

**Leeds Palliative Care Network
Group Meeting**

Actions of the meeting held on Wed 19th May 2021 via Zoom

Attendees	Init	Role	Org.
Adam Hurlow	AH	Consultant in Palliative Medicine and Chair	LTHT
Diane Boyne	DianeB	Leeds Palliative Care Network Manager	LPCN
Sarah McDermott	SMc	LPCN Clinical Executive Team Member	LCHT
Lesley Charman	LC	LPCN Clinical Executive Team Member	LTHT
Mike Stockton	MS	Chief Medical Officer and Consultant in Palliative Medicine	SGH
Tom Daniels	TD	Senior Commissioner	CCG
David Richardson-Whiteley	DRW	Service Manager/SACP	VILLA CARE
Emily Curran	EC	Consultant in Palliative Medicine	WFH
Valerie Shaw	VS	Head of Community Services	SGH
Clare Russell	CR	Head of Transformation	SGH
Janice Edgar	JE	CNS Palliative Care	SRWFH
Andrea Dobson	AD	Head of Continuing Care	LCC
Carla Rogers	CR	Practice Development Nurse for OPS & Dementia Inpatients	LYPFT
Elizabeth Rees	ER	Lead Nurse End of Life Care	LTHT
Amanda Storer	AS	Leeds Palliative Care Network Administrator (Notes)	LPCN
Guests			
Ruth Gordon	RG	Leeds Dying Well in the Community Project Manager	Ruth Gordon Associates
Apologies			
Trish Stockton	TS	LPCN Education Lead	SGH
Gill Pottinger	GP	LPCN EoLC Lead for Primary Care	Primary Care /CCG
Moira Cook	MC	LPCN Medicines Management Lead	SRWFH/SGH
Dave Green	DG	Head of PTS Service & Standards	YAS
Suzanne Kite	SK	Lead Clinician Palliative Care	LTHT
Sue Waddington	SW	LPCN Clinical Executive Team Member	SRWFH
Gill Warner	GW	Service Manager Health Case Management	LCH
Heather McClelland	HMc	LPCN Clinical Executive Team Member	SGH
Nicola Walmsley	NW	Clinical Supervisor ABL	YAS
Elaine Hill	EH	Director	SRWFH
Jim Barwick	JBa	Leeds GP Confederation	GP conf
Alex Irvine	AI	Practice Development Nurse	LYPFT

No.	Action	Lead(s) for action
1. Welcome and Apologies		
Adam welcomed everyone to the meeting. Apologies were received as shown above.		
2. Approval of Previous Action Log and Matters arising		
The Action Log of the Meeting held on 13 th March was agreed as a correct record.		

<p>Matters Arising Prev action 181– Gill will liaise with Lesley C about Fast Track regarding uptake from LTHT – carry forward action Prev action 182 – The minutes of the WY&H Palliative & EOLC Group Meeting have been circulated to the group for information.</p>		
183	Gill Warner to look at data available on the source of FastTrack referrals and liaise with Lesley C to understand the uptake from LTHT	GW/LC
<p>3. Chair's Update</p>		
<p>West Yorkshire ICS Integrated Care Systems will become the focus of commissioning for healthcare replacing the CCG by April 2022. The ICS which covers Leeds is West Yorkshire and Harrogate. A Palliative and End of Life Care group has formed within this structure and is in the process of being formally recognised by the ICS. Within each ICS it is expected there will be a number of Integrated Care Partnerships (ICP). A Leeds Integrated Care Partnership Development Board is being set up to begin to take on some functions. Ian Holmes, the Director of the West Yorkshire and Harrogate Health & Care Partnership gave a presentation at the last WY&H Palliative and End of Life Care Meeting giving the message that decision making at ICP level was very much valued. Each of the ICPs would collaborate with each other rather than being top down. Networks are also seen as important. Rob O'Connell has been invited to attend the Programme and Place Leeds Group. How funding will flow was not mentioned. The LPCN will be an important structure to engage at the ICS and ICP level. North East and Yorkshire Strategic Clinical Network (SCN) for Palliative and End of Life Care has also advertised for a Clinical Lead. The group acknowledged that it would be important to ensure the LPCN remained engaged in the work and continued to be able to influence. It was agreed to add this system change to the LPCN system Issues Log - action</p>		
184	Diane to add the importance of the LPCN remaining influential and continuing to engage with the development of the new ICP and ICS to the Systems Issues Log.	DianeB
<p>4. Network Manager's Update</p>		
<p>MOU/ToR Refresh Diane updated the Group that the MOU and ToR have been completed and have now gone to senior executives for signature. There have not been any substantial changes, they were initially held back following discussions about governance under the new ICS structure but have now been circulated indicating the new governance structure will be provided when it is confirmed.</p> <p>Annual Report A first draft of the Annual Report has been prepared and circulated to the Exec Team member for comment.</p>		
<p>5. New P&EOLC Strategy for Leeds</p>		
<p>Plan on a Page The plan on a page was circulated with Agenda. It shows the 7 strategy outcomes and shows how we aim to achieve them. The plan may change slightly following feedback from the Strategy Oversight Group to highlight person centred care was at the heart of the strategy.</p> <p>Data Update Adam shared some slides covering the data which has informed the 4 key measures which have been linked to the strategy. (slides attached) These metrics are a mixture of what is important and what can actually be measured and are therefore necessarily a compromise. They form a strong starting point however and have helped us be influential at ICS level.</p>		

Next steps include:

Understanding the population and especially the potential 25% who may not be receiving any P&EOLC.

Trying to pull all data from various sources into one report.

Working with Public Health to undertake a 'deep dive' into the data.

Members comments included:

- Outcomes achieved by people with EPaCCs record seem to be generally good which emphasises the need to investigate the potential 25% of 'unknown' people.
- Patients often have an EPaCCs record created through contact with Community services or the hospices. Some of the 'missing' people may be unknown to our services as their contact is with Frailty or care homes.
- The numbers of patients with EPaCCs records for longer than a year are now equal to the number who have then for 4 weeks or less. This may be due to the Quality Improvement initiatives in Primary Care and also an effect of the early days of Covid when advance care planning was being promoted. It will be important to keep up the momentum.
- It is important to ensure that dying in hospital is not seen as a failure as it is sometimes completely appropriate.
- The complexity of patients being seen at home is increasing and we need to constantly monitor if they are in the best place for their needs to be met.
- We must not forget the areas where we have a small number of patients but have a huge impact such as the ED pathway.

6. Update on the Leeds Dying Well in the Community Project (Whole Systems Approach)

Ruth Gordon gave an overview of the work done so far in the Leeds Dying Well in the Community Project.(slides attached)

Two maps have been produced following the well-attended workshops. One showing the key stakeholders and one showing the systems and how they link together.

Headlines from the workshops are being worked up into a series of options.

Healthwatch also undertook a survey asking for experiences of end of life care. Some people were interviewed in more depth and a report and show reel of some of the stories is being prepared.

Key issues from the workshops and family carer interviews were:

- Access to medicines
- Sharing of information
- Patient knowledge of who does what
- Having an ACP
- Issues of capacity and adequate staffing
- Early recognition of deterioration
- Willingness to explore care at home
- Ability of neighbourhood team to respond

The next steps for the Project are:

- Finalise key findings with full analysis to share with all those involved in the workshops
- Develop the options for the focus of Phase 2
- Work with the Community Flows Improvement Group to identify the area(s) for Phase 2
- Develop a full action plan for Phase 2

Members comments included:

- It will be important to monitor if the increase in patients choosing to die at home stays high or was just an effect of visiting restrictions due to Covid. Initial data seems to show that the trend is continuing.
- This shift is also reflected in National data.
- If the numbers continue this may not be sustainable.
- Improving care in the community must be brought about through a whole systems approach and considering a core offer which includes community, hospices and primary care working together.

7. Risk Register Systems Issues Log

Syringe Drivers – All the available syringe drivers have now been deployed, we are waiting to hear about the replacements.

<p>Palliative Care Ambulance - It is hoped the new replacement ambulance will be on the road shortly.</p> <p>Out of Hours Forms – This has been removed from the Systems Issues Log as nothing can be progressed with this until we have improved interoperability of information systems.</p>		
<p>8. Finance report</p>		
<p>Q4 Interim Finance Report The report was circulated with Agenda. A final report will be circulated when the year-end accounts are finalised. Diane updated the members that the LPCN has been funded for a further year. Members are encouraged to bid for funds if they have any citywide quality improvement projects, particularly if they align with the strategy. There is a simple internal bid form which is available from the LPCN office.</p>		
<p>9. Programme Overview</p>		
<p>New Programme Document Diane shared with members the new format of the programme document. A column has been added showing a named Executive Team Lead for each project. The Executive Team Lead will be able to support the project Lead and raise or escalate any issues to the Exec Team and Oversight Group if required. A further column has been added showing the primary area of the strategy it will be impacting on and which outcomes it is linked to. Many of the projects have managed to maintain a substantial amount of activity despite Covid. It is hoped that Project Leads will regularly attend the LPCN Group meetings to give updates on the work.</p>		
<p>10. Updates from the Services</p>		
<p>LCH – within LCH a Neighbourhood Transformation Programme has just started. There are 8 workstreams looking at the Neighbourhood model and how to move it forward. Workstreams include capacity and demand and Health and Wellbeing. Sarah agreed to share the summary of the programme with the members - action SRWFH – The virtual ward pilot has now been running for a month. It will be evaluated after 3 months and the results shared. LTHT – There are a small number of Covid patients still in the hospital. - Surge plans are being drawn up, it is expected this may be for younger people. The Trust has been on Silver Command this week with a high number of ED attendances. The Reasons to Reside model has been rolled out. It may be useful to invite someone to come to the LPCN to explain more about this. - action We are performing well with diagnostic catch up There have been a lot of requests for communications skills training. This will need to be discussed in the education group – action Clarification about the new clinical educator roles was sought. action DB to send ER information available. CCG – work continues on the changing structures. The CCG will not exist next year. The ICS will operate from April 2022. Villa Care – Villa Care beds in Beckett Wing and Wharfedale are moving to the community primary care model. There is the ability to provide EoL in the future if there is pressure in the system. They are also moving to SystemOne. David Richardson Whitely agreed to take any questions about the new model such as the role of the hospital SPCT to the core group - action</p>		
185	Sarah will share the summary of the Neighbourhood Transformation Programme with the group (attached)	SMc
186	A representative from the Reasons to Reside model will be invited to speak to the LPCN Group	DianeB
187	Liz will speak to Trish about the large number of requests for communication skills training in the Trust.	ER
188	DianeB to send ER JD for and information re the Clinical Educator roles	DianeB

189	Members to let DRW have any questions about the change in the model for the Villa Care beds.	DRW/All
11. Any Other Business		
There was no other business.		
12. Next Meeting		
The next meeting is planned for Wednesday 14 th July 10:00 via Zoom		