



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 non-traditional 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.