

North East & Yorkshire Palliative and End of Life

Strategic Clinical Network

Board Meeting

24th November 2021 09:30 - 11:00

via MS Teams

Present:	Representing:
Yasmin Khan (YK) (Chair)	Deputy Medical Director -System Improvement and Professional Standards
John Powell (JP)	ADASS, National Programme Board Rep.
David Smith (DS)	Hospices NE and Cumbria
Marie Hancock (MH)	PEoLC SCN Manager North East & Yorkshire
Sharmin Ahmed (SA) (Minute Taker)	PEoLC SCN Administration and Support Officer North East and Yorkshire
Bethany Roberts (BR)	Commissioning and Delivery Manager NHS Tees Valley Clinical Commissioning Group
Chrissy Luff (CL)	CHC Assurance Manager & SIP Delivery Lead, Piccadilly Place
Stephanie Beal (SB)	Senior Administrator & Clinical Senate Administrator Clinical Networks & Senate, North East and Yorkshire
Kerry Jackson (KJ)	Yorkshire and Humber Hospices
Adrienne Moffet (AM)	Northern Cancer Alliance Delivery Manager
Michelle Muir (MM)	PEoLC Clinical Lead Humber Coast and Vale ICS
Sarah Mitchell (SM)	PEoLC Clinical Lead, South Yorkshire & Bassetlaw ICS
Sam Kyeremateng (SK)	PEoLC Clinical Lead, South Yorkshire & Bassetlaw ICS
Susan Picton (SP)	PEoLC Clinical lead, Yorkshire and Humber Children's Palliative Care Network
Helen Turner (HT)	Associate Chief Nurse - Community and Therapy Division, Palliative and End of Life Care Strategic Clinical Network Clinical Lead - Humber Coast and Vale ICS
Alison Featherstone (AF)	SRO, PEoLC ICS Lead, NE & North Cumbria ICS
Kathryn Hall (KH)	GP, Collingwood Surgery
Apologies:	
Ian Golton (IG)	Deputy Director, NE&Y Clinical Networks, NHS E/I
Davina Hartley (DH)	CYP Network Manager, Yorkshire and the Humber
Suzanne Kite (SK)	PEoLC Clinical Lead, West Yorkshire and Harrogate ICS
Deborah Penfold (DP)	PEoLC Clinical Lead, West Yorkshire and Harrogate ICS
Richard Barker (RB)	Relationship Manager NE and Yorkshire

Item	
1.	Welcome, Introductions & Apologies Apologies were noted as above.

2.	<p>Minutes from Previous Meeting & Actions Members agreed that the previous meeting minutes were a true and accurate record.</p> <p>Actions No actions to pick up in minutes</p>
3.	<p>Presentations by Bethany Roberts & John Powell. The slides will be circulated with the meeting minutes.</p> <p>[Action: SA] Bethany Roberts to be invited back to this meeting following their January Workshop</p>
4.	<p><u>National Update</u></p> <p>NICE Quality Standard NICE Quality standard has been updated. https://www.nice.org.uk/guidance/qs13</p> <p>ACP principles MH explained that in the Clinical Excellence workstream- advance care principles are being developed with publication expected in January. The consultation of the draft principles had resulted in over 150 responses to the survey plus by emails. There were a number of queries raised regarding how the principles will be applied to children and young people.</p> <p>Data and digital EPACCs information standard revision expected next year. Dashboard in development will be accessible to ICSs. ICS baseline data templates have been completed.</p> <p>Commissioning and contracting CYP final spec. has been published. The adult spec is expected next year.</p> <p>Action: A slide deck provided by Richard Barker will be circulated with the minutes.</p> <p><u>SCN Update</u></p> <p>Analytical Support £130k underspend identified in Oct/Nov, part of this is delays in recruiting staff. Bidding process invited via ICS PEOl groups and SCN clinical leads reviewed and agreed 6 bids. Action: MH to summarise and circulate a list of the successful bids.</p> <p>Ian Golton has stated that there may be opportunities if underspend is identified across the other networks in Q4. When the email goes out to the applicants, it will be clear whether they have been successful in this round, or whether their bid will be held on file for review again next year depending on any further underspend being identified.</p> <p><u>Patient Voice</u> MH explained that we are looking at recruiting lay members as agreed at the SCN board in July. The cancer alliance in NENC are progressing with recruitment. They are looking for two lay members. MH apologised for not having focused on the patient voice work but this has been due to the lack of project support. The team will progress this and link it with other groups through Macmillan, Hospice UK and Marie Curie.</p>

	<p>PEoL Needs Assessment Needs Assessment, at the first meeting of the SCN board we were challenged to undertake a needs assessment or some sort of the baseline assessment of the current EoL care position. This has progressed into developing a needs assessment toolkit. Alison Iliff, Programme Manager Office for Health Improvement and Disparities is leading the toolkit task and finish group. They are expected to launch the toolkit in May 2022. One ICS has already challenged the usefulness of such a toolkit. SCN budget for data and digital in 2022/23 will be used to support the ICSs to use the toolkit.</p> <p>Data/Digital The national team have provided an additional £38K for data and analytics this year. We are looking to pull this money with three other PEoL networks, East of England, Midlands, South West and to commission a CSU to undertake the data and analytics that are required to support the delivery plan. It will be a challenge for a CSU and there is value in pulling this source to ensure a consistent approach to data collection.</p> <p>Getting to Outstanding Programme In the region we have a CYP successful bid. The aim is to undertake the Ambitions self- assessment toolkit across Y&H.</p> <p>CYP Expressions of Interest Some the CCG's didn't accept the offer of CYP match funding so there was £250k underspend. Expressions of interest have been invited for projects that will support transition, health and equalities and education training.</p> <p>CYP Network Manager Davina Hartley is now working in the national team 2 days per week. Dani Lewis will be starting on the 1st January 2022, Dani will be working in the NENC, 3 days a week and in Y&H covering for Davina Hartley 2 days per week. There's a bit of divide between all the good work in Yorkshire and Humber and NENC are getting left behind.</p> <p>SCN Clinical Leads Each ICS has two clinical leads. We are looking to recruit a third clinical lead in Humber Coast and Vale. This has been funded by HCV ICS.</p>
5.	<p>ICS Updates</p> <p><u>North East and North Cumbria</u> KH provided the update.</p> <ul style="list-style-type: none"> • Reviewing ICS terms of reference for their network. • Reviewing previous network plans in line with the national delivery plan • DNACPR audits • Workforce lead identified. She will link with another workforce leads in the region. • Supporting a hospice with an inadequate CQC rating. • Establishing links with personalised care colleagues. • Taken part in the syringe driver survey <p><u>South Yorkshire Bassetlaw</u> SM provided the update</p> <ul style="list-style-type: none"> • Investigating who will be the cancer alliance programme manager replacement • Progressing with work plan which needs to align with national delivery plan • EoL care standards implementation ongoing • First All age PEoL meeting due to be held on 1 Dec.

- Completed to syringe driver survey
- Exemplar site lack of leadership since Richard Metcalfe left.

Humber Coast & Vale

MM provided an update.

- Work plan being produced using West Yorkshire template
- Taking part in syringe driver survey
- Delays in agreed funding for personalised care, ICS lead and project management coming from Hull CCG
- Winter planning/ urgent care baseline work across Humber Coast and Vale ICS.
- North Lincs workforce survey and NHS Futures workforce platform launched

West Yorkshire & Harrogate

MH updated.

- Drafted an ICS PEOl delivery plan this has been shared with the hospice collaborative and the clinical forum members.
- Data and metrics working group linking with needs assessment toolkit development
- Workstreams include- Urgent care, ACP, data and metrics, EPACCS and workforce. Each workstream has an active working group.

C&YP Network

Yorkshire and Humber

SP updated.

- Admin support Fred appointed
- Health Education England funded nurse who is taking on the role of adult care planning and supporting the helpline for children across the network. She will start after Christmas.
- Secured match funding for a lead nurse and a psychologist who will be starting in a couple of weeks.
- Having difficulty with the consultant post now with Royal College for approval.
- £69K and extra funds will be allocated to run 24/7 helpline pilot.

North East and North Cumbria

No update available.

Hospice Update

NE and N Cumbria

DM provided an update.

- Hospices now better engaged with local CCG but work still to be done re ICS engagement.
- Some capacity issues this is being influenced by the rate of Covid infection in their area.
- Issues for hospices keeping pace with NHS pay scales. When there's a minimum wage increase which has a double impact on payroll costs
- Issue in recruitment across the board
- Seeing some challenges around delayed discharges

	<ul style="list-style-type: none"> • There are good examples of collaborative working as hospices support the system to free up hospital beds. Some hospices have started taking patients who need blood transfusions. <p><u>Yorkshire and Humber</u> KJ provided an update</p> <ul style="list-style-type: none"> • Seeing more complex patients. • The biggest challenge in running small units is coping with staffing issues. One of the units is completely closed to admissions at the moment • Engage work ongoing with Yorkshire and the Humber with the ICS • CQC visits in 2 hospices recently, one of them being St Gemmas. • Leeds approach is to create 5 population health boards and to manage the whole delivery of healthcare through those 5-population board. the problem they are now facing is that the CCG is leading this work but trying to define what is the EoLC population and what is the spend on the population. • Presentation on this data yesterday shows total spend on palliative care in Leeds is 3% of the NHS budget which on any measure just doesn't feel right. It will be massively challenging in getting that right with the budget. <p>St Catherines has also had a recent CQC inspection. They had been given assurance that they weren't any visits anytime soon as have been inspected 2019. Random selection of current Outstanding hospices currently being inspected. Inspectors had no interest in the work they have undertaken through COVID.</p>
6.	<p><u>Risks/Issues</u> The risk/ issue log was circulated prior to the meeting for information.</p>
7.	<p><u>Any Other Business</u> YK announced two chief executive appointments for ICS, Rob Webster, and Sam Allen. They are anticipating being able to announce the other chief executive appointments.</p> <p>The next steps will be the medical, nursing and finance roles which will shortly be going out to advert once those people replaced. In most areas we will continue to see a lot of same people but in different functions. There is no plan for mass redundancies or anything like that.</p> <p>West Yorkshire ICS will have an integrated care board so they will be called an ICB rather than ICS but maybe little bit of both. West Yorkshire will still have five places which is currently the 5 CCG's so they will remain as places that will have structures as yet to be determined and a governance structure again yet to be determined that will feed into the board. Somethings will be done across the system if there is benefit in doing that. Some will be done at place when there's benefit cap e.g. moved the Child Adolescent Mental Health Services that have previously been commissioned by specialised commissioning have recently moved into a provider collaborative.</p>
8.	<p><u>Future Meetings</u></p> <ul style="list-style-type: none"> - 19th January 2022 2.00pm – 3.30pm - 30th March 2022 2.00pm – 3.30pm - 25th May 2022 2.00pm – 3.30pm - 20th July 2022 2.00pm – 3.30pm