



LPCN Group Meeting

Actions of the meeting held on Thursday 23 May 2024

Members	Role	Organisation
Adam Hurlow (AH)	Chair and Clinical Lead	LTHT
Diane Boyne (DB)	LPCN Manager	LPCN
Leigh Taylor (LT)	LPCN Education Facilitator	LPCN
Chris Bonsell (CB)	LPCN Medicines Management Lead	Primary Care
Carol Call (CC)	Clinical Nurse Manager	Marie Curie
Andrea Dobson (AD)	Head of Continuing Health Care	Leeds ICB
Laura Speight (LS)	Head of In-Patient Care	SGH
Liz Rees (LR)	Lead Nurse End of Life care	LTHT
Kirsty Jones (KJ)	Clinical Head of Portfolio	LCH
Justine Ball (JB)	LPCN Administrator	LPCN

1. Welcome & Apologies

AH welcomed everyone to the meeting. Apologies were received from Lesley Charman (LTHT), Sarah McDermott (LCH), Jo Neiland (SGH) and Mike Stockton (SGH).

2. Approval of Action Log from Last Meeting & Matters Arising

The minutes of the meeting held on 27 March 2024 were accepted as a correct record of the meeting.

Previous Actions:

No.	Action	Owner
238	C/fwd Confirm if the Carers Leeds annual survey includes end of life care. Complete - feeds into the bereaved carers survey discussions and future feedback mechanism; DB to update SC.	SC
239	Circulate the Advance Care Planning Community Grant Evaluation report with the minutes of the meeting. Complete.	DB
240	Circulate a copy of the heart failure guidance for end of life care in Leeds with the minutes of the meeting. Complete.	DB
241	End of Life Care and Support in Leeds – LPCN Leaflet – refer the request for leaflets to the LPCN Exec team for agreement. Complete.	DB

3. Chair's Update

Covered in Section 6 below.

4. Network Manager's Update

DB gave an update on the following:

- The LPCN Annual Report has been finalised and will be circulated to the ICB, the EoL Board and the LPCN Exec Team. A copy will also be attached with the minutes of the meeting.

DB

<ul style="list-style-type: none"> • End of Life Care and Support in Leeds leaflet – 1500 leaflets have been printed and will be distributed to the PCN Frailty team, Hospices and LTHT. The leaflet is also available to download and translate on the LPCN website. Following positive feedback, the ‘Care in the last days of life’ and ‘When Someone Dies’ leaflets in the Helping You section have been added so the translation function can be accessed if required. • An EDI page has been added to the LPCN website and can be found at Leeds Palliative Care Network - Equality, Diversity and Inclusion. It’s in its early stages of development but information will be added as deemed appropriate such as the easy read documents. • Dying Well in Seacroft Community Project - The final evaluation report for the project has been received and will be shared with the minutes of the meeting. As well as evidencing how the health workforce has worked more collaboratively in the local area, it also evidences the intensive piece of work within the 3rd Sector who will continue to host the EoL Network Group that has been developed in Seacroft. The report will be shared with the LPCN Exec Team and probably the EoL Board. • Continuing Healthcare (CHC) Fast Track Leaflet – AD advised that the CHC team are considering developing a local patient / carer CHC Fast Track leaflet and asked if the LPCN would like to be involved. DB advised that the LPCN Leaflet Review Group can support with this work and ensure it aligns with the new LPCN End of Life Care and Support in Leeds leaflet. AH advised that this leaflet should also be developed in an easy read format. 	DB
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5. Neighbourhood Response Team – Formally Urgent Community Response
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<p>KJ joined the Group meeting as a Guest speaker to share more information on the Neighbourhood Response Team initiative in LCH. Key points from the update are:</p> <ul style="list-style-type: none"> • The pilot is running in the North Neighbourhood Team to test new ways of working and organising work internally. The North covers teams in Wetherby, Meanwood, Chapeltown and Seacroft. • Before the pilot, the Neighbourhood Team (Core Team) would manage planned and unplanned visits. • The new model being tested includes a separate Response Team which has a senior nurse/district nurse on duty and then a Nurse and Healthcare Assistant for each of the four teams. The Response Team visit patients who call on the day or require a new assessment /review within 48 hours. The Response Team can then make a decision as to whether the patient stays with the Response Team for another 2 or 3 visits or goes into the Core Team. Theoretically, this change should enable the team to have more time to assess the patient and work out what they really need for future care. • The pilot has been running for 10 weeks and the outcomes and requirements are being analysed. • For palliative patients, call outs and initial assessments are all referred to the Response Team for continuity of care. One person from the Palliative Care Team in LCH is assigned to the Response Team every day. • The referral process hasn’t changed and all referrals continue to go into the Triage Hubs who decide if the patient is passed to the Core Team or the Response Team. Outwardly to the teams referring in, the change won’t be noticeable. • The change will be rolled out in the South at the end of June/early July to see how the model works in a different area. This includes Kippax, Middleton, Beeston and Morley. 	
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<ul style="list-style-type: none"> The pilot is currently focused on the nursing offer and this may be extended to include the therapy offer of the Neighbourhood Team and also the Home Ward element to see how this could fit with a Response Team model. <p>LS will share the details of the LCH pilot with the nurse leading on a similar rapid response project at SGH.</p>	
6. End of Life Population Board	
<p>AH summarised the key updates from the EoL Board noted as follows:</p> <ul style="list-style-type: none"> Lindsey McFarlane is the LPCN's new ICB connection and has responsibility for Long Term Conditions, End of Life Care and Frailty. 8.9% efficiency savings from the LPCN's recurrent budget have been identified by transferring the clinical heart failure role to a service model within SGH and losing some heart failure improvement and ECHO education/training time. The initial ask from the ICB was a 15% cost reduction which the LPCN is continuing to explore. Following the closure of the Leeds Bereavement Forum, CRUSE have accepted a 20% funding cut which will result in a reduction in the service offer. The EoL Board is undergoing a prioritisation process of its programme of work which the LPCN is feeding into. High priority work is identified as work that will lead to reducing unplanned admissions and/or financial savings. The next priority is work that is already funded/resourced such as the Timely Recognition Tool project. AH will present back to the Board to provide more detail on what the LPCN is delivering. Gill Pottinger is the Chair of the EoL Board and the frequency of the meetings has changed to 6 weekly. Dying Matters has funding for 2023–24 but it's not clear what the future of the partnership is beyond this. The wider palliative and end of life community services and 3rd sector organisations are being significantly impacted by the cost cutting challenges. 	
7. Systems Pressures & Industrial Action	
<p>Nothing to note.</p>	
8. Finance Report	
<p>The Finance Report for Q4 was circulated ahead of the meeting and reviewed by the Group. At the end of last year, the LPCN agreed to fund the continuation of the CSW palliative and end of life care training in LTHT, however, DB advised that the network is limited in terms of what projects it can fund in the future. It will use its budget as flexibly as possible and DB encouraged the Group to still ask particularly if any proposed projects have a potential impact on unplanned admissions and/or cost savings.</p>	
9. Risk Register and Systems Issue Log	
<p>The risk register was reviewed by the Group and no new risks were raised.</p> <p>The system issues log was reviewed and no new issues were raised. AH stated that WY Community Pharmacy has an interest in the lack of palliative drugs in the community especially for those pharmacists who have signed up to their scheme to have end of life drugs in stock.</p>	

10. Programme Overview		
<p>The Programme Overview was circulated ahead of the meeting and AH asked Group members to review outside of the meeting.</p> <p>DB advised that the Programme Overview document will be streamlined and reformatted to prepare for the prioritisation of work by the LPCN Exec Team. AH stated that with the finance and resource challenges it is important to focus on the areas of work with the biggest impact.</p> <p>Dementia funding has been spent and a final newsletter will be issued to the Group before it folds this year.</p>		
11. WY&H ICS Updates		
<p>AH confirmed that the WY EoL workstream meetings have restarted with a new ICB Lead, Michelle Bennett. AH advised that the main focus is the Health Needs Assessment (HNA) which was commissioned for West Yorkshire and deciding how best to communicate the recommendations/themes.</p> <p>AH represents the city at the WY EoL workstream meetings and AH/DB contributed to the HNA.</p>		
12. Members Update		
<p>SGH – LS updated the Group on a pilot underway to close the mortuary which has been successful so far. Very few Hospices have a mortuary and from a cost saving and staff wellbeing perspective the change is perceived as positive. During the pilot, a local Funeral Directors service is being used for families who don't have a nominated Funeral Director but SGH plan to go out to tender for this work. This will include a requirement to not charge families a holding fee.</p>		
13. Actions Agreed		
No.	Action	Owner
1.	Circulate a copy of the LPCN Annual Report and the final evaluation report for the Dying Well in Seacroft Community Project.	DB