



**North East & Yorkshire Palliative and End of Life
Strategic Clinical Network
Board Meeting
13th July 2022 14:00 - 15:30
via MS Teams**

Present:	Representing:
Michelle Muir (Chair)	Clinical Services Director, Saint Catherine's Hospice & PEOLC SCN Clinical Lead, Humber & North Yorkshire ICS
Marie Hancock (MH)	PEoLC SCN Manager North East & Yorkshire Region
Charlotte Goulding (CG)	PEoL Programme Manager, West Yorkshire Health & Care Partnership
Sarah Mitchell (SM)	PEoLC SCN Clinical Lead, South Yorkshire ICS and Regional SCN Clinical Lead
David Smith (DS)	Adult Hospices North East & North Cumbria
Sam Kyeremateng (SK)	PEoLC SCN Clinical Lead, South Yorkshire ICS
Elizabeth Price (EP)	PEoLC SCN Clinical Lead, West Yorkshire ICS
Sue Bottomley (SB)	National Programme Director, PEOLC NHSEI
Chrissy Luff (CL)	Programme Manager, Personalised Care, North East & Yorkshire
Ross Smith (RS)	PEoLC SCN CYP Clinical Lead, Yorkshire & the Humber ICS
Elizabeth Zabrocki (EZ)	PEoLC Project Manager, North East & North Cumbria ICS
Kathy Clark (KC)	Association of Directors of Adult Social Services
Kathryn Dimmick (KD)	Ageing Well Programme
Jenny Wilson (JW)	PEoLC SCN Clinical & Workforce Lead, North East & North Cumbria ICS
Kerry Jackson (KJ)	Yorkshire and the Humber Hospices
Apologies:	
Clair Holdsworth	Children's Hospices Yorkshire and the Humber
Yasmin Khan	Deputy Medical Director -System Improvement and Professional Standards, SRO.
Deborah Penfold	PEoLC Clinical Lead, West Yorkshire ICS
Gwynn Elias	Personalised Care, North East & Yorkshire
Johanne Evans	Interim Assistant Director Community Services, NHS Humber & North Yorkshire ICB
Juliet McGilligan	Regional Programmes Manager, Health Education England

Item	
1.	Welcome, Introductions & Apologies M Muir deputised for Y Khan as chair of the meeting due to apologies received. Introductions were made and apologies were noted as above.

<p>2.</p>	<p>Minutes from Previous Meeting & Actions Members agreed that the previous meeting minutes were a true and accurate record. The final draft version had been circulated previously.</p> <p>Actions No actions.</p>
<p>3.</p>	<p>Personalised Care</p> <p>The slides presented by CL will be circulated with the meeting minutes.</p> <p>Key points raised by members included:</p> <ul style="list-style-type: none"> • CL stated that it is NHS policy and includes metrics that have to be met. Want to explore how this group can support teams to increase uptake of Personalised care Institute training. • More care, less pathway defined what patients should expect from EoLC and patients should be made aware that this is what they should expect in their personalised care plan • There is reluctance in parts of the system to change the policy/guidance for this year • How do we as a SCN lobby all ICBs to ensure EoLC is a priority? • The SCN could write to the ICB CEOs with a request to make it a priority and their responses may provide some insight and suggest a way forward. A joint letter to be sent from NHSE national PEOl team and SCN <p>Action: YK and S Bottomley to write to the ICB CEOs Action: This item to be added to a future agenda</p>
<p>4.</p>	<p>National Updates</p> <p>Sue Bottomley provided the following update.</p> <p>The statutory guidance for ICBs moves the responsibility from CCGs to the ICBs to consider the commissioning of PEOlC services. The national team will be working with ICBs and systems to embed PEOlC and there will be an expectation for ICBs to report against delivery and development. It is hoped that by positioning it in the 6 Ambitions, they can be used as a lever to develop what the ICBs need to do. There will also be an accompanying set of technical guidelines published on the NHS Futures site in September. These will take the form of service specifications, work around financial modelling and framework for finance and population health management.</p> <p>Support to the ICBs will be via an accelerated development programme and national mentor/mentee scheme which will provide the Integrated Care Partnerships and boards with an understand of what good looks like. The mentor scheme will be funded and will include people who have received the first wave of the accelerated development programme. They will then become mentors for other less developed areas. Year 1 of the programme will be run with the support of the national team and thereafter, the regions will adopt the supporting role.</p> <p><u>CYP Underspend Match Funding</u> The deadline for expressions of interest is 27 July.</p> <p><u>Getting to Outstanding Phase 2</u></p>

	<p>Expressions of interest have been released and we have approached the mental health provider NAVIGO and will be meeting with their CEO and deputy CEO in July. Barnsley Hospice have also been approached.</p> <p>SCN Updates</p> <p><u>SCN Projects 2021/22 Report</u> Due to an underspend in 2021/22, projects were invited to a maximum of £20k. Data obtained from the completed projects is included in the report (Paper B), however a number of them are still in the exploratory stage. A further report will be published in September.</p> <p><u>SCN Inaugural Conference 12 October 2022</u> Have established a Task & Finish Group, led by SM. The focus of the conference will be on health inequalities with Prof. Bee Wee and OHID colleagues among the speakers.</p> <p><u>Paediatric PEoL NE and N Cumbria ICS</u> Two clinical leads have been recruited for NENC, Helen Aspey and Suzanne Garbarino-Danson, both commenced on 1st July. This brings the total number of children’s clinical leads to four, three are funded by the SCN and the other one by the NENC ICB. A paediatric network re-set meeting was held on 7th July which produced a number of priorities including workforce and data and metrics.</p> <p><u>Health Inequalities</u> Currently exploring options to recruit a HI lead and if there is a need to have a separate person for adults and children.</p>
5.	<p>HEE JM was unable to attend the meeting and provided a written update which will be circulated with the meeting minutes.</p> <p>ADASS PEoLC is not a priority within the ADASS regionally, however the work being carried out will make a contribution. The current focus is how to increase work on voice and co-production and to link in with all local authorities on how to share learning from this.</p> <p>Work is being progressed through the commissioning and workforce networks in terms of market and fair cost of care. Requests have been made to providers to determine what the real costs are, however, there are challenges around the level of buy in from providers as they are concerned about the amount of data being used and how it is being used. It is anticipated that an indication of the findings in each local authority will need to be provided to the HSE around September/October and what the strategies in sustainable markets will be around that.</p> <p>ADASS is contributing to a national message around the high demand for social care and the risks involved e.g. delays in assessments being delivered, the rise in acuity of people being supported and provision of packages of support.</p> <p>Ageing Well Programme</p> <p><u>Enhanced Health in Care Homes</u> An update was provided by KD.</p>

Consideration is being given to remove 'Ageing well' and to make it a community services and discharge focus which is a more up to date and encompassing title.

Ageing Well Programme Framework (2016) was updated in 2020 prior to COVID and a further update is expected in September/October 2022. Seven stakeholder events have been held to inform this update but due to the low attendance of social care colleagues, additional forums will be arranged. Digital transformation has been linked with the framework refresh and discussions have taken place around how digital can provide better support for the independent care sector. A number of themes were identified - improved independent care sector hardware and software and training of staff. This will also feed into the refresh of the framework.

National funding has been released for hydration projects. Three bids within our region have been supported – Rotherham, Vale of York and a joint bid from Northumbria, Newcastle and Gateshead. A NEY hydration network will be established to share learning and KD will ensure that they feed into this group.

There is a monthly return for urgent community response from the ICSs, submitted to the national team through region. This provides an update on 2 hour response rates and it also covers the 9 clinical conditions of which PEO LC is one. The submissions for July show a small number of ICS providers have services in place for PEO LC 8am-8pm.

Updates

NE and N Cumbria ICB

- The 5th edition of symptom control guidance has been issued
- Discussions at the June NENC meeting focussed on cryogenics, the ethical issue on ownership of bodies after death and transmission of bodies to cryogenic facilities outside the UK. A case study will be shared.
- A celebration event has been organised for September and two STAR workshops with HEE to explore specialist palliative care workforce working 2 dates set in October 2022.

WY ICB

- An engagement event was held in June to discuss priorities and to produce a provisional action plan on how to move things forward
- Attendance at a national event highlighted the need to review our governance structure
- A joint WY and HNY workforce group has been established

SY ICB

- We hope to engage with the ICB to identify an SRO for EoLC who could then drive forward the recruitment of a project manager
- Development work has centred around connecting commissioners and strategic leaders at place and connecting them into the ICB
- Facing challenges in children's palliative care and the transition to adult hospices
- Focussing on project ECHO to support EoLC development. There may be some regional funding available which would provide an opportunity to work on enhanced roles around care professionals
- Attempting to establish a group to discuss EoLC specialist palliative medical workforce across Y&H. We need to determine how to build a sustainable workforce and retain current staff. There has been interest from Rotherham, Doncaster and Bradford through the Speciality Advisory Committee and SK will share invitations to

	<p>these meetings with anyone would like to be part of the discussions, via the regional hospice group and this group</p> <p><u>HNY ICB</u></p> <ul style="list-style-type: none"> • Working on the membership of the Data Metrics and Information subgroup. They aim to determine a set of local metrics that measure quality and support the data collection of the SCN metrics. • Work is progressing on patient experience and patient carer experience which Lynn is leading. Need to ensure links to CYP parent and carer groups. • Workforce group and plan will be joint with WY ICS • Following receipt of personalised care funding, interviews for band 7 post will take place on 18 July. There is also a lot of interest for the two x band 5 posts. These interviews will follow the band 7 appointment. • The work plan has been refreshed to depict how the work will be carried out, who is leading on it and timescales. • Ambitions self-assessment toolkit returns indicate that there is a variation in the scores each provider has given themselves. Some members challenged the evidence behind each of the scores and children’s commissioners shared their experiences of trying to complete the Ambitions self-assessment as part of the Getting to Outstanding Phase 1. As a result of these discussions it was agreed that the celebration event will focus on sharing learning from the Ambitions Self-assessments in children and adult services to identify what we are doing well and where the gaps are. The outputs from this will then be used to prioritise ICS PEOl workplans. <p><u>Hospices</u></p> <ul style="list-style-type: none"> • A number of restrictions are being put in place due to the increase in COVID infections. It is affecting the capacity to care for people. Increased cost of living and reduction in fund raising at mass participation events is impacting on service delivery and travel costs for community staff is having a particular negative effect. • There is variation in the engagement with ICS at place level this will hopefully change once the ICB becomes more developed. • A number of hospices around NENC are showing a deficit • Some hospices are in real difficulty. Bluebell Wood has closed all its clinical services and Barnsley hospice has received a second inadequate rating from the CQC. Butterwick hospice issues continue.
6.	<p>Risks/Issues See log. Yorks and Humber Children’s PEOl Network continues.</p>
7.	<p>AOB None</p>
	<p>Future Meetings</p> <p>21 September 2022, 2.00pm – 3.30pm</p> <p>In light of the ICB legislative changes the membership of this board will be reviewed by the SCN SMT in August 2022.</p>