

Health and Social Care Scrutiny Commission

Wednesday 13 November 2024 7.00 pm 160, Tooley Street, SE1 2QH

Supplemental Agenda

List of Contents

Item N	o. Title	Page No.
4.	Minutes	1 - 5
	To approve as a correct record the Minutes of the open section of the meeting on 21 October 2024.	
7.	Cabinet Member for Health and Well-being - annual interview	6
	Cllr Evelyn Akoto's portfolio, enclosed, includes supporting carers, improving health services and adult social care, as well as public health.	
10.	Work Programme	7 - 20

Contact

Julie Timbrell on 020 7525 0514 or email: Julie.Timbrell@southwark.gov.uk

Date: 11 November 2024



Health and Social Care Scrutiny Commission

MINUTES of the OPEN section of the Health and Social Care Scrutiny Commission held on Monday 21 October 2024 at 7.00 pm at Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Suzanne Abachor (Chair)

Councillor Maria Linforth-Hall Councillor Sandra Rhule Councillor Jason Ochere Councillor Charlie Smith

OTHER MEMBERS

PRESENT:

OFFICER

SUPPORT: Darren Summers, Strategic Director Integrated Health and

Care/Southwark Place Executive Lead.

Dr Kate Haire, Clinical Director South East London (SEL)

Accountable Cancer Network (ACN)

Anne Rigg (medical director Guy's St Thomas' Trust (GSTT)

and consultant oncologist

Christopher Sivell, lead nurse Rapid Diagnostic Centre (RDC) Nikki Macfarlane, Partnership Southwark cancer clinical lead

Julie Timbrell, Project Manager, scrutiny.

1. APOLOGIES

Apologies were received from Cllr Esme Dobson.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were none.

4. MINUTES

The Minutes of the meeting on 25 July 2024 were agreed as a correct record.

Cllr Sandra Rhule expressed her regret that she did not send apologies.

5. TOPIC: CANCER PREVENTION AND EARLY DIAGNOSIS - RAPID DIAGNOSTICS

The chair welcomed the following colleagues from the Guy's and St Thomas' Trust (GSTT) and Partnership Southwark:

- Dr Kate Haire, Clinical Director South East London (SEL) Accountable Cancer Network (ACN)
- Anne Rigg (medical director Guys St Thomas Trust (GSTT) and consultant oncologist
- Christopher Sivell, lead nurse Rapid Diagnostic Centre (RDC)
- Nikki Macfarlane, Partnership Southwark cancer clinical lead)
- Darren Summers, Strategic Director Integrated Health and Care/Southwark Place Executive Lead.

A presentation was provided and then members were invited to ask questions. The following points were made:

- A member asked GSTT colleagues how the long term national ambition of detecting 75% of cancers at an early stage can be reached, given the present local performance ranging between 58% and 53.3% in 2023/24. Clinicians responded that this is the biggest challenge and can be best tackled by ensuring that health services are able to reach the whole population, that there is good access to Primary Care and ensuring patients symptoms are listened to and understood by Primary Care. There is also work to be done to de-stigmatise cancer. Granular engagement shows that for some people health is not a priority as the focus is on trying to exist and survive for example people on zero-hour contracts and low pay. The wider deterrents of health are very relevant here.
- A member commented that there are people who would find it difficult to access Primary Care as may not be able to not ring in for a GP appointment at 8am. Members asked if there is engagement with corporations employing people on zero hours contracts. The Strategic Director commented that GSTT are primarily commissioned to work with people come forward with symptoms, however GSTT do support people who are struggling to attend appointments and have benefit problems.
- A member commented that people on zero-hour contracts /low paid are
 often also recent immigrants and there may also be language barriers; the
 member therefore suggested outreach and leaflets in different languages.

The member added that Latin American community associations see people with cancers, such as breast cancer, seeking treatment abroad because of an inability to access care or a perception that care is not available.

- Clinicians said that there is a project working with Latin American community looking how to improve engagement and access to healthcare services. In addition, that is a cervical screening project in Lambeth working with the Latin American community.
- There was a discussion on improving translation services and ensuring that speakers with Spanish from the right country are allocated to patients. Clinicians acknowledged the importance of good quality translation and reported that there are Latin American leaflets available.
- The Rapid Diagnostic Centre confirmed that will it pick up on cancers such as Non-Hodgkin Lymphoma, which can be hard to detect early and present with symptoms such as weight loss.
- There was a covid backlog to overcome after the pandemic, and also people were more reluctant to take up invitations to attend hospitals. More work is ongoing here with communities.
- Members asked about drop-in clinics to assist people who find appointments harder to make. Members commented that these used to be common for cervical cancer screening and Sexually Transmitted Diseases; unfortunately, now an appointment is required. The clinicians strongly agreed with the need for flexibility. They did however flag up that this can be difficult with a national programme that often requires appointments, whilst agreeing making appointments can be difficult and a barrier, and the benefits of drop in provision.
- Members suggested more outreach for prostate cancer, such as a community bus offering information and perhaps even testing, as well as visits to places such as Southwark Pensioners Centre. Clinicians said that they have been working with men with prostate cancer to provide better information, such as reassurance that diagnosis is non-invasive.
- Clinicians explained that GPs are skilled up through training packages, including one by Macmillan Cancer Support and Red Whale cancer referral guidelines. They explained diagnosis can be difficult as people with nontraditional cancer symptoms are only present a few times each year.
- Members commented that there is an ongoing concern with difficulties accessing GPs, and this was acknowledged. Clinicians reported that there is work to improve Primary Care access. This work will be the subject of a report to the next meeting of the Commission.
- Clinicians said that private providers are only used in unusual

circumstances, but this may occasionally happen e.g. if a scanner broke down or to buy theatre time for operations that are required, if there is a backlog that urgently needs addressing.

- Members asked clinicians for recommendations to improve performance and the following were suggested:
- A) improvements to the system and partnership working
- B) engagement with communities to drive change
- C) Improved data quality, including that hospital and Primary Care record Protected Characteristics, plus post code and socio-economic status.

It was noted that there have been some issues with data from Epic, the newly introduced patient record system.

Rapid Diagnostic item

6. ACCESS TO TESTING - RESPONDING TO THE CYBER-ATTACK

The chair welcomed Darren Summers, Strategic Director Integrated Health and Care/Southwark Place Executive Lead and invited a summary of the paper.

Members were then invited to asked questions and the following points were made:

- There was a discussion on the initial response and the early restriction on urgent tests. There were other diagnostic tests available after 10 days.
- Officers explained that there is an ongoing investigation into the perpetrator, however there was a public announcement that it was a Russian criminal gang.
- The investigation will be looking at lessons learnt, including business continuity. In addition, there is now more training in the council and NHS on protecting ourselves from cyber-attacks.

7. REFRESH PARTNERSHIP SOUTHWARK PRIORITIES - EARLY DISCUSSION

The chair welcomed Darren Summers, Strategic Director Integrated Health and

Care/Southwark Place Executive Lead and invited him to present.

Members were then invited to make comments on the emerging priorities and the following points were made:

- A member commented that lots of children are emerging from the pandemic with trauma relate to domestic abuse. The Strategic Director agreed and added that domestic abuse is not the only factor; children are also suffering anxiety, fear for the future, and poor school attendance, partly as a result of the pandemic.
- The Strategic Director was asked about reluctance to access mental health and other services. In response he said that services are taking a less punitive, more persuasive approach with is also geared to reducing stigma. An example is school refusal and working with the family. He added that there is work to do with professionals to increase their skills here.
- Members asked about the Southwark Maternity Commission and work on reducing mortality in black mothers. The Strategic Director reported that there was a recent presentation at the Partnership Southwark board. Partnership Southwark is working with the wider system to take the recommendations forward including improving neo natal outcomes.

8. ACCESS TO TOILETS SCRUTINY REVIEW REPORT - CABINET REPORT BACK

The commission noted the cabinet report to the scrutiny review report on Improving Access to Toilets, and broadly welcomed the response to the recommendations.

RESOLVED

Officers will be asked to provide an update on the production of the Accessible Toilet Plan, within 12 months, as set out in the report.

9. WORK PROGRAMME

The work programme was noted.

CIIr Evelyn Akoto

Cabinet Member for Health & Wellbeing

for all, including the Food & Fun Fund

Cllr Akoto's responsibilities include: □ **Public health -** including reducing health inequalities; Covid19 and health protection; Community Health Ambassadors; vaccinations, immunisation and screening; health visiting, school nursing and childhood obesity; sexual health, contraception and HIV; and smoking, drug and alcohol services ☐ Adult social care - including adult safeguarding; home care; nursing and care homes; occupational therapy, aids and adaptations; and commissioning extra care, sheltered and supported housing Health and wellbeing partnerships - overseeing key stakeholder relationships such as Health & Wellbeing Board and the South East London Integrated Care Partnership, Partnership Southwark and SC1 ☐ Improving health services - working with the NHS, general practice (GPs), local hospitals, community health services and pharmacists, Adult mental health □ Older people - including ensuring Southwark is an age friendly borough and opening a modern centre for Black African and Caribbean elders Adults with disabilities - including social care support; increasing the voice and influence of people with disabilities and their families in local decision making ☐ Carers - support for people who are providing unpaid care for adult family members or friends with a disability or health condition, including respite care □ Food - making Southwark a right to Food borough with access to affordable healthy food

Item No.	Classification:	Date:	Meeting Name:
	Open	13 November 2024	Health & Social Care
10			Scrutiny Commission
Report title:		Health & Social Care Scrutiny Commission Work Programme 2024 - 25	
Ward(s) or groups affected:		N/a	
From:		Julie Timbrell, Project	ct Manager, scrutiny.

RECOMMENDATIONS

- 1. That the Health & Social Care Scrutiny Commission note the work programme as attached as Appendix 1 Work Plan, and review scope in appendix A.
- 2. That the Health & Social Care Scrutiny Commission consider the addition of new items or allocation of previously identified items to specific meeting dates of the commission.

BACKGROUND INFORMATION

3. The general terms of reference of the scrutiny commissions are set out in the council's constitution (overview and scrutiny procedure rules - paragraph 5). The constitution states that:

Within their terms of reference, all scrutiny committees/commissions will:

- a) review and scrutinise decisions made or actions taken in connection with the discharge of any of the council's functions
- review and scrutinise the decisions made by and performance of the cabinet and council officers both in relation to individual decisions and over time in areas covered by its terms of reference
- c) review and scrutinise the performance of the council in relation to its policy objectives, performance targets and/or particular service areas
- d) question members of the cabinet and officers about their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects and about their views on issues and proposals affecting the area

- e) assist council assembly and the cabinet in the development of its budget and policy framework by in-depth analysis of policy issues
- f) make reports and recommendations to the cabinet and or council assembly arising from the outcome of the scrutiny process
- g) consider any matter affecting the area or its inhabitants
- h) liaise with other external organisations operating in the area, whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working
- review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the scrutiny committee and local people about their activities and performance
- j) conduct research and consultation on the analysis of policy issues and possible options
- k) question and gather evidence from any other person (with their consent)
- consider and implement mechanisms to encourage and enhance community participation in the scrutiny process and in the development of policy options
- m) conclude inquiries promptly and normally within six months
- 4. The work programme document lists those items which have been or are to be considered in line with the commission's terms of reference.

KEY ISSUES FOR CONSIDERATION

- 5. Set out in Appendix 1 (Work Programme) are the issues the Health & Social Care Scrutiny Commission is considering in 2024- 25.
- 6. The work programme is a standing item on the Health & Social Care Scrutiny Commission agenda and enables the commission to consider, monitor and plan issues for consideration at each meeting.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Health & Social Care Scrutiny Commission agenda and minutes	Southwark Council Website	Julie Timbrell Project Manager
Link: https://moderngov.southwark.gov.uk/ieListMeetings.aspx?CommitteeId=518		

APPENDICES

No.	Title	
Appendix 1	Work Plan 2024-25	
Appendix A	Review: Adult Safeguarding – how can this be implemented to better protect vulnerable adults, carers and paid staff?	

AUDIT TRAIL

Lead Officer	Everton Roberts, Head of Scrutiny			
Report Author	Julie Timbrell, P	Julie Timbrell, Project Manager, Scrutiny.		
Version	Final			
Dated	11 November 20)24		
Key Decision?	No			
CONSULTAT	CONSULTATION WITH OTHER OFFICERS / DIRECTORATES /			
	CABINE	T MEMBER		
Officer	Officer Title Comments Sought Comments Included			
Director of Law and Governance		No	No	
Strategic Director of		No	No	
Finance and Governance				
Cabinet Member	Cabinet Member No No			
Date final report sent to Scrutiny Team 11 November 2024				

Health and Social Care Scrutiny Commission workplan 2024/25

Potential reviews, topics follow up and standing items:

Review

Adult Safeguarding – how can this be better implemented to protect vulnerable adults, carers and paid staff?

(This review started last year)

Topics

Damp and mould

Cancer prevention and early diagnosis

Follow up:

- GP appointments
- Orient Street/ Respite Care update on Short Break consultation and outcome, update on current provision at Orient Street. This will consist of Forward Plan report to note.
- A report on children's respite care and cost impact of the ending the provision at Orient Street.
- Blue Badge update on progress following an item last administrative year
- Pain management clinic with reference to good practice community model in Lambeth and assurance around administration at GSTT

- Care Home model pre-scrutiny of options under consideration
- Adult Social Care Vision pre scrutiny of Cabinet report (governance timeline to follow)

Standing items

• Interview with the Independent Chair of the Southwark Safeguarding Adults Board (SSAB). The Safeguarding Adults Board is a multi-agency partnership which has statutory functions under the Care Act 2014. The main role of Southwark Safeguarding Adults Board (SSAB) is to ensure that local safeguarding arrangements work effectively so that adults at risk due to health needs, social care needs or disabilities are able to live their lives free of abuse or neglect.

Interview Cabinet member/s

• Cabinet Member for Health and Well-being

Dates

Meeting	Date	
Informal meeting to workplan	Tuesday 11 June	
1	Thursday 25 July	Damp and Mould
		Request a report from Damp and Mould specialist in housing and the work of Public Health, with reference to:
		The work of Public Health , including outreach to check for respiratory health
		How to tackle damp and mould in different types of tenure including council homes, housing association, private rented and homeowners
		How the construction of buildings can impact on damp and mould
		Current and planned statutory housing duties that impact on damp and mould including Awaab's Law
		Advice and education that can be provided to supplement the landlord's primary responsibility to address the underlying causes of the problem, such as structural issues or inadequate ventilation.

		Local Pharmacies A report will be requested from commissioners with reference to a petition and correspondence from a local pharmacy regarding the sustainability of current commissioning of pharmacy services. Commissioners will be asked to clarify to what extent problems can be addressed at a local, South East London and/ or national level. Access to Toilets scrutiny review report – final report sent to July cabinet , arising from last year, to note.
2	Monday 21 October	Topic: Cancer prevention and early diagnosis: Rapid Diagnostics Presentation on 'cancer of unknown origin / rapid diagnostic specialist cancer treatment centre' Access to testing – responding to the cyber-attack in Primary Care Refresh Partnership Southwark priorities – early discussion Access to Toilets scrutiny review report – cabinet report back

3	Wednesday 13 November	Topic: Cancer prevention and early diagnosis
		Primary Care Access
		GP appointments (with particular focus on accessing face to face appointments and timely care) and an update on 'collective action' by GPs in response to the new contract, and any Southwark specific action)
		Cabinet Member for Health and Well-being – annual interview
		Cllr Evelyn Akoto's portfolio includes supporting carers, improving health services and adult social care, as well as public health.
		Healthwatch
		Annual report 2023 -24
		Empowering Voices: Examining Healthcare Access for Adults with Learning Disabilities and Autistic Adults Healthwatch Southwark
4	Monday 3 February	Interview with the Independent Chair of the Southwark Safeguarding Adults Board (SSAB) tbc
		Blue Badge – follow up
		Pain Management update (tbc)
		Damp and mould - including follow up on equalities data from Public Health

_	_
C	5

5	,	A report on children's respite care and cost impact of the ending the provision at Orient Street.
		Care Home model pre-scrutiny of options under consideration

Members

Seven seats: 5 Labour / 2 Liberal Democrats

	Labour (5)	Liberal Democrats (2)
1.	Suzanne Abachor	Cllr Maria-Linforth-Hall (Vice Chair)
2.	Esme Dobson	Cllr Nick Johnson
3.	Charlie Smith	
4.	Jason Ochere	
5.	Sandra Rhule	
Reserv	/es	

	Labour (5)	Liberal Democrats (2)		
1.	Emily Hickson	Cllr David Watson		
2.	Leo Pollak	Cllr Victor Chamberlain		
3.	Joseph Vambe			
4.	Sam Foster			
5.	Dora Dixon Fyle			
Non Voti	Non Voting Co-opted places			
	-			
	To be considered at the discretion of			
	the commission			



Scrutiny review scoping proposal

1 What is the review?

Adult Safeguarding – how can this be more be consistently implemented to better protect and assist vulnerable adults, families, carers and paid staff?

The review is being conducted as members believe there is sometimes ambiguity, or different interpretations, over how Safeguarding is implemented for vulnerable adults and this can create difficulties for the people concerned: adults, staff, families, and carers.

These are some of the consequences inconsistent or poor quality Safeguarding approaches , including false accusations of abuse or neglect:

- Staff leaving the sector
- Staff staying but being resentful and demoralised (in the context of there already being a problem with recruitment and retention)
- In the case of family carers, them needing support and solutions but instead getting the opposite i.e criticism, leading to possible disengagement with services

What outcomes could realistically be achieved? Which agency does the review seek to influence?

Goals:

- To make things clearer for staff so that they are not accused of abuse or neglect when it is not abuse or neglect, so as not to put people off working in the sector
- Introduce checks and balances to prevent vexatious accusations
- Make the sure there is good systems in place for people to raise concerns / whistleblowing to report issues and ensure this is more transparent and accessible
- Improved guidelines for implementation of tricky safeguarding decisions



The review is aimed at improving outcomes for :

- Council safeguarding leads, social workers and commissioners
- Paid staff
- Care providers
- Vulnerable Adults
- Carers
- Family and friends of vulnerable adults
- When should the review be carried out/completed?i.e. does the review need to take place before/after a certain time?

Completed by 2024

4 What format would suit this review? (eg full investigation, q&a with executive member/partners, public meeting, one-off session)

Full investigation.

What are some of the key issues that you would like the review to look at?

Would it be beneficial to:

- To make better use in Adult Safeguarding of PIPOT (Persons in a Position of Trust) and replicate the LADO process – used in safeguarding children.
- promote undercover boss type work experience for senior managers to gain a better understanding of the work of care workers
- Recommend that social workers spend a week as a front line care worker (for example) as part of their training?
- SCIE training for local care home staff?

Conduct case studies and examine examples of where things are unclear:



- Some consider turning people every two hours during the night is necessary in order to prevent pressure sores, others consider this to be abuse. https://hellocare.com.au/two-hourlyrepositioning-prevent-bedsores-abuse-study/
- Some staff are told that it is abuse to wake care home residents up, but sometimes staff are then told to do this
- Is it abuse or neglect to leave someone in bed all day?
- Call bells in care homes disconnection considered to be abuse but there are cases where it could be necessary
- When looking after someone at home, families are often told that they should not lock the front door, but they do because they want to keep their relative with dementia safe. How can the approach of experienced practitioners be championed? (see case study SLaM nurse)

Who would you like to receive evidence and advice from during the review?

- A. Hourglass (elder abuse charity)
- B. SCIE (Social Care Institute for Excellence)
- C. Chair of the Southwark Safeguarding Adults Board
- D. Officers from adult safeguarding department
- E. Managers of a local homes attend meeting to discuss i) Safeguarding ii) Disciplinary policy, with a view to discussing how investigations are carried out, and how to best balance fairness and valuing workers with the need to safeguard residents

Agincare

Greenhive Care Home (Peckham)
Waterside Care Home (Peckham)
Rose Court Care Home (Rotherhithe)
Bluegrove House Care Home (Bermondsey)

Country Court



Camberwell Lodge Care Nursing Home

HC One

Tower Bridge Care Home

Mission Care

The Elms Residential Care Home

- F. Unions to consider how investigations are conducted
- G. Care home resident (case study)
- H. SLAM dementia nurse (case study)
- I. Carer / former carers (case study)

Workshop / structured interviews addressing two themes:

- How are safeguarding investigations into allegations about workers being conducted and how can the right balance be found between being fair and valuing staff, whilst safeguarding vulnerable adults
- How to best reach consensus / balance safeguarding and autonomy over definitions e.g. people with dementia leaving home and turning people in the night

Any suggestions for background information? Are you aware of any best practice on this topic?

London Safeguarding Policy and Protocol

What approaches could be useful for gathering evidence? What can be done outside committee meetings?

e.g. verbal or written submissions, site visits, mystery-shopping, service observation, meeting with stakeholders, survey, consultation event

Interviews with organizations with expertise in this area. Case studies – through a workshop.

Health & Social Care Scrutiny Commission

MUNICIPAL YEAR 2024-25

AGENDA DISTRIBUTION LIST (OPEN)

NOTE: Original held by Scrutiny Team; all amendments/queries to Julie.Timbrell@southwark.gov.uk

Name	No o		No of
Paper copies Councillor Suzanne Abachor (Chair) Councillor Maria Linforth-Hall (Vice-Chair) Councillor Sandra Rhule	1 1 1	Julie Timbrell, Scrutiny Team SPARES External	copies 9
Electronic Copy Members			
Councillor Suzanne Abachor (Chair) Councillor Maria Linforth-Hall (Vice-Chair) Councillor Nick Johnson Councillor Esme Dobson Councillor Charlie Smith Councillor Jason Ochere Councillor Sandra Rhule			
Reserves Members			
Councillor Emily Hickson Councillor David Watson Councillor Leo Pollak Councillor Victor Chamberlain Councillor Joseph Vambe Councillor Sam Foster Councillor Dora Dixon Fyle			
Non Voting Co-opted places			
		Total: 12 Dated: July 2024	