

Leeds Palliative Care Network -

A Managed Clinical Network

MEMORANDUM OF UNDERSTANDING

Between providers of palliative and end of life care services in Leeds

Leeds Teaching Hospital NHS Trust

Leeds Community Healthcare NHS Trust

St Gemma's Hospice

Sue Ryder Wheatfields Hospice

Leeds City Council Adult Social Care

Leeds & York Partnership NHS Foundation Trust

April 1st 2021 to March 31st 2024 (3 years)

To be read alongside Leeds Palliative Care Network - Terms of Reference

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Between providers of palliative and end of life care services in Leeds

1. Purpose

This Memorandum of Understanding sets out the nature of the partnership between providers of palliative and end of life care services in Leeds and provides a framework within which all parties can address strategic and operational issues of mutual interest.

It sets out our shared purpose and ambition, agreed principles for engagement and the partnership's governance structure. The appendix to the memorandum sets out the Terms of Reference of the managed clinical network for palliative and end of life care, known as Leeds Palliative Care Network (LPCN); the delivery vehicle for the partnership outlined in this Memorandum of Understanding.

This Memorandum of Understanding is not legally binding and shall not give rise to any rights or liabilities for any party.

2. Background

Managed Clinical Networks have been in place since 1999 and are increasingly used as a means to support partnership working across systems. Clinicians from all professions and sectors focus on patients and services rather than the constraints of organisational boundaries. Managed Clinical Networks have been defined as:

'linked groups of health professionals and organisations from primary, secondary and tertiary care working in a co-ordinated manner, unconstrained by existing professional and organisational boundaries to ensure equitable provision of high quality, clinically effective services'.

<https://www.nhsggc.org.uk/about-us/professional-support-sites/heart-stroke-diabetes-rheumatology-and-chronic-pain-mcns/what-is-an-mcn/>

In Leeds, palliative and end of life care services are currently commissioned by NHS Leeds CCG. Services are commissioned from a number of end of life care service providers; a broad range of private and third sector organisations are also engaged in providing end of life care and support. Close partnership working is required to deliver a model of integrated care and the Population Outcomes described within the Leeds Palliative and End of Life Care Strategy for Adults 2021 - 2026.

Leeds has a well-established Palliative and End of Life Oversight Group, made up of commissioners and providers of end of life care services, which reports to NHS Leeds CCG. The Leeds Palliative Care Network reports to this group. The inclusive nature of these groups provides the opportunity for joint working between commissioners and providers to develop and improve end of life care services in Leeds.

The LPCN enables clinical leadership for service change to be used effectively, supported by management with an understanding of service re-design, development and performance management. This will provide the structure and accountability to drive real change in the system across multiple providers in health, social care and the third sector.

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3. Shared purpose

3.1 Ambition and Aims

The Terms of Reference of the Managed Clinical Network are attached, setting out the purpose and ambitions of the LPCN. These Terms of Reference will evolve as the LPCN continues to develop.

The priorities and work programme of the LPCN will be based on the Leeds Palliative and End of Life Care Strategy 2021 – 2026, approved by commissioners and providers in the city; together with any updates, refinements or new strategy developed during the MOU timeframe.

Outside of this programme, we recognise that individual providers will have their own organisational priorities and issues.

3.2 Principles of engagement

LPCN member organisations agree to:

- Work together openly, transparently and constructively.
- Co-operate in pursuit of our shared objectives.
- Appropriately reflect the content and the spirit of the Memorandum in each other's business plans and strategies.
- Brief each other on matters of mutual interest and alert each other to emerging issues which may raise concerns.
- Subject to reasonable confidentiality restrictions, advise each other of matters of mutual concern.

4. Governance Structure

4.1 Accountability arrangements

As set out in the Terms of Reference, the LPCN is accountable to the Leeds Palliative and End of Life Care Oversight Group which in turn is accountable to NHS Leeds CCG (or future NHS commissioning body).

4.2 LPCN Staffing arrangements

Considerable time is already given to cross city working from providers in the city; it is anticipated that this contribution will continue via the LPCN within the existing resources of each organisation.

In addition to this input, the CCG has agreed to recurrently fund dedicated time to staff the LPCN Executive team to enable time for progressing the work of the LPCN.

The LPCN Executive is expected to comprise the roles outlined below, although some flexibility may be required over time to match to available funding. This will be reviewed annually. There may be implications of loss of funding on redundancy dependant on length of service of employee.

The clinical leaders may include medical, nursing and AHP roles although a strong clinical presence is always expected.

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Role Title	Weekly Hours
LPCN Chair	4.0
Network Manager	22.5
Network Administrator	22.5
Executive Clinical Leads (2 hours for each of 5 leads)	10.0
TOTAL Funded	59.0

2 additional Executive Clinical Leads are unfunded as agreed with their organisations senior management. The resource is flexible within the cost envelope available.

4.3 Responsibilities

LPCN Executive comprising Chair, Network Manager, Executive Clinical Leads and Network Administrator will champion End of Life Care services and will facilitate the strategic collaboration of health and social care providers and professional groups in Leeds in order to deliver improved outcomes for patients and families.

In the absence of the Chair the Network Manager will support the Executive in the short term. If the absence is for more than one month the employing organisation would seek to identify and temporary replacement. If not possible, the Executive would agree a temporary Chairperson from its membership; (see also absence clause in TOR).

The group will link with other network staff across the wider Leeds Health and Social Care economy to embrace service improvement as an integral part of service delivery.

Regular communication will take place to ensure a common approach to developments and issues and avoid duplication of work/effort.

The LPCN Chair and Executive Clinical Leads have appropriate delegated responsibility to make decisions on behalf of their organisations for LPCN matters.

LPCN Members will fully participate in meetings and sub-group work where appropriate and will:

- Implement service changes or recommendations which are agreed by the LPCN and within its delegated authority.
- Respond to requests from the LPCN Executive for information to progress network business.
- Ensure the needs and views of people with end of life care needs are represented on the network at all levels.
- Support the development of the network plan and projects reflecting needs as identified by members of the steering group.
- Share information and political intelligence.
- Minimise risk by working collaboratively and openly to develop End of Life Care services in Leeds.
- Participate in research/audit where appropriate and advise and support service improvement work.
- Provide updates on national issues.
- Maintain network profile among clinicians of all levels and professions.
- Support and advise on network wide initiatives, encouraging sharing of good practice and collaborative working.

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CCG Commissioners, through the Palliative and End of Life Care Oversight Group, delegate authority to the LPCN to implement changes/developments/new guidance to the end of life care pathway and services in Leeds in accordance with the Palliative and End of Life Care Strategy and other instructions. The LPCN will escalate decisions for service changes/developments to CCG commissioners where LPCN recommendations will result in:

- Significant cost pressures for any partner, or other requirement for additional resources or funding.
- A significant service change or shift in activity or specification, which requires amendment/variation to CCG contracts or service agreements.
- An interruption (whether temporary or long term) of any CCG commissioned service.

The LPCN will provide clinical advice and strategic leadership links to commissioning decisions on delivering the Leeds Strategy and the Population Outcomes

CCG Commissioners will receive reports/updates at agreed intervals directly and through the Oversight Group and other forums informing commissioning intentions and highlighting any areas of risk

LPCN Host, St Gemma's Hospice, will act as the host organisation for the LPCN; the LPCN partnership remains a separate and impartial body that St. Gemma's does not seek to unduly influence.

Acting in this capacity the responsibilities of St Gemma's are to:

- Recruit the LPCN Executive team through a fair and equitable selection process.
- Provide line management arrangements for the Network Manager and Network Administrator and organise office accommodation for the Manager and Administrator.
- Manage the budget associated with the LPCN in agreement with NHS Leeds CCG commissioners (or future NHS commissioning body).
- Provide oversight of the operation of the LPCN.
- Work with commissioners to evaluate the success of the LPCN, including an Annual Report of LPCN activities and achievements for the Palliative and end of life care oversight Group.

All participating organisations will support St Gemma's in this role.

5. Other End of Life national clinical networks/forums

The LPCN will represent Leeds at local and regional forum and networks where appropriate; e.g. West Yorkshire and Harrogate P&EOLC Group

The LPCN will share information and best practice nationally as appropriate

6. Risk Management

The LPCN commissioners and providers work collaboratively to identify, manage and control risks affecting each organisation and the population they serve. Providers escalate all significant risks concerning palliative and end of life care with a potential citywide impact for discussion and review to the LPCN and Oversight group. A System Issues log will be maintained. Through this arrangement, providers will maintain oversight and identify solutions to control risks relating to:

- Serious Incident Management
- Complaints Management
- Risk Management

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7. Escalation / Disputes / Termination

Each organisation has demonstrated its commitment to work within the principles and arrangements outlined within this Memorandum.

It is expected that where possible members would share concerns and issues with colleagues and try to resolve them informally first.

Should there be disagreement between the parties to this agreement the matter will be escalated to the executive for settlement via negotiation. Should parties be unable to reach an agreement the matter will be referred to a named officer of the funding body (NHS Leeds CCG or future NHS commissioning body) who has authority to make a final and binding decision.

Should funding end the LPCN would cease and plans to fold would be instigated.

8. Data Protection

The LPCN work relates to service improvement and redesign, collaborative working practices and the systems and processes that support this. The LPCN does not discuss or use for its business any patient identifiable details or data. Population data and reports are provided to the LPCN by the CCG and are used to inform the performance of the collaborative system.

It is noted that professionals employed by the partners delivering clinical and care services do so under the existing information sharing agreements held by provider organisations.

The LPCN members contact details are held securely within a restricted access network drive at St. Gemma's Hospice, to enable effective communication and distribution of information relevant to the LPCN business and improving clinical practice. These contacts details will not be used for the purposes of marketing and promoting other external events.

9. Changes / In Year Variations

In light of the changing environment in which all the providers operate, all parties to this agreement will seek to ensure that the content of the agreement continues to meet the requirements of NHS Leeds CCG (or future NHS commissioning body).

10. Organisations who are party to the Memorandum of Understanding

Leeds Teaching Hospital NHS Trust

Leeds Community Healthcare NHS Trust

St Gemma's Hospice

Sue Ryder Wheatfields Hospice

Leeds City Council Adult Social Care

Leeds & York Partnership NHS Foundation Trust

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11. Signatories

On behalf of: _____ (Organisation name)

Name: _____ (Individual name)

Role: _____ (Individual role – Board level)

Date: _____

Signature: _____

Review Date: March 2024