

North East & Yorkshire Palliative and End of Life

Strategic Clinical Network

Board Meeting

27th May 2021 09:00 - 11:00

via MS Teams

FINAL DRAFT

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
Kerry Jackson	Yorkshire and Humber Hospices
Emma Johnson	Chief Executive Officer, St Leonards Hospice and Chair of
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
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 (Chair)	SRO, PEoL SCN, NHS England/Improvement
Apologies:	
Kate Holliday	Health Education England North East and Yorkshire
John Powell	ADASS

Item	
1.	<p>Welcome, Introductions & Apologies</p> <p>Apologies were noted as above.</p>

2.	<p>Minutes from Previous Meeting & Actions</p> <p>Members agreed that the previous meeting minutes were a true and accurate record with only one amendment required to Emma Johnson’s title- “Chair,</p> <p>Actions The national framework ‘Ambitions for End of Life Care’ 2016-2021 will be re-circulated to members [Action: MH]</p> <p><u>Wider Engagement</u> How to connect with other sectors –</p> <ul style="list-style-type: none"> • Healthwatch – do not wish to join the Board but have requested sight of our ToR. We need to explore ways of sharing local intelligence [Action: MH] • Patient voice – Northern Cancer Alliance Patient Engagement Strategy to be discussed with Personalised Care Strategic Coproduction Group. [Action: MH to draft a Patient Engagement paper for the July Board] • Carers – Campbell McNeil, NHSE/I Commitment to Carers team does not wish to sit on this Board but is keen to collaborate on the identification of carers needs. Consideration to be given as to how we can collaborate and share the Carer Burden Needs Assessment Tool (CSNAT) [Action: All] • Care homes – P Twomey made initial contact with a Nursing Director and is awaiting a response. S Mitchell is a member of an Enhanced Care Homes Group and has agreed to discuss engagement with this Board at their next meeting. It would not be appropriate for a member of this group to join our Board as they would not be able to represent all the care homes [Action: SM to feedback to the July Board]
3.	<p>Terms of Reference</p> <p>A second draft of the ToR has been produced which incorporates member comments (paper B).</p> <p>Members need to determine if representation from the Ambulance Service is necessary on this Board as they already sit on ICS groups. [Action: All]</p> <p>There is insufficient representation from the ICS SROs which will be discussed further at a future Board meeting. [Action: Forward agenda]</p> <p>Members approved the ToR as a helpful starting point and agreed to review the document in 6 months informed by development of the board and the 4 ICSs within the region. [Action: Forward agenda]</p>
4.	<p>ICS Updates</p> <p><u>ICS (Adults)</u></p> <p>NE & N Cumbria</p> <ul style="list-style-type: none"> • Currently focussing on succession planning for clinical leads with interviews arranged for 28th May • We now have project support 1 day per week • The digitalisation of planned care and care of the dying patient documents has begun

- Is it time to reassess the introduction of ReSPECT into our region? **[Action: add to agenda for 15th June NE and N Cumbria PEOl Core Group meeting]**
- There is disparity in the development of a number of ICPs within NENC, one of the causes being geography
- In relation to contracts, all hospices in our area are looking at deficits. Hospice collaboration and concerns re ICS funding mechanisms noted.

S Yorkshire & Bassetlaw

- Exemplar site for testing new adult and CYP service specification - additional funding received.
- Appointed 3 x GP leads
- Engaging other GPs in forums across the patch
- Commissioner Forum meetings ongoing
- Commissioning and contracting has been devolved to Place

Humber Coast & Vale

- Project and admin support needed to progress work programme
- Will be sense checking our pre COVID action plan to ensure it is fit for purpose
- CNS workforce development skills and project ECHO being spread across the patch

P Twomey and MH have arranged a meeting with Dr Nigel Wells to discuss palliative and end-of-life care within HC&V ICS. Invitation to be extended to include E Johnson.

W Yorkshire & Harrogate

- We now have assurance that our group is included in the ICS structure
- Interviews for the SCN clinical lead post are taking place on 9th June
- Undertaking succession planning in preparation for R O'Connell's retirement
- Engagement with hospices has improved however, further work needed to encourage wider involvement including Hospice UK and NHSE National PEOl team
- There is more activity at Place than at ICS level
- Dissolution of CCGs should see their statutory obligations passed onto the ICSs. S Kyeremateng agreed to share the SY&B Standards for Adult PEOlC with Board members **[Action: MH to circulate document]**

C&YP

Yorkshire and Humber

- In the process of strengthening our clinical leadership
- Working with S Kyeremateng to develop the ECHO project
- Invitations to be sent out for an engagement event being held on July 7th
- Exemplar project progressing in Humber – CYP transition
- Exploring joint commissioning to develop a 24/7 service for PEOlC

NE & N Cumbria

- Holding clinical forums
- Looking to develop a coordinator role in the NE and will be going out for expressions of interest shortly
- Scoping of training needs has been completed
- Feeding into a mapping exercise with Together for Short Lives

	<ul style="list-style-type: none"> • CHIPS team working with NHSE commissioners to evaluate their service • Exploring how we can work with CCGs on the PEOLC services across the region to enhance children's community services
5.	<p>SCN Budgetary Framework – Priority</p> <p>The national team have provided a template which needs to be completed by 4th June, summarising our plans on how we intend to spend the budget. The aim of the utilisation of the budget is to maximise access to palliative and end-of-life care irrespective of the residence of the patient. If successful, this should result in more patients appropriately being supported in the community. Our opportunity is how we may utilise this budget to maximise access to PEOLC. By working in partnership with the 4 ICSs and their local systems to utilise the opportunities of clinical and managerial leadership, sharing good practice and insights to achieve this.</p> <p>Funding for the PEOLC SCN for 2021/22 stands at £405k.</p> <p>Leadership (40%)</p> <ul style="list-style-type: none"> • A band 8a Quality Improvement Manager is in post and clinical leadership is currently provided by C Rock, A Clark, S Mitchell and S Kyeremateng. Availability of funds for project support will depend on the expenditure for clinical leads • Lived experience input – MH developing a paper for next meeting <p>Strategic Priorities</p> <p>Members were asked to decide on a minimum of two priorities Paper c. Improving out of hospital care, improving integrated care and enhancing personalised care. A number of options were suggested –</p> <ul style="list-style-type: none"> • A baseline needs assessment that encompasses all ages and identifies gaps in service provision- commission this. • SYBL ICS Standards – use as a baseline for ICSs • Standardisation of anticipatory prescribing and uniformity of associated paperwork • Roll out ReSPECT. In NE and N Cumbria this could replace the DNACPR form and compliment Deciding Rights. • Gold line- extension • Care of children at home – there is no provision for 24/7 care at home • Training and development of staff in children's services • Baseline and test and challenge that it is lived reality • Provision of specialist PEOLC staff- BAME under representation <p>Two options were explored in more detail.</p> <p>1. <u>Baseline</u> This data would identify what is commissioned and what is over delivered in our area. The question would then be, how do we verify what is in the report, does the data give a true reflection on what is actually being delivered? In addition, would a project of this scale and cost make a difference to patients as the only outcomes from this work will be the data.</p> <p>As the gathering of data is quite a lengthy process, members agreed that we needed to carry out some work that would produce quick, positive outcomes.</p>

	<p>One approach could be in relation to the personalisation agenda, to establish the progress of our ICSs and across the Region, especially if concentrating on the integration of social care in the ICSs.</p> <p>A Senior Management Team meeting is being held on 1st June and an analyst has been invited to present on baseline work recently carried out in the Midlands. M Hancock agreed to feedback to this Board. [Action: MH]</p> <p>2. <u>Enhanced Personalised Care</u> Suggestions included –</p> <ul style="list-style-type: none"> • EARLY identification tool. Advance care planning, carer identification. • Look at how we manage integrated care in relation to discharges and managing avoidable admissions <p>Discussion points will be summarised in a table format and shared with members. [Action: MH]</p>
6.	<p>Risks/Issues</p> <ul style="list-style-type: none"> • Involvement of ICS SROs with this Board P Twomey meeting HCV ICS. • Need to ensure continuing focus on all age PEO LC and recognition of health inequalities and address the question of how we progress this going forward • Need to ensure a smooth transition of clinical leadership once A Clark and C Rock step down • A risk register to be produced for this Board [Action: MH]
7.	<p>Any Other Business</p> <p>P Twomey will be retiring at the end of June and discussions are ongoing with Dr Yasmin Khan re- SRO for the SCN PEO LC.</p>
8.	<p>Future Meetings</p> <ul style="list-style-type: none"> • 15th July 14:00 – 15.30 via MS Teams • 23rd Sept 10:00 – 11.30 • 25th Nov 9.30 – 11:00