

# North East & Yorkshire Palliative and End of Life

## Strategic Clinical Network

### Board Meeting

20<sup>th</sup> April 2021 15:00 - 17:00

via MS Teams

**FINAL**

Present:	Representing:
Dr Alexa Clark	Palliative and End of Life (PEoL) Strategic Network Clinical Lead, NE & North Cumbria
Alison Featherstone	SRO, PEoL ICS Lead, NE & North Cumbria
Ian Golton	Deputy Director, NE&Y Clinical Networks, NHS E/I
Marie Hancock	PEoL SCN Manager North East and Yorkshire
Davina Hartley	CYP Network Manager, Yorkshire and Humber
Simon Hills	Children's Hospices North East and Yorkshire
Kate Holliday	Health Education England North East and Yorkshire
Kerry Jackson	Yorkshire and Humber Hospices
Emma Johnson	Chair,
Dr Sam Kyeremateng	PEoL Clinical Lead, South Yorkshire & Bassetlaw ICS
Dr Sarah Mitchell	PEoL Clinical Lead, South Yorkshire & Bassetlaw ICS
Adrienne Moffett	Project Manager Radiotherapy, Cancer Alliance North East and North Cumbria
Michelle Muir	PEoL Clinical Lead Humber Coast and Vale ICS
Rob O'Connell	Chair, West Yorkshire and Harrogate ICS PEoL Group
Dr Susan Picton	PEoL Clinical lead, Yorkshire and Humber Children's Palliative Care Network
John Powell	ADASS
Charlotte Rock	PEoLC Strategic Network Clinical Lead, Yorkshire
Emma Simpson	Children's Palliative Care Network NE and North Cumbria
David Smith	Hospices NE and Cumbria
Jocelyn Thompson	Children's Palliative Care Network NE and North Cumbria
Dr Paul Twomey ( <b>Chair</b> )	SRO, PEoL SCN, NHS England/Improvement

Guest	Clare Humble	Health Education England
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Item	
1.	<b>Welcome, Introductions &amp; Apologies</b>

	<p>Dr P Twomey, Chair, opened the meeting and welcomed all members to the inaugural meeting of the North East and Yorkshire Strategic Clinical Network Palliative End of Life Board.</p>
2.	<p><b>Scene Setting</b></p> <p><u>Background</u>  The NHS Long Term plan set out a direction of travel for integration, reducing pressure on emergency hospital services and for people to get more control over their own health, with more personalised care.</p> <p>In 2019/20 The National EoL team extended the programme to include palliative and made the decision to include CYP and a focus on reducing health inequalities.</p> <p>To support regional delivery a small amount of funding was provided to develop SCNs across the country. Some regions including London and the NW already had well established networks other areas less so.</p> <p><u>Paper A. Ambitions for End of Life Care-</u> A national framework for local action (2015-2020).  The 6 ambitions are –</p> <ol style="list-style-type: none"> <li>1. Each person is seen as an individual</li> <li>2. Each person gets fair access to care</li> <li>3. Maximising comfort and wellbeing</li> <li>4. Care is coordinated</li> <li>5. All staff are prepared to care</li> <li>6. Each community is prepared to help</li> </ol> <p>The Ambitions Framework is being refreshed however the 6 Ambitions will remain the same. Publication is expected in April/May 2021. Any future work plans should align with the Ambitions.</p> <p><u>National PEOl Strategy</u>  A new strategy is expected in September 2021 with a draft to be circulated by the national team in June. <b>[Action: Marie to circulate outline of strategy].</b></p> <p><u>National Team- Strategic Priorities.</u>  There are 6 national workstreams for PEOlC –</p> <ol style="list-style-type: none"> <li>1. Clinical Excellence</li> <li>2. Commissioning, contracting and finance</li> <li>3. Digital</li> <li>4. Patient Experience</li> <li>5. Workforce</li> <li>6. Stakeholder engagement and comms</li> </ol> <p>The programme is all age with a focus on reducing health inequalities and inequities of access to services. The SCN is expected to support delivery of these priorities at local level.</p> <p><u>SCN Operating Framework</u>  Paper B. This document outlines the national team's expectation of an SCN for PEOlC. There is a regional MOU in place for three years and we are currently in year two.</p>

	<p><u>Budget 2021/22</u> Paper C and D explain the funding allocation for 21/22 and a budget framework.</p> <p>A total of £405k of funding has been received together with a framework depicting how these funds should be allocated by priority theme. Discussions at the May Board will concentrate on funding and developing a delivery plan based on the national team strategic priorities and those of the ICSs.</p>
3.	<p><b>Baseline</b></p> <p><u>Maturity Matrix</u> Paper E. This is one of the tools in the commissioning workstream which we will be expected to report on twice a year. In October 2020 we reported we were “emerging” across all domains. There is an expectation that by end of 21/22 we will be reporting “developing” in some areas.</p> <p>Representatives from each of the ICSs was asked to provide a short summary of their priorities and progress to date.</p> <p><u>ICS (Adults)</u></p> <p><b>NE &amp; N Cumbria</b> A Featherstone gave a presentation which will be circulated to members. Key points included -</p> <ul style="list-style-type: none"> <li>• The Northern Cancer Alliance supports the PEO LC Network that is aligned to the personalised care workstream</li> <li>• The network meets 4 times a year to deliver on the agreed workplan that reflects regional and national priorities</li> <li>• An annual learning and sharing of good practice event is held</li> <li>• The network has a wide representation and engagement from all localities</li> <li>• There are specialist palliative care teams in all localities</li> <li>• EPaCCs is embedded in one locality with temporary funding from the National End of Life team. The project aims to be a test bed for the region and provide the sharing for expansion. It needs introducing and embedding across the region</li> </ul> <p><b>Humber Coast &amp; Vale</b> These are some of the key points included in the update which was provided by Emma Johnson.</p> <ul style="list-style-type: none"> <li>• The ICS EoL group paused their meetings in September 2020</li> <li>• Need clarity on where EoL should be positioned within the ICS together with a clear governance structure</li> <li>• We need to explore the establishment of clinical leadership and project support to enable us to take the EoL work programme forward</li> <li>• Work on the CYP programme is emerging</li> <li>• Currently reflecting on lessons learned from COVID</li> <li>• There is no EPaCC system, however, records are now being collated</li> <li>• Benchmarking of inequalities to be carried out towards summer</li> <li>• Need to work through how to identify place based priorities and dovetail them into the national priorities</li> <li>• Need to further understand the capacity tracker and how to take it forward</li> </ul>

### **W Yorkshire & Harrogate**

These are some of the key points included in the update which was provided by Rob O'Connell.

- The ICS EoL group was established 12 months ago, meets every 6-8 weeks and has good representation
- The hospice Chief Executive attends the ICS Executive Group meetings
- A clinical lead post at 0.1wte will be advertised next week
- EPaCCs rollout has been successful

### **S Yorkshire & Bassetlaw**

These are some of the key points included in the update which was provided Sam Kyeremateng.

- There are 5 places in SY&B, 5 local priorities and 5 enabling priorities, all driven by the national priorities which do not include EoLC
- There are a number of challenges facing EoLC in SY&B
  - limited or no strategic implementation across the area
  - variability in implementation at Place across S&B
  - unfulfilled opportunity for significant improvements
- We have put together a proposal for EoLC in SY&B which includes an all age strategy to identify gaps in service provision, enable sharing of standards, guidelines and good practice and promote 5 key themes

### C&YP

#### **Yorkshire and Humber**

D Hartley gave a presentation which will be circulated to members. Key points included -

- The network has a 5 year strategy to improve the provision of care for babies, children and young people and we are currently in year 4
- There is an Executive Committee plus steering groups, a Network Co-ordinator and admin support which is funded by the ICS
- The Executive Committee feeds into the NHS England National CYP Governance Board
- We have good links with commissioning networks, WYH Children's Board and the SY&B ICS group however, HCV does not currently have a Children's Board and it is unclear where the EoLC programme sits within the ICS structure
- We received £78k of funding to establish an exemplar site to test the CYP draft specification. The focus will be on transition.

#### **NE & N Cumbria**

Key points included –

- Informal meetings held 3 times a year and include representatives from providers, commissioning, charities and hospices. Attendance can be quite poor
- The group is not well integrated with other networks
- Recently obtained funding which covers 0.5 PA of consultant time and a small amount of admin support
- Our focus was on tertiary care. Initially, there were no clinicians or specialist nurses. We won funding and the local hospital now hosts the service and

	<p>includes paediatric palliative care nurses. Our main focus now centres on the need for equality of access to children's nurses</p> <ul style="list-style-type: none"> <li>• There is no 24/7 hospice service</li> <li>• One of the challenges we face is our geography</li> </ul> <p>To support colleagues in NENC, an offer was made by members in SYB to share information on work they had carried out which could be adapted. The also agreed to share details of the training and development offer. <b>[Action: Davina Hartley to share]</b>.</p>
4.	<p><b>Risks/Issues</b></p> <p><u>Wider Engagement</u> In addition to current membership we need to explore how we can connect with other sectors. <b>[Action: Marie Hancock and Paul Twomey]</b></p> <ul style="list-style-type: none"> <li>- Healthwatch</li> <li>- Patient voice</li> <li>- Carers</li> <li>- Care homes</li> </ul>
5.	<p><b>Any Other Business</b></p> <p>None</p>
6.	<p><b>Future Meetings</b></p> <ul style="list-style-type: none"> <li>• <b>27<sup>th</sup> May</b>      <b>9:00 – 11:00 via MS Teams</b></li> <li>• 15<sup>th</sup> July      14:00 – 15.30</li> <li>• 23<sup>rd</sup> Sept      10:00 – 11.30</li> <li>• 25<sup>th</sup> Nov      9.30 – 11:00</li> </ul>