

# **Adult Social Care, Health and Wellbeing Sub-Committee**

**Thursday, 30 September 2021**

Present: Councillor J Kirwin (Chair)  
Councillors J Montague, L Arkley, T Brady, J Cassidy,  
M Hall, M Madden, T Mulvenna, P Richardson and  
J Shaw

In attendance:  
Councillor A McMullen

Apologies: Councillor J Allan

## **ASCH20/21 Appointment of Substitute Members**

There were no substitute members.

## **ASCH21/21 Declarations of Interest**

Cllr J Kirwin declared an interest in relation to Item 5 as he is employed by a national cancer charity.

## **ASCH22/21 Minutes**

**Resolved:** That the minutes of the meeting held on 2 September 2021 be confirmed and signed by the Chair.

## **ASCH23/21 Cancer Services in North Tyneside**

The Sub-committee was presented with a report on Cancer Services in North Tyneside provided by Anya Paradis, Director of Commissioning and Planning, and Dr Shaun Lackey, CCG.

The report outlined the challenges for cancer services provision throughout the North East during the pandemic, and the impact of the pandemic on the ability to diagnose and treat cancer patients within the national standards. It was noted that cancer delivery has been a priority for primary and secondary care providers throughout the pandemic and services were adapted and continued to be delivered throughout this time. It was also noted that cancer services in the area never stopped during the pandemic, which was not the case in all areas.

The report outlined the measures that were taken to allow cancer services to continue through the pandemic and some of the actions to allow services to catch up following the first lockdown. In addition, independent sector provision was nationally commissioned to provide additional support to the statutory sector, and both Trusts in the area also provided national mutual aid during the pandemic to other areas across the north east and nationally.

It was noted that the biggest challenge during the pandemic has been to encourage patients to contact their GP, especially for suspected cancer, and to attend hospital for cancer appointments. Despite regular communications to encourage people to attend, attendance at cancer appointments did drop.

The Sub-committee was provided with information about screening and referral rates and the measures that have been put in place to address backlogs.

The report also noted some new initiatives that are being taken forward as a result of new ways of working developed during the pandemic and also aimed at achieving the long-term plan requirements and delivering improved services and outcomes for patients.

Members asked about the NHS long term plan targets in relation to cancer and the target of 75% of cancers diagnosed at stage 1 and 2 by 2028 and whether this was achievable. It was noted that this is a long timescale and should be long enough to get back on track following Covid, so there was reasonable confidence around these targets. Although it was also noted that Covid continued to have an impact with 2-3 wards in local hospitals currently allocated for Covid patients, and this represents a significant resource in terms of beds and staffing.

There was some discussion about emerging technologies and initiatives that have great potential to have a positive impact on cancer diagnosis and treatment. In particular there was discussion about the GRAIL blood test cancer screening pilot, with the North East one of the areas involved in the pilot. It was noted that this is an exciting development. However, there also has to be consideration given to follow up resources that may be needed if these technologies are successful and are to be rolled out on a national basis.

Cllr Mulvenna highlighted that members of the Regional Health Scrutiny Committee had been provided with information and a video link about the GRAIL pilot and he requested that this be circulated to all members of the sub-committee for information.

Members raised the issue about the ongoing reorganisation of the NHS with the move to the ICS and how this will impact on local knowledge within the CCG. It was noted that the emphasis remained focussed on place-based systems, and guidance was starting to come out to explain how this will work in practice. The Sub-committee was informed that current CCG staff will be transferring to the new organisation and the new arrangements will build on and adapt current arrangements.

Members asked about the impact of the pandemic on staff welfare and mental health. It was noted that NHS organisations were starting to see more staff feeling the impact of the pandemic and this was evident in increased fatigue and mental health issues among staff leading to staff absences. This was something that organisations are aware of and a regional workforce group is at the forefront of discussions about these issues. It was also highlighted that there had been an impact on recruitment and retention of lower paid staff where there are other opportunities for jobs in other sectors.

Members thanked the CCG representatives for attending the meeting and for the informative report and discussion.

**Agreed:**

To circulate the information and video link about the GRAIL pilot to all members of the Sub-

committee.

## **ASCH24/21 Adult Safeguarding Board - Outcome of Peer Review**

The Sub-committee received a verbal update on the outcome of the recent peer review of the Adult Safeguarding Board.

It was noted that the Adult Safeguarding Board has operated since 2016 as a joint Board with Northumberland and this has been beneficial in reducing duplication for partners attending the Board.

An independent external consultant had been engaged to undertake the review of the Board which included a survey of all partners and semi-structured follow-up interviews. The final report has been shared with the Board.

The review was positive and identified that partners found the Board to be useful and partners engaged well, with meetings well attended and respected. However, it was also suggested that the Board was focussed on information sharing, rather than setting strategy for safeguarding.

The review did not identify a strong view on whether the Board should stay as a joint Board or separate into two area Boards. However, following further consultation with partners it has been agreed that the Board should split to create a separate Board for each area, but, where appropriate, sub-groups of the Board will continue to operate on a joint basis.

The new arrangements are due to come into effect from April 2022 and plans are in place to progress this. In the longer term it is planned for the North Tyneside Board could align with other strategic boards that are in place covering Domestic Abuse, Children's Safeguarding and Crime. The new arrangements will not be reflected in the Board Annual Reports until the end of 2022-23.

The Chair thanked officers for the update and looked forward to receiving the Annual Report at the next meeting in November.