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Mayor of London
(Policy Support Unit: Refugee Integration)
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29.10.07

Dear Ken,

Health and Public Services Committee's response to the consultation on the Mayor's Refugee Integration Strategy

The London Assembly's Health and Public Services Committee is grateful for the opportunity to respond to the consultation on London Enriched, the Mayor's draft strategy for refugee integration in London.

This response follows the Committee's meeting on 9 October 2007 with Muge Dindjer and Richard Stanton, representatives of the GLA team responsible for developing the strategy. The response below only covers issues within the remit of the Health and Public Services Committee. The accompanying meeting transcript includes a full discussion of these issues, as well as issues raised by Jennette Arnold on behalf of the Economic Development, Culture, Sport and Tourism Committee.

The Committee welcomes the Refugee Integration Strategy (the strategy), and believes that it has the potential to make a positive difference to the lives of the capital's refugees and asylum seekers. The Committee has a number of comments on the draft strategy, which are outlined below.

1. The inclusion of proposals for asylum seekers

The draft strategy states that a decision has been made to broaden the remit of the strategy to include asylum seekers as well as refugees. The Committee welcomes this decision but is concerned that this change of remit will mean that proposals for asylum seekers will be added to the strategy after the consultation period has ended.

At the meeting, the Committee was reassured that an additional full consultation on proposals for asylum seekers is not necessary, since many of the consultation responses received so far have

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detailed issues for asylum seekers and/ or proposed initiatives for asylum seekers. However, the Committee does believe that any proposals added after the consultation period must be agreed by the Mayor's Refugee Advisory Panel as well as the Mayor's Board for Refugee Integration (BRIL).

2. Monitoring and evaluating the strategy

At the meeting on 9 October, the Mayor's team confirmed that the lack of reliable data on London's refugee and asylum seeker populations mean that there was no useful baseline data against which to measure the success of the strategy.

The Committee understands that one of the proposals in the strategy is a regular survey of London's refugee and asylum seeker population. This survey would aim to gather reliable data on the numbers, demographics, housing tenure, health status, employment status and service needs of refugees and asylum seekers. The Committee believes that the first survey must be carried out as soon as possible in order to provide good quality baseline data to help monitor and evaluate the strategy.

Organisations such as London boroughs and primary care trusts could benefit from the survey findings, which should provide them with more reliable information on the number and demographics of the population that they serve. This information could help them press central government for fairer funding allocations. The Committee therefore believes that these organisations should be invited to be involved in the survey's development, perhaps through NHS London and London Councils.

3. NHS support for the strategy

At the meeting, the Committee heard that NHS London have been involved in the development of the strategy, but because of staff changes, efforts to discuss the strategy with individual NHS trusts have been delayed. Many of the proposals in the health chapter of the strategy would require the support and/ or resources of NHS trusts. Therefore, the Committee believes that the London Enriched team must prioritise efforts to make contact with London's NHS trusts before the next round of commissioning finishes, to garner their support for the proposals in the strategy.

The Committee understands that NHS London is starting to develop a London-wide workforce training and development strategy. This strategy will aim to ensure that the £1.3 billion London budget for NHS staff training and development is used as effectively as possible. It would therefore be a good idea for the London Enriched team to liaise with NHS London to ensure the Refugee Integration Strategy proposals on NHS staff training feed into the development of the workforce training and development strategy.

4. Access to maternity services

A recent report from Project London¹ highlighted problems that refugee, asylum seeker and other migrant women have in accessing maternity services. Over half the pregnant migrant women who attended a Project London clinic had not been able to access any antenatal care, for reasons including health staff's confusion about the women's entitlements to care, the women's lack of knowledge on how to access care, and the women's lack of documentation proving their status and/ or home address. This lack of documentation is a particular issue for female migrants,

¹ Helping vulnerable people to access healthcare, report 2006; Project: London, Medecins du Monde

as many accompany their male partners, and do not have any documents in their own names that prove their home address.

The major health risks involved in pregnancy, such as pre-eclampsia, mean that if a woman is unable to attend regular antenatal check-ups, both she and her child could be in great danger. Furthermore, HIV screening is an important part of antenatal care, since if a woman is found to be HIV positive, medical staff can do a great deal to prevent the virus passing to the baby. However, many pregnant women attending Project London clinics had not been able to access antenatal HIV screening.

The Committee therefore believes that the strategy must include proposals for improving refugee and asylum seeker women's knowledge of, and access to antenatal and other maternity services.

5. TB screening

The strategy acknowledges that tuberculosis (TB) is a major health risk for refugees and asylum seekers living in London. The London Assembly's Health Committee investigated TB in 2003, and found that there was a real need for a more effective community based screening programme in London. The investigation found that screening in communities is more effective than at ports of entry, as infection may either occur or become active after arrival in the UK. An improved community screening service could ensure that more people could access treatment more quickly, and could also reduce the transmission of TB among refugee and asylum seeker communities.

The Committee therefore believes that the strategy should emphasise the importance of developing a comprehensive, community based TB screening in London for refugees and asylum seekers.

6. Employment of refugees in the health service

During the Committee's recent investigation into NHS dental services, we visited a dental outreach project in Tower Hamlets² that aims to improve access to and uptake of NHS dental services. The project uses mobile dental clinics, and employs staff from local communities as link workers to encourage people to attend the clinics.

The recruitment of refugee dentists as link workers has been an important reason for the project's success. The refugee dentists have brought their professional experience, language skills, and knowledge of their communities' health beliefs to the project. Because of their skills and knowledge, they have enabled some of the hardest to reach and disadvantaged groups to access the dental project, and have provided some useful ideas on how the project could be developed. In return, the refugee dentists benefit from their involvement in the project. In addition to having a paid job that uses their skills, the project gives them an opportunity to expand their professional and social networks as well as providing support in preparing for the International Dental Qualifying Examination.

The Committee believes that the Tower Hamlets dental outreach project could serve as a model of good practice in terms of employing refugees in the health service, and as such should be further investigated for possible inclusion in the final strategy, or its reference document.

We look forward to hearing your response to our submission and are, of course, happy to participate further in the development of the strategy.

² This project is run by Tower Hamlets Primary Care Trust – contact Ursula Bennett, Head of Dentistry

Yours sincerely,

A handwritten signature in black ink, appearing to read 'J. McCartney'. The signature is fluid and cursive, with a large, sweeping flourish at the end.

Joanne McCartney AM
Chair, Health and Public Services Committee