

# HEALTH & ADULTS SCRUTINY SUB- COMMITTEE

**Tuesday, 8 June 2021 at 6.30 p.m. Committee 1 Mulberry Place**

Due to ongoing Covid-19 restrictions, the press and public are encouraged to watch the meeting remotely through the <https://towerhamlets.public-i.tv/core/portal/home> site.

**Members:**

**Chair:** Councillor Gabriela Salva Macallan

**Vice-Chair:** See Item 4

Councillor Faroque Ahmed, Councillor Shah Ameen, Councillor Denise Jones, Councillor Puru Miah and Councillor Andrew Wood

**Substitutes:**

Councillor Zenith Rahman and Councillor Helal Uddin

**Co-opted Members:**

David Burbidge  
Sue Kenten

Healthwatch Tower Hamlets Representative  
Health & Adults Scrutiny Sub-Committee Co-optee

[The quorum for this body is 3 voting Members]

**Contact for further enquiries:**

David Knight  
Democratic Services  
1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, E14 2BG  
Tel: 020 7364 4878  
E-mail: [David.knight@towerhamlets.gov.uk](mailto:David.knight@towerhamlets.gov.uk)  
Web: <http://www.towerhamlets.gov.uk/committee>

Scan this code for  
an electronic  
agenda



# Public Information

## Webcast Details

Due to ongoing Covid-19 restrictions, the press and public are encouraged to watch the meeting remotely through the <https://towerhamlets.public-i.tv/core/portal/home> site.

## Viewing Council Meetings

Except where any exempt/restricted documents are being discussed, the public are welcome to view this meeting through the Council's webcast system.

Physical Attendance is extremely limited. Please see the next page for more information.

## Meeting Webcast

The meeting is being webcast for viewing through the Council's webcast system.  
<http://towerhamlets.public-i.tv/core/portal/home>

### **Electronic agendas reports and minutes.**

Copies of agendas, reports and minutes for council meetings can also be found on our website from day of publication.

To access this, click [www.towerhamlets.gov.uk/committee](http://www.towerhamlets.gov.uk/committee) and search for the relevant committee and meeting date.

Agendas are available at the Town Hall and on the Mod.Gov, iPad and Android apps.



QR code for smart phone users.

## **APOLOGIES FOR ABSENCE**

### **1. DECLARATIONS OF INTERESTS**

**5 - 6**

Members are reminded to consider the categories of interest in the Code of Conduct for Members to determine whether they have an interest in any agenda item and any action they should take. For further details, please see the attached note from the Monitoring Officer.

Members are reminded to declare the nature of the interest and the agenda item it relates to. Please note that ultimately it's the Members' responsibility to declare any interests and to update their register of interest form as required by the Code.

If in doubt as to the nature of your interest, you are advised to seek advice prior to the meeting by contacting the Monitoring Officer or Democratic Services

### **2. MINUTES OF THE PREVIOUS MEETING**

To confirm as a correct record the minutes of the meeting of the Health Scrutiny Panel held on 29<sup>th</sup> April 2021 – **To Follow.**

### **3. CHAIRS UPDATE**

### **4. ELECTION FOR NEW VICE CHAIR**

### **5. HEALTH & ADULTS SCRUTINY SUB-COMMITTEE TERMS OF REFERENCE, MEMBERSHIP AND DATES OF MEETINGS 2021/21**

**7 - 20**

### **6. INEL JHOSC NOMINATIONS AND UPDATE**

### **7. REPORTS FOR CONSIDERATION**

#### **7.1 HASC FORWARD PLAN 2021/22 DISCUSSION**

**21 - 24**

#### **7.2 TOWER HAMLETS PRIMARY CARE NETWORKS**

**25 - 44**

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

**45 - 48**

#### **7.4 COVID 19 UPDATE**

**49 - 66**

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

**Next Meeting of the Sub-Committee**

The next meeting of the Health Scrutiny Sub-Committee will be held on Wednesday, 1 September 2021 at 6.30 p.m. in [Online 'Virtual' Meeting - https://towerhamlets.public-i.tv/core/portal/home](https://towerhamlets.public-i.tv/core/portal/home)

# Agenda Item 1

## **DECLARATIONS OF INTERESTS AT MEETINGS– NOTE FROM THE MONITORING OFFICER**

This note is for guidance only. For further details please consult the Code of Conduct for Members at Part C, Section 31 of the Council's Constitution

### **(i) Disclosable Pecuniary Interests (DPI)**

You have a DPI in any item of business on the agenda where it relates to the categories listed in **Appendix A** to this guidance. Please note that a DPI includes: (i) Your own relevant interests; (ii) Those of your spouse or civil partner; (iii) A person with whom the Member is living as husband/wife/civil partners. Other individuals, e.g. Children, siblings and flatmates do not need to be considered. Failure to disclose or register a DPI (within 28 days) is a criminal offence.

Members with a DPI, (unless granted a dispensation) must not seek to improperly influence the decision, must declare the nature of the interest and leave the meeting room (including the public gallery) during the consideration and decision on the item – unless exercising their right to address the Committee.

**DPI Dispensations and Sensitive Interests.** In certain circumstances, Members may make a request to the Monitoring Officer for a dispensation or for an interest to be treated as sensitive.

### **(ii) Non - DPI Interests that the Council has decided should be registered – (Non - DPIs)**

You will have 'Non DPI Interest' in any item on the agenda, where it relates to (i) the offer of gifts or hospitality, (with an estimated value of at least £25) (ii) Council Appointments or nominations to bodies (iii) Membership of any body exercising a function of a public nature, a charitable purpose or aimed at influencing public opinion.

Members must declare the nature of the interest, but may stay in the meeting room and participate in the consideration of the matter and vote on it **unless:**

- A reasonable person would think that your interest is so significant that it would be likely to impair your judgement of the public interest. **If so, you must withdraw and take no part in the consideration or discussion of the matter.**

### **(iii) Declarations of Interests not included in the Register of Members' Interest.**

Occasions may arise where a matter under consideration would, or would be likely to, **affect the wellbeing of you, your family, or close associate(s) more than it would anyone else living in the local area** but which is not required to be included in the Register of Members' Interests. In such matters, Members must consider the information set out in paragraph (ii) above regarding Non DPI - interests and apply the test, set out in this paragraph.

### **Guidance on Predetermination and Bias**

Member's attention is drawn to the guidance on predetermination and bias, particularly the need to consider the merits of the case with an open mind, as set out in the Planning and Licensing Codes of Conduct, (Part C, Section 34 and 35 of the Constitution). For further advice on the possibility of bias or predetermination, you are advised to seek advice prior to the meeting.

### **Section 106 of the Local Government Finance Act, 1992 - Declarations which restrict Members in Council Tax arrears, for at least a two months from voting**


In such circumstances the member may not vote on any reports and motions with respect to the matter.

**Further Advice** contact: Janet Fasan Head of Legal Services and Monitoring Officer, Tel: 0207 364 4800.

## **APPENDIX A: Definition of a Disclosable Pecuniary Interest**

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	Any tenancy where (to the Member's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where— (a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either—  (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or  (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

Non-Executive Report of the:  <b>Health &amp; Adults Scrutiny Sub-Committee</b>  8 June 2021	
<b>Report of</b> Matthew Mannion - Head of Democratic Services	<b>Classification:</b> Unrestricted
<b>Health &amp; Adults Scrutiny Sub-Committee Terms of Reference, Quorum, Membership and Dates of Meetings 2021/22</b>	

<b>Originating Officer(s)</b>	David Knight – Committee Officer
<b>Wards affected</b>	All

### Executive Summary

This report sets out the Terms of Reference, Quorum, Membership and Dates of Meetings of the Health & Adults Scrutiny Sub-Committee for the Municipal Year 2021/22.

### Recommendations:

The Health & Adults Scrutiny Sub-Committee is recommended to:

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

### 1. REASONS FOR THE DECISIONS

- 1.1 This report is for the information of the sub- committee and no specific decisions are required.

### 2. ALTERNATIVE OPTIONS

- 2.1 This is not applicable to a report for noting

### 3. DETAILS OF THE REPORT

- 3.1 At the Annual General Meeting of Council held on 15 May 2019, the Authority approved the review of proportionality, establishment of the Committees, Panels of the Council, and the appointment of Members. It delegated authority to the Overview and Scrutiny Committee to establish its sub-committees.
- 3.2 The Overview and Scrutiny Committee met on the 20 May 2019 and agreed to set up three sub-committees, including this one, on which occasion they agreed the terms of reference for all three sub-committees. The groups have

since submitted their nominations for membership which have been agreed by the Corporate Director for Governance.

- 3.3 It is within tradition that following the Annual General Meeting of the Council at the start of the Municipal Year, at which various committees are established, that those committees note their Terms of Reference, Quorum and Membership for the forthcoming Municipal Year. These are set out in the appendices of the report.
- 3.4 The Sub-Committee's meetings for the remainder of the year have been agreed by the Corporate Director for Governance and are set out in Appendix 3 of this report.
- 3.5 Meetings are scheduled to take place at 6.30pm except where the meeting falls within the month of Ramadan where they will aim to take place at 5.30pm. The Sub-Committee may wish to discuss an appropriate start time that suits its Members at the first meeting of the Sub-Committee.
- 3.6 It may be necessary to convene additional meetings of the Sub-Committee should urgent business arise. Officers will consult with the Chair and Members as appropriate.

#### **4. EQUALITIES IMPLICATIONS**

- 4.1 Not applicable to this report.

#### **5. OTHER STATUTORY IMPLICATIONS**

- 5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.
- Data Protection / Privacy Impact Assessment.

- 5.2 Not applicable.

#### **6. COMMENTS OF THE CHIEF FINANCE OFFICER**

2. This report recommends that the Health & Adults Scrutiny Sub-Committee note its Terms of Reference, Quorum, Membership, and Dates of future meetings as set out in appendices 1 & 2. There are no direct financial implications arising from this report.



## **7. COMMENTS OF LEGAL SERVICES**

- 7.1 Sections 244-247 of the National Health Service Act 2006 govern the Council's health scrutiny function. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 ("the Regulations"), which are aimed at supporting local authorities to discharge their scrutiny functions effectively. The Council has the power to review and scrutinise matters relating to the planning, provision, and operation of the health service in the area and can make recommendations and require a response from NHS bodies. The terms of reference, quorum, membership, and dates of meetings are consistent with the legal framework and the Council's Constitution.
- 

### **Linked Reports, Appendices and Background Documents**

#### **Linked Report**

- None.

#### **Appendices**

- Appendix 1 – Health & Adults Scrutiny Sub-Committee Terms of Reference.
- Appendix 2 – Membership of Health & Adults Scrutiny Sub-Committee
- Appendix 3 – Dates of meeting.

#### **Local Government Act, 1972 Section 100D (As amended)**

#### **List of "Background Papers" used in the preparation of this report**

List any background documents not already in the public domain including officer contact information.

- None.

#### **Officer contact details for documents:**

N/A

This page is intentionally left blank

## Health and Adults Scrutiny Sub-Committee

<p><b>Summary Description:</b> The Health and Adults Scrutiny Sub-Committee has been established to undertake the Council’s responsibilities in respect of Scrutinising local health services and adult social care, covering services provided by the Council as well as those provided by the Council’s partners.</p>	
<p><b>Membership:</b> 6 non-executive councillors – the chair and five councillors.</p> <p>Two non-voting Co-Optees may also be appointed.</p>	
<b>Functions</b>	<b>Delegation of Functions</b>
1. Reviewing and/or scrutinising decisions made, or actions taken in connection with the discharge of the Council’s health and adult social care functions	None
2. Advising the Mayor or Cabinet of key issues/questions arising in relation to health and adult social care reports due to be considered by the Mayor or Cabinet	None
3. Making reports and/or recommendations to the Council and/or Mayor or Cabinet in connection with the discharge of health and adult social care functions	None
4. Delivering (3) by organising an annual work programme, drawing on the knowledge and priorities of the Council, registered providers, and other stakeholders, that will identify relevant topics or issues that can be properly scrutinised	None
5. Holding service providers to account, where recent performance fails to meet the recognised standard, by looking at relevant evidence and make recommendations for service improvements	None
6. Considering health and adult social care matters affecting the area or its inhabitants, including where these matters have been brought to the attention of the sub-committee by tenant and resident associations, or members of the general public	None
7. The sub-committee will report annually to the Overview and Scrutiny Committee on its work	None
8. To discharge the Council’s Scrutiny functions under the National Health Service Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. Including to: <ul style="list-style-type: none"> <li>• Review and scrutinise matters relating to the health service within the Council’s area and make reports and recommendations in accordance with any regulations made thereunder.</li> <li>• Respond to consultation exercises undertaken by an NHS body; and</li> <li>• Question appropriate officers of local NHS bodies in relation to the policies adopted and the provision of services.</li> </ul>	None

**Quorum:** Three voting Members

**Additional Information:** Is contained in:

- Constitution Part A Section 9 (Overview and Scrutiny)
- Constitution Part B Section 30 (Overview and Scrutiny Procedure Rules)
- Constitution Part D Section 53 (Health and Adults Sub-Committee Procedure Rules)

## **Health & Adults Scrutiny Sub-Committee Membership 2021-21**

### **Elected Members**

- ❖ Cllr Faroque Ahmed.
- ❖ Cllr Shah Ameen.
- ❖ Cllr Denise Jones.
- ❖ Cllr Puru Miah.
- ❖ Cllr Gabriela Salva Macallan (Chair); and
- ❖ Cllr Andrew Wood.

### **Co-opted Members**

- ❖ Sue Kenten; and
- ❖ David Burbidge

This page is intentionally left blank

## CALENDAR OF MEETINGS FOR THE 2021/22 MUNICIPAL YEAR

### Committee Calendar 2021/22

	MEETING DAY/TIME/	MAY 21	JUN 21	JUL 21	AUG 21	SEP 21	OCT 21	NOV 21	DEC 21	JAN 22	FEB 22	MAR 22	APR 22	MAY 22	JUN 22	No. of Mtgs
<b>COUNCIL</b>																
Council	7.00pm Wednesday	19 (AGM)		21		29		17		19		2 (B) 10(RB)** 16		25 (AGM)		8
<b>CABINET</b>																
Cabinet (monthly)	5.30 pm Wednesday	26	30	28		22	27	24	15	5, 26	23	9				11
Grants Determination Sub Committee (every 8 weeks)	5.30pm Wednesday		23			1		3		12		9 (at rise of Cabin et)				5
<b>OVERVIEW &amp; SCRUTINY</b>																
Overview & Scrutiny Committee (Monthly)	6.30 pm Mondays	24	28	26		20	25	22	13	10(B) 24 31(RB)	21	7				12
Children and Education Scrutiny Sub Committee (5 a year)	6.30pm		14			2	21		8		28					5
Health and Adults Scrutiny Sub Committee (5 a year)	6.30pm		8			1	26		16			8				5
Housing and Regeneration Scrutiny Sub Committee (every 2 months)	6.30pm		22			9	19		2			15				5
Inner North East London Joint Health Overview & Scrutiny Committee (dates set externally)	External		23			13			14			15				4

## CALENDAR OF MEETINGS FOR THE 2021/22 MUNICIPAL YEAR

	MEETING DAY/TIME/	MAY 21	JUN 21	JUL 21	AUG 21	SEP 21	OCT 21	NOV 21	DEC 21	JAN 22	FEB 22	MAR 22	APR 22	MAY 22	JUN 22	No. of Mtgs
<b>COMMITTEES AND PANELS</b>																
Development Committee (monthly)	6.30 pm Thursday		17	22	12	14	14	11	9	6	3	3	7		23*	11
Strategic Development Committee (every 5/6 weeks)	6.30 pm Wednesday		9	14	18	23 (Thu)	28 (Thu)		1	12	16	30			15	9
Licensing Committee (quarterly)	6.30 pm Thursday	25				2 (SEV) 9 (+SEV)			9			15			7*	4 + 2
Licensing Sub Committee (fortnightly)	6.30 pm Tuesday		1, 15, 29	13, 27	17	14, 28	12, 26	9, 23	7, 16	11, 25	8, 22	8, 22	5, 19		21*	22
Audit Committee	6.30 pm Thursday			29			7		1			24				4
General Purposes Committee (5 meetings per year)	6.30 pm Tuesday		24				5			18		22				4
Employee Appeals Sub Committee	Ad-hoc if required															
Appointments Sub-Committee	Ad-hoc if required															
Standards (Advisory) Committee (quarterly)	6.00 pm Thursday			1		30		25			10					4
Pensions Board (quarterly)	10.00am		7			6		8				7				4
Pensions Committee (quarterly)	6.30pm		24			23		25				24				4
King George's Field Charity Board (quarterly)	5.30 pm Wednesday		16			15		10			9					4



## CALENDAR OF MEETINGS FOR THE 2021/22 MUNICIPAL YEAR

	MEETING DAY/TIME/	MAY 21	JUN 21	JUL 21	AUG 21	SEP 21	OCT 21	NOV 21	DEC 21	JAN 22	FEB 22	MAR 22	APR 22	MAY 22	JUN 22	No. of Mtgs
<b>Partnerships</b>																
Health and Wellbeing Board (every 2 months)	5.00pm Tuesday		29			21		2			1					5
<b>Other Meetings</b>																
Freedom of the Borough	Ad hoc if required															TBA
<b>MEMBERS</b>																
Training & Development (provisional)	6.30pm-8.30pm 2.30pm-4.30pm		1,3	13, 15		15 <sup>■</sup> , 16 <sup>■</sup>	19, 21	9, 11		25, 27	22, 24					7 7
Committee Specific Training (where already booked)		25 (Licensing) 26 (SDC/DC)	2 (SDC/DC)	20 (Audit)		28 (Audit)		24 (Audit)				17 (Audit)				

### KEY TO SYMBOLS

- \*\* - Clashes with, or is the day before or day after a religious holiday
- \* - Takes place during Ramadan Meeting time will be 5.30pm wherever the normal starting time would be listed later in the evening
- # - Meeting starting time earlier than the normal scheduled time
- ^ - Provisional date
- - Mandatory Ethics & Probity training
- B - Budget meeting
- (RB) - Reserve budget meeting

# CALENDAR OF MEETINGS FOR THE 2021/22 MUNICIPAL YEAR

## NOTES:

### 1. RELIGIOUS HOLIDAYS:

- **RAMADAN 2021** – 12(eve) April to 12 May 2021 (subject to confirmation)
- **EID-AL- FITR 2021** – 12 (eve) to 13 May 2021 (subject to confirmation)
- **SHAVOUT 2021** – 16 (eve) to 18 May June 2021
- **EID – UL – ADHA 2021** – 19 (eve) to 20 July 2021 (subject to confirmation)
- **ASHURA 2021** – 18 (eve) to 19 August 2021
- **ROSH HASHANAH 2021** – 6 (eve) to 8 September 2021
- **YOM KIPPUR 2021** – 15 (eve) to 16 September 2021
- **SUKKOT 2021** – 20 (eve) to 27 September
- **DIWALI 2021** – 4 November 2021
- **CHANUKAH 2021** – 28(eve) November to 6 December 2021
- **PASSOVER 2022** – 15(eve) April 2022 to 23 April 2022
- **EASTER 2022:** - Good Friday 15 April 2022, Easter Monday 18 April 2022
- **RAMADAN 2022** – 2 (eve) April 2022 – 1 May 2022 (subject to confirmation),
- **EID-AL-FITR 2022** – 2 (eve) to 3 May 2022 (subject to confirmation)

### 2. BANK HOLIDAYS:

- **MAY 2021** – 3, 31
- **AUGUST 2021** - 30
- **DECEMBER 2021** – 27, 28
- **JANUARY/NEW YEAR 2022** – 3
- **APRIL 2022** – 15, 18
- **MAY 2022** – 2
- **JUNE 2022** – 2, 3

### 3. POLITICAL GROUPS:

- Conservative Party Conference – 3 October - 6 October 2021
- Labour Party Conference – 25 September – 29 September 2021

## CALENDAR OF MEETINGS FOR THE 2021/22 MUNICIPAL YEAR


### 4. **SCHOOL HOLIDAYS:**

- **2021**
  - Half Term – 31 May – 4 June
  - Summer Holidays – 23 July – 31 August
  - Half Term – 25 October – 29 October
  - Christmas Holidays – 22 December 2021 – 03 January 2022
  
- **2022**
  - Half Term – 14 February – 18 February
  - Easter Break – 4 April – 18 April
  - Half Term – 30 May – 3 June
  - Summer Holidays – 25 July – 31 August (tbc)

### **MEMBERS:**

- **Training And Development**
  - Training and development sessions in May/June 2021 will feature mandatory committee-based training – some of these dates are listed above but others may be arranged as required.

This page is intentionally left blank

<b>Health &amp; Adults Scrutiny Sub-Committee</b>  Tuesday 8 June 2021	 <b>TOWER HAMLETS</b>
<b>Report of:</b> Cllr Gabriela Salva-Macallan, Chair of Health & Adults Scrutiny sub-committee, LBTH	<b>Classification:</b> Unrestricted
<b>Health &amp; Adults Scrutiny sub-committee forward plan 2021-22 discussion</b>	

<b>Originating Officer(s)</b>	Jamal Uddin, Strategy & Policy Officer, LBTH
<b>Wards affected</b>	All

## Summary

The role of Health & Adults Scrutiny sub-committee (HASC) 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.

Cllr Salva Macallan has been liaising with key stakeholders and partners to identify key priorities for health and social care. As a result, several agenda ideas have been suggested for the HASC forward plan 2021-22. The HASC meeting on 8 June is the first meeting of the new municipal year and suggestions will be presented to the sub-committee for a discussion.

## Recommendations:

The Health & Adults Scrutiny Sub-Committee is recommended to:

1. Note and comment on agenda ideas for HASC forward plan 2021-22

## **1 REASONS FOR THE DECISIONS**

1.1 This is to inform HASC forward plan 2021-22.

## **2 ALTERNATIVE OPTIONS**

2.1 Not applicable

## **3 DETAILS OF THE REPORT**

3.1 The role of Health & Adults Scrutiny sub-committee (HASC) 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.

3.2 At the Tower Hamlets Annual Council meeting held on 19 May, allocation of committee memberships 2021-22 was agreed. Cllr Gabriela Salva Macallan was re-elected as chair of HASC along with other new appointees. (Please refer to councils committee page for further membership details).

3.3 Cllr Salva Macallan has been liaising with key stakeholders and partners to identify key priorities for health and social care. As a result, several agenda ideas have been suggested for the HASC forward plan 2021-22. The HASC meeting on 8 June is the first meeting of the new municipal year and suggestions will be presented to the sub-committee for a discussion.

3.4 The feedback will inform a final HASC forward plan 2021-22. The forward plan will be presented at an away day on 19 June hosted by Overview & Scrutiny committee for further discussion and approval.

3.5 The following is a list of agenda suggestions for the sub-committee to discuss and prioritise for 2021-22 –

### **8 June 2021**

- Tower Hamlets Primary Care Networks
- Supporting asylum seekers in Tower Hamlets
- COVID-19 update

### **1 September 2021**

- Food provision in the borough
- Adult Mental Health with a focus on (Columbia and Cazaboun Ward in East Ham) – annual report and joint presentation with East London Foundation Trust

### **26 October 2021**

- Equality of access to healthcare services by BAME communities

- Better Care Fund (BCF) programme – how it is supporting integration, current performance and future plans
- Public Health Annual Report and Public Health budget – transparency on how funds are utilised

### **16 November 2021**

- Scrutiny review of Council Budget Proposals – review specific proposals and assess impact on community (Equalities Analysis)
- Impact of ‘total triage’ and ‘remote by default’ on the most vulnerable
- Update on NHS Reforms

### **8 March 2022**

- Dental care and challenges due to pandemic
- Long COVID-19– focus on NHS plans to address this issue

### **Options for further discussion and possible spotlight session:**

- Welfare Rights and Debt Advice Services
- Autism Strategy
- Health and Care Response to COVID-19
- Special Educational Needs & Disabilities (SEND) Transitions Programme – to oversee children preparedness for transition to adult services
- Care Homes Update

---

## **Linked Reports, Appendices and Background Documents**

### **Linked Report**

- NONE

### **Appendices**

- NONE

### **Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012**

- NONE


### **Officer contact details for documents:**

Jamal Uddin, Strategy & Policy Officer, Health & Adults & Community Service,  
London Borough of Tower Hamlets

[Jamal.uddinx@towerhamlets.gov.uk](mailto:Jamal.uddinx@towerhamlets.gov.uk)

This page is intentionally left blank



<p align="center"><b>Health &amp; Adults Scrutiny Sub-Committee</b></p> <p align="center">Tuesday 8<sup>th</sup> June 2021</p>	
<p><b>Report of:</b> Chris Banks, Joint CEO, Tower Hamlets GP Care Group</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Tower Hamlets Primary Care Networks</b></p>	

<b>Originating Officer(s)</b>	Vicky Scarborough/Tyrone Josephine
<b>Wards affected</b>	All wards

### Summary

The report provides an overview of TH PCNs, together with more detailed information about the excellent work undertaken by the Networks to improve the health and wellbeing of the population.

### Recommendations:

The Health & Adults Scrutiny Sub-Committee is recommended to:

1. Note the contents of the report and presentation

**1 REASONS FOR THE DECISIONS**

1.1 [N/A]

**2 ALTERNATIVE OPTIONS**

2.1 [N?A]

**3 DETAILS OF THE REPORT**

3.1 Please see the report

---

**Linked Reports, Appendices and Background Documents**

**Linked Report**

- NONE

**Appendices**

- NONE

**Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012**

- NONE

**Officer contact details for documents:**

N/A

## Tower Hamlets Primary Care Networks (PCN)

### Introduction and Overview

Networks in Tower Hamlets were first formed in 2010. Tower Hamlets is 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 Forrester (TNW) Integrated Care Partnership), Local Medical Council and GP surgeries in Tower Hamlets set up eight Networks composed of member practices linked to a Network Incentive Scheme (NIS). The NIS is a contract for additional work over and above their standard GP contracts.

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.

Since the implementation of the NIS, list sizes have increased by 26.2% between 2011 and 2019, or 3.3% on average per annum. List size growth has varied between Networks from 11% to 46%.

On the 1st April 2021 Networks 3 and 4 merged. A practice from Network 3 and one from Network 4 will merge shortly. This merger has impacted Network 4 PCN configuration and eligibility to operate as PCN (Network Contract DES Specification section 5. indicates that a PCN population must have a minimum of 30,000) and without East One Health, Network 4 falls below 30,000.

The Care Quality Commission (CQC) is the national body that assesses the quality and governance of NHS bodies including General Practices. All of Th Practices are currently rated good or Outstanding. Please see Appendix A for the full list.

The following sections provide examples of the excellent work undertaken by Networks.

Network 1	
<b>Buddying System</b>	In 2020 NW1 created a buddying system to increase resilience to COVID-19. A system which was later adopted more widely in Tower Hamlets and in TNW as well. The practices worked together to move their phone systems to a cloud-based system which became increasingly important for working through the pandemic.
<b>Key Team</b>	The clinical director used the Network Directly Enhanced Service (DES) funding to create a 'Key Team', a concept that has been used in Wales and Alaska. This involves a multidisciplinary team working together to deliver holistic care. The Network One Key Team started as an HCA/Phlebotomist, GP Registrar, 2 Occupational Therapists and a pharmacist, and worked on improving the long-term health outcomes of the network's complex care patients. There are now plans to expand this team to include care co-ordinators and social prescribers. A paramedic will also be working part time within this team, and more generally.
<b>Inter-practice referral Scheme</b>	The Network has had an inter-practice referral scheme in place since 2010, normally for specific procedures/services such as contraception. In 2020 this was taken to the next level by creating centralised flu clinics. These clinics were held completely at the network level, using the network infrastructure to manage bookings, flu stock and payment.

<b>Network 2</b>	
<b>Centralised and integrated call/recall</b>	<p>Network 2 developed and pioneered centralised and integrated call/recall - the first Network to have successfully established this as a specific function in Tower Hamlets. Key components of this system is having a highly skilled and dedicated call/recall team to allow patients direct access to book annual/interim reviews. The team also provide basic level triage signposting to social prescribers, Clinical pharmacists, PCN FCP and Network LTC Nurse.</p> <p>This team have now developed specialism dealing with the needs/issues relating to the long term condition population and are able to provide a more personalised and holistic experience to patients (which includes addressing wider determinants of health via active signposting support). This coupled with the Network's dedicated central recall phone number and its Network Website (along with its Social Media platform) allows patients to conveniently access information and services, e.g. stop smoking referrals managed online, call back services to the Network team, where patients can directly discuss their LTC annual review appointment needs etc. Part of the call/recall offer is providing a dedicated support line for anxious patient's or those needing basic lifestyle advice, centrally supporting flu and vaccination campaigns as well as managing inter practice referrals for Sexual Health LARC services.</p>
<b>Online interactive dashboard</b>	<p>Developed and manage an online interactive dashboard primarily for NISs, that is used by all GP practices/PCNs and GPCG for hosting reporting data for things like e-consults, GP website analytics, SMS etc. The system is easy to access, with user driven visual diagram/charts and practice based dashboard reporting of KPIs. It is primarily used to help improve performance by showing where practices are with activity/targets, identifying patterns, correlations, comparisons, deviations to help better organise workforce and the attainment of NIS targets.</p>
<b>Shared cloud-based Telephony System</b>	<p>Shared cloud-based Telephony System was installed - the first Network to have done this in Tower Hamlets through the Network's digital transformation project. Primary objective was to alleviate issues with existing costly and technologically archaic phone systems (with complicated/non-existent reporting systems, coupled with minimal user control and access management and in most cases no call recording options). This was limiting and negatively impacting patient experience and access as well as practices ability to efficiently manage access demand. A number of practices have now adopted shared Telephony systems as a direct result of the benchmarking and analysis report produced by the PCN (along with live demonstrations and support).</p>

<b>Networks 3&amp;4 (Now Network 9)</b>	
<b>Network Diabetes Specialist Nurse</b>	<p>A full time network sponsored role and the first network to have this role established in Tower Hamlets networks since the inception of Highway Network, working in all 4 practices sharing the sessions to manage Diabetes patients with LTC. The network's performance on the NIS Integrated Care Metrics continue to be one of the best and this is only possible buy having this focused Specialist Nurse monitoring and managing. This role is partly funded by the network management funds and the remaining from practices contributions.</p>
<b>Network Diabetes Advocate</b>	<p>This role was created to support the Diabetes Specialist Nurse clinics in all practices with a large number of network patients population is Bengali ad Sylheti speaking. This role has helped the DSN immensely to engage with patients and has helped the network to conduct many educational events twice a year in the locality during "Ramadan" period for many years. The cost of this role also funded by network management funds and practice contributions.</p>
<b>Network Phlebotomy</b>	<p>The network has recruited several HCAs to support with phlebotomy clinics in all practices and also domiciliary clinics. These roles are also partly funded by the</p>

<b>HCA's</b>	network management funds and the remaining from NIS phlebotomy upfront funds practice contributions based on the sessions in each practice.
<b>Centralised Call/Recall team</b>	The first network to establish this centralised call/recall team within Tower Hamlets networks set up to support practices with searches, call/recalls. The network has taken a tailor made approach to help practices on the NIS focused metrics. The call/recall team will be working in all practices and the cost of these roles are funded 100% from network management funds. This project has been and it was a huge success for many years and now 2 other networks have adopted this model and established their own centralised call/recall teams.

<b>Network 5</b>	
<b>Centralised Phone System</b>	<p>An ambitious digital transformation plan was set for the PCN before the pandemic and the first step towards this was to create a central telephone system that connects all five practices with one provider that would result in a cost effective, efficient telephone system which would also enhance the delivery of care package and NISs call recall at scale within the network.</p> <p>The Network team took on the entire responsibility of project initiation, mobilisation and delivery including:</p> <ul style="list-style-type: none"> <li>• Understand Terms of existing contracts</li> <li>• Scoped various Cloud based NHS telephone providers</li> <li>• Mobilisation and Installation of the new service</li> <li>• Service setup</li> <li>• Training and On-going Support</li> </ul> <p>The outcomes were:</p> <ul style="list-style-type: none"> <li>• Digitally joined up telephone system in the PCN enabling additional support line for practices and patients for booking of COVID vaccine</li> <li>• Supported for practices with overflow of calls and improving access for patients</li> <li>• Enabling Virtual reception support for practices</li> </ul>
<b>Reducing Child Poverty by improving the uptake of Health Start Vouchers (HSV)</b>	<p>The North East Locality Health team created a multidiscipline and multi-organisational team, consisting of Network teams, Social Prescribers, Health Visitors, Midwifery, benefits advisors, primary care reps and PH lead on child poverty. The project was led by the network team and supported by the PH leads and QI coach.</p> <p>Our greatest achievement of the local project team has been to change the national requirement of Health professional signoff on the application process. HSV required health professional signature as part of the application process. We spoke to the national team with evidence that the requirement of HP signature creates barrier for patients applying for this support hence this has now been removed which has not only benefitted TH residents but wider.</p>
<b>NIS App</b>	<p>Core deliverables for the Digital first strategy include the deployment of the NHS app. This project is focused on uptake of the NHS app via the repeat prescription ordering feature.</p> <p>The project was led by the network manager and Clinical director with support from the digital accelerate team. We had individual practice champions from all the five practices and input from PCN pharmacist and community pharmacist.</p> <p>Small pilot within Network 5 with a targeted, hands-on approach to educating patients and positioning of the service including formation of a small project management team at network level.</p> <p>Outcomes included:</p>

	<ul style="list-style-type: none"> <li>NHS app prescription requests increased from 7% (April) of all electronic requests to 12% (August)</li> <li>Cumulative NHS app registrations (From April) : 891</li> <li>NHS app prescription requests increased from 6% (April) of all electronic requests to 20% (August)</li> </ul>
--	---

<b>Network 6</b>	
<b>Health Champions</b>	Network 6 holds the APMS contract for St Paul's Way Medical Centre which is a 15,500patient practice providing an innovative model of primary care integrating with local schools and other community organisations. We value our local community and work hard with our community partners to improve local services. We also value the individuals and families who are living in the community and can help shape and support the service we offer. In partnership with Morgan-Stanley we have expanded our patient engagement team, created a "Health Champions" project and are opening up the practice to volunteers who are also able to contribute to the service. The Health Champions project has now been developed across the Network.
<b>Young Health Champions</b>	Our work with schools underlines our commitment to supporting the next generation growing up within our community. We recognise the key role our young people play in supporting their families and acting as advocate and young carers. We have recently set up a "Young Health Champions" project providing learning opportunities and mentoring regarding about health and local health issues. We also provide work experience placements and mentoring for students applying for medicine and other allied health careers.
<b>Link workers and Social prescribers</b>	Our Social Prescribing service has been active within the PCN for many years and during the covid pandemic our Link workers have teamed up to look at our most vulnerable patients in Network 6. We had many patients who did not know where they would access benefits and health care during the pandemic. Network 6 had problems with patients who could no longer go to work, they needed help with finances, we also had patients who were elderly and vulnerable who were not able to get food into their homes.
<b>Population Health</b>	Network 6 has a strong history of patient and community engagement and are building on this collaborative approach to develop a population based model of healthcare to address both key health measures and targets together with the wider determinants of health. This will invest in initiatives to improve the lives of our community, reduce health inequalities and improve long term outcomes.

<b>Network 7</b>	
<b>Community Led health programme</b>	<p>Developed a community-led health programme, using an asset-based community development model to empower residents to take control of their own health and wellbeing. To implement a 'health creation' programme in which residents:</p> <ul style="list-style-type: none"> <li>Identify issues impacting on health and wellbeing that matter to them.</li> <li>Recruit other residents who have the energy/passion to make a difference.</li> <li>Develop and lead new ways of improving health and wellbeing locally.</li> </ul> <p>Poplar &amp; Limehouse Network were awarded a Public Health contract to employ a team to work with patients in two specific geographically defined areas (Teviot Estate and Poplar High Street West). Using a community-based approach to build esteem and a shared understanding through active participation, the team undertook:</p> <ul style="list-style-type: none"> <li>door to door engagement with every household in each area being contacted.</li> </ul>

	<ul style="list-style-type: none"> <li>• Formed local resident steering groups.</li> <li>• developed an action plan of ‘quick wins’ developed to build momentum.</li> </ul> <p>created a Participatory Budgeting Process where residents vote on which local Health and community Programmes to be funded.</p> <p>Enabled delivery of programmes co-produced by residents driving the change in their community.</p> <p>Over 3000 residents were involved in the programme. Over 40 community-led health and wellbeing activities were delivered. Further data currently being analysed by the University of East London (UEL).</p>
<p><b>Wrap-around service for domiciliary patients</b></p>	<p>This involved providing a seamless multi- practitioner service, which provides the same equality and quality of health provision to housebound patients as that received by practice visitors, and also created time for GPs to make meaningful home visits.</p> <p>The service was developed by and through:</p> <ul style="list-style-type: none"> <li>• Network Conference session Dec 2019 – 18 Multi-disciplined colleagues “workshopped” the need and objectives of the programme.</li> <li>• Appointment of a GP and Practice Nurse to develop and devise the programme.</li> <li>• Support from Network Board.</li> <li>• Use of the DES ARRS provision.</li> <li>• Home visits for Vaccination of housebound patients</li> <li>• Recruitment of Care Co-ordinator.</li> <li>• Day in the life of the service published.</li> <li>• Recruitment of Nursing Associate (recruitment underway).</li> <li>• Recruitment of Podiatrist (sharing with Network 8).</li> </ul>
<p><b>Multi-Disciplinary Team</b></p>	<p>The creation of a Multi-disciplinary team to:</p> <ul style="list-style-type: none"> <li>• Assist practices to stay in contact and check on vulnerable patients during the covid-19 pandemic.</li> <li>• develop a pathway to support local organisations to support local residents.</li> <li>• create a conduit for local organisations to feed back into Primary Care.</li> <li>• take a practical approach to deliver essential items (food, medication, education packs) to residents.</li> </ul> <ul style="list-style-type: none"> <li>• The South East Locality Health Link Team (SELHLT) created a multidiscipline and multi-organisational team, consisting of four Social Prescribers, three Local Area Activators, Mental Health Liaison Nurse, Clinical Psychologist, managed by the Locality Wellbeing Manager and overseen by two local GPs.</li> <li>• The team buddied with individual Practices and started active engagement by ringing local patients who were shielding thereby ensuring that vulnerable patients were regularly monitored.</li> <li>• Training session were facilitated by GPs to identify and act on health ‘red flags’ that might occur when talking to isolated and medically vulnerable patients.</li> <li>• Checklist templates were developed to record issues/concerns/conversations.</li> <li>• Crib sheet with local community and statutory services was created.</li> <li>• Pharmacists were contacted to offer prescription delivery and partnership was developed with Bike Works to deliver medication.</li> <li>• The service started with 7 days a week plus Bank Holiday delivery.</li> <li>• The SEHL Team established links with local groups and LBTH to help distribute food supplies and to connect residents with shopping services.</li> <li>• Links with schools enabled education packs to be delivered.</li> </ul>

	<ul style="list-style-type: none"> <li>Evaluation phone calls with residents were undertaken.</li> </ul> <p>The team contacted over 600 patients and working with Bikeworks were responsible for over 170 medication deliveries and over 350 education packs were delivered to local schoolchildren. Welfare and Financial support given via Social Prescribers. Our evaluation calls showed excellent feedback from local residents.</p>
--	---

**Network 8**

<b>Healthy Island Partnership Community team</b>	<p>Network 8 has developed a Healthy Island Partnership Community team whereby existing clinicians within the Network can refer to 2 Health Coaches via the Social Prescribing Team. Patients can be referred if the clinician has identified a health and/or social need that might benefit from support of the Wellness team, which not only includes Health Coaches but also a Volunteer co-ordinator. The Health Coaches provide 1-1 support for people and link closely with the volunteer co-ordinator who supports patients to attend local community projects e.g. drop in coffee mornings, walking groups, exercise classes, and enable people to give back to their community, and who is also building a network of volunteers locally to support community projects. This innovative service could only have been developed by having a strong Network management structure.</p>
--	--

<b>Improving Primary Care Access</b>	<p>Well ahead of Covid lockdown, PCN 8 were working hard to develop new ways of giving primary care assess to local patients. With a young demographic on the Isle of Dogs, it was clear from patterns of engagement that the normal system of phoning for a GP appointment was not always the favoured choice of local residents. The Network Team also identified a low take up of Male users compared with the rest of the borough (33% against 35.1%).</p> <p>The Network looked at how we could promote the take up of E-consults and importantly how each practice would cope with any influx of e-consult consultations. Marketing Plans were updated. Weekly reports were produced and circulated to all Network Practices. The E-consult programme was reviewed regularly in Network Meetings.</p> <p>Patients reacted favourably with the following take up results</p> <table border="1"> <thead> <tr> <th><u>Network 8</u> Month</th> <th>No of e-consults</th> <th>% of Borough up-take</th> <th>% of Male take up</th> </tr> </thead> <tbody> <tr> <td>March 19</td> <td>1283</td> <td>13.6%</td> <td>33%</td> </tr> <tr> <td>Aug 19 initiative start</td> <td>1954</td> <td>24.7%</td> <td>33.3%</td> </tr> <tr> <td>March 20</td> <td>8417</td> <td>25.56%</td> <td>34.4%</td> </tr> <tr> <td>March 21</td> <td>12 881</td> <td>26.00%</td> <td>34.9%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Highest take up from 24 and 25 yr olds (borough 29 and 30yr olds)</li> <li>Higher percentage of Male take-up overtaking the borough averages.</li> <li>PCN 8 now has the highest take up across Tower Hamlets.</li> </ul>	<u>Network 8</u> Month	No of e-consults	% of Borough up-take	% of Male take up	March 19	1283	13.6%	33%	Aug 19 initiative start	1954	24.7%	33.3%	March 20	8417	25.56%	34.4%	March 21	12 881	26.00%	34.9%
<u>Network 8</u> Month	No of e-consults	% of Borough up-take	% of Male take up																		
March 19	1283	13.6%	33%																		
Aug 19 initiative start	1954	24.7%	33.3%																		
March 20	8417	25.56%	34.4%																		
March 21	12 881	26.00%	34.9%																		

<b>Integrated Physio Service</b>	<p>Musculoskeletal related consultations make up to 30% of a GPs workload. GP workload had increased during the pandemic particularly with the increase in MSK e-consults.</p> <p>The secondary care physiotherapy service was suspended during the peak waves of the pandemic which resulted in less support for patients with musculoskeletal diagnoses. We identified this as an area of patient need, with</p>
----------------------------------	--



	<p>a limited secondary care service provision during the pandemic. This was consistent across all practices in the network.</p> <p>We designed a first contact physiotherapy service for the network. We recruited 2 experienced FCPs to the network. The FCPs now offer regular clinics at the practice. We established a weekly peer support group and offered mentorship to the FCPs. The peer groups have provided a platform for case discussion and ongoing CPD (including external speakers).</p> <p>A patient feedback survey after 3 months of the FCP service showed: 89% were very satisfied with the FCP service; 89% were very satisfied with the FCP consultation skills and the holistic care; 77% were very satisfied that their concerns had been managed in the consultations; 100% were very satisfied that the management plan had involved joint decision making.</p>
--	--

## Appendix A - Tower Hamlets Practice CQC Ratings

Practice	PCN	CQC rating
Aberfeldy Practice	7	Good
Albion HC	2	Good
Barkantine	8	Good
Bethnal Green Health Centre	1	Good
Blitehale	2	Good
Brayford Sq	3	Good
Chrisp St	7	Good
City Well Being	3	Good
Docklands Medical Centre	8	Good
East One Health & Cable St	4	Good
Globe Town	1	Good
Gough Walk	7	Good
Grove Road	5	Good
Harford HC	3	Good
Harley Grove	5	Good
Health E1	2	Good
Island Health	8	Good
Island Medical	8	Good
Jubilee St	4	Outstanding
Limehouse	7	Good
Merchant St	6	Good
Mission	1	Good
Pollard Row	1	Good
Ruston St	5	Good
Spitalfields	2	Good
St Andrews	6	Outstanding
St Katharines Dock Practice	4	Good
St Pauls Way	6	Outstanding
St Stephens HC	5	Good
Wellington Way/Stroudley Walk	6	Good
Strouts Place	1	Good
Tredegar	5	Good
Wapping	4	Good
Whitechapel	3	Good
XX Place	6	Good

Supporting practices is the core job of the Networks. For common issues such as mandatory training or QOF QI projects the Networks provide the support and/or infrastructure that enables greater efficiency and better outcomes. Networks also provide direct support to practices on everyday issues, whether that is clarifying a policy is most up-to-date or running a report on potentially uncoded patients with dementia.

Typically when a practice is told that they will be having a CQC inspection they will contact the Network team and other Network practices for support in making sure their governance etc is up to date. CQC like to see evidence of high-quality audits and projects that practices have embarked on that has improved the outcomes for their six groups of patients. Practices often use work they have done as part of the Network to demonstrate this.

# *Tower Hamlets GP Care Group*

## Primary Care Networks

# Background to Networks

- Networks in Tower Hamlets were first formed in 2010.
- Tower Hamlets is cited as an example of best practice that is now being replicated nationally, through the introduction of PCNs.
- Tower Hamlets Networks were established due to the high levels of deprivation and chronic underfunding of primary care.
- List sizes have increased by 26.2% between 2011 and 2019 (11% to 46%)
- 1<sup>st</sup> April 2021 Networks 3 & 4 merged
- Report available – some examples are included in this presentation

# How are the Networks bringing GPs together at scale in order to focus on delivery?

- Network Incentive Scheme – a contract that is held with all the Networks
- Variety of schemes developed by GPs and the CCG for the Networks to deliver against
- Targets set, all aimed at improving the health of the Network populations
- Practices work together to achieve the targets

# Examples of delivery at scale

- Inter-practice referral scheme in place since 2010, for specific procedures/services and more recently creating centralised flu clinics.
- Shared call and recall across practices which has been used for Covid more recently
- Recruited several HCAs to support with phlebotomy clinics in all practices and domiciliary clinics
- Wrap around domiciliary service so patients get the same care as they would if they visited the practice.

# How are Networks working with health & social care, community & voluntary sector to provide a wide range of services?

- Network 8 has developed a Healthy Island Partnership Community team
  - Patients can be referred if the clinician has identified a health and/or social need that might benefit from support of the team
- The Team includes Health Coaches and a Volunteer co-ordinator.
- The Health Coaches provide 1-1 support for people and link closely with the volunteer co-ordinator
  - The Volunteer Co-ordinator supports patients to attend local community projects e.g. drop in coffee mornings, walking groups, exercise classes, and is building a network of volunteers locally to support community projects.

# How are Networks working with health & social care, community & voluntary sector to provide a wide range of services?



Page 40

- Network 1 created a 'Key Team' - started as an HCA/Phlebotomist, GP Registrar, 2 Occupational Therapists and a pharmacist,
- They work on improving the long-term health outcomes of the network's complex care patients.
- There are now plans to expand this team to include care co-ordinators, social prescribers and a paramedic.





# Monitoring and assurance of TH PCNs

- CCGs monitor the PCNs performance via a dashboard which contains targets by PCN
- Covid impacted on these targets and the NIS was paused.
- The NIS is being reset with monthly meetings in place to ensure that Primary Care is supported to recover its NIS delivery
- GPs and other clinicians chair and support the NIS reset meeting

## How are Networks assessing the needs of the local population to identify people who would benefit from targeted proactive support?

- The North East Locality Health team created a multidiscipline and multi-organisational team, consisting of Network teams, Social Prescribers, Health Visitors, Midwifery, benefits advisors, primary care reps and PH lead on child poverty.
- The team wanted to improve the uptake of Health Start Vouchers to improve Child Poverty
- The Team worked with the national Team to remove the requirement for a Health professional signature which has not only benefitted TH residents but wider.

# Questions

Thank you

This page is intentionally left blank

<p align="center"><b>Health &amp; Adults Scrutiny Sub-Committee</b></p> <p align="center">Tuesday 8<sup>th</sup> June 2021</p>	 <p align="center"><b>TOWER HAMLETS</b></p>
<p><b>Report of</b> Ann Sutcliffe, Corporate Director Place, London Borough of Tower Hamlets</p>	<p><b>Classification:</b> Unrestricted</p>
<p>Operation Oak - Departmental and voluntary agency support for asylum seekers</p>	

<p><b>Originating Officer(s)</b></p>	<p>Tracey St. Hill RP Partnerships and Development Officer, LBTH</p>
<p><b>Wards affected</b></p>	<p>Bethnal Green; St Peters and Mile End</p>

**Summary**

In early December 2020 the Home Office placed in excess of 400 asylum seekers in 3 hotels in the borough as part of an initiative called Operation Oak - a programme designed to disperse asylum seekers around the country between December 2020 and June 2021. The arrival of this group was 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.

A briefing note will be provided that details the context and background to Operation Oak, 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

**Recommendations:**

The Health & Adults Scrutiny Sub-Committee is recommended to:

1. Note the contents of the briefing note

## **1 REASONS FOR THE DECISIONS**

- 1.1 To enable the Council to meet its statutory obligations to support asylum seekers and ensure they are safe secure and well care cared for whilst they remain in the borough.

## **2 ALTERNATIVE OPTIONS**

- 2.1 N/A

## **3 DETAILS OF THE REPORT**

- 3.1 In December 2020 over 400 Asylum seekers were placed in 3 hotels in the borough under an initiative called Operation Oak which is a dispersal programme to relocate asylum seekers around the Country. The Council has been providing a number of services to the occupants with support from voluntary agencies to ensure their basic welfare needs are met and the Council's statutory obligations are fulfilled.

- 3.1.1 A briefing paper will follow that provides an overview of Operation Oak, the services in place and any funding gaps identified that highlight where additional support could be provided to the asylum seekers until they are relocated.

## **4 EQUALITIES IMPLICATIONS**

- 4.1 The services provided enable the Council to meet its statutory obligation to support asylum seekers who have no recourse to public funds. The voluntary organisations involved assist in bridging the gaps in Home Office funding in order to meet service user's additional welfare needs so they can lead reasonable lives whilst their cases for asylum are being considered.

---

### **Linked Reports, Appendices and Background Documents**

#### **Linked Report**

- NONE

#### **Appendices**

- NONE

#### **Background Documents – Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations 2012**

- NONE

#### **Officer contact details for documents:**


Tracey St Hill, RP Partnerships and Development Officer, LBTH

[Tracey.StHill@towerhamlets.gov.uk](mailto:Tracey.StHill@towerhamlets.gov.uk)



This page is intentionally left blank



<b>Health &amp; Adults Scrutiny Sub-Committee</b>  Tuesday 8 June 2021	
<b>Report of</b> Denise Radley, Corporate Director of Health, Adults and Community Service, London Borough of Tower Hamlets	<b>Classification:</b> Unrestricted
<b>Covid 19 update</b>	

<b>Originating Officer(s)</b>	Somen Banerjee, Director of Public Health, London Borough of Tower Hamlets
<b>Wards affected</b>	All

## Summary

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 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.

A presentation will provide Health and Adults Scrutiny sub-committee (HASC) members with the latest information on the council and its partners response to the current pandemic.

## Recommendations:

The Health & Adults Scrutiny Sub-Committee is recommended to:

1. Note 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
  - c. Variants of Concern and surge testing

## **1 REASONS FOR THE DECISIONS**

- 1.1 This is only for information and there is no decision linked to this presentation.

## **2 ALTERNATIVE OPTIONS**

- 2.1 Not applicable

## **3 DETAILS OF THE REPORT**

- 3.1 A presentation will be provided to HASC with latest information on the current COVID-19 pandemic. To ensure the sub-committee is provided with the most recent information the presentation will be available on the day of the meeting and will focus on the following three areas –
- Updates to Tower Hamlets Outbreak Management Plan
  - Latest trends on the local vaccination programme
  - Variants of Concern and surge testing in Tower Hamlets

---

### **Linked Reports, Appendices and Background Documents**

#### **Linked Report**

- NONE

#### **Appendices**

- Appendix 1 – Tower Hamlets Outbreak Management Plan

#### **Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012**

- NONE

#### **Officer contact details for documents:**

Somen Banerjee, Director of Public Health, London Borough of Tower Hamlets  
[Somen.banerjee@towerhamlets.gov.uk](mailto:Somen.banerjee@towerhamlets.gov.uk)

# Tower Hamlets COVID-19 update

26<sup>th</sup> May, 2021



# Local infection & vaccination picture



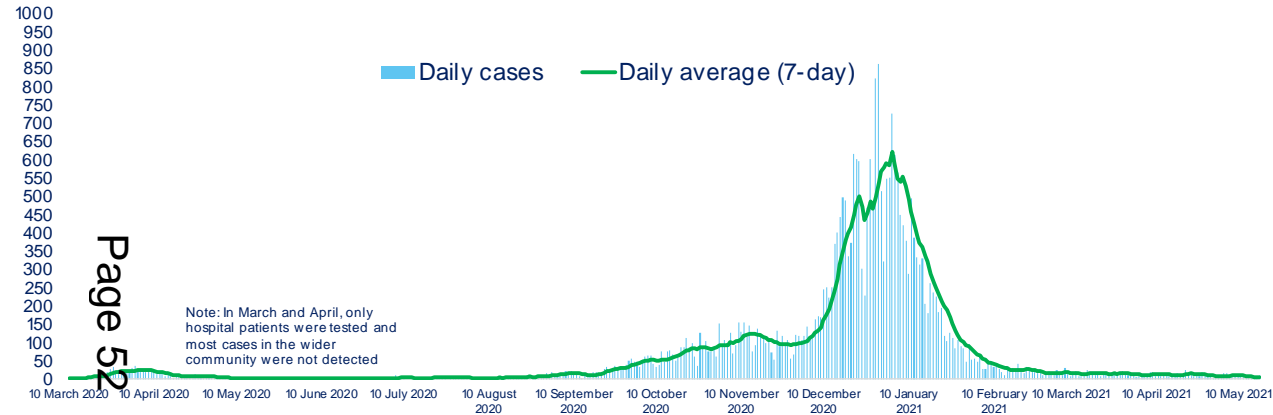
## TOWER HAMLETS WEEKLY COVID-19 STATISTICS



Rendered on 25-05-2021. Data shown is for the period 13-05-2021 to 19-05-2021

### Number of cases:

There have been a total of 29,084 cases since 10th March 2020.



Page 52

### What does this mean?

Case numbers have declined over the last few weeks and we will continue to monitor the impact surge testing has on these.

Our incidence rates are around 10 cases per 100,000. Incidence rates are lower in the over 60 year age groups, suggesting vaccination is having an impact.

Positivity rates (the proportion of people who take a test who are positive) has fallen below 1% across the borough, which suggests there is a decrease in transmission of Covid-19.

We are now at Step 3 on the road out of lockdown and we will continue to monitor the data mapping our progress along this route.

This week surge testing continues in the borough in response to the identification of variants of concern.

Delivery of first, and increasingly second doses, of vaccine is a priority particularly among populations with lower uptake or limited access to sites.

Anyone with or without symptoms can get tested and we have increased our testing capacity in the borough making it easier for all our residents to get tested.

We urge you to stick to public health guidance over the next coming weeks, and keep yourselves, your loved ones and Tower Hamlets safe.

Somen Banerjee  
Director of Public Health

- The weekly incidence rate has decreased & is now at 10.8 cases per 100,000 - lower than London and England, and remains rated as GREEN.
- There were 35 Covid-19 cases in Tower Hamlets in the past 7 days compared to 68 the week before.
- 113,363 residents have their first dose & 46,759 residents have now had both doses
- There have been no new COVID-19 deaths in Tower Hamlets in the week to 7<sup>th</sup> May

Confirmed cases (weekly number of people tested positive)	All ages incidence rate (weekly rate per 100,000)	Over 59s incidence rate (weekly rate per 100,000)	Individuals tested (daily rate per 100,000)	Positivity rate (weekly percentage)	Population aged 16+ vaccinated (first dose)	Population aged 65+ vaccinated (first dose)
<b>This week:</b> 35 vs an average of 55 across London	<b>This week:</b> 10.8 vs 20.4 in London	<b>This week:</b> 6.6 vs 99 in London	<b>This week:</b> 375.5 vs 370.4 in London	<b>This week:</b> 0.5% vs 0.7% in London	<b>This week:</b> 44%	<b>This week:</b> 84%
▼ from last week: 68	▼ from last week: 20.9	▼ from last week: 13.2	▲ from last week: 364.7	▼ from last week: 0.7%	▲ from last week: 39%	▲ from last week: 84%

Data sources: COVID-19 Situational Explorer (PHE) and Regional Situational Awareness Report for London (PHE). Due to the reporting delays the most recent 4 days are excluded from the calculations of rates and moving averages. Data show n is for specimens taken between 13-05-2021 to 19-05-2021 and the comparison is for the 7-day period of 06-05-2021 to 12-05-2021.



# Roadmap



**Step One - from 8 March**

- All schools colleges & childcare re-open – incl. before- & after-school clubs
- Meeting one person from another household in outdoor public spaces allowed
- Care home residents allowed one visitor
- Funerals (30), wakes & weddings (6)

**Step Two - from 29 March**

- Rule of six or two households meeting outdoors allowed inc private gardens
- Outdoor sports (tennis/football/basketball courts o/d pools re-open)
- Minimise travel, no holidays
- Stay at home order ends

**Step Two - from 12 April**

- All retail re-opens
- Outdoor hospitality re-opens
- Outdoor settings (alcohol take-ways, beer gardens, zoos, theme parks) re-open
- Indoor leisure (gyms, pools) re-opens
- Libraries and Community centres re-open
- Self-contained holiday accommodation re-opens
- Continue to WFH if you can

**Step Three - from 17 May**


- 30 person limit outdoors
- Two households can mix indoors
- Indoor entertainment and hospitality re-opens
- Indoor events - up to 10,000 or 50% capacity
- Outdoor seated events - up to 10,000 or 25%
- Up to 30 people can attend most significant life events
- International travel - STR
- Hotels etc. can open
- Continue to WFH if you can

**Step Four - from 21 June**





- Remove all legal limits on social contact
- Remaining sectors re-open – e.g. nightclubs
- No limits on weddings, funerals
- Larger events allowed



# Four Tests to progress



## THE FOUR TESTS

	<b>TEST 1</b> The vaccine deployment programme continues successfully.		<b>TEST 2</b> Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated.
	<b>TEST 3</b> Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS.		<b>TEST 4</b> Our assessment of the risks is not fundamentally changed by new Variants of Concern.

COVID-19 ROADMAP 2021

1) Vaccination rates >80% for cohorts 1 to 5 & continue to increase in other cohorts

3) Hospitals admissions and bed occupancy (intensive care) levels continue to decline

2) Hospital admissions and trends for deaths from COVID are reducing

4) Enhanced surveillance and surge testing continues for the identification of Variants of Concern



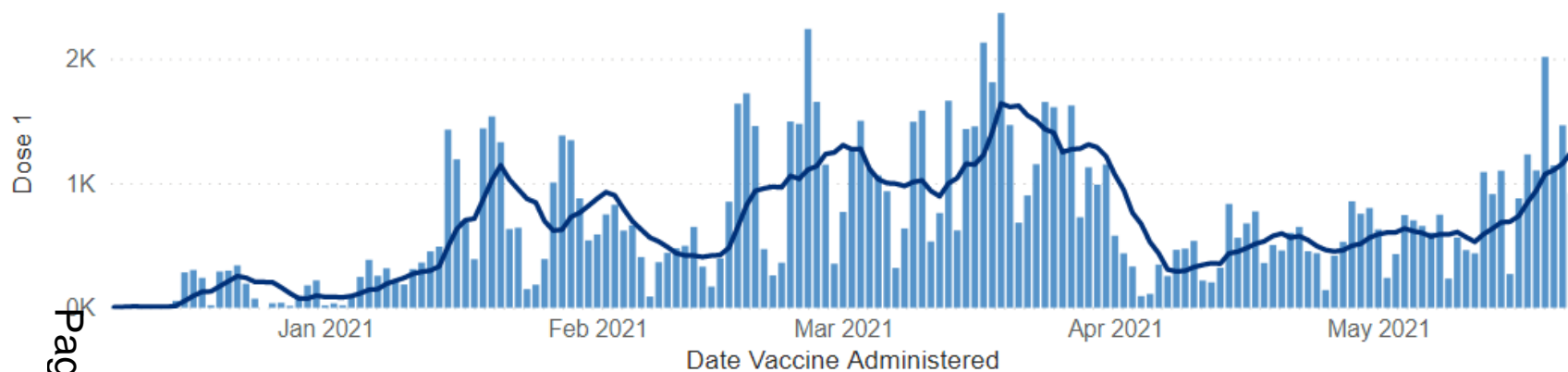


# Number of residents vaccinated



Dose 1 by Date Administered

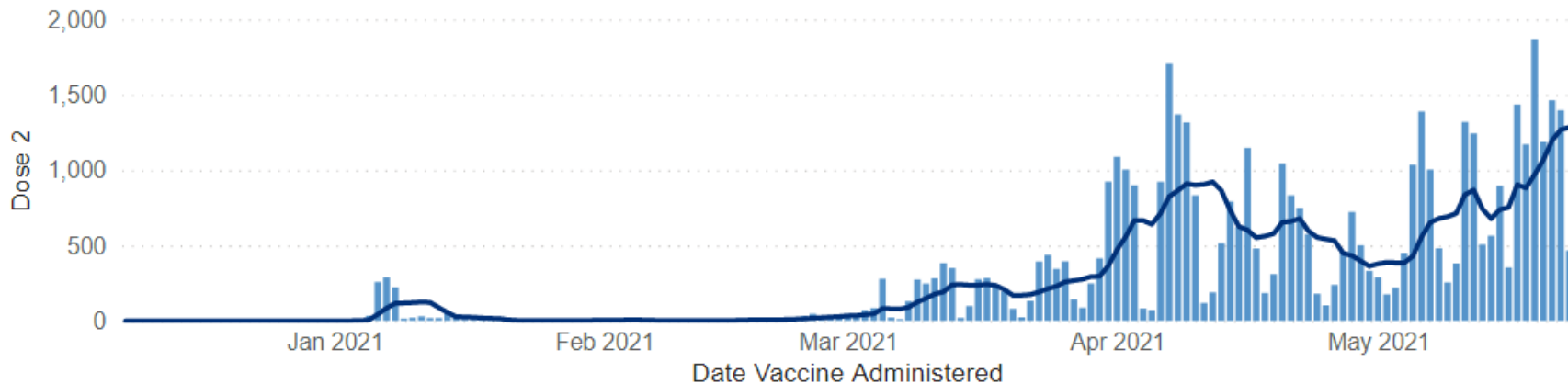
● Dose 1 ● 7 Day Rolling Average Dose 1



**113,363**  
Residents have had first dose  
(up to 23rd May. Source: PHE)

Dose 2 by Date Administered

● Dose 2 ● 7 Day Rolling Average Dose 2



**46,759**  
Residents have had second dose  
(up to 23rd May. Source: PHE)

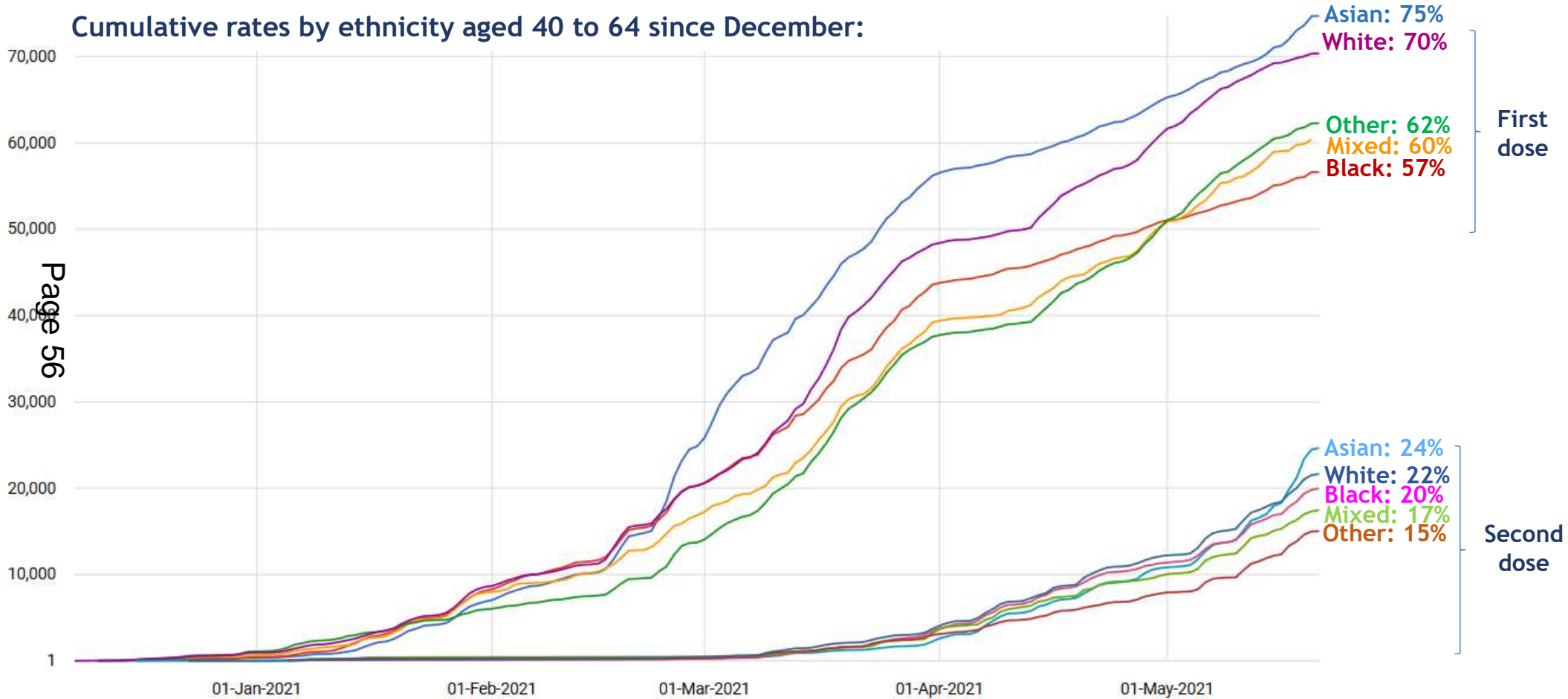
Source: PHE Situational Explorer Tool . Data is up to 23rd May.. Numerators and denominators are based on NIMS data.



# Cumulative vaccination rates by ethnicity



Cumulative rates by ethnicity aged 40 to 64 since December:



This shows in the younger age groups there is a disparity between White/Asian groups and other ethnic groups (Black, Mixed, Other)

Asian residents show higher vaccination rates than White residents

Source: Discovery Dashboard. Data extracted on 24<sup>th</sup> May..  
 Figures may be subject to data lags .Population denominators are based on GP registered population.





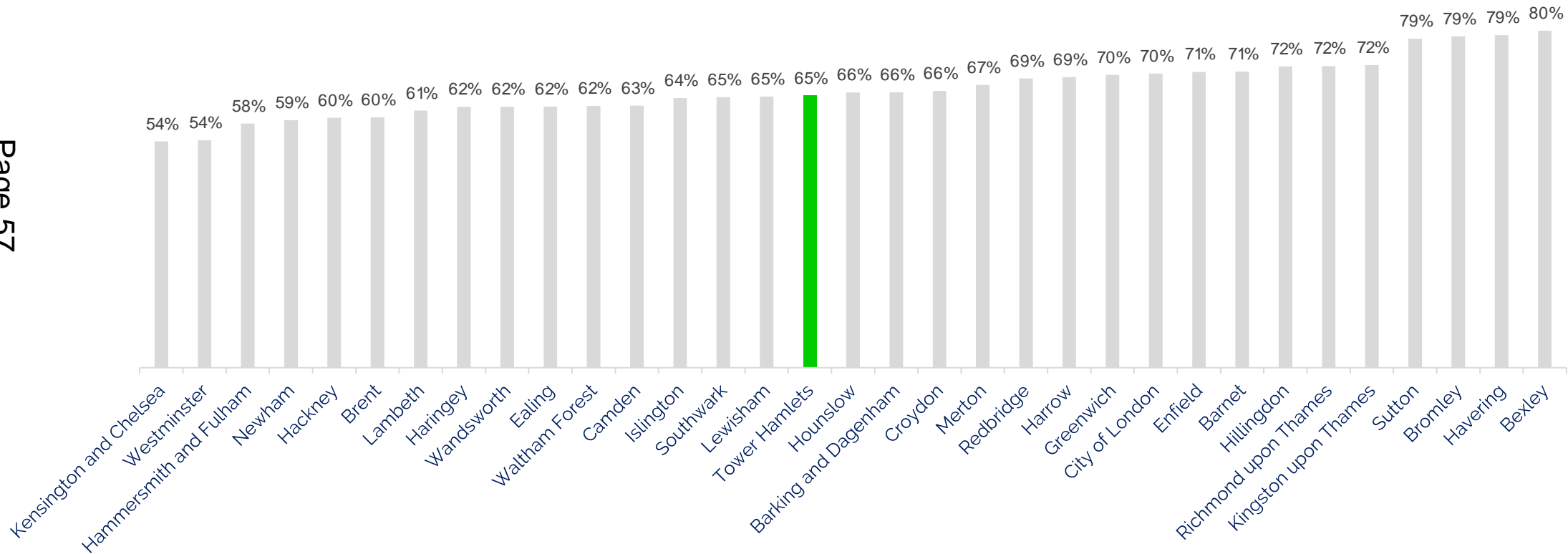
# Vaccination rates compared to the rest of London



## Vaccination rates in London: % aged 40 to 64 who have had their first dose

Source: NHS England. Based on NIMS data (8th December 2020 to 16th May 2021)

Page 57



Source: NHS England. Available at; <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>



# Variants of Concern



# Variants of Concern (VOC)

- VOC (vs VUI = Variant Under Investigation)
  - Transmissibility
  - Severity
  - Impact on Vaccine effectiveness
- Main VOCs (numbers at 19<sup>th</sup> May added)
  - B 1.1.7 (Kent) 249,637
    - Increased transmissibility, severity
    - No vaccine impact
  - B 1.1351 (South Africa) 904 cases
    - Maybe impact on vaccine effectiveness
    - No evidence increased transmissibility, severity
  - P.1 (Brazil) 143 cases
    - Maybe more transmissible
    - Maybe impact on vaccine effectiveness
  - B1.617.2.2 (Indian) 3424 cases
    - Maybe more transmissible
    - No evidence of impact on vaccine effectiveness



# National Approach

- Purpose
  - Monitor and suppress spread
  - Understand new variants
- Precautionary approach (in context of what happened with Kent VOC)
  - Enhanced surveillance by sequencing variants
  - Enhance contact tracing
  - Surge testing
- Surge testing
  - Increasing testing in a defined area
  - Whether or not people have symptoms
  - Whether or not people are vaccinated
  - Includes people previously testing positive (but not within 90 days)
- Current locations using surge testing
  - Brent, Ealing, Hackney, Harrow, Hillingdon, Redbridge, K&C, Tower Hamlets
  - Blackburn, Bolton, Sefton, Warwickshire, Worcestershire
- Approach
  - Additional MTUs, increased access to LTS, Collection Points, Door to Door



# Tower Hamlets



- Levels of COVID-19 are now the lowest since summer
- However, an increasing proportion of positive cases are variants of concern (since end April)
- Since 2<sup>nd</sup> May we have increased PCR testing to understand spread
- Initially, covered Bethnal Green and Stepney Green area - 6400 tests were completed between 2<sup>nd</sup> to 16<sup>th</sup> May
- From the 17<sup>th</sup> May to 31<sup>st</sup> May - due to dispersal of cases, we're continuing to ask residents across the borough to get tested whether or not they have symptoms
- Currently we know of 42 cases of the Covid-19 Variants of Concern (VOC) which have been transmitted within the community
- These VOCs are mainly ex South Africa but starting to see a small number of the VOC ex India, we're also now starting to see positive cases from the surge testing too
- Although numbers of the VOC ex India (B.1.617.2) are low, this is now considered to be more transmissible - although responsive to vaccination (hence surge vaccination approach in Bolton and NW)
- The best way to contain variants is to keep levels low – through vaccination, & cautious easing out of lockdown



# Thank you!



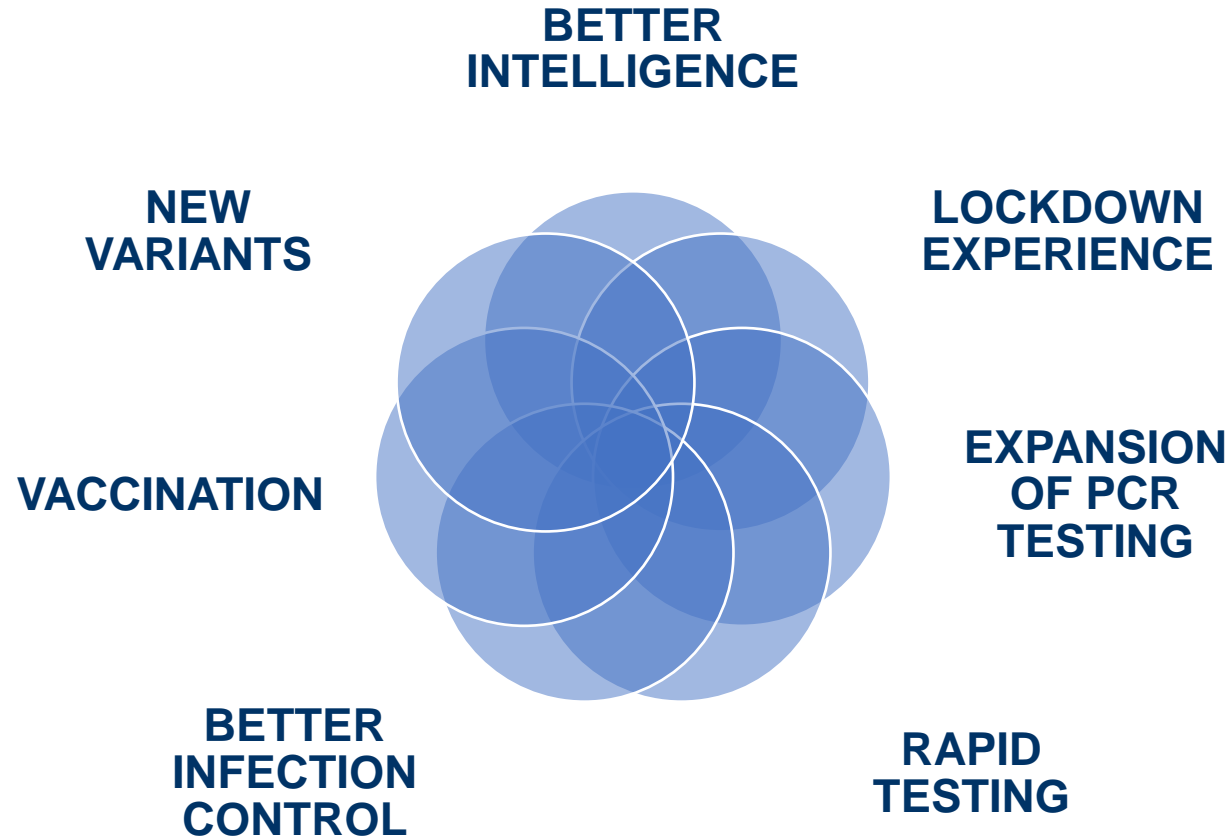
# Safe Tower Hamlets

COVID-19 Local Outbreak Management  
Plan refresh





# What has changed since start of pandemic?

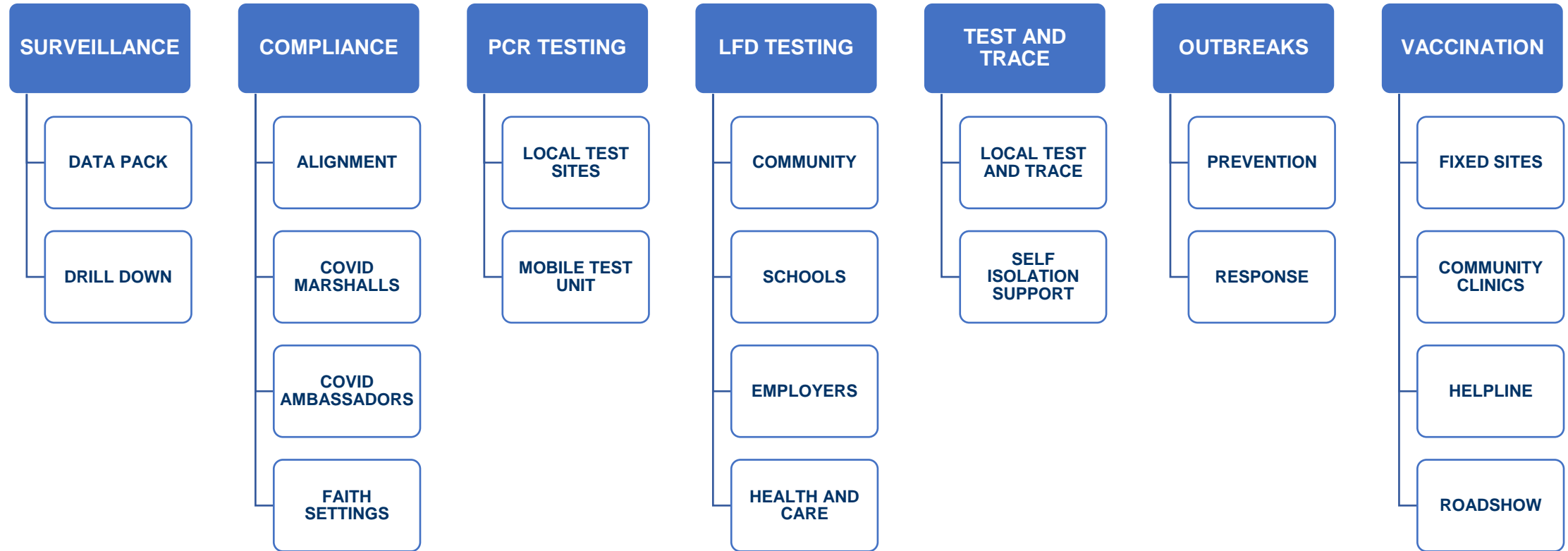




# What we have in place



Page 65

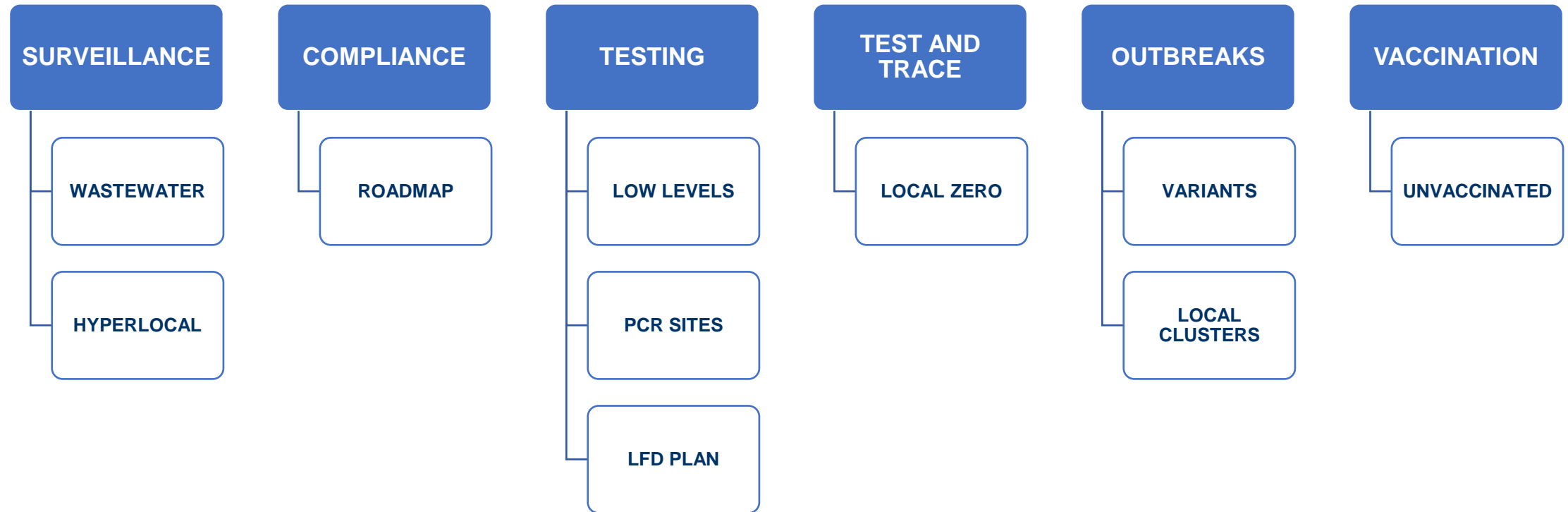


## COMMUNITY ENGAGEMENT AND INEQUALITIES

COVID CHAMPIONS, OUTREACH, SMALL GRANTS, VOLUNTARY SECTOR RESILIENCE, FAITH SETTINGS, YOUNG PEOPLE



# Developments



COMMUNITY ENGAGEMENT AND INEQUALITIES

LIVING WITH COVID – FROM EPIDEMIC TO ENDEMIC

