

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

Present: Councillors Shane Ralph (Chair), Victoria Holloway, Sara Muldowney, Joycelyn Redsell and Elizabeth Rigby

Kim James, Healthwatch Thurrock Representative

Apologies: Councillor Fraser Massey

In attendance:

Roger Harris, Corporate Director of Adults, Housing and Health
Ian Wake, Director of Public Health
Jo Broadbent, Interim Director of Public Health
Andrea Clement, Assistant Director and Consultant in Public Health
Clare Panniker, CEO of Basildon and Thurrock University Hospital NHS Trust
Mark Tebbs, Deputy Accountable Officer: Thurrock NHS Clinical Commissioning Group
Mark Barker, Chief Finance Officer for the five CCGs across Mid and South Essex
Nigel Leonard, Executive Director of Strategy & Transformation, Essex Partnership University NHS Foundation Trust
Jenny Shade, Senior Democratic Services Officer

Before the start of the Meeting, all present were advised that the meeting was being live streamed to the Council's online webcast channel.

91. Minutes

Councillor Holloway referred to page 6 of the agenda and requested that additional wording be added of her concerns that no budget report had been presented to this committee. Councillor Holloway stated that she had raised her concerns and had made several requests for this at previous HOSC meetings. She had also sent emails to the Chair requesting that this committee had the opportunity to overview and scrutinise the budget.

Following this amendment, the minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 14 January 2021 were approved.

92. Urgent Items

No urgent items were raised.

93. Declarations of Interests

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

94. HealthWatch

No items were raised by Kim James from HealthWatch.

95. Update Position on Basildon University Hospital Maternity Services

Clare Panniker presented the report that updated Members on the Care Quality Commission (CQC) inspection of the maternity services at Basildon University Hospital.

The Chair thanked Clare Panniker for attending this evening and was well aware of the amount of scrutiny that the maternity department were currently under and appreciated all the work that had been undertaken.

Councillor Muldowney welcomed the update report where it was evident that progress had been made, the report had answered a lot of the questions raised and was more about the voice of the patient who were actually using the service. Councillor Muldowney asked for further information on what the staff feedback had been on the 1-2-1 training of each band 7 as to how they would own their own incidents and how they closed them down. Clare Panniker stated there were high volume of incidents reported on a daily basis, some minor and some more serious, as staff were encouraged to report incidents. Not only for when things had gone wrong but for incidents such as a piece of equipment missing or if breaks were not taken. For this to be a learning and growing service there was a need for people who were running the labour ward on a daily basis to be review incidents and to make sure that the appropriate action was taken with feedback being provided back to staff members who raised those incidents. That any incidents of a serious nature would be escalated to the daily executive led review group to be properly and thoroughly investigated.

Councillor Muldowney questioned whether staff were happy with this as they would be getting more rapid feedback and rapid action from incidents raised. Councillor Muldowney touched on recruitment and what was being done to recruit more midwives. Clare Panniker stated that all the student midwives who qualified in September had stayed with the unit which had demonstrated they had felt they had a good supported experience. That a campaign approach was being undertaken to make the offer more attractive and more systematic. That head-hunters for the post of director of midwifery was being used to try and find the right person. Councillor Muldowney stated it was good to see that progress had been made and suggested that this item be returned to committee in about six months' time for further updates.

Councillor Redsell thanked Clare Panniker for the update on recruitment and questioned what the hospital was doing within this COVID situation and what were the maternity ward doing to help mums have home births. Clare

Panniker stated the demand for home births was relatively low but was able to facilitate this for those who wanted a home birth. There was a home birth team but at this time was not seen as a high priority as from a staffing prospective the high risk area had been the labour ward.

Councillor Ralph agreed that this item should be added to the 2021/22 work programme to be returned in the next six months.

Councillor Ralph referred to the red flag reporting. Clare Panniker stated that there was currently less of those being reported which was due to the training that had been undertaken in the summer in terms of monitoring of women in labour, known as CTG training which had impacted on the early recognition of any complications during childbirth which had led to less incidents occurring. There had also been a change to the safety culture. Councillor Ralph questioned whether the maternity unit were facing more restraints on the care services that were being offered due to COVID. Clare Panniker stated the challenge had been around visitors, there had been problems of not allowing partners to attend but with the introduction of testing for visitors onto the maternity unit had been a big plus to allow women to now be better supported during ultrasound visits, outpatient appointments and delivery. Clare Panniker stated that COVID had been very significant to the whole organisation but less so in the maternity unit where infectious levels had been much lower than in other areas. Councillor Ralph questioned whether the maternity unit had been affected by staff shortages due to COVID to which Clare Panniker was unable to specifically say how many midwifery staff were off work but in January 2021 there were 1000 staff missing from across the entirety of the trust.

The Chair thanked Clare Panniker for attending this evening.

RESOLVED

An update report will be added to the work programme for 2021/22.

At 7.32pm, Claire Panniker left the meeting.

96. Worklessness and Health Joint Strategic Needs Assessment

Andrea Clement introduced the report by stating the Worklessness and Health Joint Strategic Needs Assessment (JSNA) had been developed to gain an understanding of the relationship between worklessness and health and the scale of this issue in Thurrock with the focus of the JSNA was Employment Support Allowance (ESA) claimants with mental health and/or musculoskeletal (MSK) conditions. The JSNA aimed to understand the barriers to employment in this group and to identify support to overcome these. The importance of assisting people who were able to, to return to work had benefits from both a wellbeing and economic perspective. The JSNA identified several key gaps; notably that there appeared to be no overall strategic approach to worklessness and health. Additionally, whilst there were a variety of local services for worklessness in general, access to support could be unclear and disjointed and services were not always identified to be

person centred or flexible in their approach. The JSNA report made recommendations for addressing the gaps identified in the JSNA which could be broadly categorised into three overarching high level recommendations. These were:

- Development of a worklessness and health strategy with a framework of actions which encompassed both prevention and assisting timely return to work.
- The development of a clear pathway that joined up all services and allowed claimants to be signposted to the most relevant services in a timely and appropriate process.
- Development of a healthy workplace accreditation scheme for Thurrock that ensured good practice in relation to health at work and promotion of good health.

The next steps would be to refresh the data in the JSNA document as this had been prepared pre-COVID which would have had some impact, look at the impact of universal credit and work with the Economic Development Strategic Partnership to develop a strategic approach as this was a live document, the JSNA would continue to be reviewed.

Councillor Ralph thanked Andrea Clement for the in depth report and questioned whether community liaison officers would be more involved on what happened with job recruitment as they would become a major part of the strategy. Andrea Clement stated there would be a whole system approach to the strategy to involve all partners in driving the strategy forward with the engagement and involvement of all different partners.

Councillor Holloway thanked Andrea Clement for the report and had enormous amount of respect for public health colleagues in the amount of work undertaken in putting reports together but had been a little disappointed with this report. Her concern was that the report had focused on money as a key driver rather than the focus of health. Councillor Holloway questioned why the report had been undertaken at this point and questioned whether this had been a massive problem in Thurrock. Andrea Clement stated that work had started in 2019 and agreed that some of the data was now out of date and the JSNA had focused on the subset of people who could potentially be supported back to work. Councillor Holloway also raised an issue with the term “worklessness” and stated that it was horrid and should not be used and an alternative title should be considered. Councillor Holloway summed up by stating the report had focused on finances, there was not enough emphasis on the analysis of what kind of jobs there were in Thurrock, with retail, warehouses and logistics, what were the likelihood of matching jobs with people with those conditions, questioned whether we should be pushing people back into work when they should be left alone to heal, why investments into health services were not being considered, need to invest in mental health services and people might get better to then find work, the report did not work it seemed to be upside down.

Councillor Ralph had some sympathies to what Councillor Holloway had said as there was a fear of getting back into the work place and understood the positive drive, pride and self-esteem that people found when back into the work environment. Councillor Ralph did raise his concerns on the finances and stated that the worklessness statement was for people who could not work.

Councillor Redsell agreed that she did not like the word “worklessness” and although the report had been complex it had focused on finances rather than how it would happen and how we were going to get people back into work. Councillor Redsell stated that people had to be integrated properly into doing something from the beginning and questioned whether the involvement of the voluntary sector or having the opportunity to speak with people had been considered and offered.

Councillor Ralph stated this was only part of the offerings in Thurrock with a lot of other projects on-going such as development programs which were looking at getting people back into some sort of voluntary sector work.

Ian Wake provided members with some history as to the production of the report and how this was so important. That work was the most health protective factor in anybody’s life and there had been evidence that the more people that could be in work and those that want to work, the better it would be for the population in terms of population health. That there was a massive disparity between different wards which had been linked to deprivation, about the number of people with musculoskeletal problems or mental health problems who were unable or who were not in work. That there were two driving factors around the report, one around health inequalities and secondly being in work was the most health protective thing that could be done for the population. In regards to finances, the focus had been on making the decision makers in the system to demonstrate that this was one of the most cost effective thing that could be done. This was not forcing those people back to work who were too ill it was around facilitating and working with employers.

Councillor Redsell questioned with COVID would there be any anticipation of producing more health problems with people going back to work because of how this may have affected many more people. Ian Wake stated that self-isolation may deteriorate or may cause people’s mental health to deteriorate and evidence had started to be seen that was the case. That COVID lockdowns had damaged the economy and risked unemployment and we had to find a way to try and bring those two things together. With a more holistic approach and integrating employment support and mental health was one of those solutions.

Councillor Holloway stated there were also a vast amount of people in that RAG group that do not want to work or unable to work who should be in support groups. Councillor Holloway agreed to send Ian Wake a copy of a report that she worked on in 2016 which contained the recommendations they had given to Government. She welcomed the recommendation to have a standard for employers and wanted to push this forward. It was about national

Government saying to big businesses and to employees to treat staff better, treat staff well but this needed to come from a national level. Councillor Holloway hoped that this could be done locally.

Councillor Ralph also hoped this could be done locally by working together and for Government to see how Thurrock were undertaking the work and be used as an example for this to be used nationally.

Councillor Muldowney thanked Officers and questioned where was the comprehensive evidence and data analysis of the health and wellbeing needs of those with musculoskeletal and mental health conditions. Requested some clarification on how 950 people had cost £47 million to Thurrock and stated that the figures around COVID in the report were very out of date. Andrea Clement stated that this was going to be a live document and agreed that the data was quite out of date, with some of the data going back to 2017. The process of developing the strategy could include going back and checking those changes in data. This had been the first part of the process and when developing the strategy further health would be at the centre of the strategy with the review being constantly reviewed and refreshed. Andrea Clement confirmed that the musculoskeletal condition program had been launched and was available in health hubs and referrals would be made through general practitioners.

Councillor Ralph stated Members had to accept this was a live document and would be updated as it progressed forward.

Councillor Holloway appreciated that this was a working document and thanked Officers for the report but stated that the Thurrock element of the report should be brought to the front and with finances to the back of the report as this would help with the presentation of the report going forward.

Councillor Rigby stated that some of the wording had come across as unpalatable but the basis of what was required had been achieved. This was not all just about the money, there had been a plan and how to help people with musculoskeletal issues, such as physiotherapy, but maybe the report could be worded better.

Mark Tebbs stated his concerns that the report had referenced views that some of the services were kind of siloed, not person-centred and no flexibility. The pathway had tried to have mental health specialists as part of the clinical services so they would be embedded in, embedded in secondary care and in early intervention so that they formed part of the treatment program and be wrapped around the individual and to do this in a kind of holistic and co-ordinated way. Mark Tebbs continued to state that some of the descriptions for the mental health aspects of the report had been quite broad statements and needed to be more targeted. He also stated that he did not agree with some of the conclusions that had been reached particularly on the mental health side.

Ian Wake reconfirmed to Members that this report had been written in 2019 and there had been plans to refresh the entire document to include more data but the timing of that had been unfortunate due to COVID. The report had been presented this evening so that work could continue with the process rather than to start again.

Councillor Holloway stated that conversations had to take place with employers, speak with employers who employ someone with a disability, speak to people with disabilities and use this as an opportunity to delve in and speak with people about the support that they need.

Members discussed whether the report should be presented again once the data had been updated and consultations with groups had taken place and agreed this report should be returned to committee when Officers felt this was appropriate.

RESOLVED

- 1. That the Health and Wellbeing Overview and Scrutiny Committee noted and commented on the content and recommendations contained within the report.**
- 2. An update report will be added to the work programme for 2021/22.**

97. CCG Update: 2019/20 Financial assistance provided to Cambridge and Peterborough STP

Mark Tebbs presented the paper that provided an update to HOSC regarding the repayment of the financial assistance given to Cambridge and Peterborough STP during the 2019/20 planning process. The paper set out the steps taken to date and the overall financial flows in 2019/20.

Mark Barker provided Members with details of the financial NHS allocation process and referred to the funding allocations to the system at the start of 2019/20, the additional funding which flowed into the system during the year and the final 2019/20 year-end financial position. These figures can be viewed on page 112 of the agenda.

Councillor Ralph thanked Officers for the report and update.

Councillor Muldowney thanked Officers for the update and noted that it was good a finance officer was at this meeting to answer questions. Councillor Muldowney questioned whether a letter from the Chair as requested two meetings ago had been sent to the CCG from the committee and whether a response had been received. That it was still unclear from the report whether that money had or would be paid back and was the position that as Thurrock had received extra money in the last year, even though extra money should have been received for the Council to cope with the pandemic, that £480,000 was included in that. It was unclear from the figures in the report what this

extra money was for and did other parts of the system get extra funding. Councillor Muldowney concluded that even though we had received extra funding this did not compensate for the £480,000 and we still wanted this back from Cambridge and Peterborough. This was not good enough for the residents of Thurrock and needed to understand from a finance level that everything had been done and questioned what the chair and the portfolio holder for health were now going to do to take this to the next level and take further action.

Mark Barker stated he was unable to say for certain whether the £480,000 had been received back but was able to confirm that significantly more money had come into the system than was previously lost and significantly more than in 2019/20. That 2019/20 was not a COVID year, 2021 was the COVID year and the system had received an extra £42 million to support COVID expenditure, on top of that another £52 million for other initiatives, £60 million top-up funding and £8 million worth of growth. So significantly greater than the £29 million that was referred to in the report. Mark Barker stated that he was unable to pinpoint £480,000 but was able to pinpoint many figures which were in excess of £480,000. Even if we lobbied NHS England for the return of the £480,000 their answer may be that we had already received it and more in kind from the investments which had been given back. Out of those monies at least £9.2 million had come into Thurrock CCG which was a third of what was received in 2019/20.

Mark Tebbs confirmed that he had received a letter from the Chair requesting a report and for a finance colleague to present at this meeting. He reiterated what Mark Barker had said and that Members may have thought that when this money was returned it would be badged on a spreadsheet as Cambridge and Peterborough but this would not be the case. He believed that the money had been returned to the system into a much greater extent, more than the £480,000.

Councillor Muldowney questioned whether any of that money had actually come from Cambridge and Peterborough to which Mark Barker stated that no it did not come from Cambridge and Peterborough and likewise Thurrock would not have made payment to Cambridge and Peterborough, those monies would be redirected back to NHS England, where NHS England made that allocation to Cambridge and Peterborough. That no third party would be shown in the transactions. Members were reminded that all funding was received from NHS England.

Councillor Muldowney questioned what the transformation support was actually for. Mark Barker stated it was for a variety of transformation initiatives which included digitisation to investment in secondary care in the community. That a full breakdown was not available not could be provided if requested. There were at least 30 to 40 elements to it as allocations were received every month and some months 10 or 12 elements at a time.

Councillor Muldowney questioned whether we were the only system that received extra money in the year 2019/20 to which Mark Barker stated every system would have received some allocations.

Councillor Muldowney concluded that her position was that as Cambridge and Peterborough had received extra money they still needed to repay this money to Thurrock.

Councillor Ralph stated he had written the letter with the portfolio holder and had emailed Anthony McKeever and received a no answer when asked would Thurrock get the money back. That the explanation that the funding had come in which they had viewed as over and above what they had spent. The question raised was how Cambridge and Peterborough had a platinum mental health service when the role out of Thurrock's mental health services had to be delayed, promises had been made that the money would be paid back and that this money had been taken after Thurrock's budget had been set.

Councillor Holloway echoed the comments made by Councillor Muldowney and questioned what did "system" mean? Mark Barker stated this was the commissioners and providers within the Mid and South Essex, comprising five CCGs - Basildon, Thurrock, Mid Essex, Castlepoint and Rochford and Southend, and it also included two providers which were part of our system which were Mid and South Essex Foundation Trust and EPUT.

Councillor Holloway thanked Mark Tebbs for dealing with this issue at this committee and appreciated that Mark Barker was in attendance and was mindful that he had not been in his role for long.

Councillor Holloway stated that this was absolutely not acceptable and mindful that as we talk about system approach we do not know what money Thurrock would be getting but what we did know was that Cambridge and Peterborough were still better off. This was now a point of principle that Cambridge and Peterborough were able to run a platinum health service and Thurrock services had to be delayed. That this had now been going on for too long and was still totally unacceptable. Thurrock had managed a surplus, managed the budget and we were trying to go up at NHS systems level to get the money back at Thurrock CCG level. Councillor Holloway concluded that the money had been taken from Thurrock and we wanted it back.

Mark Barker stated that it was not in his gift to return the money but what had been done was to lobby to suggest that it was not appropriate to take money away from the system and not return it with the responses received that it had been returned in kind with more money on top. Mark Barker stated that they had not given up and continued to lobby for further monies to come back to Thurrock and to question whether this would be realistically achieved.

Councillor Ralph stated he did not foresee getting any different answers to this if we continued to bring this item to HOSC. They were convinced the money had been given back in kind, we know the promise was not kept and was unhappy that Cambridge and Peterborough were now running a platinum

service. Councillor Ralph also stated that he was unhappy that the budget had already been set and Thurrock had plans for that money. That Thurrock did not accept this but would probably be forced to accept it which was unfortunate in the reality of the situation.

Councillor Redsell agreed that the committee should not let this go, if money was given by Thurrock, Thurrock should expect that money back and this committee had the ability to scrutinise that.

Councillor Ralph suggested that another joint letter be written again stating that we wished to proceed further.

Councillor Muldowney thanked Mark Tebbs and Mark Barker for their responses and stated that maybe they had done all that they could at this level and maybe Anthony McKeever had done all that he could at his level and we now needed to think about going to the next level up. Mark Barker stated it was for the committee to decide how best to proceed with his recommendation to continue to lobby for additional monies wherever we could. There was a good relationship with NHS England to secure additional funding and the system had continued to do that successfully in the current financial year. That it may be better to improve the relationship, continue to lobby for additional funding and secure that where we could. That continuing to lobby for a particular sum may damage that relationship and therefore unsettle improvements to funding.

Councillor Ralph stated there was no guarantee that this would keep happening but when someone was getting clearer health service benefits that all other councils were supporting was not good.

Councillor Holloway stated she appreciated the response however this was still not good enough. A suggestion from Councillor Holloway would be that the money had gone into the system and then out, now it had come back into the system and we could have £500K back into Thurrock CCG. We would not be asking for money outside of the system, the money had already gone into the system and all Thurrock were asking was for this be transferred back to them. Mark Barker stated that Thurrock had received £9.2 million so it could well be the £480,000 was part of that £9.2 million. Councillor Holloway suggested this item be taken off line to look at how this could be taken forward.

Councillor Ralph agreed that a line had to be drawn for this item on the HOSC work programme and agreed to contact Members outside the meeting

98. COVID Update

Jo Broadbent provided Members with an update on the latest Thurrock COVID-19 Data and Intelligence:

- Current Picture, Rate per 100K Population and Positivity – Thurrock Overall rate was 98.1 cases per 100K population which had been a

substantial reduction based on figures provided at the January HOSC. Thurrock were still at a higher case rate than neighbouring authorities. Something that will be worked on. The epidemic curve had shown sharp increases over Christmas and New Year and then a substantial decline since then. A small increase in cases last week but seemed to be going down again with the downward trend continuing.

- Current Picture, Positive Tests by Age Band – Still seeing high number of cases in adults aged 22 to 59 and also seeing high numbers of cases within the working age adult population. That low case numbers were being shown in the over 70s. A report published by Public Health England had looked at the effectiveness of the vaccine programme which had shown that the vaccine had been 80% effective in reducing hospitalisation of older residents and between 57% and 73% effective in reducing symptoms of COVID. So although not 100% effective it was having an impact and were seeing some low case numbers in older age groups.
- Current Picture, Asymptomatic Testing, All Ages – There was evidence that there had been a higher take up among women than men.
- Current Picture, Testing Positivity – That between 24 January and 2 March, there was evidence that those aged 10 to 19, secondary school age who had been offered asymptomatic COVID test before returning to school had taken up that test which was very positive. A very small proportion of all asymptomatic tests, 1%, had come back positive which equated to 455 cases that would not have been identified and showed the importance of continuing with this policy.
- BTUH Bed Occupancy – That since early January the numbers had fallen although fallen more gently than and not as sharply as case numbers had. The graph showed that fewer people were being hospitalised with COVID it still indicated that the NHS system was still under pressure.
- Confirmed Cases – One school currently in a recovery outbreak and three care homes with a live outbreak and work would continue to support those care homes. In Thurrock there was 11 local areas where there were no localised infections and when compared to previous data the geographical spread had got such better.
- Members were shown the data that was being published nationally on the uptake of vaccinations under 65s and over 65s first and second doses. In Thurrock over 90% of over 70s had been given their first dose and about 85% of 65 to 69 year olds. Which compared well with rates across the country.
- Members were shown the locations of testing sites within Thurrock and that three new sites would be opening in South Ockendon, Corringham and Tilbury and displayed that better coverage had started to take place across the borough and work would continue on that.

Jo Broadbent concluded that:

- Thurrock's overall rate of positive tests continued to decrease.
- The number of PCR tests taken by Thurrock residents had begun to increase over the recent days.
- The geographical distribution of cases had reduced greatly.

- Hospital beds used due to COVID had continued to decrease.
- Vaccines continued to be administered in line with COVID vaccination priority groups.
- The Key Priority was to update testing strategy including schools, families/childcare bubbles and workers outside the home, especially targeting younger working age males.

Councillor Ralph thanked Jo Broadbent for the report and was encouraged to see the numbers in Thurrock coming down and in regard to the amount of testing being undertaken and to remember that a new spike in data may represent the mass testing covering all the bases in Thurrock.

Councillor Holloway questioned why the vaccine data had not been shared sooner and made a comparison to Thurrock's data of 35K to Cambridge and Peterborough's 235K. Jo Broadbent stated that Cambridge and Peterborough's CCG data covered the entirety of Cambridge and Peterborough who had a much bigger population when compared to Thurrock's population. That the most effective way to compare was to look at percentages and Thurrock was doing well in terms of percentage of the first four cohorts.

Councillor Muldowney referred to the schools being opened from next week and questioned could Thurrock end up going into a third wave before we had recovered from the second wave properly. Jo Broadbent stated the roadmap that had come out of the lockdown had set out the dates and confirmed that checks would be carried out between those dates and would continue to work as we currently were in the Council and stressing to the community on the importance of social distancing, to keep up with infection prevention and control measures. If not, there would be a risk that numbers could go up again. That the R rate had continued to drop even when schools had been open for key workers and for vulnerable children and that testing programs for both secondary children and their family bubbles would need to be promoted and monitored.

Councillor Muldowney referred to the delay in school's closing and questioned whether there were better channels now that we could use to feedback on what was happening in schools into the data that was being analysed centrally so that maybe quicker decisions could be made on whether schools should be closed. Councillor Muldowney also asked whether there was anything else that could be done locally. Jo Broadbent stated that Thurrock was going over and above the national position, all schools and all parents had been written to offering a PCR test to all children the week before they were due to return and those testing positive would not return to school to prevent the spread into their school bubble. Jo Broadbent referred to the good communication that Thurrock education colleagues had with schools, regularly attending to speak with school heads to get the story from the ground. There were a number of communication routes that could be used one of which would be to feed up through Public Health England.

Councillor Muldowney questioned whether any extra measures, such as safety, would put in place in schools. Jo Broadbent stated again that schools and parents had been written to reminding them of the guidance on creating a COVID safe environment which had been the same as before. The change was the regular testing in schools which would continue to be monitored.

Councillor Ralph stated that concerns had been raised by HealthWatch in regards to transport difficulties for residents to the some of the vaccination centres.

Nigel Leonard provided Members with an update on the vaccination programme in Thurrock:

- Introduced himself as the SRO from EPUT for vaccinations centres with the vaccination centre in Thurrock being particularly busy.
- Acute Trusts / MSE Group had also been administering vaccines not only from Basildon but from Orsett.
- PCNs delivering the vaccines and shortly there will also be pharmacists which are currently going through approval process with NHS England.
- Hope that pharmacists would pick up some of the localities within Thurrock.
- There will be a significant increase of vaccines that will be available. Thurrock had received more than its share and worked out on population basis and had therefore been receiving slightly more vaccines.
- Look at the through put at existing sites but working with Council and CCG colleagues to look at pop-up clinics in those harder to reach areas.
- Waiting for national approval for a potential drive through model which may be ideal for some localities in Thurrock.
- Over coming weeks, changes may be seen on the way on how the vaccination service will be delivered with more opportunities on how these are delivered.
- Those hard to reach groups and those on low income to be targeted.
- Rapidly moving through the cohorts and currently on cohort 7 which was 60 years and over.

At 9.27pm, Councillor Ralph suspended standing orders.

- Over the next couple of weeks with CCG, PCN colleagues and the Council to give and maximise the opportunity for those in cohorts 1 to 4 to ensure that the vaccine had been offered to as many people as possible.
- Need to target those harder to reach groups.
- Put on specific events to reach those communities which may have to be flexible in the approach because of the way some communities operate. For example Muslim community may be easier to target the complete family group rather than just offering by age.

Councillor Ralph thanked everyone that had been involved in the vaccination roll out who were doing an extremely good job.

Kim James questioned what the process would be for those residents who were housebound and for informal carers. Roger Harris stated that informal carers would be part of cohort 6 that were being worked on currently and that guidance was due out shortly for those carers who wished to contact the local authority to receive a carer's assessment and a guidance on the definition of who would be eligible. Nigel Leonard stated in regards to housebound residents over 87% had been vaccinated but agreed that had to be 100% or as close to 100% as possible. That a plan was in place to target over the next few weeks to ensure that everybody received their first dose and housebound and care homes would still be top priority.

Mark Tebbs reiterated that the focus was now to make sure that everybody in those initial cohorts had actually been vaccinated and confirmed that the 24 remaining housebound patients had been booked in for their vaccines.

Jo Broadbent reassured the committee that public health were linking in with NHS colleagues and HealthWatch on the inequalities and the targeting of vulnerable groups and that a piece of research had been commissioned on the engagement research with local BAME community to understand issues around vaccines.

Councillor Muldowney commented how good it was to see the vaccination rollout was happening so well and so rapidly and asked for clarification on the process for residents to receive their second dose. Nigel Leonard stated that acute trusts had their own booking system which had been similar to the PCNs that had been tied into the national booking system and those who booked their first vaccination through this could also book their second vaccination. That a number of processes were being put in place alongside PCN and acute colleagues to ensure that everybody got the opportunity to book their second vaccine. Members were informed that when a supply of vaccines were received, 50% were held back so that everyone who had their first dose would be guaranteed a second dose. That a significant uplift in the supply of the vaccines would start to be seen across the UK and these significant numbers would start to hit Thurrock from the 15 March.

Councillor Ralph stated the vaccine rollout had been a good news story for Thurrock and again thanked everyone that was working on this to ensure that everything was being done to keep our population safe.

Councillor Rigby questioned whether there were any figures on the number of residents with long COVID and figures had shown 30 to 39 year olds getting infected and how many were suffering from long COVID symptoms. Ian Wake stated that no accurate data was available and was a difficult syndrome to diagnose and something that was being learnt about at this time. Councillor Rigby questioned whether the data would be available in due course to which Ian Wake stated he suspected it would be under diagnosed so the data received may not be the true picture.

Councillor Ralph questioned whether any new variants had been identified in Thurrock to which Jo Broadbent stated that she was not aware that there was of any of the South African or the Brazilian variants within Thurrock.

99. Work Programme

Members agreed to add the follow items to the 2021/22 work programme:

- Update on the Worklessness and Health Joint Strategic Needs Assessment
- Update Position on Basildon University Hospital Maternity

The Chair thanked Members and Officers for their input into the Committee and he had enjoyed chairing the meetings and hoped to be back as Chair following the elections.

Members thanked Roger Harris for the work that he had undertaken and what a pleasure it had been working with him and wished him all the very best.

The meeting finished at 9.49 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**