



Seacroft Dying Well in the Community Project Update

LPCN Community Palliative Care Improvement Group - 24th October 2023

The project

The Seacroft Dying Well in the Community Project was established to develop new approaches to providing care and support at the end of life in the community within a defined locality. This would allow an approach focused on the particular needs of that community as well as developing approaches that could be adopted and tested. Potentially, ideas could then be rolled out in other localities across Leeds.

The project consists of a core group consisting of health and third sector staff who primarily work within the Seacroft and surrounding areas Local Care Partnership (LCP). The core group consists of clinicians and practitioners working in Seacroft from the PCN, Neighbourhood Team, St Gemmas Hospice, Public Health and the Third Sector. The group has met five times at the LS14 Trust in Seacroft. In June and July, the project also held two facilitated workshops to agree the next steps for the project and in particular to discuss the more clinically focused aspects of the work. The second workshop held at Chapel FM included wider stakeholders who have an interest in the project.

The project has met with Seacroft residents to discuss their views and requirements around death and dying and this discussion has informed

The formation of the Seacroft Core Group has raised awareness of each other's roles as well as of the community assets, training offers and services that are available locally, some of which staff involved were not aware of previously.

Clinical pathway development

A core component of the Seacroft Project is to deliver an improved integrated approach to the provision of care at the end of life within the community. The focus of this work is on the relationships between primary care, community healthcare (Neighbourhood Team and city-wide specialist teams) and hospice care in the community. This is in the context of wider social care and third sector offers.

A challenge of EoL pathway and service improvements for people at the end of life, is the variation in pathways and service offer dependent on the health condition of the person, whether heart failure; cancer; dementia; or respiratory. This has led to a focus on respiratory described below.

The work on Seacroft community and information

A task group to develop the 'Dying Well in Seacroft' Information offer has successfully bid for funding for a Seacroft community death and dying event to be held w/c November 27th. The event is aimed at those working for third sector organisations in Seacroft either in a voluntary or paid capacity and at one of the established community groups who the project has previously met with to discuss death and dying. It will also be attended by clinicians and other members of this Seacroft Dying Well in the Community Core Group.



This will be followed by a 'Dying Well in Seacroft' information offer as part of the materials provided by the 'We are Seacroft' collective. The information will be for the public as well as professionals and will cover planning; care and support for people at the end of life; support and advice after the death.

Coupled with the local information offer will be an on-line Dying Well in Seacroft theme (via the We are Seacroft website) including videos of local people and staff (including e.g. residents talking about relatives how had 'a good death', residents who have planned well for the end of life, nurses, funeral directors). The experience of core group members who do this type of campaign/promotional work in Seacroft is that these approaches have the most impact.

City wide work on reducing unplanned respiratory admissions

In August, the Leeds Partnership Executive Group (PEG) agreed to a suite of a new targets for 'goal 1' of the Healthy Leeds Plan which is for Leeds to achieve a 25% reduction in preventable, unplanned utilisation across health settings for those in IMD1 by 2028, against a 2022 baseline. In other words, a reduction in hospital bed days for people living in the most deprived communities in Leeds.

People who are at end of life, have respiratory disease and live in the most deprived (IMD1) communities are one population who stand out as having a relatively high number of unplanned admissions and hospital utilisation. PEG has agreed three recommended geographies of focus for this: Cross Gates, Middleton and Hunslet and Seacroft.

A series of multi-agency clinical review panels are being set up (which will be led by Seacroft PCN) to review a selection of patient cases of people in Seacroft who have died, or are dying with respiratory disease. The aim of the reviews is to identify how services can provide an improved integrated offer and, in particular, what opportunities there might be/might have been to avoid unplanned health care including hospital admissions.

The project has requested data from the ICB regarding this population:

Cohort criteria:

Seacroft PCN registered patients

- Died in the last 12 months OR who are currently EoL
- Had/have a primary condition of respiratory disease
- Had acute admissions in the last 12 months (including those who died in hospital)

Data needed for the cohort:

- Seacroft PCN GP practice registered with
- Any sub-categories/further information on type of respiratory condition
- Location of death (e.g. hospital)



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- Data on health services usage over the 12 months (no. GP visits, unplanned admissions)
- IMD of their home address
- Equality characteristics

Learning and recommendations from the panels will be shared with partners and the project will support an action plan for implementing changes identified as a result. This will include actions for the better co-ordination and management of care.

Although the focus of this exercise is on respiratory disease, it is considered that the learning will be, in many cases, applicable to people in Seacroft at end of life with other health conditions and to other geographies within Leeds.

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