better.
- The bed capacity had to be increased locally and other contingences were being looked into.
- The most critical task was to get more staff back to work.
- Two emergency training programs had been undertaken with volunteers being call on again and specifically thanked CVS who were able to identify a number of volunteers who could assist with personal care.
- Crash training courses had been organised to train social workers who had been redeployed and also volunteers and other council staff were able to complete the training program.
- A prioritisation exercise had been undertaken to prioritise those people most in need.
- Contacting those who received day services and to undertake RAG ratings on those who could possibly manage with less care but still be safely looked after in the community.

Roger Harris summarised by stating it remained incredibly difficult and was being reviewed at least three times a day to ensure that nothing was missed and that support was provided to both the community health and the whole system. That possibly the peak had been reached and was also encouraged to see that staff sickness levels were starting to go down.

Councillor Ralph asked for clarification whether any resident had been turned away from Oak House to which Roger Harris stated this had not been jeopardised and nobody had been refused.

Councillor Ralph questioned whether any vaccines had been returned, unused or turned down. Mark Tebbs stated that we had not returned any vaccines as when the vaccines arrived they were all used up. There had been one occasion, a very short notice request asking whether an additional tray, an unplanned tray, could be delivered. At this short notice, we were unable to mobilise the staff so on this occasion a tray had been turned down only because there had not been enough notice.

Councillor Ralph also asked for clarification that no local GP would be offering vaccinations at their surgery in the foreseeable future. Rahul Chaudhari stated it would be difficult to say that no practice in the future would be offering vaccinations. At this time the Government wanted all vaccines to be delivered to a collaborative PCN site due to the restriction of them being moved from one place to another and that vaccines needed to be administered within three days. Rahul Chaudhari stated that although this idea was being considered he was unsure whether or not this would be a reality.

Councillor Ralph questioned whether any pharmacists were offering vaccines to which Rahul Chaudhari stated he was not aware of any pharmacists offering the vaccinations across the Mid and South Essex health and care partnership.

Councillor Ralph asked for clarification on the news that the Army were now helping to which Mark Tebbs stated that the Army were supporting the community hospital.

Councillor Ralph questioned how the committee could scrutinise the on-going vaccination process, whether we had hit any targets and how we were comparing results with other areas. Rahul Chaudhari stated that after the 15 February 2021 it would be known if targets had been met with the national target of getting 20% of the population vaccinated.

Councillor Holloway raised her concern on the reports of low oxygen levels and the supply in some of the hospitals and asked for reassurance that there was sufficient levels of oxygen.

Councillor Holloway referred to the vaccination process and how the numbers were kept nationally, she raised her concerns about how well Thurrock was doing. Councillor Holloway also questioned the numbers of care home residents and staff that would have been vaccinated by the 24 January and where in the process were we now. How many people were covered under the four priority groups and where in the process were we with the deadline of 15 February. Councillor Holloway also raised concern if there was some uncertainty to these numbers how was sufficient vaccines being ordered and requested a breakdown of figures and how this would work on a practical level.

Councillor Holloway gave thanks to all staff who had been working incredibly hard and stated that if there was anything else elected members could do to help they should be approached. There was some discussion on how best the Council could show their appreciation with Councillor Holloway suggesting an awards event post COVID.

Mark Tebbs stated that how gratitude was expressed was really important and how staff's wellbeing was supported post COVID.

In response to Councillor Holloways questions. The supply of oxygen issue had been at Southend Hospital and was around the flow of oxygen around the hospital rather than the supply. In relation to the numbers the population will be vaccinated from three different sites and that information will be put onto the national system, the national system would then publish the data. The data was held nationally, controlled quite tightly and beyond local control. Rahul Chaudhari stated that Thurrock had 6000 people over 80 with about 700 of those who were admitted within care homes and agreed that the statistics were tightly controlled and the recording of vaccinations were being entered onto the national database than into system one.

Members discussed how the locations of the vaccination centres had been agreed and why other locations such as Impulse Leisure had not been considered. Rahul Chaudhari stated that the lead time given to have sites available had been undertaken at record pace and logistically it was easier to set up on an already established health care site. That the building where the vaccinations would be delivered were in a separate building away from the health centre.

Councillor Muldowney echoed the comments made on the incredible effort of those critical care staff, the management structure, gold commanders and all the Council and frontline staff.

Councillor Massey also echoed the comments made on the mammoth effort undertaken and questioned whether any thoughts and what timescales could be put in place for home visit vaccinations for those elderly residents living isolated lives or in rural areas. Rahul Chaudhari stated that this could be expected to commence quite imminently and work was being undertaken with the community providers on the safety of undertaking this and once the green light had been given work could start on the roll out plans of vaccinating household patients.

Councillor Ralph also echoed the praise given this evening and thanked everyone involved.

## **87. Proposed Charges 2021/22 for Adult Social Care (Non-Residential)**

Roger Harris introduced the report that had been presented to this committee on two other separate occasions and stated the only discretionary charge where there was any increase proposed for 2021/22 charges and had the

biggest impact in terms of finances was domiciliary care. That the Council needed to look at possible ways to maintain the current level of service which had the least impact on those people who received the service.

Catherine Wilson detailed the outcome of the consultation that had been supported by the Health and Wellbeing Overview and Scrutiny Committee on the 3 September 2020 and agreed by Cabinet on the 16 September 2020, together with the three options for charging for domiciliary care and asked for any comments on the recommendation to introduce a phased increase in charging for domiciliary care.

Members agreed that the response rate was good and had highlighted the good work that carers undertook and the value of the services being paid for. It was also noted that by all members that it was sad that the Council had to raise these charges and that it was inappropriate and unfair this had been put on Thurrock residents at this time of their lives.

*At 9.15pm, Councillor Ralph suspended standing orders.*

Members discussed the recommendations and how this transition could be made smoother and suggested that this could be phased over four years. Members agreed to add a further recommendation which would be put forward to Cabinet. That recommendation read as follows:

“For the Health and Wellbeing Overview and Scrutiny Committee to recommendation the introduction of a phased increase over four years”.

## **RESOLVED**

- 1. For Health and Wellbeing Overview and Scrutiny Committee to review the results of the Consultation regarding proposed charges for Domiciliary Care Services detailed in section 2.4.**
- 2. For Health and Wellbeing Overview and Scrutiny Committee to review the three options for charging for Domiciliary Care detailed in section 3.1.**
- 3. For Health and Wellbeing Overview and Scrutiny Committee to comment on the recommendation to introduce a phased increase in charging for Domiciliary Care Services detailed in section 4.1.**
- 4. For the Health and Wellbeing Overview and Scrutiny Committee to recommendation the introduction of a phased increase over four years.**

## **88. Accessing GP Appointments / Think 111 Campaign**

Mark Tebbs provided Members with an update on the changing aspects of access to health care services as a result of COVID and the report had focussed on Think NHS 111. This was a national program which had been

developed for residents to book attendances through the 111 system and to avoid the risk of infection in overcrowded GP waiting rooms. With the necessary requirements being met the service went live on the 1 December 2020.

Councillor Ralph thanked Mark Tebbs for the report and although he had concerns at the start as possibly somethings may get missed this was now a good decision that had taken the pressure of A&E over the Christmas period.

Councillor Redsell stated she had nothing but praise for the GP surgeries within her ward.

Councillor Muldowney questioned who had requested for this report to be presented this evening and stated she had received some good feedback about the 111 program and asked what the process of the Think 111 First would be. Mark Tebbs stated that if a resident was thinking of going to A&E they should ring 111 first, if they were able to do so. That resident would then be accessed over the telephone and could be redirected to alternative or a better pathway. If that resident was required to go to A&S a time slot would be booked for them. An alternative pathway could be for that resident to be referred to their GP. Anil Kallil stated that GPs had slots allocated for 111 patients. Members were informed that GP surgeries were open for business with more telephone and video conferencing appointments being made, this was for the safety of patients and surgery staff. Councillor Ralph stated that GPs were very quick to stop face to face appointments even though pharmacists were continuing to see patients and stated his concern that long term illnesses were not being identified and possibly being missed.

Councillor Holloway thanked Mark Tebbs for the report but questioned the appropriateness of the report to this committee as no analysis on the impact of this new service had been undertaken.

Councillor Holloway questioned why residents would be asked to go to Basildon Hospital for blood tests to which Anil Kallil stated this would be for those patients who would need to have an abnormal blood test and the hospital would be the only place to send them.

Members discussed the unacceptable bus services to Orsett Hospital especially for those patients attending blood tests and how this committee should continue to put pressure on Basildon Hospital and the Bus Company to get this service improved.

## **89. Verbal Update on Orsett Hospital and Integrated Medical Centres**

The following statement was provided by Tom Abell and Margaret Hathaway on the proposed closure of Orsett Hospital:

*“Mid and South Essex NHS Foundation Trust remain committed to the long term closure of Orsett Hospital and fully support the programme to develop*

*four integrated medical centres in Thurrock. The Trust Board approved the Programme Business Case at its meeting in December.*

*Prior to the COVID pandemic a detailed service mapping exercise had commenced to inform the intended location(s) where services currently delivered from Orsett Hospital would be transferred to. The Trust commits to ensure all services will continue to be delivered in a community setting giving local access to the Thurrock occupation. As a result of the COVID pandemic this work was put on hold to allow Trust resources to be dedicated to urgent operational requirements. It was intended to review this position in January 2021 but due to the second spike this has not been possible. The position will be reviewed again in March 2021.*

*Following the first phase of the COVID pandemic, Orsett Hospital has been utilised to transfer non-COVID services from the main Basildon Hospital site in order to support compliance with COVID Guidelines to ensure continuity of all services. This will give an opportunity to explore an increased range of services, including more outpatient clinics, diagnostics and minor procedures that could be delivered away from the main site giving further improved local access for the Thurrock population.*

*It is still intended that the principle location for Orsett services will be at the Grays Integrated Medical Centre, planned for the Thurrock Hospital Site. Some outpatient's clinics and phlebotomy services will be delivered from the other three centres."*

Councillor Ralph stated that it was encouraging to see that work had commenced on the Corringham site and requested to see the new drawings. Councillor Ralph stated he still had concerns on the Tilbury and Grays sites and COVID had identified the need for a new hospital in Thurrock and this had to be addressed for any future planning in the borough.

Members agreed that the report "Update on Orsett Hospital and Integrated Medical Centres" scheduled for the 4 March 2021 committee would be removed and brought back in the next municipal year when a detailed report would be available.

## **90. Work Programme**

Members reviewed the work programme and made the following recommendations:

- Remove the report "Update on Orsett Hospital and Integrated Medical Centres" from the 4 March 2021 and members agreed that this report should only be presented when a detailed report would be available in the next municipal year.
- Add a report on the "Impact on Services post COVID" to the 2021/22 list of reports.

- The report “Worklessness and Health Joint Strategic Needs Assessment” be reinstated back onto the 2021/22 list of reports.
- The report “Safeguarding Strategic Plan 2020/23” be reinstated back onto the 2021/22 list of reports.
- Add a report “2019/20 financial assistance provided to Cambridge and Peterborough STP” to the 4 March 2021 meeting.
- Rename the report “Male Domestic Abuse Update” to “Domestic Abuse” to include analyse of all services.

**The meeting finished at 9.53 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](mailto:Direct.Democracy@thurrock.gov.uk)**