

## TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

**Date:** Friday 24th September, 2021  
**Time:** 10.30 am  
**Venue:** Virtual meeting

**Please note this is a virtual meeting.**

**The meeting will be livestreamed via  
the Council's YouTube channel at  
[Middlesbrough Council - YouTube](#)**

### AGENDA

1. Appointment of Chair
2. Appointment of Vice Chair
3. Apologies for Absence
4. Declarations of Interest
5. Minutes - Tees Valley Joint Health Scrutiny Committee - 22 June 2021 3 - 6
6. CNTW / TEWV Updates 7 - 32
7. Local NHS / Public Health response to Covid-19 33 - 50

The Chief Officer at Tees Valley Clinical Commissioning Group (TV CCG) and Director of Public Health for South Tees will be in attendance to provide an update in respect of the local NHS / Public Health response to COVID-19.

8. Any urgent items which in the opinion of the Chair can be

considered

9. Date & Time of next meeting - Friday, 10 December 2021 at 10.30am

Charlotte Benjamin  
Director of Legal and Governance Services

Town Hall  
Middlesbrough  
Date Not Specified

#### MEMBERSHIP

Councillors , , D Coupe, D Davison, A Hellaoui, I Bell, Bartch, Layton, S Smith, B Clarke, D Rees, Cook, Richardson, Loynes, E Cunningham, C Gamble and L Hall

#### **Assistance in accessing information**

**Should you have any queries on accessing the Agenda and associated information please contact Caroline Breheny, (01642) 729752, [caroline\\_breheny@middlesbrough.gov.uk](mailto:caroline_breheny@middlesbrough.gov.uk)**

## TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Tuesday 22 June 2021.

**PRESENT:** Councillors Hellaoui (Chair – Pro-Tem), Councillor Layton (Vice-Chair Pro-Tem), D Rees, E Cunningham and D Davison

**PRESENT BY INVITATION:** Councillor D Coupe

**ALSO IN ATTENDANCE:** D Gardner (Director of Operations) (TEWV), A Lowery (Director of Quality Governance) (TEWV), C Lanigan (TEWV) and S Salvin (Head of Nursing Teesside) (TEWV)

**OFFICERS:** Scott Bonner, Caroline Breheny, Joanne McNally, Hannah Fay, Joan Stevens and Gary Woods

**APOLOGIES FOR ABSENCE:** I Bell, Cook, B Clarke and S Smith

1 **APPOINTMENT OF THE CHAIR**

**AGREED** that Councillor Alma Hellaoui be elected as Chair Pro-Tem.

2 **APPOINTMENT OF VICE CHAIR**

**AGREED** that Councillor Layton be elected as Vice Chair Pro-Tem.

3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

4 **MINUTES OF THE MEETING HELD ON 19 MARCH 2021**

The minutes of the Tees Valley Joint Health Scrutiny Committee meeting held on 19 March 2021 were submitted and approved as a correct record.

5 **PROTOCOL FOR THE TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE**

The Democratic Services Officer presented a report confirming the Tees Valley Joint Health Scrutiny Committee protocol and advised that a further amendment was required following the amalgamation of the three individual CCG's within the Tees Valley into a single Tees Valley Clinical Commissioning Group (CCG). The protocol would be amended and updated as advised.

**NOTED**

6 **TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST - QUALITY ACCOUNT 2020/2021**

Representatives from Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) presented the Quality Account 2020-21 which provided an update on performance against their quarterly priorities for 2020-21, and sought to engage with the Committee in respect of their emerging priorities for 2021- 22.

The Committee welcomed the opportunity to consider and comment on the quality of services at the Trust and the key features of the 2020-21 Quality Account. The Committee had met previously with the Trust representatives to consider the Trust's quality priorities and overall performance.

- The committee was concerned at the high number of incidents of physical

intervention / restraints, as Tees had the highest number of incidents per 1000 occupied bed days (OBD's) with 43.64 against the Trust target of 19.25. Previously the committee was advised that the high rates of restraints in Teesside were as a result of the eating disorder service being provided in the area and the use of nasogastric feeding. However, the service is no longer delivered on Teesside and the rates remain high.

- The committee was advised that Learning Disability services still have high levels of physical intervention / restraints although a number of initiatives were in place to address this issue. These include the introduction of Positive Behaviour Support (PBS) Leads and investment in staff training and qualifications.
- The committee was very keen to see significant change in this area and looks forward to seeing the RAG rating for this metric change from red to amber and then green.
- The committee was also concerned that staff were not always giving dignity and respect to patients. The end of 2020/21 position was 84.59% against the Trust target of 94.00%. All localities underperformed in 2020/21, although Teesside were closest to the target with 88.62%. The committee acknowledged that progress had been made but was keen to see further improvement in this area.
- It was acknowledged that the launch of the 'Big Conversation' and the Trust's 'Journey to Change' highlighted TEWV's commitment to improving the patient experience and was a very welcome and positive development. Through this work TEWV had purposefully engaged with patients, carers, staff and partners and sharpened its attention and focus on areas for improvement. The committee was also pleased to see the inclusion of 'Compassionate Care' as a quality account priority for 2020/21 and looked forward to seeing improvements in respect of this metric.

The Quality Account Priorities for 2020-21 were identified as below. Two of the three were continuing priorities from the previous year.

- Making Care Plans more Personal
- Safe Care
- Compassionate Care (new for 2020-21)

The priorities were supported by the Committee. Members welcomed the updates on progress made to date and made the following observations and comments:

Progress:-

- The Trust's open and honest response to concerns raised by the CQC was appreciated. The Trust had listened and taken on board people's views in response to the CQC's findings.
- The notion of the 'Big Conversation', its extensiveness and involvement of a wide variety of stakeholders was very much welcomed and viewed as a key initiative.
- The need to embed and extend the provision of 'Compassionate Care' at every level and across the system was acknowledged.
- The Oxhealth Digital Care Assistant initiative undertaken to help prevent people in in-patient settings trying to commit suicide had been a very

positive step.

- The introduction of the IT system Dialog offered reassurance around the future delivery of personalised care planning.
- The 'Journey to Change' would take time and it would not happen overnight but the notion of the journey and the areas identified for improvement were fully supported.
- The simplicity of the priorities for 2021/22 were acknowledged. The priorities were easy to remember and understand.

Concerns:-

- The huge geographical footprint covered by TEWV and the differences in the socio-economic make-up of the areas served.
- Recruitment and retention of staff at TEWV remained an issue and was impacted upon by both the national and regional shortages of mental health professionals. There were also concerns in respect of the availability of local training provision.
- The CQC had raised concerns about care planning and risk management practices and it remained an area for improvement for TEWV.
- The huge challenges presented by the COVID-19 pandemic and how these would be met in addition to those already faced by the Trust remained a concern.
- The potential for there to be a huge increase in demand for children's mental health service provision would also pose a real challenge in 2021/22.
- The trauma and bereavement which people had experienced as a result of COVID-19 had generated a need for additional proactive work and increased investment in this area.

On a more general point the Committee felt there would be benefit in producing an easy read version of the Quality Account document, as this would allow it to be shared more widely and easily. The Committee thanked the Trust for its continued and pro-active engagement with the Committee and looked forward to continuing to receive updates on progress against the priorities during the year ahead.

**AGREED** that the Tees, Esk and Wear Valley NHS Foundation Trust Quality Account 2020-21 be noted and the Committee's comments submitted as part of TEWV's consultation on the Quality Account.

7

**ANY URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR CAN BE CONSIDERED**

None

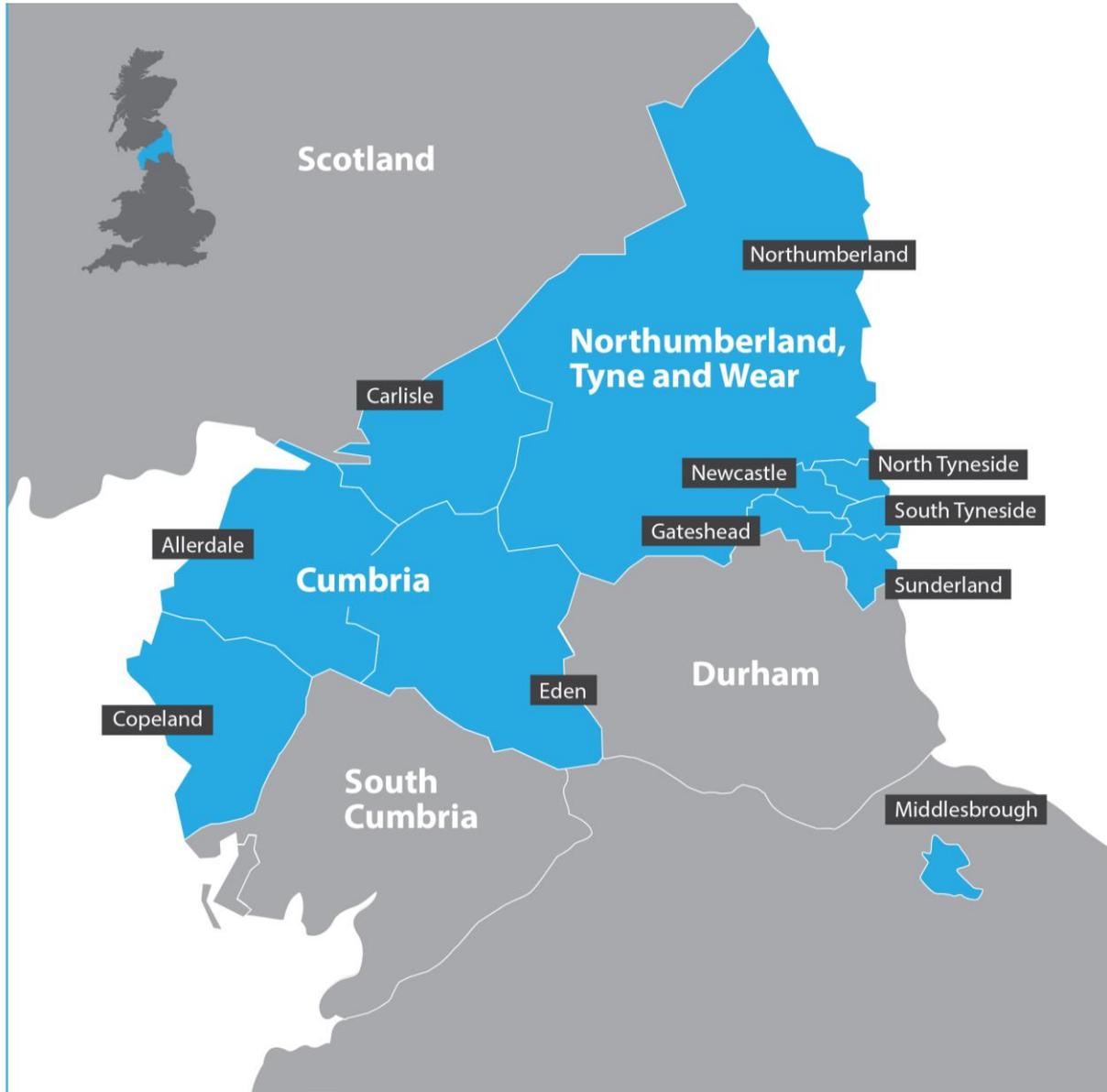
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# LOTUS ACKLAM ROAD HOSPITAL



David Muir Group Director  
Jill Stewart Associate Director





# Background

- CAMHS services at West Lane Hospital was closed in 2019 following CQC regulatory action
- Formal request from NHS England/NHS Improvement (NHSE/I) to establish a CAMHS inpatient service in Teesside
- Following Board approvals CNTW agreed to provide a 10 bedded General Adolescent Inpatient Unit for young people aged 13-18 years
- 'Lotus' has been selected as the name of the ward (a symbol of regeneration) following research and engagement with young people residing within Ferndene and Alnwood Wards
- Lotus Ward will be managed by the Trusts' Specialist CAMHS Clinical Business Unit within the North Cumbria Locality Care Group
- Lotus opened on 5 April 2021 following NHSE/I approval and CQC registration
- Patient occupancy commenced 10<sup>th</sup> May 2021

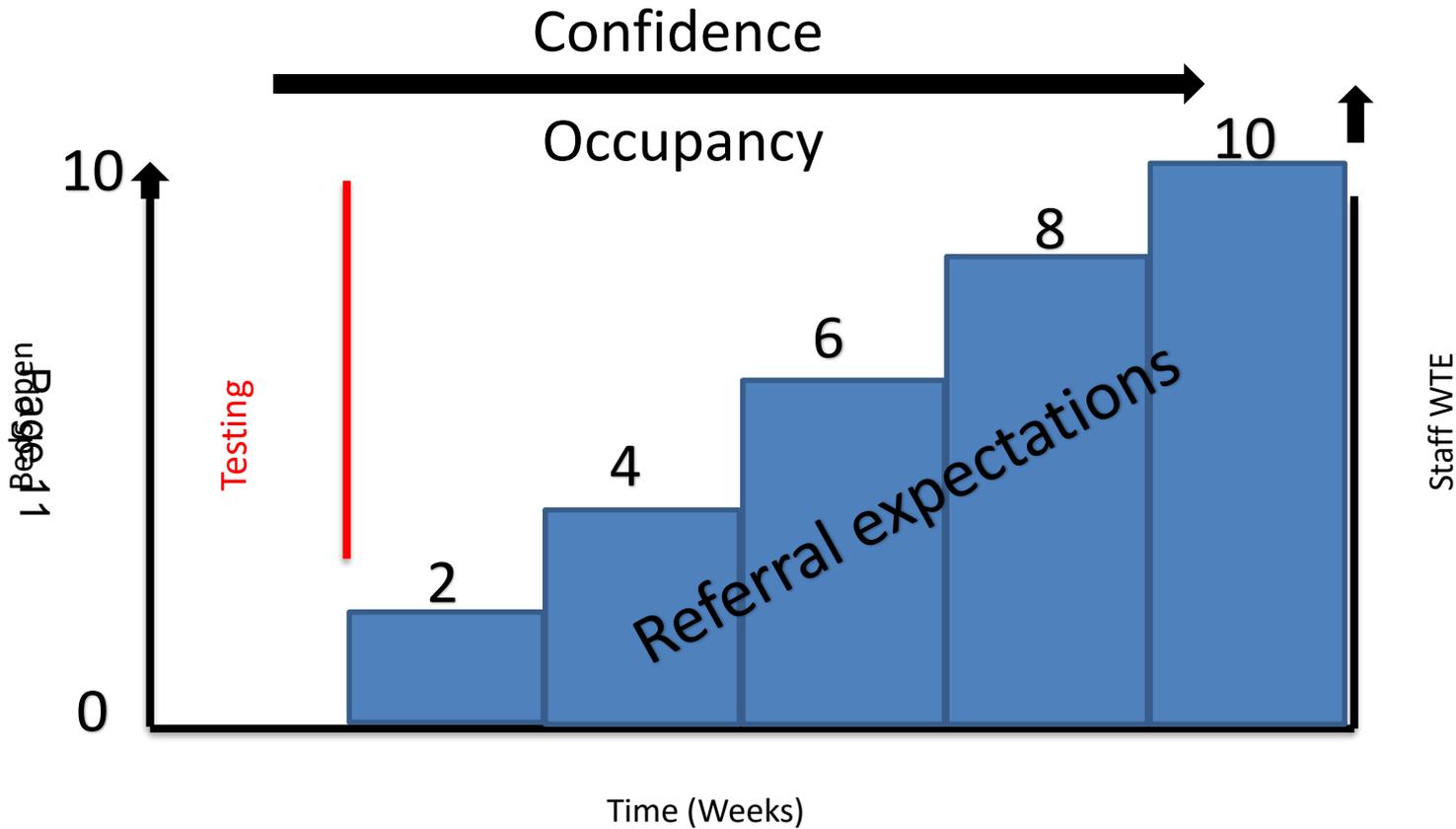


# What Lotus Ward offers as a General Admissions Unit?

- Support to young people who are suffering from complex mental health difficulties who require assessment and treatment
- Therapeutic support offered by a nursing team and full Multi Disciplinary Team including: Psychiatrist, Occupational Therapist; Speech and Language Therapist; and Dietician and Occupational therapy
- Individual therapeutic support such as: Dialectical Behavioural Therapy; Positive Behaviour Support; risk assessment of needs; engagement within structure clinical management; and links with the community teams
- 24 / 7 nursing support offering a wide range of activities to support recovery and promote independence, build resilience to safely return back to the community
- Young people will receive education during their admission. This will incorporate vocational skills, educational skills (link with local school/college), sports and gym facilities to promote healthy lifestyles and mental wellbeing as well as a wide range of ward based activities
- Admission of young people to the ward may be informal or via a section under the Mental Health Act



# Stepped Approach



# Admission Update

From 10<sup>th</sup> May 2021

15 admissions to date 13 transfers, 2 direct admissions

## Localities:

- Co Durham 6
- Tees 4
- Sunderland 2
- North Yorkshire 1
- Gateshead 1
- North Cumbria 1

Average length of stay - 34 days



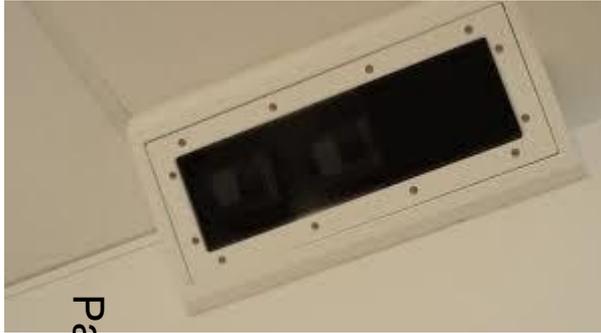
Caring | Discovering | Growing | **Together**

# Environment



Caring | Discovering | Growing | **Together**

# Environment



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Caring | Discovering | Growing | **Together**

# Challenges

- Workforce and Recruitment
- Stand Alone Unit
- Covid 19



# Feedback

“Love Lotus, helped my brain focus, help fix my problems, my hocus pocus, I found my home at Lotus, helped me grow”

The outdoor space is fab, staff are great they make time to listen helping me control my feelings when I'm not feeling at my best. Ta

# Any Questions

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Caring | Discovering | Growing | **Together**

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# Working collectively to review the mental health system

COMMUNITY TRANSFORMATION  
NHS ENGLAND: TEES VALLEY





# Tees Valley Community Mental Health Transformation update

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Clinical Lead for  
Teesside

**Dr Ranjeet Shah**



Head of Service  
Operational  
Lead

**Shaun Mayo**

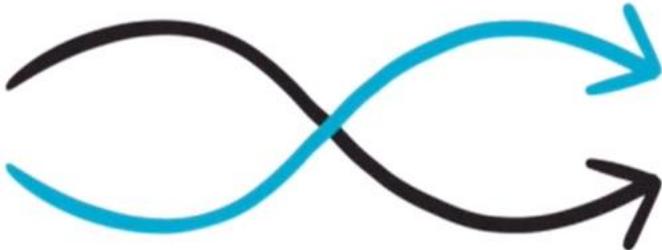


Further information contact: [tewv.tvcommunitytransformation@nhs.net](mailto:tewv.tvcommunitytransformation@nhs.net)

# Background on Community Transformation



NHS LONG-TERM PLAN

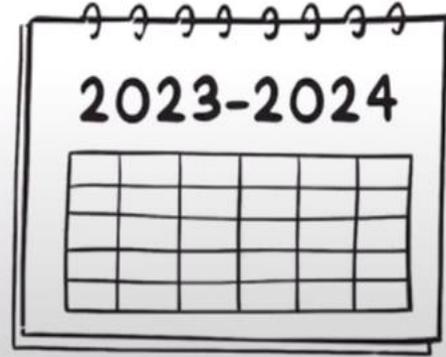


COMMUNITY MENTAL HEALTH

£975 MILLION



BY



370,000 PEOPLE



SEVERE MENTAL ILLNESS

- PSYCHOSIS
- BIPOLAR DISORDER
- 'PERSONALITY DISORDER'
- EATING DISORDERS
- SEVERE DEPRESSION
- MENTAL HEALTH REHABILITATION NEEDS

NEW INTEGRATED MODEL

# The core principles of the framework

- Development of tailored services based around individuals and their whole-life needs - not just their mental health needs.
- Services as close-to-home as possible and shaped to meet the needs of local communities.
- A one-team approach - removing organisational boundaries to ensure joined-up care.
- Embedding support with navigating the system
- Embedded co-production and co-design with people who have lived experience .

# What has been happening in the last six months?

Head of Service: Shaun Mayo



# Staff and service user/ carer led design

April 2021

May 2021

June 2021

July 2021

August 2021

Sep 2021

Oct 2021

Funding awarded

Shadowing teams

Staff voice network

Staff engagement

Volunteers map patient journeys

GP workshops

TEWV Redesign event

Governance structure established

Enhanced Psychology Provision

External workshops held

Staff visioning/ designs

Healthwatch go live

Service user and carer workshops

Development of Community Navigator Roles (VCS)

PCN Workforce implemented

Recruited 17 volunteers from Teesside University

Healthwatch engagement

Continue to shadow teams

Engagement with Mental Health forums

End of Healthwatch engagement

Introduction of Co-Production / Peer Lead role for CMHF

£600,000 resilience funding to VCS

Engagement with Mental Health forums

Engagement with Mental Health forums

Engagement with Mental Health forums

Recruited lived experiences roles to the board

Delivered external stakeholder workshops

Patient stories and production of short film

Information and mapping phase 1

# PCN Pilot and developments

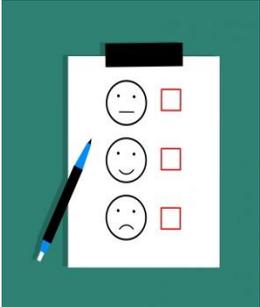


# PCN Mental Health Practitioners

- 1 Full time mental practitioner in each PCN
- Practitioners are providing 20 minute appointments to 12 patients a day, 54 patients per week.
- Over 2000 appointments per year in each PCN
- Across Teesside 2,207 appointments have been facilitated between end of June-27<sup>th</sup> August.
- Now working alongside PCN Clinical Directors to enhance service offer based upon local population needs



# Patient Feedback



Patient feedback is very positive and FFT patient satisfactions rates are between 95.83%-100%. All comments on the surveys are very positive.

In the past when speaking to others regarding my mental health, I often felt dismissed and misunderstood, quite often leaving me feeling worse than before seeking help. However with this new service I felt listened to, properly understood and I actually feel some progress is being made with my issues for the first time in many years. The mental health nurse I spoke to was phenomenal, making me feel like someone actually cared and that there was finally hope and light at the end of the tunnel. I am incredibly happy with this new service and would very much like to see it continue in this way.

Spoke to a highly competent, professional, caring individual – who was obviously well qualified and an outstanding example of her profession.

Nurse very professional, empathic and non-judgemental.

Fantastic, couldn't have had a more respectful, supportive person. Wonderful caring person

Very helpful call I felt so much better and positive in myself after. She couldn't of been more helpful



# Design Event Dr Shah



# Event Scope

Development of an operational place based model for AMH and MHSOP functional community services which is integrated with Primary Care networks and Voluntary Care Sector services and delivers services to meet the needs of those with severe mental illness.

The model should be coproduced with staff, stakeholders, the local community, service users and carers.

AMH teams will include Access, Affective, Psychosis, ADHD & Autism. Interface with Perinatal and EIP will be included. Specialty teams and crisis and excluded.

MHSOP teams will include functional teams

# New model will ensure

- People should receive a good-quality assessment at whatever point they present
- Deliver meaningful interventions for mental health problems are readily available and accessible
- location is most appropriate to people's needs
- Care can be stepped up where or when more specialist care is required, and stepped down, in a flexible manner without the need for cumbersome referrals and repeated assessments
- There are effective links with community assets to support and enable people to become more embedded within their community and to use these assets to support their mental health.



# Questions and answers



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# Tees Valley COVID-19 Update

**22<sup>nd</sup> September 2021**



# National LA Summary



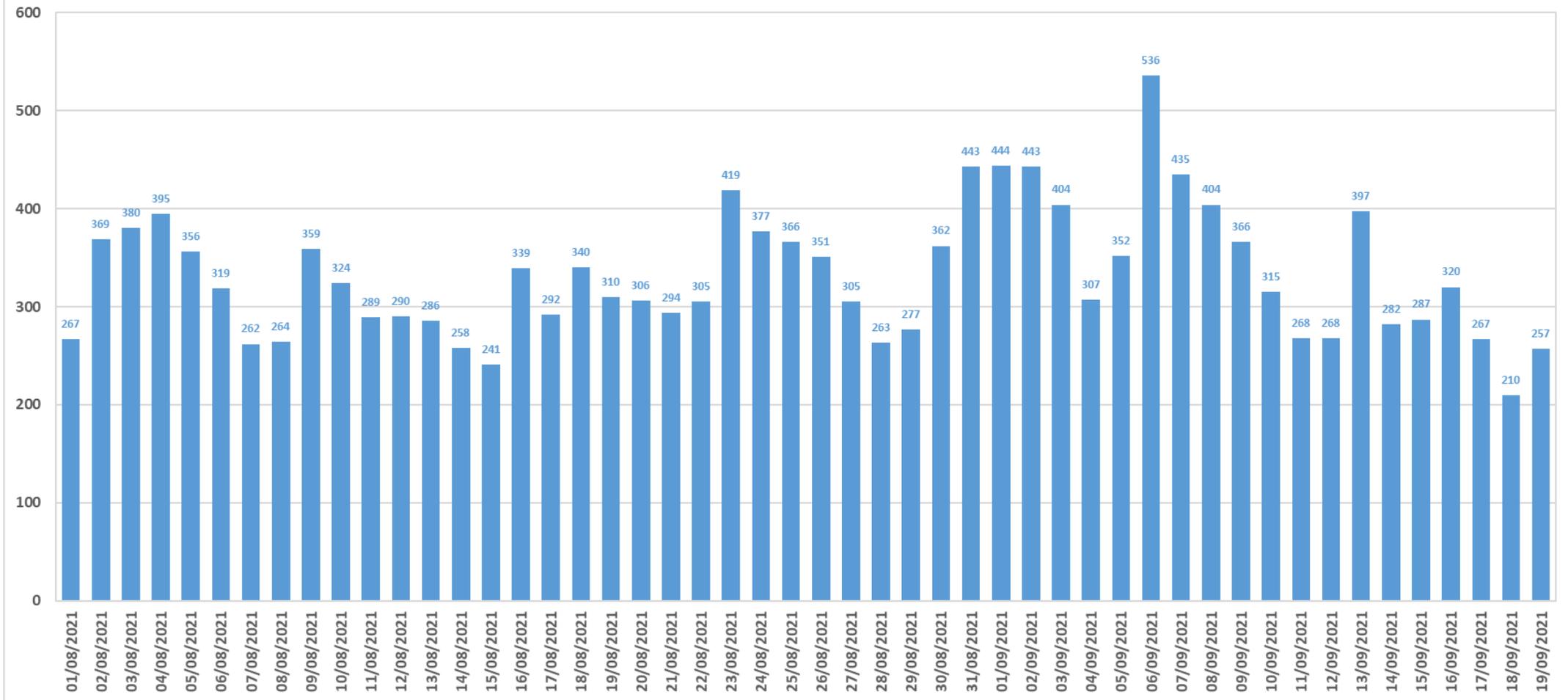
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Local Authority	Current Week <i>Up to 19th September</i>		Previous Week <i>Up to 12th September</i>		Weekly Rank Change	Weekly Rate Change
	Rate per 100,000	Rank	Rate per 100,000	Rank		
Barnsley	512	1	440	4	3	16%
Leicestershire	459	2	500	2	0	-8%
Blackpool	444	3	576	1	-2	-23%
Cumbria	433	4	408	10	6	6%
Calderdale	427	5	387	18	13	10%
Staffordshire	424	6	371	23	17	14%
North Lincolnshire	420	7	342	40	33	23%
Cheshire East	413	8	353	29	21	17%
Rotherham	406	9	391	15	6	4%
Telford and Wrekin	404	10	414	8	-2	-3%
Middlesbrough	326	36	421	6	-30	-23%
Redcar and Cleveland	313	41	387	17	-24	-19%
Hartlepool	295	50	420	7	-43	-30%
Darlington	283	60	350	33	-27	-19%
Stockton-on-Tees	278	65	353	30	-35	-21%

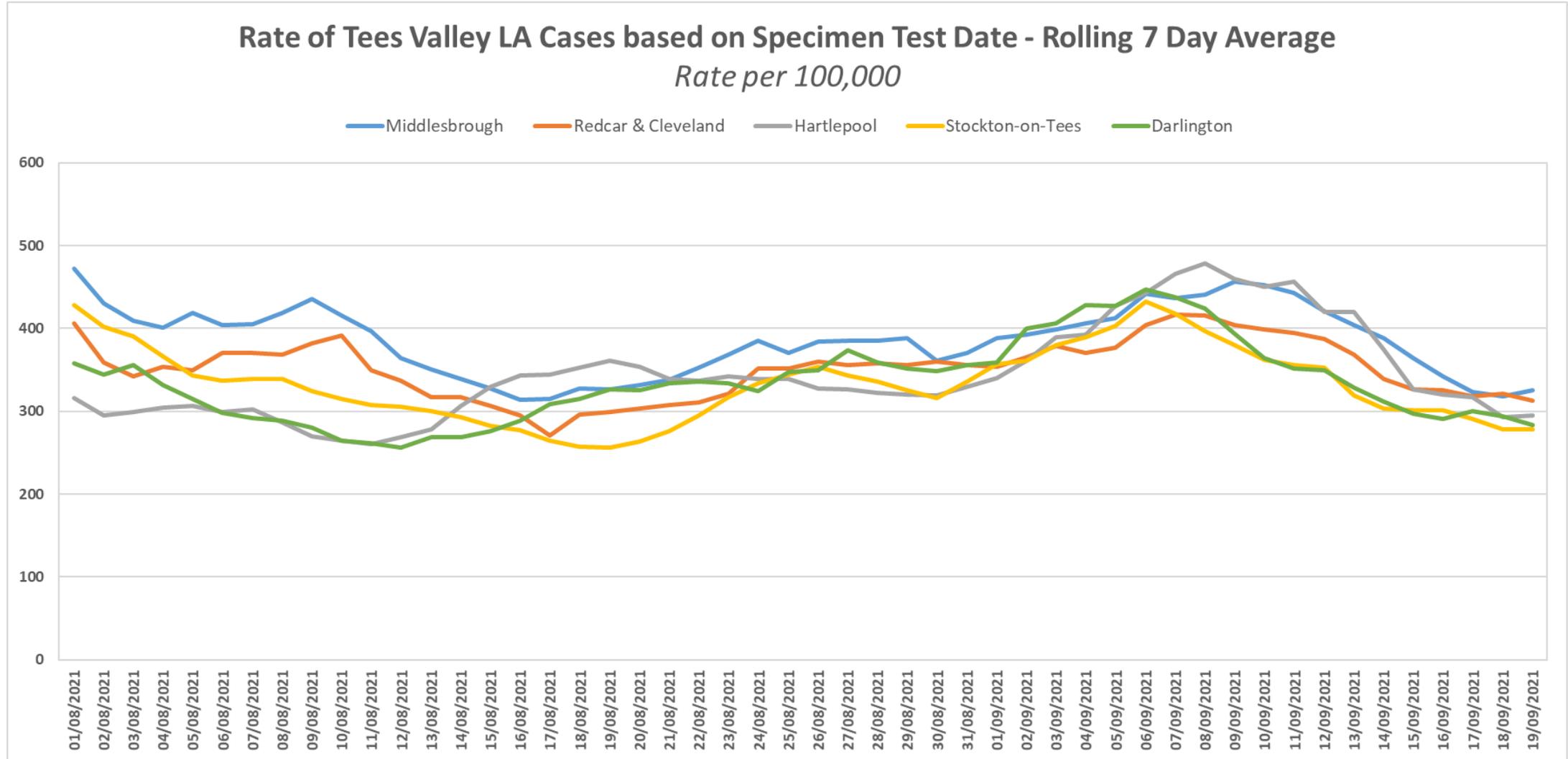
# COVID Daily Cases



### Tees Valley COVID Cases by Specimen Test Date



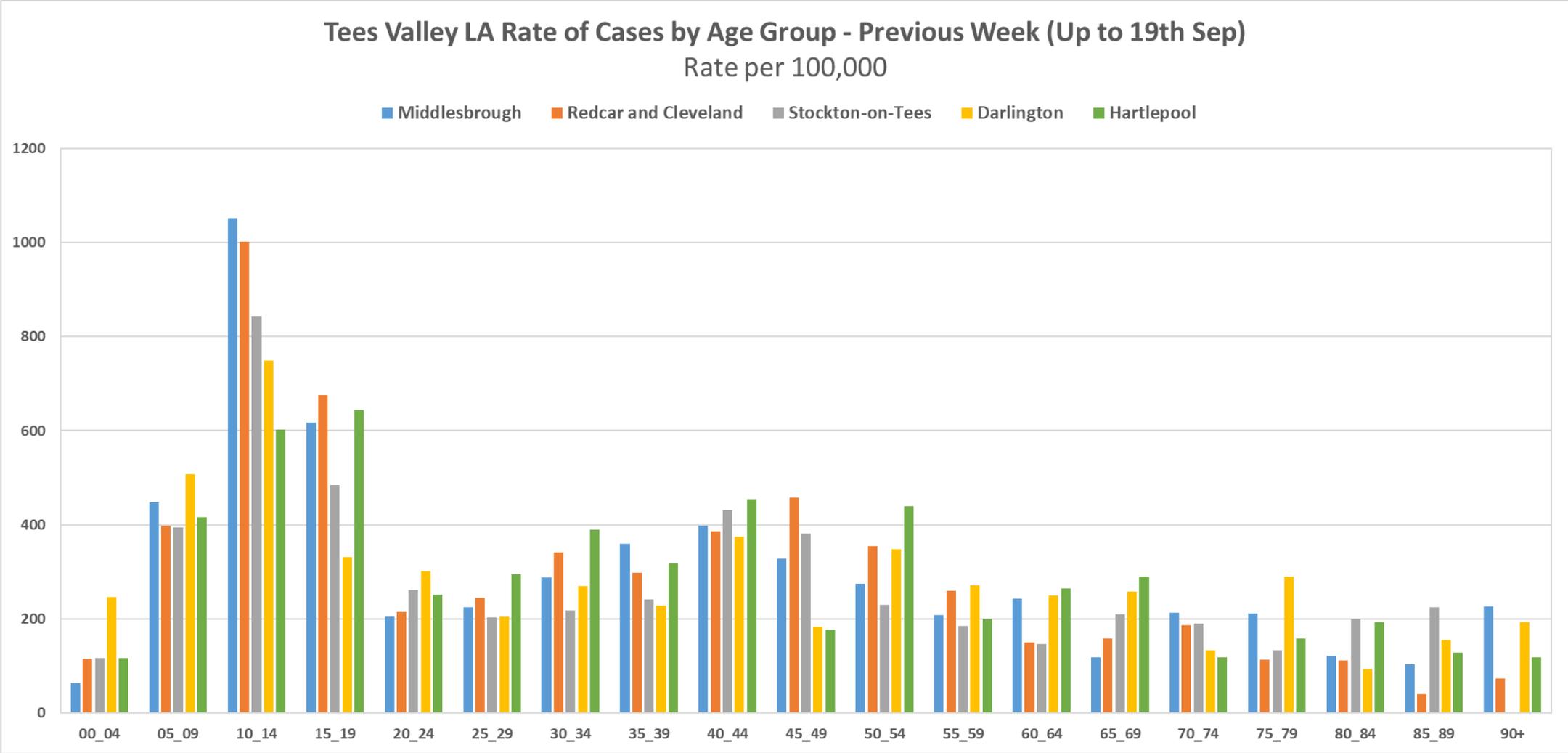
# COVID Case Rate



# COVID Case Rate – Age Groups



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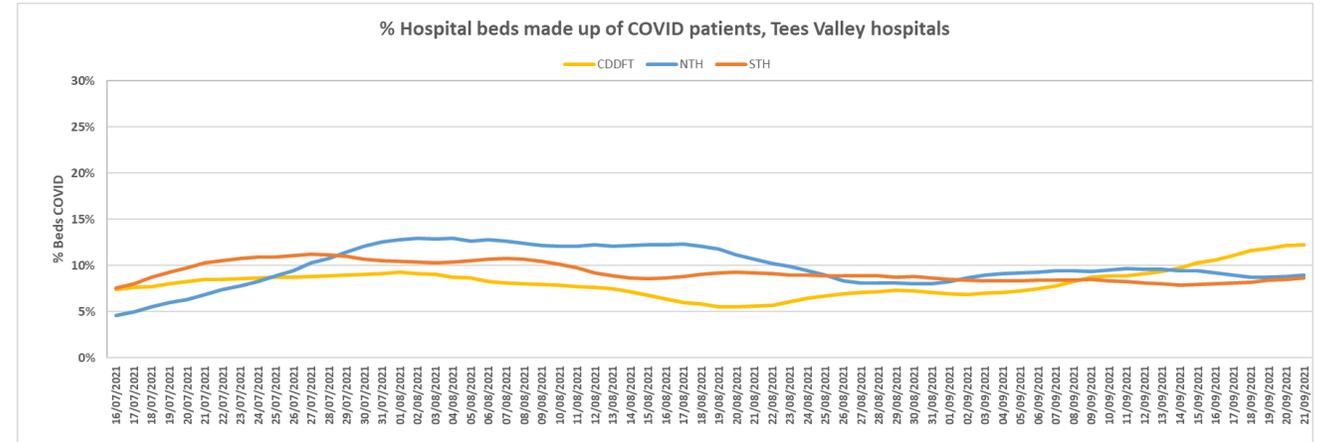
Source – GOV.UK COVID Dashboard

# Hospital Data



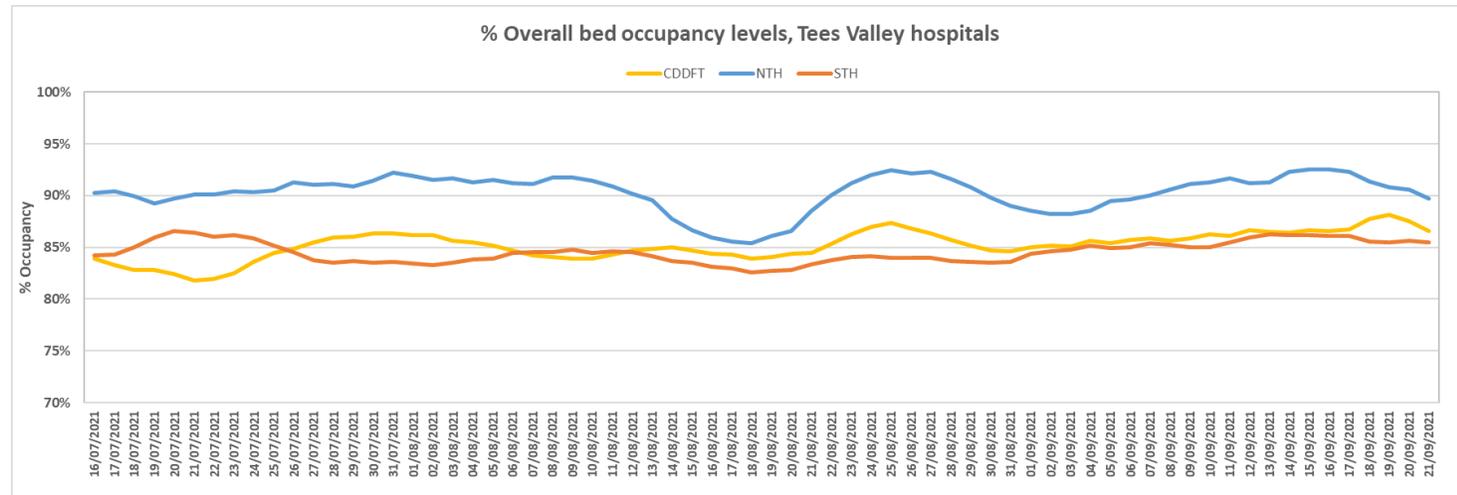
Local Authority	COVID patients				% Weekly Change Rate
	21/09/2021		7-Day Average		
	No.	%	No.	%	
C Durham & Darlington	77	12%	77	12%	25.4%
North Tees & Hartlepool	43	10%	41	9%	-5.0%
South Tees	75	9%	75	9%	9.9%
<b>Total</b>	<b>195</b>	<b>10%</b>	<b>192</b>	<b>10%</b>	<b>10.3%</b>

Local Authority	COVID-related ventilated	
	21/09/2021	7-Day Average
	%	%
C Durham & Darlington	47%	54%
North Tees & Hartlepool	42%	45%
South Tees	23%	25%
<b>Total</b>	<b>37%</b>	<b>42%</b>



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Local Authority	Occupancy levels		
	21/09/2021	7-Day Average	% Weekly Change Rate
	%	%	
C Durham & Darlington	84%	87%	0.1%
North Tees & Hartlepool	91%	90%	-2.8%
South Tees	85%	85%	-0.8%
<b>Total</b>	<b>86%</b>	<b>87%</b>	<b>-1.2%</b>



## COVID Deaths (up to 10th Sep 21)

LA	COVID Deaths*	Rate per 100,000	Excess Deaths**	Rate per 100,000
Darlington	294	275.3	144	135.2
Hartlepool	288	307.5	122	130.1
Middlesbrough	422	299.3	235	166.7
Redcar & Cleveland	360	262.5	280	204.3
Stockton-on-Tees	528	267.6	212	107.6
North East	7,398	277.1	4,019	150.5
England	138,007	245.2	86,122	153.0

## Place of Death

LA	Hospital	Care Home	Home	Hospice	Other
Darlington	50.7%	46.3%	2.7%	0.3%	0.0%
Hartlepool	68.1%	24.3%	2.4%	4.9%	0.3%
Middlesbrough	67.5%	25.6%	6.4%	0.2%	0.2%
Redcar & Cleveland	61.4%	32.8%	4.4%	0.0%	1.4%
Stockton-on-Tees	61.2%	33.0%	4.7%	0.8%	0.4%
North East	61.9%	32.4%	4.4%	0.6%	0.8%
England	69.4%	22.5%	5.9%	1.5%	0.7%

\*COVID-19 mentioned on death certificate

\*\* Excess deaths compared to average deaths between 2015-2019

# Vaccination Uptake Rates – 16+



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LA	1st Dose	1st Dose %	Rank	2nd Dose	2nd Dose %	Rank
Redcar & Cleveland	101,290	86.1%	24	93,454	79.4%	35
Darlington	79,067	84.5%	40	72,921	77.9%	49
Stockton-on-Tees	141,282	84.2%	44	129,093	77.0%	57
Hartlepool	65,965	82.8%	61	60,619	76.1%	64
Middlesbrough	97,593	76.1%	102	86,938	67.8%	105
North East	1,951,055	83.4%	-	1,800,013	77.0%	-
England	40,305,365	79.1%	-	37,136,219	72.9%	-

Unvaccinated Total	Unvaccinated >50s	Unvaccinated >50s Proportion
16,408	3,235	5.2%
14,504	2,823	6.1%
26,413	4,276	5.4%
13,731	2,420	6.2%
30,569	4,360	8.2%
387,120	63,546	6.0%
10,631,907	1,943,254	9.5%

# Vaccination Uptake Rates (Dose 1) by Age Group – 16+



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Age Group	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
16_17	60.4	49.1	43.4	52.1	58.2
18_24	72.2	68.9	60.8	72.1	66.7
25_29	68.5	65.2	59.5	71.2	68.3
30_34	72.8	68.3	61.8	74.1	72.4
35_39	77.1	75.4	68.3	78.2	79.4
40_44	82.2	80	73.7	83.4	83.8
45_49	85.6	85.4	79.7	87.3	88
50_54	89.5	90.1	85.8	90.9	91.8
55_59	92.1	92.1	90.1	93.2	92.7
60_64	93.6	94	91.9	94.3	94.3
65_69	94.8	95.2	93.3	95.7	95.6
70_74	96.1	95.8	95	96.9	96.6
75_79	97.1	97	96.5	97.8	97.4
80_84	97.1	97	96.1	97.6	97.3
85_89	98	96	95.8	97.2	97.5
90+	96.5	92.9	91.7	96.5	95

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# Tees Valley Vaccination Update

Tees Valley OSC – 24<sup>th</sup> September  
2021



# Overview

To advise stakeholders of:

- Guidance
- Vaccine Cohorts
- Vaccination sites
- Inequalities
- Latest Performance



# Guidance

- Vaccination of healthy children and young people aged 12-15 (issued 15<sup>th</sup> September)
  - Universal vaccination offer (single Pfizer vaccine) for all children and young people aged 12 to 15
  - Local school aged immunisation service (SAIS) providers to operationalise delivery in school settings and make specific provision for those not in mainstream education
  - Objective; to vaccinate children as quickly and safely as practical. The majority to be administered before October half term
  - Programme to commence no later than Wednesday 22 September
- Phase 3 booster vaccinations (also issued 15<sup>th</sup> September)
  - JCVI advises of offer for third dose COVID-19 booster vaccine for individuals who received vaccination in Phase 1 of the COVID-19 vaccination programme to be offered no earlier than six months ( 180 days) after completion of the primary vaccine course
  - Local Vaccination Sites should consider prioritising those who are most at risk and those with the longest interval since the 2nd dose of their primary course
  - JCVI advises a preference for the Pfizer-BioNTech vaccine to be offered as the third booster dose irrespective of which product was used in the primary schedule



# Cohorts – Recap

- Phase 1 (Cohort 1-9)
  - Includes residents in care homes, and;
  - All Adults aged 50 and above
- Phase 2 ( Cohort 10 to 13 and 3<sup>rd</sup> does for immunosuppressed)
  - Includes those aged 16 to 50, and;
  - Children & Young People aged 12-15 years old at risk and household contacts of immunosuppressed
- Phase 3
  - Healthy 12 to 15 year olds
  - Booster Cohort 1 to 9
  - Continuation of offer for Phase 1 and 2
  - 3<sup>rd</sup> dose for immunosuppressed (not already vaccinated under phase 2)



# Vaccination Sites

## Primary Care Network (PCN) Designated Sites - 'Local Vaccination Services'

- PCN groupings supporting delivery of the covid-19 vaccination programme [Groupings not always coterminous with PCN alignment]
- Those that have signed up to Phase 3 have now been 'approved' by NHS England to deliver the programme
- Where a PCN has not signed up to phase 3 appropriate cover will be put in place i.e. community pharmacy or mass vaccination centre
- Any PCN not delivering phase 3 are signed up to phase 2 of the programme until 31st October
- Co-administration of Flu and Covid where operationally possible - dependent on supply and requirement for Booster to be given 6 months after primary course
- Prioritisation of those most at risk

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## Vaccination Centres

- Darlington Arena and Middlesbrough Football Club

## Pharmacy Sites

- 53 sites have expressed an interest to deliver Phase 3 (8-D'ton, 8 H'pool, 14 M'bro, 8 R&C, 15 S'ton) – those sites not already delivering vaccinations are awaiting NHS England approval

## Other

- Walk in Clinics, Vaccine Bus, Pop up clinics



# Inequalities

Vaccine uptake data and analysis is routinely available and highlights both 'places' and 'communities' where vaccine uptake is low and where a targeted approach is needed.

This has already led to directing sites for various pop-up clinics and informed the locations of the vaccine bus.

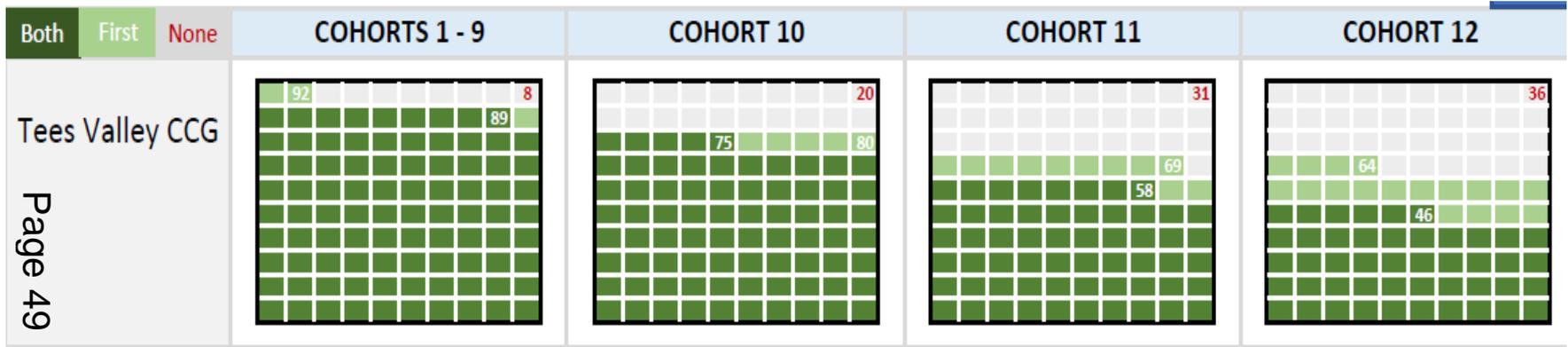
This analysis will continue to support increasing uptake in our hardest to reach communities.

The 'healthy' 12-15 year olds will be vaccinated by the Schools Immunisation Service for universal access to prevent vaccine inequality in this cohort



# Latest Performance

The following data relates to the position up to, and including, the 19<sup>th</sup> September 2021



- Within cohorts 1-9 – 89% are fully vaccinated and 92% have received a first dose.
- Within cohort 12 – 36% of the population remain unvaccinated. 46% have received both doses.



# Latest Performance

## Tees Valley CCG - Vaccination Requirements To Meet 90%

### 1st Doses

						Movement Last 7 Days		Previous Week	Forecasting		
	Population	Target 90%	1st Doses	% Vaccinated	Required For 90% Target	1st Doses	% Vaccinated	1st Doses	Weeks to Achieve 90% at last weeks activity	Required 1st vaccines per week to hit 90% in 6 weeks	Required 1st vaccines per week to hit 90% in 4 weeks
<b>TVCCG</b>	<b>615,825</b>	<b>554,243</b>	<b>483,347</b>	<b>78.49%</b>	<b>70,896</b>	<b>863</b>	<b>0.14%</b>	<b>1,078</b>	<b>82.2</b>	<b>11,816</b>	<b>17,724</b>
Middlesbrough	135,243	121,719	97,726	72.26%	23,993	256	0.19%	307	93.7	3,999	5,998
Redcar and Cleveland	122,505	110,255	100,249	81.83%	10,006	163	0.13%	161	61.4	1,668	2,501
Hartlepool	84,515	76,064	66,231	78.37%	9,833	142	0.17%	142	69.2	1,639	2,458
Stockton-on-Tees	175,351	157,816	140,272	79.99%	17,544	209	0.12%	309	83.9	2,924	4,386
Darlington	98,211	88,390	78,869	80.31%	9,521	89	0.09%	159	107.0	1,587	2,380
<b>NENC</b>	<b>2,731,416</b>	<b>2,458,274</b>	<b>2,199,869</b>	<b>80.54%</b>	<b>258,405</b>						

### 2nd Doses

						Movement Last 7 Days		Previous Week	Forecasting		
	Population	Target 90%	2nd Doses	% Vaccinated	Required For 90% Target	2nd Doses	% Vaccinated	2nd Doses	Weeks to Achieve 90% at last weeks activity	Required 2nd vaccines per week to hit 90% in 12 weeks	Required 2nd vaccines per week to hit 90% in 10 weeks
<b>TVCCG</b>	<b>565,787</b>	<b>509,208</b>	<b>440,274</b>	<b>77.82%</b>	<b>68,934</b>	<b>6,354</b>	<b>1.12%</b>	<b>6,805</b>	<b>10.8</b>	<b>5,745</b>	<b>6,893</b>
Middlesbrough	123,724	111,352	87,039	70.35%	24,313	1,338	1.08%	1,516	18.2	2,026	2,431
Redcar and Cleveland	113,323	101,991	92,242	81.40%	9,749	1,198	1.06%	1,039	8.1	812	975
Hartlepool	77,549	69,794	60,593	78.14%	9,201	989	1.28%	967	9.3	767	920
Stockton-on-Tees	160,798	144,718	127,867	79.52%	16,851	1,693	1.05%	1,995	10.0	1,404	1,685
Darlington	90,393	81,354	72,533	80.24%	8,821	1,061	1.17%	1,288	8.3	735	882
<b>NENC</b>	<b>2,533,543</b>	<b>2,280,189</b>	<b>2,032,459</b>	<b>80.22%</b>	<b>247,730</b>						

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