

Public Document Pack  
SOUTHEND-ON-SEA CITY COUNCIL

**Health & Wellbeing Board**

**Date: Tuesday, 22nd October, 2024**

**Time: 4.45 pm**

**Place: The Forum**

**Elmer Square, Southend- on- Sea SS1 1NS  
(Helliwell and Deeping Rooms)**

**Contact: Rob Harris**

**Email: [committeesection@southend.gov.uk](mailto:committeesection@southend.gov.uk)**

**AGENDA**

- 1 Introduction**
- 2 Apologies for Absence**
- 3 Declarations of Interest**
- 4 Minutes of the Meeting held on Wednesday, 12 June 2024 (Pages 3 - 6)**
- 5 Public Questions**
- 6 Revised Terms of Reference (Pages 7 - 10)**  
Chair/Director of Public Health
- 7 MSE Foundation Trust 10-year Vision development (Pages 11 - 20)**  
PowerPoint Presentatin from Dr Preeti Sud
- 8 LeDeR Annual Report 2024 and Delivery Plan (Pages 21 - 38)**  
Andrew Graham, LD Health Commissioner
- 9 ABSS Legacy Presentation and Discussion**  
Alex Khaldi, ABSS Chair (presentation to be tabled)
- 10 Date and time of next meeting - Tuesday, 10 December 2024**

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# SOUTHEND-ON-SEA CITY COUNCIL

## Meeting of Health & Wellbeing Board

**Date: Wednesday, 12th June, 2024**  
**Place: Committee Room 1 - Civic Suite**

# 4

**Present:** Councillor M Sadza (Chair)  
Councillors M Borton, P Collins, I Ferguson, N Folkard, McCarron,  
J McMahon, A Quinn, K Ramkhelawon and O Richards

(\*Substitute in accordance with Council Procedure Rule 30.)

**In Attendance:** Councillors Jarvis  
R Harris

**Start/End Time:** 5.00 - 7.05 pm

### **1 Apologies for Absence**

Apologies for absence were received from M Harvey (substitute: S Liebrecht), J Gardner, H Patel and M Atkinson.

### **2 Declarations of Interest**

The following declarations of interest were made:

(a) Cllr J McMahon – Minute 5 (Recommissioning Domestic Abuse Services) – Works alongside EPUT.

(b) Cllr P Collins – Minute 9 (Health4Life) – Trustee of Eastwood Community Centre.

(c) Cllr M Borton – Minute 5 (Recommissioning Domestic Abuse Services) – daughter works for EPUT and Minute 8 (ABSS) – Council appointed member to South Essex Homes.

### **3 Public Questions**

The Chair responded to a written questions received from the public.

### **4 Minutes of the Meeting held on Tuesday, 5 March 2024**

Resolved:

That the Minutes of the Meeting held on Tuesday, 5 March 2024, be confirmed as a correct record.

### **5 Recommissioning Domestic Abuse Services**

The Board considered a report of the Executive Director (Adults and Communities) presenting an update on the progress of the procurement of Domestic Abuse (DA) services.

The Board asked questions which were responded to by officers. The Board also discussed in detail the risks and opportunities concerning the preferred option (option 1) to pool funding and joint commissioning across SET (Southend, Essex and Thurrock) and expressed concerns with the potential loss of local expertise/specialism such as the 'Safe-Steps' programme. The Director of Public Health confirmed that the risks and potential gaps in provision would be carefully reviewed.

Resolved:

That it be confirmed that the Board was satisfied with the progress taken to date in relation to the recommissioning of domestic abuse services in Southend and officers continue along the current path towards procurement of these services.

## **6 Alliance Plan 2024/25 - Concept and Overview**

The Board received a powerpoint presentation from the Director of SEE Alliance presenting a detailed overview of the SEE Alliance Delivery Plan 2024/26.

The Board asked questions which were responded to by the SEE Alliance Director and Deputy Director.

Resolved:

That the powerpoint presentation on the Alliance Delivery Plan, be noted.

## **7 Feedback from Informal Session held 23 January 2024**

The Board received feedback from the Informal HWB session held on 23<sup>rd</sup> January 2024. The following key points were highlighted:

- The Boards added value in terms of tackling the wider determinants of health and supporting delivery of the ICS Strategy.
- Collective and collaborative partnership key driver.
- Bringing communities together and building resilience.
- Accelerating progress – how?
- Review of the Terms of Reference and role of the Board to be undertaken at a further informal session.

Resolved:

That the feedback from the informal session held on 23<sup>rd</sup> January 2024, be noted.

## **8 A Better Start Southend (ABSS)**

The Board considered a report of the Chair and Director of ABSS presenting an update on key developments since the last meeting.

The Board asked questions which were responded to by the ABSS Chair.

Resolved:

1. That the submitted report, be noted.
2. That the following distinct work, be noted:
  - Now – continuation of high-quality service delivery to families, with the appropriate promotion and impact monitoring.
  - Next – the period before and after March 2025 which relates to the tapering and/or close-down of contracts, including work to generate a long-lasting legacy alongside parents.
  - Beyond: the preparatory work to upskill delivery bodies and meet their support needs, and instigate project sustainability into April 2025 and beyond, which involves discussions with potential future funders.
3. That a report exploring the legacy and sustainability of the Better Care Fund and ABSS be presented to the Board at its meeting in September 2024.

## **9 Health4Life**

The Board considered a report of the Executive Director (Children and Public Health) presenting an update on the Health4Life programme in Southend-on-Sea.

Resolved:

That the submitted report, be noted.

## **10 HWB Forward Plan 2024/25**

The Board received the HWB Forward Plan for 2024/25 which was a live document and would be updated regularly.

Resolved:

That the Forward Plan 2024/25 be noted and any matters for inclusion be sent to the Principal Democratic Services Officer.

**Chair:** \_\_\_\_\_

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## Health & Wellbeing Board

### Purpose

The Health and Wellbeing Board is a Committee of the Council established under the Local Government Act 1972 as an ordinary committee but amended pursuant to section 194 of the Health and Care Act 2022 (as amended), and the Local Authority (Public Health, Health and Wellbeing Boards and Scrutiny) Regulations 2013.

The purpose of the Health and Wellbeing Board is lead the improvement of health and wellbeing of residents of the Southend-on-Sea City Council area, with a specific focus on tackling health inequalities.

### Composition

The Health and Care Act 2022 (as amended) specifies certain requirements as to the composition of the Health and Wellbeing Board.

The voting members of the Board comprise:

- Six Councillors nominated by the Mayor including the Cabinet Member for public health
- The Chief Executive of the Council;
- The Executive Director (Children and Public Health) - DCS;
- The Executive Director (Adults and Communities) - DASS;
- The Director of Public Health;
- The Chief Executive for local NHS Commissioning (Integrated Care Board);
- A Representative of Healthwatch Southend;
- A Representative of the Integrated Care Partnership operating within the Council's area.

The non-voting co-opted members of the Board comprise:

- Chief Executive, Essex Partnership University Trust (EPUT);
- Chief Executive, Southend University Hospital Foundation Trust (SUHFT);
- Chief Executive, Southend Association of Voluntary Services (SAVS);
- Director of Commissioning and Integration (Council);
- NHS Director of place-based commissioning (SEE Alliance) ;
- Independent Chair (Safeguarding Boards – SSCP and SSAB).

The Board may, in addition, appoint such other persons or representatives as it deems appropriate.

The Mayor and members of People Scrutiny Committee shall not be members of the Board. **However, the Chair of the Council's People Scrutiny Committee may attend meetings of the Board as an observer, and may ask questions and make comments, but is not entitled to vote.**

### **Substitutes**

Substitutes are permitted in accordance with the Council's Committee Procedure Rules.

Co-opted member substitutes must be of a sufficient level of seniority within their organisation.

### **Delegations to Sub-committees and Officers**

The Board may arrange for the discharge of any of its functions by a Sub-Committee, or an Officer of the Council.

Unless the Board otherwise directs, a Sub-committee may arrange for the discharge of any of those functions by an Officer of the Council.

The Board may appoint one or more Sub-committees to advise the Board with respect to the discharge of functions by the Board.

**The Southend Health Protection Board is a key Sub-committee of the Board and can be convened as required, under the guidance of the Director of Public Health.**

### **Political Proportionality**

Political proportionality rules do not apply to the Health and Wellbeing Board as it is a statutory committee with specified membership.

### **Chair**

The Chair shall be an elected member appointed by the Council. **A Vice-chair will be nominated and appointed by the Board.**

### **Quorum**

Quorum for a meeting of the Health and Wellbeing Board **shall be five including:**

- Not less than two Councillors of Southend-on-Sea City Council;
- Not less than two senior officers from the Council, and;
- Not less than one representative from the Integrated Care Partnership.



## **Rules & Requirements**

The Council's Committee Procedure Rules shall apply to the Health and Wellbeing Board.

The Council shall ensure that all Board members are well-versed with the purpose of the Board. Training provision will be made available for all new members

## **Objectives**

- To provide strategic leadership, strengthen the influence of local authorities and elected representatives in shaping health and care commissioning.
- To sign-off key commissioning plans, strategy and policy related to health and wellbeing and health inequalities.
- To oversee the development and refresh of the Joint Strategic Needs Assessment (JSNA) suite of products, so that future commissioning / policy decisions and priorities are evidence based.
- To determine the health improvement priorities in Southend.
- To promote integration, collaboration and partnership working.
- To oversee the development of a Joint Local Health and Wellbeing Strategy (JLHWS), which sets out improvement for health and wellbeing outcomes, including reduction in health inequalities that provides a framework for commissioning plans related to health and wellbeing.
- To promote and encourage integration and partnership working including joint commissioning, pooled budgets and joint delivery across the NHS, social care, public health and other service providers.
- To initiate and support stakeholder and community engagement and consultation work in relation to health and wellbeing issues.
- To appoint task and finish groups / sub-committees for specific pieces of work that support or inform health and wellbeing across Southend.
- To oversee the development of the Pharmaceutical Needs Assessment (PNA).
- To performance manage the achievement of and progress against key outcomes identified within the JLHWS.
- To provide leadership on any other emerging health and wellbeing related issues that may have a significant impact on the delivery of the JLHWS.
- To oversee the strategic governance for local health and wellbeing-related strategies.
- To carry out all other statutory functions of the Health and Wellbeing Board.

## **Status and Location of Meetings**

Meetings will be open to the public. Wherever possible, the Board meetings will be held in more neutral community settings, rather than at the Civic Centre.

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# MSEFT – leading the future for local communities

10-Year Strategy – priorities and vision  
draft for discussion

11

Sep 2024, in development



Excellent



Compassionate



Respectful



# Why 10-year strategy and why now?



**High quality local services**  
Build **local services** that are high quality and integrated.



**Equitable access**  
Driving **equity** as our priority, including in specialist services, taking advantage of digital.



**Opportunities for our staff**  
Invest in becoming an **employer** where everyone has an **opportunity** to grow, innovate and improve.

← **One team working together for excellent patient care** →



**Excellent**



**Compassionate**



**Respectful**

# 10-year strategy - development stages



- Extensive engagement
- Local leadership
- Community of Strategy Champions

13 **From January 2024**

**1. Baseline review** - analysis to understand our position under these headings

- International
- National
- Regional
- System
- Trust
- Clinical

**From July 2024**

**2. Set strategic vision and direction** using key critical questions from baseline review

**From Sep 2024**

**3. High level strategy design** - the guide rails helping us achieve our 10-year vision

**January 2025**

**4. Detailed strategy published** with long-term road-map for implementation



# CHANGING NEEDS OF MSE

## Theme 1: Growing ageing population



**59k** more residents in 10 years' time, with a growing over 65's population.

## Theme 2: Increasing Multi-Morbidity

A growing ageing population could result in 1,200 more admissions for falls, 3,000 more people with Dementia and **64k more people with multi-morbidities** (2+ conditions).



## Theme 3: Highest Disease Burden



Increases in the majority of conditions in MSE with the highest **global burden of disease** e.g.

- **12k** more people with hypertension
- **1.2k** more cancer diagnoses each year
- **12k** more people with hypertension
- **12k** more people admitted to hospital as an emergency with respiratory conditions
- **13k** more people with long term MSK conditions.

## Theme 3: Shared Decision Making

- **1 In 7** surgical patients have decisional regret.
- Cochrane Review suggests a **20% decline in major elective surgeries** through patients becoming well informed.
- Both individuals and clinicians tend to consistently **over-estimate the benefits** of treatments ([Hoffman, 2017](#)).

## Theme 5: Patient Experience

Excellent Care is;

**Timely** with **Good Communication**. Has **clear** signage and instructions. Delivered with **respect and dignity**. Considers **ease of access** - particularly on satellite sites. Staff are well-mannered and **compassionate**. There is enough staff. Care **closer to home** and patient are **seen quickly**. **Parking** is easy.

# HEALTH OF MSE'S POPULATION



Mid and  
South Essex  
NHS Foundation Trust

## Theme 6: Increasing maternity acuity

In MSE births are **reducing by 0.3%** each year and **acuity is increasing** to up to 10% of all births being intensive due to increasing obesity and diabetes.

## Theme 7: Increasing child population in Basildon and Thurrock

The largest population of 0–4-year-olds is in Basildon and Thurrock. By 2035 it is projected there will be a **2% increase** in children aged 0-4 years old across MSE. The largest increase will be seen in Basildon and Thurrock.

## Theme 8: Deprivation reducing health life expectancy

Nationally in the 10% most deprived areas major illness-free life expectancy is 63.7 years, which is **10.4 years lower than the 10% least deprived areas** (74.1 years). This inequality is projected to persist through to 2040.

## Theme 9: Working age inequality gap

A large proportion of the population growth over the next 15 years to be due to international migration – will be largely made up of people of working age. People of **working age**, are more likely to live in more deprived areas.

## Theme 10: Conditions in deprived areas

**Chronic pain, anxiety and depression and type 2 diabetes** are projected to affect the greatest number of people in 2040 across both the most and least deprived areas. The number of cases of these will increase fastest in the most deprived areas for those aged 20-69.

# Based on our baseline review themes, the following critical questions were considered by the board

1. How do we manage the tension between urgency to deliver against current challenges and building a long-term ambition? *We want to support our staff and be more patient centric*
2. We want to deliver high quality, safe and equitable care. How do we deliver this sustainably? *e.g. staff talk about capacity and leadership about productivity and communities want more local care*
3. How can we prioritise lived experience and learning from best practice to provide care (across the system) that is patient owned? *e.g. we have some tools available Patient Knows Best, Shared decision making and GIRFT, but we want to be working more closely with communities and create a shift in behaviours*
4. Workforce is our key asset; how do we develop resilient capable workforce that is able to deliver right care in the right place at the right time? What can we learn from other organisations and the feedback from our staff and patients? *e.g. Culture to support our long-term plan*
5. We have seen rise in demand and evolving needs. How do we tackle this with new ways of working in the hospital and meaningful collaboration with communities and partners? *Proactive care, left shift*
6. How do we make the best use of digital, innovation and research to enhance value and productivity?  
*e.g. AI, digital first*
7. How can we foster partnership working across our departments and more widely across our Integrated Care System to enhance our service delivery? *e.g. workforce, research and education*



# Our critical questions align with the Darzi review\* published in September 2024

*Darzi - It has taken more than a decade for the NHS to fall into disrepair so improving it will take time.*

- Re-engage staff and re-empower patients.
- 17 ● Lock in the shift of care closer to home by hardwiring financial flows
- Simplify and innovate care delivery for a neighbourhood NHS
- Drive productivity in hospitals
- Tilt towards technology
- Contribute to the nation's prosperity
- Reform to make the structure deliver

## The four key priorities that we will need to focus to be able to respond to critical questions are:

- Focus on our workforce culture, capacity and capability
- Make community involvement a key tenet of what we do as MSEFT with lived experience being a strategic priority
- Align services to deliver high quality and best value. Clarify clinical models that are fit for the future with focus on Consolidation and reconfiguration. Ensuring we are delivering the merger and reconfiguration commitments
- Embed Collaboration and integration in everything we do both internally and externally.



**Our People** excel



**Our Communities** thrive



**Our services** provide excellent outcomes and are sustainable



**Our Partnerships** are cohesive



Excellent



Compassionate



Respectful

Draft in development

# Next steps

- Detailed work on each priority area
- Defining the vision and mission.

19



Excellent



Compassionate



Respectful

# Questions for HWBB

- How best to engage with partners to further develop this strategy and bring the priority areas to life?

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Excellent



Compassionate



Respectful



# Southend-On-Sea Health and Wellbeing Board

SET LeDeR (Learning from Lives and Deaths)  
2023-24 Annual Report 

# Introduction

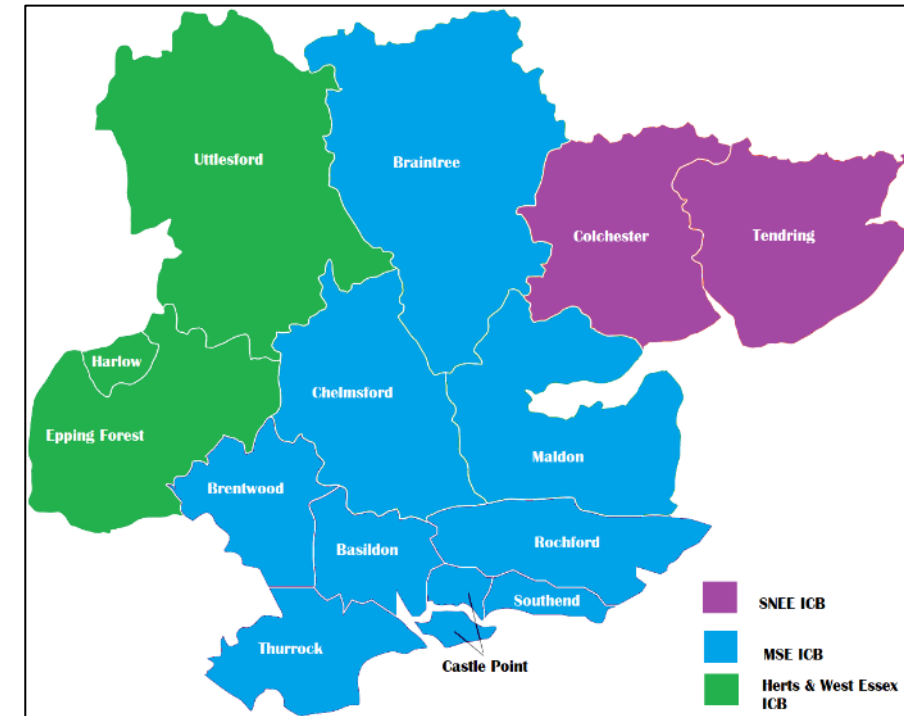
The Learning from Lives and Deaths (LeDeR) Programme started in 2017 with the aim to reduce the health inequalities faced by people who have a learning disability (LD) it later expanded to review autistic people without a learning disability also.

When somebody with a learning disability or an autistic person dies, their death should be notified to LeDeR. As of July 2023, LeDeR reports only reports on deaths of people with a Learning Disability and or Autistic people aged 18 and above.

LeDeR is a review of all aspects of the care and support a person received in their life and death. This is done to improve quality of care and support by learning from what went well and making recommendations for changes where there are opportunities for better outcomes.

The Southend, Essex and Thurrock (SET) LeDeR programme works alongside other quality improvement measures currently in place to reform services and improve health outcomes. If other reviews and enquiry processes need to take place then the LeDeR review will be put on hold until after these are completed, to ensure we capture the learning from the findings in our reviews.

This annual report provides an update on the achievements of the three Integrated Care Boards (ICBs) and SET Local Authorities and transforming care partnerships, and highlights the changes already being seen.



# SET LeDeR Programme

We remain compliant with the revised LeDeR policy in terms of team structure. We are committed to maintaining good performance in respect of allocation and completion of reviews other key performance indicators.

Due to the historically lower numbers of notifications made in Suffolk County, the Senior Reviewer role is shared across SET and Suffolk. This began in 2023 and has been agreed to continue in 2024.

We now have a new SET 3 Year LeDeR Deliverable Plan 2024 - 2027 which identifies where we need to progress. The plan has twelve priorities and covers four priorities each financial year (24/25, 25/26, 26/27).

This plan reflects the commitment of all organisations, including public health. This is monitored by the SET LeDeR Steering Group and the success or not of each of the four priorities will be reported in future SET LeDeR Annual Reports.



# SET Trends: Notifications

## Notifications

The deaths of 120 people with a learning disability and/or Autistic people who were notified to us between April 2023 and March 2024.

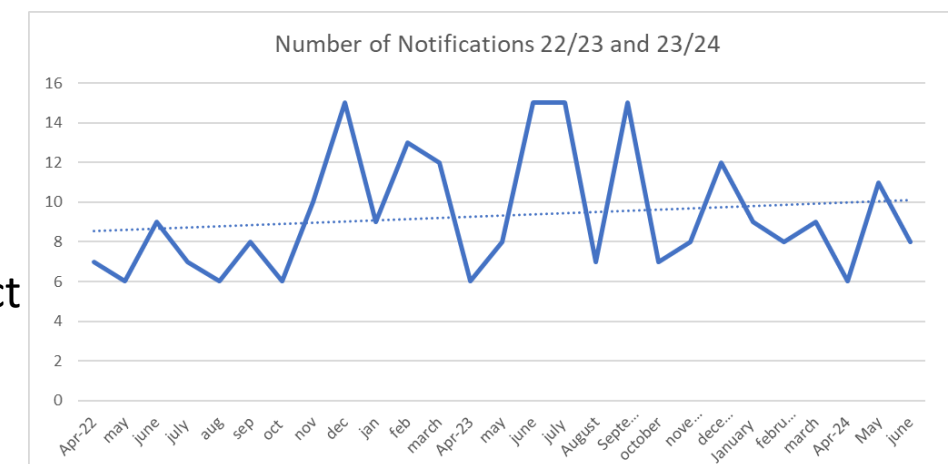
ICB	April	May	June	July	August	September	October	November	December	January	February	March	Total
MSE	3	5	9	7	5	8	4	5	7	10	4	5	72
WE	1	0	0	2	0	0	1	0	0	0	1	1	6
NEE	2	3	6	6	2	7	2	3	5	0*	3	3	42
SET Total	6	8	15	15	7	15	7	8	12	10	8	6	120

This is an increase on the previous year when 113 deaths were notified. Since January 2022, the scope of LeDeR has been broadened to include reviews for people with Autism only (without a Learning Disability) and we are starting to see notifications for this group of people. Also since July 2023 LeDeR reports only on deaths of adults with a learning disability or autistic adults.

## Notifications 22/23 and 23/24

Since most notifications are made close to the day when the person died, this data is helpful for us to understand some of the trends around deaths as they occur.

When analysing the data there is a clear indication of not only the winter impact on health, but also shows the potential impact of a very hot summer in 2023, which has caused us to consider the impact of heat and hydration on health.





# SET Trends: Age Of Death Of Those Reviewed

## Deaths Of Those Reviewed

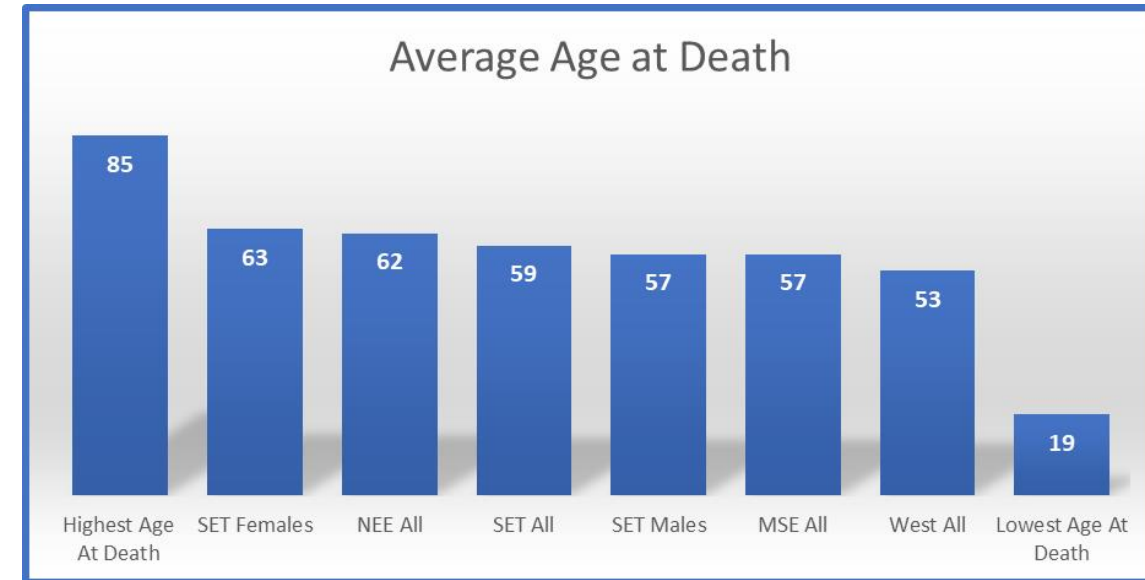
This has resulted in the average age of death going up slightly this year, but not raising as sharply as we hoped. We believe that we are still seeing some impact of Covid-19 on our notifications and we are seeing significantly more notifications for men. With men passing away younger.

The impact of Covid-19 throughout 2020 and 2021 had a significant impact on the number of deaths of older people reported and the average age at death.

## Average Age Of Death

**The median average age at death for adults across SET in 2023/24 was 59.3.** This up from last years median average age of death across SET for 2022/23 which was 57. But it is down from 2021/22 when the median average age of death across SET was 65.5 years.

- **In West Essex the average median age is lower at 53**, but this is impacted by the small sample size and narrow range of notifications.
- **In North East Essex the average age is higher at 62.1**, which is very close to the national average (from the LeDeR national report for 2022).
- **The average age of death in MSE is 57.2**, which is slightly lower than the SET average.
- **The average age of death in Southend is 66.** This is higher than the SET average and based on 20 notifications.



# SET Trends: Primary Cause Of Death Completed Reviews

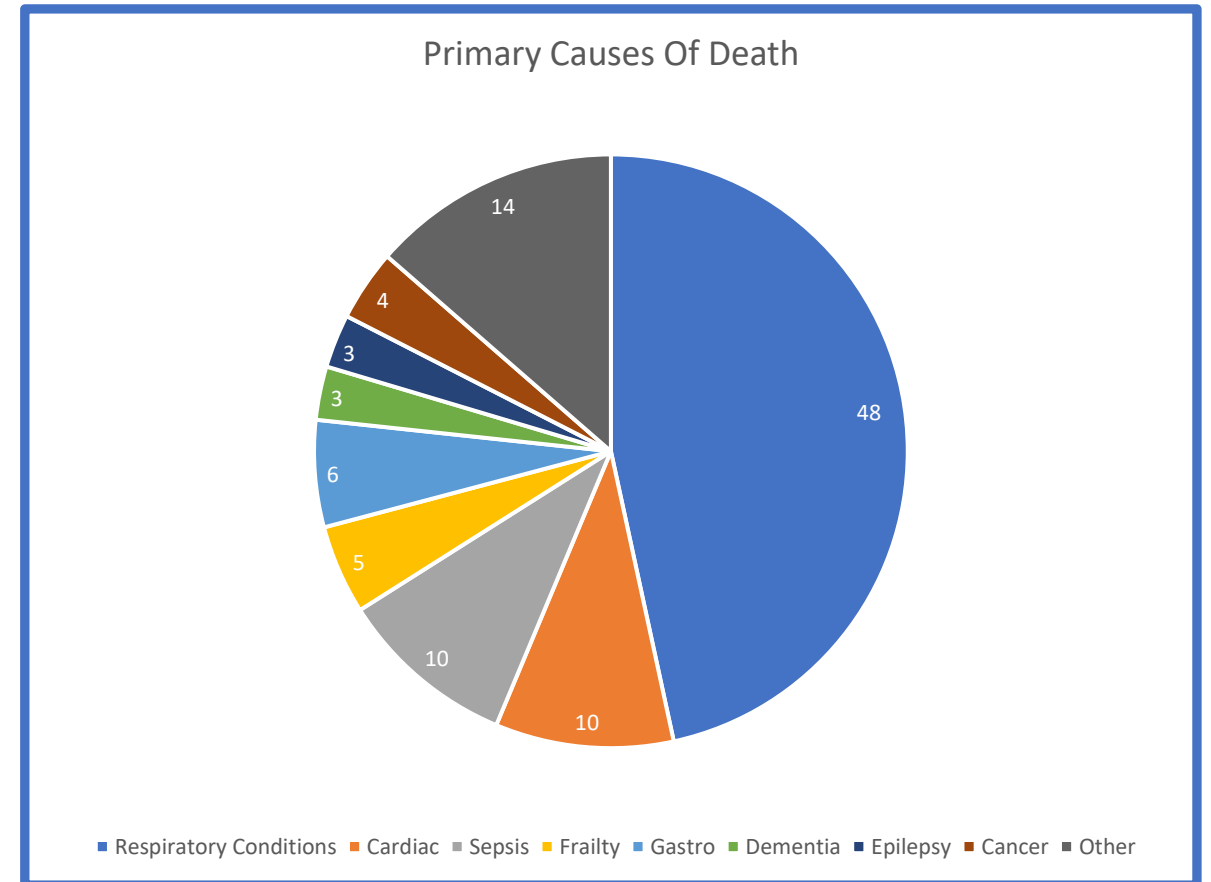
From those reviewed respiratory conditions are by far the leading primary cause of death for people with a Learning Disability totalling (48), followed by Cardiac deaths (10) and Sepsis (10).

The pie chart on the right shows the split between the eight categories of primary causes of death which impacts 89 out of the 103 completed reviews. With 14 other causes of death grouped together in dark grey.

For comparison, if we had reviewed a sample of deaths of people from the general population, we would expect to find the leading cause of death to be Dementia and Alzheimers (around 12 people), followed by Ischaemic Heart Diseases (10 people) and chronic lower respiratory diseases (around 6 people).

Clearly there is a very great difference in the leading causes of death for people in the general population compared with people with a learning disability.

This continues to inform the work of the SET Health Equalities team and partners. We have had a focus on respiratory illness throughout 2023/24 and into the 2024/2025 reporting period.



# Southend Specific Insights: Completed Reviews

## Completed reviews

- There was a total of 14 reviews completed for Southend comprising of 9 initial reviews and 5 focused reviews.
- The reviews consisted of 4 females and 10 males, with an average age of 59.
- Ethnicity: All 14 individuals involved in the review identified as White British.

## Vaccination

- 10 individuals received their Covid vaccine, 9 were administered their Flu vaccine. No individuals received their Pneumococcal vaccine.

## <sup>27</sup> Learning Disability Annual Health Checks

- Learning Disability Annual Health Checks were completed for 9 individuals, out of which 5 received a Health Action Plan.

## DNACPR (Do not attempt cardiopulmonary resuscitation)

- 9 reviews had a DNACPR in place, and 7 were correctly followed according to the reviewer's professional opinion.

## Mental Capacity Assessment (MCA)

- 10 reviews had an MCA in place ,9 of which were correctly followed.

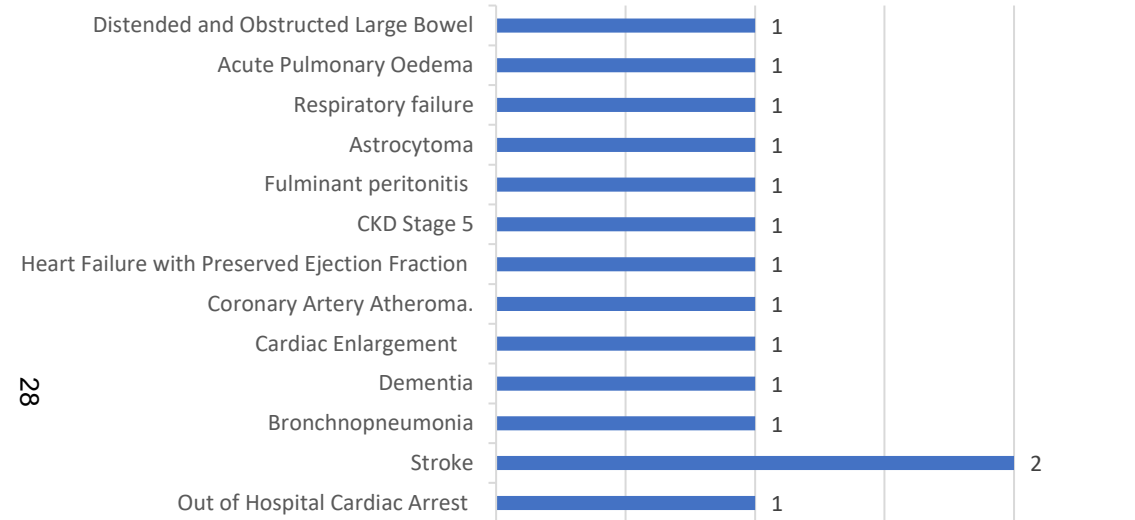
## End Of Life.

- 6 individuals were referred onto an End of Life pathway.

# Southend-On-Sea Specific Insights: Completed Reviews

## Primary Cause Of Death Completed Reviews

Primary Cause of Death in Completed reviews



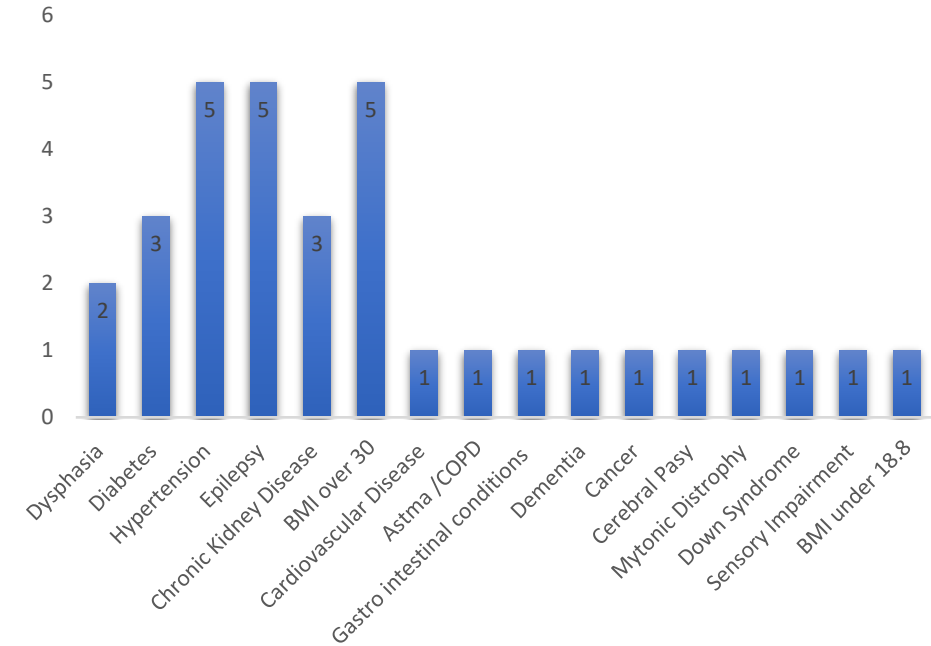
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## Place of Death Completed Reviews

- 7 individuals died at home, 7 died acutely in hospital (6 in Southend Hospital, and 1 in Basildon hospital).

## Long Term Conditions

Long Term Conditions



Psychotropic medication.

8 individuals were identified as being on psychotropic medication, 5 was on medication to control their epilepsy and 2 individuals had a serious mental health diagnosis. There were 0 people on a STOMP ([Stopping Over Medication of People with a learning disability and autistic people](#)) pathway

# Highlights of Progress Since Last Year's Report

Aspiration Pneumonia Conference – run by ECC's Provider Quality & Innovation Team and open to SET.

Ageing Well Programmes by Local Authorities.

Establishment Of All Age Dynamic Support Mental Health Register.

ELDP Care Coordination, Physical Health Dynamic Support Register and Enhanced Physical Health Checks.

Use Of Digital Hospital Passports.

End Of Life Programme.

Oliver McGowan Training / Equivalent Training Roll Out Began Across SET.

LD/A Health Equalities Team Representation On Working Groups.

Increase In Number Of Learning Disability AHCs and HAPs Delivered Across SET.

Mid and South Essex NHS Foundation Trust Matrix For LeDeR Learning Established.

Work Of Learning Disability and Autism Liaison Nurses and Health Care Assistants.

GP Surgery In Southend On Sea Learning Disability Register Audit.

# Recommendations

- 1. System to continue to promote overall awareness of LeDeR** to increase notifications for those who have died who had a Learning Disabilities and / or Autistic people.
- 2. Reasonable adjustments should be explored to increase access to health care.** For the best outcomes we recommend reasonable adjustments for face to face appointments for those with a Learning Disability and / or Autism to enable early diagnosis of health issues and cancers.
- 3. Health and Social Care to continue to support targeted work to address Aspiration Pneumonia and wider respiratory conditions.** Aspiration Pneumonia and wider respiratory conditions is by far the leading primary cause of death in LeDeR and has been for years, so perseverance is needed to help reduce the potential preventable death due to these conditions.
- 4. Postural support should be considered by health and care professionals when supporting people with a learning disability and / or autistic people.** Good postural support can help to prevent against Aspiration Pneumonia and can also positively contribute to the person's quality of life.
- 5. Raising Awareness Of Pneumococcal Vaccination eligibility for people with a Learning Disability and Autistic people** in preparation for Year Two priority in the SET 3 Year LeDeR Deliverable Plan 2024 – 2027.
- 6. There should be increased access to dental services both mainstream and specialist.** This remains a persistent problem and so needs to remain as an action until this issue is resolved. Dentistry and its potential to help avoid aspiration is more important to people with a Learning Disability and / or Autistic people than the public. We will also ask that our cohort is prioritised over our wider population.
- 7. Plans for ageing and end of life plans should be discussed with individuals and their carers.** To ensure there is a clear plan for a person's future as well as at the end of their life. To enhance the opportunity for individuals to die peacefully in their place of choosing.

# Recommendations Continued (2/2)

8. **We recommend bereavement support for families / carers who lost their loved ones in the community be explored by health and social care.** This would enable people to die in their homes in accordance with their wishes without negatively impacting their family and / or carers support options.
9. **Continue to promote and support the training of the workforce across SET on Mental Capacity Assessments and promote the use of Mental Capacity Assessments (where appropriate)** along with best practice of how to record them.
10. **Promote and support the training of the workforce across SET on Do Not Attempt Cardiopulmonary Resuscitation (DNACPRs) and promote the review of DNACPRs at each new healthcare setting.** This to ensure best practice in appropriately completing DNACPRs and to ensure DNACPRs are reviewed. As there have been examples of some DNACPRs from the pandemic era are still seen as active on people's records.
11. **Continue to analyse and raise awareness of the most common genetic and long term conditions** that are experienced by those whose deaths were notified to LeDeR as well as how people with a Learning Disability and Autistic people access appropriate support for those conditions.
12. **Raise awareness of the signs of Sepsis again.** Previously work was completed to raise awareness of Sepsis and reduce the number of people dying of Sepsis. Unfortunately, this year there was a rise in the number of people dying of Sepsis, so this work needs to be recommenced. Issues related to urosepsis, and catheter care has emerged this year.
13. **Increase the representation on Focussed Review Quality Panels and the SET LeDeR Steering Group.** In the 2023/24 period the attendance of the SET LeDeR Steering Group and the Quality Panels has reduced.
14. **Significant Risk training to be explored for providers for health and social care to help people stay well in Winter and in Summer.** The training has been used in Southend, Essex and Thurrock and East of England in care home settings previously to prevent deterioration in residents and had good results. It also supports hydration which will be integral to stay well in Summer.

# Asks For Southend-On-Sea Health and Wellbeing Board

**1. Note the Report and Action plan.**

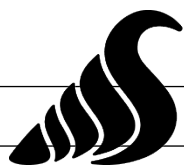
**2. All Providers** - please make provision for Significant Risk training.

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**3. Primary Care** – please help increase uptake of LD Health Checks.

**4. Help Improve attendance at the LeDeR Steering Group** so we can better roll out best practice.





**Southend-on-Sea**  
City Council

**Agenda  
Item No.**

**Meeting:** Health and Wellbeing Board  
**Date:** October 2024  
**Classification:** Part 1  
**Key Decision:** No  
**Title of Report:** LeDeR Annual Report 2023-24

**Executive Director:** Michael Marks, on behalf of the Director of Public Health  
**Report Author:** Andrew Graham ([andrew.graham@essex.gov.uk](mailto:andrew.graham@essex.gov.uk))  
**Executive Councillor:** Cllr M Sadza

**1 Purpose of Report**

- 1.1 To inform the Health and Wellbeing Board of the Southend, Essex and Thurrock (SET) Learning From Lives and Deaths (LeDeR) Annual Report 2023/24.
- 1.2 To note the SET LeDeR 3 Year Deliverable Plan 2024 - 2027 which demonstrates the commitment from all agencies to implementing LeDeR recommendations.

**2 Recommendations**

- 2.1 To note the SET LeDeR Annual Report 23/24 report and associated documents.
- 2.2 All Providers to please make provision for Significant Risk training.
- 2.3 Primary Care to please help increase uptake of Learning Disability Annual Health Checks.
- 2.4 Help Improve attendance at the SET LeDeR Steering Group so we can better roll out best practice.

**3 Background and Proposal**

- 3.1 On 1<sup>st</sup> April 2023 when the reporting period started the SET LeDeR programme reviewed all deaths of people aged four and over with a Learning Disability and / or Autistic people whose deaths are notified and seeks to identify improvements to health and social care which could prevent premature deaths and deliver equity of access to services, so that people now alive with learning disability and/ or autism can live long and good quality lives.

- 3.2 From July 2023 LeDeR is now an adults only programme as the Child Death Overview Panel who already review child deaths cover the deaths of children with a Learning Disability and / or Autistic children. This decision was taken at a national level.
- 3.3 Between 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024 (the 2023/24 reporting period) 120 people with a Learning Disability and / or Autism died. The median average age at death for adults across SET in 2023/24 was 59.3. This is a slight increase on the average age of death in the 2022/23 report, which we are monitoring. The average age of death in Southend is 66. This is higher than the SET average and based on 20 notifications out of the 120 total notifications for SET.
- 3.4 The median average age at death of the general public is estimated to be over 80 years of age in Great Britain. This highlights the median average age at death in the SET LeDeR Annual Report 23/24 is significantly lower in comparison. The gap between the LeDeR Annual Report median average age at death and the general public average at death is still very concerning and this could be an indication that health inequalities are still continuing to have an impact on life expectancy of people with a Learning Disability.
- 3.5 The increase in the median average age of death noted in this year's LeDeR annual report may be as a result of moving away from the impact of Covid-19 on our notifications and across health provision, as services "catch up" and adapt to new ways of working. In reviewing our notifications we found we had significantly more men dying than women without there being an evidence-based reason we can give for this. We will keep this under review in the 2024/25 Annual Report.
- 3.6 The SET LeDeR programme is committed to maintaining good performance in the Key Performance Indicators. The programme is also in compliance with the revised LeDeR policy in terms of team structure and approach. Since January 2023 we have shared a Senior Reviewer with Suffolk to achieve efficiencies and share learning.
- 3.7 Themes arising from recommendations in the 23/24 report confirms findings from previous years and highlights additional items to explore. These recommendations are either already being explored by existing workstreams or will be actioned this financial year.
- 3.8 Pneumonia and aspiration pneumonia remains the main direct causes of death for people with learning disability in SET. This is not the same for the rest of the population.
- 3.9 One of the main areas of integration and progress in 23/24 continues to be early aging and frailty in people with learning disability. Some additional progress has been the first Aspiration Pneumonia Conference of its kind in East of England led by Essex County Council's Provider Quality and Innovation Team which was open to providers in Southend-On-Sea.

- 3.10 We are also seeing more positive practice in the LeDeR Reviews in this year's report with just over half of LeDeR Reviews having positive practice noted. A common positive practice found on reviews is the great work of the Learning Disability and Autism Liaison Nurses and a successful audit by a GP Practice in Southend-On-Sea which identified additional people with a Learning Disability who have since been offered support and an annual health check.
- 3.11 The SET LeDeR 3 Year Deliverable Plan 2024 - 2027 should be noted as all organisations will need to drive implementation. This plan is monitored by the SET LeDeR Steering Group and updates will be given on the progress of the plan in future LeDeR annual reports.
- 3.12 Within the report 14 key recommendations were made based on the themes identified. These recommendations for this year that will be in a LeDeR Action Plan that will run alongside the 3 Year Deliverable Plan. The recommendations included raising wider awareness of LeDeR, reasonable adjustments use, targeted work on respiratory conditions, plans for ageing, bereavement support in community, good practice on key documentation, awareness of genetic as well as long term conditions, Sepsis, representation on steering group as well as quality panels and Significant Risk training.

#### **4 Options**

There are no options associated with this report.

#### **5 Issues for consideration**

There are no legal issues for consideration.

##### **5.1 Financial implications**

There are no financial implications associated with this report.

##### **5.2 Legal implications**

There are no legal implications associated with this report.

#### **6 Equality and Diversity implications**

6.1 It is important to note the work of the Southend, Essex and Thurrock Learning Disability and Autism Health Equality Team and in particular the LeDeR Programme is designed to positively impact people with Learning Disabilities and / or Autism by:

- Identifying and reducing health inequalities and promoting access to healthcare as well as appropriate support.
- Being mindful of how those with protected characteristics may experience care and support differently throughout their lives as well as deaths and capturing learning.

- Working towards closing the gap between the life expectancy of those with Learning Disabilities and / or Autistic people in comparison to the general population.

## 7 List of appendices

### 7.1 SET LeDeR Annual Report 2023/24.



SET LeDeR Annual  
Report 23\_24 V2.pdf

### 7.2 SET LeDeR Annual Report 2023/24 Executive Summary.



SET LeDeR Annual  
Report 23\_24 Executiv

## 8 List of Background papers

### 8.1 Southend-On-Sea Health and Wellbeing Board SET LeDeR Annual Report Summary Slides 23/24.



SoSHWB 23\_24 SET  
LeDeR Annual Report

### 8.2 SET LeDeR Annual Report Southend Data Insights.



SET LeDeR Annual  
Report 23-24 Souther

### 8.3 SET LeDeR 3 Year Deliverable Plan 2024 – 2027.



SET 3 Year LeDeR  
Deliverable Plan 2024

### 8.4 SET LeDeR 3 Year Deliverable Plan 2024 – 2027 Easy Read.



SET LeDeR 3 Year  
Deliverable Plan - Eas

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