

**LONDON BOROUGH OF TOWER HAMLETS**

**MINUTES OF THE HEALTH & ADULTS SCRUTINY SUB-COMMITTEE**

**HELD AT 6.32 P.M. ON TUESDAY, 8 JUNE 2021**

**ONLINE 'VIRTUAL' MEETING - [HTTPS://TOWERHAMLETS.PUBLIC-I.TV/CORE/PORTAL/HOME](https://towerhamlets.public-i.tv/core/portal/home)**

**Members Present:**

Councillor Gabriela Salva Macallan (**Chair**)  
Councillor Shah Ameen(**Vice-Chair**)  
Councillor Faroque Ahmed  
Councillor Denise Jones  
Councillor Puru Miah  
Councillor Andrew Wood

**Co-opted Members Present:**

David Burbidge  
Sue Kenten

**Officers Present:**

Dr Somen Banerjee	– (Director of Public Health)
Chris Banks	– (Chief Executive Tower Hamlets GP Care Group)
Rayah Feldman	– (Hackney Migrant Centre)
Tyrone Josephine	– (Tower Hamlets GP Care Group CIC)
Jack Kerr	– (Strategy & Policy Manager)
David Knight	– (Democratic Services Officer, Committees, Governance)
Bethan Lant	– (Praxis)
Tracey St Hill	– (Principal RSL Partnerships Officer)
David Tolley	– (Head of Environmental Health and Trading Standards)
Wendy Pettifer	– Hackney Migrant Centre
Isabelle Pereira	– Care4Calais
Jamal Uddin	– (Strategy Policy & Performance Officer)
Nicola Mutale	– (Equalities & Parental Engagement - Integrated Youth and Community Services)
Georgia Ramirez	– (Public Health Programme Manager)

**1. DECLARATIONS OF INTERESTS**

No declarations of interest were received at the meeting.

**2. MINUTES OF THE PREVIOUS MEETING(S)**

The Sub-Committee confirmed as a correct record the minutes of the last meeting of the Health Scrutiny Sub-Committee held on 29<sup>th</sup> April 2021 and the Chair was authorised to sign.

**3. CHAIRS UPDATE**

The Chair informed the Sub-Committee that she would be attending the main Overview and Scrutiny Committee on the 28th June 2021 and it is her intention to improve the dialogue with the main scrutiny committee this year (e.g. facilitating access to the main committee papers and meetings for information and comment).

The Sub-Committee also noted that the Chair is a member of the Borough's Health and Well-Being and the Inner North East London Joint Health Overview and Scrutiny Committee and that she would also be happy to arrange for the circulation of agenda papers to Members of the Sub-Committee.

**4. ELECTION FOR NEW VICE CHAIR**

The Sub-Committee elected Councillor Faroque Ahmed for the current year.

**5. HEALTH & ADULTS SCRUTINY SUB-COMMITTEE TERMS OF REFERENCE, MEMBERSHIP AND DATES OF MEETINGS 2021/22**

The Sub-Committee received and noted a report that outlined the Terms of Reference, Quorum, Membership and Dates of Meetings for the Municipal Year 2021/22.

Accordingly the Sub-Committee resolved to **note**:

1. its Terms of Reference, Quorum, Membership, and Dates of future meetings as set out in the appendices of the report.

**6. INEL JHOSC NOMINATIONS AND UPDATE**

Cllr Macallan The Sub-Committee **agreed** to nominate the following Members as to the Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC)

- Councillor Gabriela Salva Macallan.
- Councillor Shah Ameen; and

- Councillor Faroque Ahmed

## 7. REPORTS FOR CONSIDERATION

### 7.1 HASC FORWARD PLAN 2021/22 DISCUSSION

The Sub-Committee was reminded that its role is to hold commissioners and providers of publicly funded health and social care to account for the quality of their services in accordance with the Health & Social Care Act 2001. The Sub-Committee operates through statutory powers to obtain information, ask questions, and make recommendations.

Accordingly the Sub-Committee noted that she had been liaising with key stakeholders and partners to identify key priorities for health and social care. As a result, several agenda ideas had been suggested for the forward plan.

Subsequent to the meeting and the Scrutiny Away Day the Overview and Scrutiny Committee on 26<sup>th</sup> July 2021 considered and **agreed** the Forward Plan attached as an appendix to these minutes.

### 7.2 TOWER HAMLETS PRIMARY CARE NETWORKS

The Sub-Committee received a report that provided an overview of Tower Hamlets Primary Care Networks, together with more detailed information about the excellent work undertaken by the Networks to improve the health and wellbeing of the population. The main points of the discussion and the questions arising from that discussion may be summarised as follows:

The Sub-Committee:

- ❖ **Noted** that the Networks in Tower Hamlets was first formed in 2010. Tower Hamlets and has been cited as an example of best practice that is now being replicated nationally, through the introduction of PCNs. In 2010 the then Primary Care Trust (now Tower Hamlets, Newham, and Waltham Forrest (TNW) Integrated Care Partnership), Local Medical Council and GP surgeries in Tower Hamlets set up eight Networks composed of member practices.
- ❖ Was **advised** that the reason for establishing the Tower Hamlets Networks was due to the high levels of deprivation in the Borough and the chronic underfunding of primary care.
- ❖ **Expressed** concerns regarding the adequacy of provision for general practitioner services in the Borough, in response it was noted that general practices in tower hamlets do provide effective provision although it was noted that there was some concern at the quality of provision for those practices in the more deprived areas of tower hamlets.
- ❖ **Noted** that Tower Hamlets continues to be one of the fastest growing, youngest, and most diverse populations in England, with a quarter of

the whole population aged 0 to 19 years old and therefore a significant percentage of the population are only now receiving their vaccinations whereas the older population are now safer as there have been vaccinated.

- ❖ Expressed **concern** that four Whitechapel GP surgeries had been taken over by a new provider these surgeries had previously been owned by a GP-led company called AT Medics who had established a chain of surgeries by taking over failing practices.
- ❖ **Noted** how the bringing GP of surgeries together at scale can allow for the focus on delivery (**e.g.** Inter-practice referral scheme, for specific procedures/services and more recently creating centralised flu clinics; they work on improving the long-term health and multidiscipline and multi-organisational teams including Social Prescribers, Health Visitors and Midwifery services). Also that it is vital that there is active patient participation in the planning and the development of such services.

Accordingly, the Sub-Committee:

1. **Noted** the contents of the report and presentation; and
2. **Agreed** to incorporate the above-mentioned comments as appropriate within the HASC forward plan 2021-22.

### 7.3 OPERATION OAK - DEPARTMENTAL AND VOLUNTARY AGENCY SUPPORT FOR ASYLUM SEEKERS

The Sub-Committee noted that in early December 2020 that the Home Office had placed in excess of 400 asylum seekers in 3 hotels in the Borough as part of an initiative called Operation Oak which was a programme designed to disperse asylum seekers around the country between December 2020 and June 2021. The arrival of this group had been unexpected, and therefore unplanned and required intensive input from Council Departments and voluntary agencies to provide appropriate support in order to meet the borough's statutory obligations.

In addition, the Sub-Committee noted a briefing note that provided (i) details of the context and background to Operation Oak, (ii) information on how the Council is responding to the arrival of the asylum seekers, where funding gaps exist, and the structures in place for communication and reporting to ensure efforts are properly co-ordinated. The main points highlighted in the discussion may be summarised as follows:

The Sub-Committee:

- ❖ **Was** informed that (i) the majority of asylum-seekers do not have the right to work in the United Kingdom and so must rely on state support; (ii) housing is provided, but asylum-seekers cannot choose where it is, and it is often 'hard to let' properties which renters do not want to live in; and (iii) support is available for secondary language education.

- ❖ **Noted** that the Home Office has contracted management of this accommodation in the Borough to Clearsprings and both the asylum seekers housed there and local agencies have been speaking out about the issues associated in housing people in such temporary accommodation **e.g.** the huge strain on accommodation; quality and quantity of food and drink provided to the asylum seekers and that they are not getting access to the services that they are entitled to.
- ❖ **Indicated** that it wanted to know what the Council could do to help these asylum seekers with regards to mental health; help for schools in terms of uniform grants; where these individuals will be housed and what access would they have to primary care.
- ❖ **Commented** that with regards to access to primary care they wanted to see the establishment of Care Navigators as in Newham to work to facilitate integrated working across the Primary Care Teams, GP's, and other relevant Health; Education and Social Care Professionals to ensure care delivery is of a high quality.
- ❖ **Noted** the extra support being provided by the Borough's Early Help Hub (EHH) works with asylum seekers and their families, the EHH checks if an asylum seeker is already receiving assistance by another agency, what support is being provided.
- ❖ **Agreed** that whilst the Government has stated that asylum seekers children are entitled to the same local authority support as any other children for example to **(i)** receive the care that they need to thrive; **(ii)** receive the support they need to fulfil their educational and other outcomes; and **(iii)** have access to the care, services and support they need. It is important to ensure that the Home Office maintains its commitment to safeguarding and promoting the welfare of asylum seekers children.
- ❖ **Noted** that under Section 98 of the Immigration and Asylum Act 1999, if an individual can show they are destitute when they first apply for asylum, they will be provided with 'Initial Accommodation' (IA) while the Home Office assesses their eligibility for longer-term (Section 95) support. The providers of IA are contractually obliged to offer three meals a day, supply toiletries and bedding and provide transport to medical and related appointments.
- ❖ **Noted** the need to work on solutions around safeguarding and the need to work on supporting these individuals through an established process especially for single men as there a significant number of such individuals currently amongst the asylum seekers.
- ❖ Whilst **expressing concern** that there had been outbreaks of Covid-19 asylum seekers housed in the temporary accommodation was pleased to **note** that **(i)** most asylum seekers are registered with their general practitioner services and are able to access care; **(ii)** the vaccine will be available for asylum seekers under 40; and **(iii)** the Councils Environmental Health Team has worked on ensure that the accommodation was Covid Secure.
- ❖ **Commented** that there was a need to assess all new arrivals and to agree what further support can be offered **e.g.** education support; access to mental health services and provision for 16- to 19-year-olds.

Accordingly the Sub-Committee

1. **Noted** the contents of the briefing note; and
2. **Agreed** to consider the issue's raised in more detail at a future meeting.

#### 7.4 COVID 19 UPDATE

The Sub-Committee noted that the Council and its partners are working hard to prevent and minimise further infections of Covid and reduce risk of future restrictions and lockdown measures. The Council it was noted will continue to work with its partners and ensure the local population and the most vulnerable in Tower Hamlets are protected from transmission of Covid 19 and continue to receive the health and care services they need. The main points highlighted in the discussion may be summarised as follows:

The Sub-Committee:

- ❖ **Noted** that the latest update on Covid 19 from Public Health and its partners on tackling the pandemic. The focus will be on:
    - a. Updates to Tower Hamlets Outbreak Management Plan.
    - b. Latest trends on the local vaccination programme; and
    - c. Variants of Concern and surge testing.
  - ❖ **Noted** the surge testing figures and indicated they would like to see more of such data presented a future meeting.
  - ❖ **Noted** the partnership with the Jesuit Refugee Service to vaccinate people who are no connected to a GP practice.
  - ❖ **Noted** the work being done on street outreach in the Borough to ensure to COVID-19 vaccines are provided to undocumented persons, homeless individuals, and other vulnerable people.
  - ❖ **Noted** commissioning Doctors of the World Doctors at the Refugee Clinic so that they can not only be vaccinated but also be provided with advocacy support so they can navigate the system so that they can register at a GP practice and access more primary care.
1. Accordingly the Sub-Committee **agreed** that it wished to receive the following information so as to enable Members to remain up to date and to be able to feed in informed comments to the Health and Well-Being Board:
    - A. Surge testing figures.
    - B. Covid recovery action plan; and
    - C. Covid data.

## 8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

Agreed that violent crime is a public health issue because violence is a major cause of ill health and poor wellbeing and is strongly related to inequalities. The poorest people have hospital admission rates for violence higher than those of the most affluent. Violence affects individuals and communities and requires interventions to **(i)** prevent violence; **(ii)** improve educational outcomes, employment prospects and long-term health outcomes.

In addition, regarding the Government's 'levelling up' agenda people living in socioeconomically deprived areas of the Borough have the greatest health needs. Action to improve health and reduce inequalities therefore needs to be a core component of any levelling up approach in Tower Hamlets to target funding and assess progress.

Therefore, it was important that these issues should be considered as a matter for possible consideration by scrutiny.

### Appendix 1: HEALTH & ADULTS SCRUTINY SUB-COMMITTEE FORWARD PLAN 2021/22

Meeting	Type of Scrutiny	Item	Outcome		
Wednesday, 1 Sep 2021	Spotlight	Food provision in the borough			
	Spotlight	Adults Mental Health Provision	<ul style="list-style-type: none"> <li>Review annual report and joint presentation from East London Foundation Trust (ELFT) highlighting challenges in the system</li> <li>Impact of permanent move of Columbia and Cazaboun Ward in East Ham</li> </ul>	•	•
Tuesday, 26 October 2021	Spotlight	Access to primary care	Equality of access to primary care by BAME communities		
	Spotlight	Better Care Fund (BCF)	How it is supporting integration and details		

Meeting	Type of Scrutiny	Item	Outcome		
		programme	of the new governance framework		
	Spotlight	Public Health Annual Report and Public Health Budget	Transparency around how funds are being utilised		
Tuesday, 16 November 2021	Deep dive	Review of Council Budget Proposals	Review of specific proposals (tbc) and assess potential impact on community via equality analysis		
	Spotlight	Restoring health provision	<ul style="list-style-type: none"> <li>Restoring elective care and addressing backlog</li> <li>Urgent response to dental provision in the borough</li> </ul>	•	•
	Spotlight	Impact of Long Covid	How is NHS addressing the issue of Long Covid		
Tuesday, 8 <sup>th</sup> March 2022	Spotlight	Adults Learning Disability Scrutiny Action Plan	<ul style="list-style-type: none"> <li>Update on scrutiny recommendations</li> <li>Update on LD provision focusing on health outcomes, employment, and accommodation</li> </ul>	•	•

The meeting ended at 8.33 p.m.

Chair, Councillor Gabriela Salva Macallan  
Health & Adults Scrutiny Sub-Committee