



**Leeds Palliative  
Care Network**

# **Annual Report 2020-2021**

Prepared for NHS Leeds CCG

June 2021

## Foreword

In the last year, Covid-19 changed how people live, die and grieve, and informed our understanding of what needs to change to ensure better palliative and end of life in the future. Health inequalities have been exposed to greater scrutiny. The need for timely honest conversations about care, treatment and support towards the end of life has never been more evident. As more people have died across all settings with increasingly complex needs the importance of well-resourced integrated care, delivered by competent work-force, has grown ever clearer. The vital role friends, family, loved ones and the wider community play in maintaining the health and well-being of some of the most vulnerable people in society has come to the fore. As have the care-needs of all people who care; before, during and after the death of their friend, family member, client or patient.

The LPCN played a central role in facilitating and co-ordinating the timely and effective city-wide palliative and end of life care response to the pandemic; demonstrating the powerful impact of provider led collaboration when underpinned by a dedicated multi-sector workforce and managerial, administrative and commissioner support, alongside wider community engagement. The LPCN should be proud of its achievements over the last year, both in its response to the pandemic and its ability to progress other important parts of its work-plan. It is also critical that we learn from the challenges, as well as the success, of this unprecedented and uniquely testing year.

Looking forward the future brings fresh opportunities; the changing commissioning landscape, emerging innovative models of care such a virtual wards, and the rapidly evolving sphere of digital and data - driven healthcare. Through innovation and collaboration the LPCN is well placed to navigate, shape and exploit these levers for change; providing a robust authentic city-wide voice for palliative and end of life care. It is essential that LPCN listens to, learns from and engages all the people of Leeds; ensuring that a genuine commitment to inclusivity is at the heart of what we do.

Everybody who needs palliative and end of life care should be able to access it promptly and easily whoever they are and wherever they live in Leeds. They need to know who to contact about their care day or night, understand what care they should receive and when, be confident that key information is accessible and shared effectively across settings, and most importantly be at the centre of shaping what their care looks like. Every interaction should reflect their goals, preferences and approach to decision making; adding value to care, minimising wasteful and burdensome duplication, inefficiency and disruption. They should be confident that they and their loved ones will be supported before, during and after their death by a well-trained workforce alongside the broader community.

The upcoming palliative and end of life care strategy provides a clear vision and direction. It is critical that the LPCN builds on a legacy of successful collaboration to understand the need of the palliative and end of life care population, co-develop interventions to address unmet need and deliver measurable improvements to ensure that everyone in Leeds is able to live well as they approach the end of their life.

**Dr Adam Hurlow**



# CONTENTS

## Table of Contents

<b>Foreword .....</b>	<b>2</b>
<b>Contents.....</b>	<b>3</b>
<b>Introduction .....</b>	<b>4</b>
<b>Governance and Communications .....</b>	<b>4</b>
<b>LPCN Programme Updates .....</b>	<b>5</b>
<b>Education &amp; Research .....</b>	<b>5</b>
<b>Patient Experience &amp; Quality Assurance .....</b>	<b>6</b>
<b>Workforce &amp; Service Development.....</b>	<b>7</b>
<b>Medicines Management.....</b>	<b>8</b>
<b>Strategy Development .....</b>	<b>8</b>
<b>Other Important Developments and Projects .....</b>	<b>9</b>
<b>Funding Bid Proposals .....</b>	<b>11</b>
<b>Finance Report.....</b>	<b>11</b>
<b>Future Plans .....</b>	<b>11</b>

# LPCN Annual Report 2020-2021

## Introduction

Leeds Palliative Care Network (LPCN) is a group of health and social care providers in Leeds, who are working in collaboration to improve services for people with palliative care needs or at the end of their life. It is constituted as a Managed Clinical Network.

The purpose of this report is to provide NHS Leeds CCG with ongoing assurance of the effectiveness of Leeds Palliative Care Network as a delivery model for the improvement of services for the people of Leeds. It will also be shared with the new Leeds Palliative and End of Life Care Strategy Oversight Group.

The report will also be useful for LPCN partners to be able to evidence the benefit and impact that we have collectively. It provides a report of activities and achievements during 2020 / 2021 and highlights future plans.

It must be recognised that this year has been one of unprecedented challenge for the health and care sector in Leeds and across the world due to the [Covid-19 pandemic](#).

This resulted in significant diversion of clinical and administrative energies of all LPCN partners and colleagues in the effort to manage the surge in demand as a consequence of the pandemic whilst ensuring all frontline professionals received the guidance, training, support and advice they required to continue providing care and practice safely.

As a consequence the LPCN provided a lot of facilitation and direct support through the administration of system wide meetings and the development of additional guidance and learning materials hosted on our website which is accessible to all.

Throughout this year the LPCN office has been run remotely with the LPCN team working from home. Access to files and email has been maintained and Zoom or Microsoft Teams was used to support meetings.

## Maintaining Effective Governance and Communications

In line with LPCN Terms of Reference and Memorandum of Understanding the review of length of term for each Executive resulted in Dr Adam Hurlow taking over as Chair at the beginning of April 2020. Dr Mike Stockton remained in a supportive role as co-Chair for 2 months due to the Covid -19 outbreak and initial increased clinical demand. The new Executive Clinical leads for LTHT, Lesley Charman and St Gemma's Hospice, Heather McClelland commenced in April 2020 increasing key partner representation.

The combined complaints and incidents review process of partner organisation reports has been maintained alongside recording of up to date risk and systems issues registers. This process enables us to consider system wide impact and responses required to improve patient experience and also highlights common themes of concern.

The website has been developed considerably throughout this year particularly in response to Covid-19 and the roll out of the Planning Ahead template and increasing advance care planning activity.

A new banner and page section was added to share specific Covid-19 guidance and advice for the public and professionals, including both local expert LPCN guidance and links to national documents. This proved to be hugely popular with clinicians resulting in a significant increase in website activity.

Twitter and partner [bulletins](#) are used to ensure effective and regular cascade of information, with special editions during Covid. At the year-end there are 381 Twitter followers and 4545 website users had undertaken 17,368 page views. The most popular pages were: Covid 19 – Support for professionals (3352); Verification of expected adult death training (1482); End of life care – learning outcomes (1299); Advance care planning (684); Medicines management (682).

The 'contact us' function has continued to enable the LPCN to offer specific help to individuals and develop national and international links.

## LPCN Programme Updates

The programme of quality improvement work continued in line with the agreed LPCN Model with significant input from all partners; see appendix 1.

Monthly project updates have been maintained throughout the year and reported via [programme overview](#).

Unsurprisingly some of the improvement working groups and projects have been put on hold due to Covid-19 impact and reduced capacity; others have continued but have seen some delays.

Below is a summary of achievements within each Workstream over the last year.

## Education and Research

### Training

Many professionals were suddenly having to deal with key areas during this year that they haven't done before or in such a high numbers and intensity such as

- Managing patients at the end of life
- Managing symptoms associated with Covid-19
- Advance care planning and having difficult conversations about dying and what people want for their future, this had to be done very quickly due to the quick deterioration of patients and often not by face to face but via Zoom or Skype
- How to break bad news over a phone and how to talk to relatives who couldn't be there when someone dies or not being able to say goodbye properly.

The major thing that has helped us deliver significant increase in training was that we had already established our ECHO model or tele-education – a high quality way of training using Zoom. Tele-education has been the perfect model for training at this time and will continue to be so for the foreseeable future. The LPCN website has also been a remarkable platform to share resources and guide people to.

Some of the key City-wide Collaborative training and education delivered included:

- a video to support the LPCN guidelines on Symptom Management of patients with Covid-19 (on LPCN website – currently 270 views)
- guidance and training pack on Advance Care Planning for the LPCN website and community staff
- training to staff and produced 5 training videos for Leeds & York Partnership Trust in how to care for patients at the end of life
- Verification of Expected Adult Death for Leeds Nursing Homes via ECHO/ tele-education – St Gemma's Education team worked with the Leeds Community Healthcare End of Life Care Facilitators to provide training to 42 staff from nursing homes in Leeds.
- Both hospices provided a comprehensive training programme on Advance Care Planning/ ReSPECT to GP practices with over 100 people attending sessions on ZOOM
- Training for clinical teams caring for patients admitted to wards across LTHT with life-threatening Covid-19 and to support clinician development as part of the national Nightingale Hospital response.

We had planned training for senior clinician ReSPECT Signatories at the start of the pandemic that had to be paused. A flexible approach was taken during the pandemic to enable implementation and training is about to be delivered to existing and new senior clinician signatories. We have also been collaborating to plan and develop a training programme for all clinicians from the community, primary care and hospices who will use or access the new Planning Ahead template.

### ECHO

We delivered the CNS regional ECHO programme which was completed and evaluated well. This was developed using the P&EOLC Learning Outcomes which is positive and a likely future use for this tool.

The hub also delivered advance care planning training for people with dementia and EOLC training for Health Support Workers across WY&H.

## **Research**

LPCN commissioned the Leeds Academic Unit of Palliative Care to undertake a detailed audit of EPaCCs data to provide in depth understanding of its use and which patients are benefiting from advance care planning. The [report](#) has enhanced our knowledge of health inequalities and informed strategic planning.

## **Patient Experience and Quality Assurance**

### **Metrics, EPaCCs, ReSPECT and Planning Ahead**

This has remained a priority area of activity this year. In 20-21 the proportion of adults who died in Leeds with advance care planning recorded in EPaCCS was stable at 50% (Q1-3). It is estimated that a further 25% of adults may benefit from advance care planning; more needs to be done to understand and engage the population who may be missing out.

We have continued to consider the data and receive quarterly reports. The Metrics Group continues to seek further improvements to the information we receive and have worked with the CCG to expand data fields within the Data Sharing Agreement so that we have improved breakdown of relevant demographic information and health conditions so we can further target improvements and services, with a specific focus on health inequalities.

The use of ReSPECT was launched in community on 27th April 2020, near the start of the pandemic, to support the increased demand for advance care planning. Since then there has been significant partner effort from LCH, hospices and primary care to develop and implement the new Planning Ahead template. This combines EPaCCS and ReSPECT, and went live on January 26<sup>th</sup> 2021. The ReSPECT Tool within this template was updated to the latest national version 3 in March 2021.

The template encourages use of the 'What Matters to Me' template and supports the city's desire to increase and improve personalised care and support planning. We have worked closely with Public Health colleagues and the Self-management and Personalisation Group to help embed this approach citywide.

LTHT has continued to promote and improve the content of the ReSPECT tool. There was 24% increase in the number of plans created in 20-21 compared to the preceding year; with a greater proportion of plans being created whilst patients had capacity to participate and with a younger more ethnically diverse population. LPCN is supporting the plan to enable LTHT ReSPECT data to flow so that it can be combined with community data to provide a comprehensive understanding of advance care planning across the city.

We are working with the Health Care IT hub to enable palliative care data to be added to the wider Leeds data set so that it is considered in future population modelling.

### **New Syringe Drivers**

The system has continued to work collaboratively to ensure adequate supply where it has been required during this challenging year. There has been a need to respond to various field notices relating to battery use and the roll out of the 3rd edition model.

The 50 new 3<sup>rd</sup> Edition BD syringe drivers were distributed at the start of the year with a further 9 going to hospices more recently to enable them to release additional 2nd Edition drivers to the community.

LTHT Medical Physics department are supporting providers and are looking to claim up to 201 replacement drivers from BD for the city once the new model is available.

### **Bereaved Carers Survey**

The survey for 19/20 was completed during quarter 4 and the [report](#) was published in November 2020 and was generally very positive. Inevitably the start of the pandemic had a slight impact on survey returns during March 2020. Healthwatch Leeds facilitated the survey response process and the production of the report. The recommendations have been captured in an action plan for improvement with all partners actively responding. A combined system wide response for people being satisfied or very satisfied with symptom and pain management has been provided as one of the cities strategic measures; average 91.5% for pain and 90% for other symptoms. The group are now working with Healthwatch Leeds to develop and improve the questionnaire and survey process ready to undertake the next survey during 2021.



## Workforce and Service Development

### Transfer of Care Hospital to Hospice transfers

Whilst the daily referral processes that have been previously established continued as business as usual the capacity to undertake changes was limited this year. The group only met once and have agreed to refresh the agreed standard operating procedures as tele referral systems and referral documents improved. Referrals from ED remain few but have a high quality value to both the patients and system.

### Community Flows Improvement

This group is overseeing the Leeds - Dying Well in the Community project.

The project is using a Whole System Approach (WSA) and methodology facilitated by Leeds Beckett University and supported by the LAHP. The project has continued using virtual engagement to involve over 100 health and social care professionals from all partners in Leeds. Healthwatch have also been commissioned to undertake public engagement via survey and interview.

The outputs to date are a stakeholder map and a systems map of how current services are delivered.

We are gaining wide and increased understanding of where there are further opportunities for improvement which will inform an options appraisal, and lead to a second stage of testing of new models and potentially service redesign. We recently [presented](#) to the WY&H ICS Palliative and End of Life Group and LAHP.

### Heart Failure

Funding to support MDT and further quality work was made recurrent this year.

MDT's have continued monthly via TEAMS during the pandemic with the same number of patients discussed, on average 8-10. It is felt that tele meetings have been more efficient and often included more spontaneous education. Education sessions for the cardiac team on ReSPECT decision making and implementation have been delivered. Training is planned on Advance Care Planning in Patients with Implanted Cardiac Devices.

A new guideline on use of subcutaneous diuretics in the community has been developed. Review of the Y&H symptom management guidelines for patients in the later stages of heart failure and criteria for referral to specialist palliative care has been commenced so that we have clear guidance for Leeds.

### Leeds Palliative Care Ambulance

YAS had limited capacity to attend partner meetings during this year. The group did meet recently and noted that training of the ambulance crew on palliative care skills has recommenced. Colleagues at LTHT have been supporting this. YAS has added a [page](#) for palliative care transport to their website to provide more information to professionals and the public. We anticipate the new replacement ambulance being operational very soon. Regular activity reports have continued to be received which demonstrated an increase in demand during the year. To help manage concerns about transfers the YAS operational managers have established close links with clinicians in all providers to ensure quick resolution.

### Dementia

New project leadership and support was secured for the dementia and end of life care group this year.

This has resulted in increased interface and contribution to the Leeds dementia strategy, action plan and Dementia Partnership meetings. In line with the Dementia strategy the End of Life Dementia group continues to deliver three key work streams:

*End of Life Admiral Nurse post(s)* for Leeds – the case for funding an Admiral Nurse team, hosted by LCH, has been developed and approved by the LPCN subgroup and reviewed by the LPCN Executive. This is now being costed and converted into a business case to present to commissioners.

*Pain and symptom management group* is undertaking a systematic review on non-cognitive symptom assessment tools for people with dementia and will also undertake a pilot project to look at which tools are used in practice (locally/regionally). The aim is to complete this work by September and apply for a larger research grant to explore the issues raised.

The group is also reviewing the pain communication tool developed by LYPFT for people with a learning disability to consider if it could be used for people living with dementia.

*Advance Care Planning* – Following a workshop last year Leeds has been actively involved in supporting the West Yorkshire and Harrogate ICS work to produce [guidance](#) and training on advance care planning for people with dementia. The LPCN sub-group will review the agreed action plan on page 17 of the event [report](#) to determine if any further actions are required for Leeds.

## Medicines Management

### Covid -19 Guidance

In the first 2 months of the year the medicines management lead, supported by specialist palliative care clinicians and national leads produced [guidance](#) for use by clinicians who were caring for people at the end of life during the Covid-19 pandemic. The guidance included symptom management at the end of life for patients dying from COVID – 19 and also in response to medication and staff shortages, guidance on medications other than the standard anticipatory medications that could be used to manage symptoms at the end of life.

Work was done to improve access to medicines in the community via the West Yorkshire urgent supply of palliative care drugs service and the DWP. Together with the CCG Medicines Optimisation Nursing Home team the prescribing processes for end of life medication in care homes was streamlined and made more efficient.

The demand for medicines support during this time resulted in reduced capacity for some planned project work.

### Anticipatory Medicines.

An audit of anticipatory medicines was designed and process agreed with colleagues within LCH but was put on hold at the start of the Covid -19 outbreak. A [poster](#) presentation of the initial audit work was provided for the Palliative Care Congress in March 2020. Following attendance at a national conference we have developed links with Ben Bowers ([University of Cambridge](#)) to share learning through audit work and influence the national agenda.

### Reviewing and refreshing existing guidance

The City Wide guidance for prescribing at the end of life for patients with Liver or Renal impairment has been reviewed, updated and added to Leeds Health Pathways.

The heart failure guidance review has commenced led by Dr Jason Ward.

### Electronic Prescribing and Medicines Administration

The next phase of this project is to enable electronic prescribing for community patients and outpatients who have been reviewed by the Hospice Palliative Care teams. TPP have upgraded the System1 module to allow EPS to be enabled on the palliative hospice module and also worked with NHS digital to allow data flow. It is hoped that a pilot will commence in 2021; once the development of this new system has been finalised by TPP.

## Strategy Development

LPCN Executives and partners have been instrumental in writing and commenting on the forthcoming Leeds Adult Palliative and End of Life Care Strategy 2021-2026. We have also produced a supporting informative data pack as an appendix which provides a baseline position against agreed measures. Despite capacity challenges we have continued to work alongside the CCG to ensure the strategy is produced, ratified via the CCG and Leeds Health and Wellbeing Board, and finally published.

LPCN continue to support, host and administrate the P&EOLC Strategy Advisory Group and will continue to do so when it evolves into the Strategy Oversight Group.

LPCN will continue to deliver a quality improvement programme through all its partners that will be aligned to the delivery of population outcomes and ambitions of the strategy.



## Other Important Developments and Projects

### Frailty

LPCN have maintained a close link with the Frailty work in the city recognising there is considerable interface with those people who are identified as very frail.

In response to Covid-19 a new Frailty Support Service was commenced with a [Virtual Ward](#) being established with consultant geriatrician support and oversight in the community. LPCN colleagues helped inform and develop the new frailty pathway and ensured that out of hours advice and support for both the new service and palliative care mirrored each other. The service was promoted via the GP Clinical Lead and strong links have been maintained.

A city wide frailty meeting about ACP was held 10th March 2021 with LPCN representation. Following this Frailty colleagues have been invited to the next P&EOLC Informatics Meeting to consider ACP metrics and ensure we maintain effective communications between the 2 work streams. Joint working will continue with the potential for a video being developed to promote management of frailty, Planning Ahead and ReSPECT.

### Breathlessness

A single point of referral for breathlessness management has been developed alongside a standard referral process. Additional Specialist Palliative Consultant sessions have been provided to expand the breathlessness MDT capacity to enable advice to be provided to a wider cohort of people and to extend the length of the MDT sessions available.

New guidelines for the use of opioids for breathlessness in advanced disease have been produced and are out for consultation with clinicians across the partnership.

Plans for next year include an educational study day, a new website and the production of patient information videos.

### Care Homes

Supporting care homes has been a priority area during the Covid-19 pandemic. We have ensured representation on the Silver Command Care Homes Group to ensure effective collaboration and communications. Specific medicines guidance was produced for care homes, and training for staff to enable verification of expected death. Attendance at virtual MDT's for care home residents was modelled and now routinely encouraged.

The Community P&EOLC Covid Group that has been hosted and facilitated by the LPCN shares information about support into Care home regularly.

Care home staff input into the WSA project to improve EOLC was actively sought and families of residents that have died contributed to the public engagement undertaken by Healthwatch.

Care Home support will remain a priority area for next year

### Dying Matters

The Leeds Dying Matters Partnership has remained active throughout the year and provides regular updates on its activity. The Dying Matters Strategy and Action plan has also been updated in readiness to respond to Outcome 7 of the new P&EOLC Strategy.

The group supported and promoted the national 'I Remember Campaign' led by National Dying Matters Coalition at the end of October which was a chance to share memories of loved ones; this was made meaningful in Leeds through all the partners having access to a one hour information session video to promote key messages.

During this time they also promoted and supported the Grief Series 'Day of the Dead' inspired [Ofrenda](#) on display at the Centre for Live Art Yorkshire, ending 8 November. Dying matters funded a photographer to take photos of the Ofrenda which can then be used by the wider partnership.

A full social media campaign and virtual death cafes have been planned for Dying Matters week during May 2021, with close links established with the national team to ensure consistency of message.

A small project delivered through MESMAC to engage (predominantly) men from LGBTQ+ communities to talk more about death and dying is planned. Leeds Bereavement Forum are also funded to deliver 4 Dying Matters training courses to staff identified through the partnership – to include Linking Leeds Staff.

## **Specialist Palliative Care and Advice to paramedics**

The formal Yorkshire and Humber project has now ended but Leeds hospices and palliative medicine consultants on call continue to support regular requests for advice from YAS paramedics which informs decisions about place of care, judicious use of acute hospital services and care and treatment at home.

## **Equality, Diversity and Inclusion**

### **Homelessness**

The multi-agency group sponsored by LPCN has continued to deliver the project throughout the year. A complex case worker and the safeguarding lead from the Leeds Outreach Service has joined the project team and is looking at other groups who may benefit from the project. A [presentation](#) summarising achievements to date was made to the LPCN Group in March.

So far there has been a significant increase in identification of patients, referrals and palliative care delivery for to this population; 15 people since May 2020 have benefited from the service. The group has developed materials to help other services identify patients, and training programmes for the healthcare and homeless sectors.

A letter of support for the project has been received from LTHT following support given to one of their patients.

### **Prisoners**

Specialist Palliative advice and support is now routinely delivered via MDT's for prisoners, this has been maintained this year virtually. Support was given for managing dying patients during COVID. Prison staff are now able to give PRN medication to people in the last days of life making supporting patients dying in the prison more possible. Developing links with other specialties such as Parkinson's team to enhance care. Developing Education Programme for Prison Health and Care Staff.

**Gypsies and Travellers** continue to be supported by the Sue Ryder Wheatfields specialist palliative care community services.

LPCN continue to maintain links with LYPFT to ensure care for people with **Learning Disabilities** are included in our planning.

LPCN have had initial conversations with Forward Leeds about how we can support improvements in palliative and end of life care for people living with **Drugs and Alcohol** addictions. There are opportunities to improve links within the hospital and also improve the community pathway, with clear links with the homelessness pilot service identified.

LPCN has facilitated engagement with key partners to enable **Transition** and discharge of patients from Martin House Hospice into adult's services and access palliative care support as appropriate.

A [guide](#) for **LGBT** people facing advanced illness is available on our website.

It is expected that further work will be undertaken with these and other underrepresented groups in order to increase early recognition, improve access and increase uptake of appropriate EOLC services for all over the coming year in alignment with the new strategic plans.

## Finance Report

LPCN spend this year has been significantly affected by the Covid-19 pandemic as there have been no large face to face events, no printing of guidelines or promotional materials, very little postage and use of stationary and no official travel expenses. We also managed to negotiate more favourable terms for the website support.

Funding for a new Clinical Educator post that has yet to be appointed is expected to be utilised from early next year.

Most projects have seen some expenditure but some on hold and others using virtual engagement and involvement, the spend has been less than anticipated.

LEEDS PALLIATIVE CARE NETWORK FINANCE REPORT April 20-March 21										
<b>WORKFORCE</b>										
<b>Roles</b>		<b>Budget 20/21</b>	<b>Q1 actual</b>	<b>Q2 actual</b>	<b>Q3 actual</b>	<b>Q4 actual</b>	<b>Actual</b>	<b>Variance</b>	<b>Comments</b>	
LPCN Management Clinical and Admin		£79,758	£21,026	£17,796	£20,916	£21,895	£81,633	-£1,875		
Clinical Practice Educator ( For New post)		£56,784					£0	£56,784		
ELM/Comms		£10,140	£600	£1,900	£600	£640	£3,740	£6,400		
Sundries / expenses		£1,034	£33	£185	£35	£24	£278	£757		
Website		£2,535				£870	£870	£1,665		
Overheads		£13,057	£3,264	£3,264	£3,264	£3,264	£13,057	£1		
<b>Final amount for recharge purposes 20/21</b>		<b>£163,309</b>	<b>£24,924</b>	<b>£23,146</b>	<b>£24,815</b>	<b>£26,693</b>	<b>£99,578</b>	<b>£63,731</b>		
<b>PIPELINE BIDS</b>										
<b>Total underspend regular funding 31.3.20</b>		<b>£55,902</b>								
<b>Expenditure from underspend 2021</b>		<b>-£2,400</b>								
<b>Underspend regular funding 2021</b>		<b>£63,731</b>								
<b>Remaining balance pipeline bids</b>		<b>£123,905</b>								
<b>Total</b>		<b>£241,138</b>								
<b>Title/Workstream Lead</b>		<b>Received</b>	<b>Spend as at 31/3/20</b>	<b>Actual left 1.4.19</b>	<b>Q1 20/21</b>	<b>Q2 20/21</b>	<b>Q3 20/21</b>	<b>Q4 20/21</b>	<b>Spend to date 2021</b>	<b>Actual left</b>
Citywide Bereaved Carers Survey		£9,000	£1,062	£4,938			£2,500		£2,500	£5,438
Project expenses		£56,335	£56,102	£1,424					£0	£233
Implementation of E prescribing - Moira Cookson		£28,400	£24,604	£11,746					£0	£3,796
EPaCCS Planning Ahead training and development		£70,000	£13,067	£16,933	£15,000				£15,000	£41,933
End of Life Dementia Care		£20,898	£9,433	£10,500				£4,500	£4,500	£6,965
Project ECHO Hub		£64,731	£25,423	£21,452	£5,109	£5,110	£3,757	£2,742	£16,718	£22,589
Heart Failure MDT cover		£8,112			£2,028	£2,028	£2,028	£2,028	£8,112	£0
PHM programme backfill		£6,000	£0	£6,000					£0	£6,000
Community Flow Improvement project		£50,000	£2,250			£6,300	£4,500		£10,800	£36,950
Dying Matters campaign		£5,000			£5,000				£5,000	£0
<b>Total</b>		<b>£318,476</b>	<b>£131,940</b>	<b>£72,994</b>	<b>£27,137</b>	<b>£13,438</b>	<b>£12,785</b>	<b>£9,270</b>	<b>£62,630</b>	<b>£123,905</b>

## Funding Bid Proposals

There was not an open commissioning intentions process this year from the CCG so no additional new monies have been sought. LPCN does however oversee an internal project funding process to allow underspend to be used to support our work. We have agreed this year to fund the LTHT ReSPECT data flow and audit work. We also funded additional Dying Matters campaign capacity to enable targeting towards men, LBGT and the BAME community.

## Future Plans 2021/22

The LPCN Executive team have considered ongoing project requirements and also what will be additionally required to respond to the new Leeds P&EOLC Strategy; ensuring actions are planned in response to all 7 of the Population Outcomes agreed.

Executive team discussions and decisions have been recorded in a simple strategy summary document that helps inform future planning and we will revise the programme of work in relation to the new strategy.

