

North East & Yorkshire Palliative and End of Life

Strategic Clinical Network

Board Meeting

30th March 2022 14:00 - 15:30

via MS Teams

Present:	Representing:
Yasmin Khan (YK) (Chair)	Deputy Medical Director -System Improvement and Professional Standards, SRO.
Sharmine Ahmed (SA) (Minute Taker)	PEoLC SCN Administration and Support Officer North East and Yorkshire Region
Marie Hancock (MH)	PEoLC SCN Manager North East & Yorkshire Region
Kathryn Hall (KH)	PEoLC SCN Clinical Lead NE and N Cumbria ICS
Deborah Penfold (DP)	PEoLC Clinical Lead, West Yorkshire ICS
Sarah Mitchell (SM)	PEoLC SCN Clinical Lead, South Yorkshire ICS and Regional SCN Clinical Lead
David Smith (DS)	Hospices NE and Cumbria ICS
Sam Kyeremateng (SK)	PEoLC SCN Clinical Lead, South Yorkshire ICS
Lynn Andrews (LD)	PEoLC Clinical Lead, Humber Coast and Vale ICS
Clair Holdsworth (CH)	Children's Hospices Yorkshire and Humber
Sally Napper (SN)	Hospices Yorkshire and Humber
Dani Lewis (DL)	Regional Network Manager CYP
Lucy Lowery (LL)	PEoL SCN Clinical Lead, North East & North Cumbria ICS
Juliet McGillican (JM)	Health Education England
Chrissy Luff (CL)	Programme Manager, Personalised Care, North East & Yorkshire
Suzanne Kite (SK)	PEoL SCN Clinical Lead, West Yorkshire ICS
Elizabeth Zabrocki (EZ)	PEoLC Project Manager, North East & North Cumbria ICS
Kathy Clark (KC)	ADASS
Kathryn Dimmick	Ageing Well Programme
Apologies:	
Kerry Jackson (KJ)	Yorkshire and Humber Hospices
Richard Barker (RB)	Regional Relationship Manager, North West, and North East & Yorkshire

Item	
1.	<p><u>Welcome, Introductions & Apologies</u> Apologies were noted as above.</p> <p>YK welcomed new members- Juliette McGillican HEE, Lynn McAndrew SCN Clinical lead HCV ICS, Kathy Clark ADASS and Chrissy Luff Personalised Care Regional team.</p> <p>YK thanked LL who will be stepping down as SCN Clinical Lead at the end of the month and wished her good luck for the future.</p>

2.	<p><u>Minutes from Previous Meeting & Actions</u> Members agreed that the previous meeting minutes were a true and accurate record. The final draft version had been circulated previously.</p> <p><u>Actions</u> No actions.</p> <p><u>ToR Revised – Addition of CYP Networks</u> MH provided an update:</p> <ul style="list-style-type: none"> - ToR amended to reflect the addition of the Children and Young People (CYP) Networks. The Y&H network is well established. The NE Network is less well developed. These networks will now sit under the umbrella of the, NE and Yorkshire (all age) SCN Palliative and End of Life (PEoL), with Dr Yasmin Khan as SRO. This in turn will strengthen the governance arrangements up to the National PEoL Delivery Board and National PEoL Programme board and provide assurance to the Y&H ICSs that have funded the Y&H CYP PEoL network.
3.	<p><u>Syringe Driver Survey</u> LL provided an update:</p> <ul style="list-style-type: none"> - The survey is finished. It follows concerns about the supply and demand of end of life (EoL) syringe drivers, particularly during the winter pressures and COVID pressures - The results look reassuring, 82 sites completed -70% response rate. Over 70% of organisations rated their supply of syringe drivers as adequate and 10% as borderline. - There were only two sites that rated their supplies as inadequate with most sites having less than 50% of their drivers in use. There were only two places that had more than 50% of the syringe drivers in use. One children’s organisation only owned one pump.
4.	<p><u>National Updates</u></p> <p><u>Universal Advance Care Planning Principles</u> MH provided a national update:</p> <ul style="list-style-type: none"> - The Universal Advance Care Planning (ACP) principles were published on 17th March 2022. There is facility on the NHS Futures EoL practitioners’ pages to make new comments. - MH presented to the Yorkshire and Humber Enhanced Health and Care home group on the Universal ACP principles earlier this month. - YK and MH are due to present the Universal ACP principles as part of a wider workshop at the Stroke Conference for Yorkshire and Humber next month. <p><u>SCN Update</u> MH provided an SCN update:</p> <ul style="list-style-type: none"> - Paper C. Budget of £417,797. A Q1 return draft proposal was shared and agreed. Key decision. Paper C approved. To be submitted to national team by 6 April. - Next steps – Costs for network manager, project support and all clinical/workforce leads to be deducted. By beginning of quarter two and be in a position to seek expressions of interest for small projects similar to last year. Successful bid projects from 2021/22 due to report back to the May board meeting. - Aiming to recruit a workforce Lead, funded half of a PA per week for each ICS. HCV ICS and NE and N Cumbria posts are filled. Closing date for Expressions of Interest (EoI) for SY and WY, is tomorrow.

	<ul style="list-style-type: none"> - All ICS Clinical leads appointed to. WY IS Suzanne Kite steps down on 30th April and is being replaced by Liz Price. New to NE and N Cumbria ICS Teresa Storr, Palliative Care Consultant and Jenny Wilson, Specialist Nurse.
5.	<p><u>Updates</u></p> <p><u>NE and N Cumbria ICS</u> KH provided an update:</p> <ul style="list-style-type: none"> - PEOI ICS Group meeting- Concerns raised regarding workforce pressures with positive messages regarding the scope of the projects being undertaken across the region. - KH stated that it was a nice optimistic atmosphere and has suggested a celebration event in September time. - Information shared across network - Coroners coronavirus changes and the College of Pathology guidelines. - Four successful hospice grant projects and NE social finance funded projects are progressing. - KH thanking LL as it is her last meeting before she leaves for maternity leave. <p><u>WY ICS</u> DP provided an update:</p> <ul style="list-style-type: none"> - PEOI will sit under long-term conditions and personalisation function. - Recruiting a Band 8a Programme Manager for 12 months. - Recruiting a PEOI Workforce Lead. - Suzanne stepping down as clinical lead at the end of April. Liz Price will start on 1 May. - Scoping sessions will be happening in April/May but the date will be a bit in flux without the Programme Manager in post. - Good links established with the Cancer Alliances a recent a positive meeting held. The cancer clinical leads, for each of the sites specific and organ specific cancers, are keen to work with SCN PEOI clinical leads. - REACT project in Bradford, embedding Specialist Palliative Care in A&E, to identify and prevent emergency admissions. Patients will receive intensive support to get through any crisis points before going to Community Palliative Care Services. Bradford nationally has really high rates of emergency admissions in the last three months of life compared to national. Consultants and clinical lead in post; DP is chairing the Steering Group. - Early Project - SCN funded in Leeds is now an early identification project working in collaboration with Harrogate and Sheffield. - Workforce is the biggest issue. One of their hospices had to pause new admissions but that has now got a reopening date with a plan to scale up recruitment. - Changes to death certification following the expiry of the Coronavirus Act has started to have a massive impact, particularly for their Muslim patients. This is causing a lot of stress and hassle for clinicians. <p><u>SY ICS</u> SM provided an update:</p> <ul style="list-style-type: none"> - PEOI ICS Group (All Age) meeting held on the 9th March. Archana Soman, Consultant in Children's Palliative Care at Bluebell Wood Hospice, is co-chairing the meeting alongside Sally Napper CEO and hospice lead. - PEOI workforce lead out to advert. - ICS delivery plan. The PEOI Standards all still apply and they're fairly high level. They are derived from the NACEL. and identify that each provider organisation should have a senior leader who is responsible for the PEOI.

- Funding for the commissioning exemplar project is sitting with St Luke's Hospice. Further meetings with GP leads and National PEOl team are planned.
- SM met face to face with Katherine and Deborah last week at the North West Strategic Clinical Network Conference and it was a good meeting.

HCV ICS

MH provided an update:

Michelle and Helen are on annual leave

MH welcomed Lynn who is the new SCN PEOl Clinical Lead HCV ICS to her first meeting.

- Workforce being led by Helen Turner supported by Charlotte Rock. A series of PEOl workforce meetings are in place and they are looking at extending the membership of that group. National Specialist Palliative Care Workforce Survey being led by London SCN both Helen and Charlotte Rock have been involved in the London meetings.
- Recruitment delays to band 7 and band 5 roles.

Hospices

DS provided an update:

- DS represents the 12 charitable hospices in NE and NC ICS plus Marie Curie. They have quite a diverse range of charitable hospices -specialist inpatients units, nurse led beds, well-being services, hospice at home and counselling. He recognises that as a collective of hospices they need to do much better at describing to their partners and the wider system, what resources they have and what impact they can have on supporting the wider system.
- Nuffield Trust report (due to publish in May), research from across the home nations about the hospice response during COVID. Initial reports have seen a minor reduction in in-patient care, they saw a large reduction at first but then it averaged out. Initial dip in building based services, which is now recovering and a huge growth in community support in hospices at home, services.
- Issues with data collection and how they consistently, robustly, routinely gather data within the hospice sector.
- Recurrent issues across the patch with access to step down care and care home beds. There are assumptions being made that the care homes can manage quite complex levels of PEOlC. This is leading to delay in discharges. In Tees Valley, some longer-term hospice beds which would have been integral to the system have been closed. The hospice that was delivering these beds just couldn't raise enough money to subsidise them any longer.
- DS raised some issues with the commissioning exemplar work in Tees Valley and he has written to the CCG about this.
- Butterwick Hospice in Stockton, inpatient beds have been closed for a significant length of time now by the CQC. Looking at alternative delivery models. Hospices in Middlesbrough and Hartlepool have been picking up patients from Stockton is having a knock-on effect on capacity across the wide system.
- Wide variation in inflationary uplifts that hospices are receiving. E.g North Yorkshire awarding 2.5% and Tees Valley awarded 0.2%. All hospices have gone through budget planning over the last month, large deficit anticipated in the coming year. However, Trustees are taking a lot of reassurance from the National PEOl Team messages who have recognised hospices' fragility.
- Delighted that the new ICS Chief Exec, Sam Allan has arranged a meeting with hospices so early in her tenure.
- Hospice UK have advised all hospices that they don't need to complete the capacity tracker from the 1st April onwards unless they are instructed to do so by their ICS or CCG.

- DS has been a Chief Exec at Teesside Hospices for three and half years. Next week DS is also taking over Chief Exec at St Teresa's Hospice in Darlington as their current Chief Exec Jamie is retiring.

CH provided an update

Children Hospices across Yorkshire and Humber, Chief Execs. had a meeting last week. Everything is getting busier post COVID and everyone is focusing on planned care as well as keeping going with the covid response.

- South Yorkshire, Bluebell Wood and St Andrews recruitment issues in particular on the specialist leadership and clinical leadership roles. They have just recruited two new clinical nurse specialists. St Andrews have undertaken a peer review; Bluebell Wood has given a hefty cost of living award to try and address some of the recruitment retention issues.

SN provided an update:

- Further developing an advance nurse practitioner palliative care network. They are already meeting and looking at how they can expand across the patch.

CYP Y&H and NE

DL provided an update

- Making positive progress into having a patient voice as part of the Getting to Outstanding project. They are meeting with the filmmaker tomorrow to move that project forward. Ambitions Self-Assessment workshops in progress - one in North East on 6th May, South Yorkshire on the 4th May
- Scoping work with the West Yorkshire Commissioners around out of hours nursing and the specialist palliative care team.
- Annual Conference Sept 2022. Study days are running well, next topic on leadership on the 8th April.
- Project ECHO programme is working well with adult colleagues
- The ACP nurse is doing good work across the region and she is collating a gap analysis from the 140 responses.
- They have two abstracts submitted around the ECHO work. One with Together for the Short lives and the other with HEE on workforce mapping.
- In West Yorkshire they are working on currencies, data collection and coding with the NHSE National PEoL Team
- They supported the commissioning CYP exemplar workshops across HCV ICS.

Personalised Care Programme

CL provided an update:

- The regional budget has now been agreed for the 2022/2023.
- There will be a plan on a page which will be developed by the personalised care SROs. The project managers will be supported by CL in South Yorkshire and her other colleagues in the other ICSs. CL is happy to provide contact details, who covers each ICS. Not all systems have project managers appointed. South Yorkshire Eileen Hall has retired. HCV ICS do not have a project manager.
- The plan of the page is linked to each system and priorities. They will need to meet the long-term trajectories, which following the Secretary of State's, Health Reform speech in which personalisation was identified as one of the main one of three P's. The trajectory of 2 million has now doubled to 4 million personalised care and support plan being in place. CL is confident this can be achieved by 2023/24.
- Personalised care funded some work in HCV ICS in 2021/22. Both projects are funded via MOUS, there has been a bit of delay but recruitment is under way and the posts have been advertised again.

Ageing Well Programme

	<p>KD provided an update:</p> <ul style="list-style-type: none"> - She shared the operating model for the Ageing well and Community services programme which is currently undergoing discussions regarding a possible name change. - They work across systems looking at system transformation and wider integrated partnership, between health, social care, and voluntary sector colleagues to support, promote independence and improve quality of living for people throughout the course of their lives. - There are four areas of the programme- urgent community response, hospital discharge and recovery, anticipatory care and enhanced health and care homes. - It's widely recognised the role that residential and nursing homes play in terms of supporting residents at all stages but particularly at the end stage of their lives. - The majority of care home residents die in their care homes - Within the setting North East and Yorkshire, they have over 2000 care homes. - They have 49,195 residents. The occupancy rate ranges between 83% to 89%. - A huge challenge within the care sector is competing for staff. Staff tend to use care home, work, as a stop gap, until they secure more permanent employment. A lot of care workers tend to move into hospitality where the minimum wage is the same but for far less responsibility. <p>HEE</p> <p>JM provided an update:</p> <ul style="list-style-type: none"> - HEE have workforce transformation leads in each ICS and they are part of the HEE workforce transformation team. They are responsible for overseeing the governance of workforce development funding, which is allocated each year. - Each ICS is currently undertaking some analysis to make sure that education and training is targeted and is effectively utilised. They have flagged that PEOLC training must be included and it's not just for the NHS employers, but it's for all providers. - They are aiming to set up a specific workforce workshop, to try and help find solutions for workforce issues. They have a meeting on the 29th April to plan this. Hoping to facilitate using lots of different models to upskill and new ways of working in new roles. <p>ADASS</p> <p>KC provided an update</p> <p>There are three possible scenarios when social care support people at end of life.</p> <ul style="list-style-type: none"> - Scenario 1. Long term care providers, or care homes support people as they approach EoL and hopefully there's an opportunity to plan and to work in a multidisciplinary way with colleagues from health. - Scenario 2. People are admitted, and they know that they are at the EoL therefore their opportunities to plan and clearly making sure that they've got all those connections in place. - Scenario 3. Is the one we are most concerned about. Where people have been discharged from hospital, there is no actual acknowledgement that the people are at their end of life, they die and there is no real preparation and therefore the care homes don't have support their needs. - All three scenarios require joined up MDT approaches. A huge amount of work with the NHS and the ICSs around workforce. How do they grow the supply and how do they improve the career pathways?
6.	<p><u>Risks/Issues</u></p> <p>YK stated that the main issues are around the workforce as mentioned by members.</p>
7.	<p><u>AoB</u></p>

