

# Southend Health & Wellbeing Board

Agenda  
Item No.

## Report of the Director of Public Health

### To Health & Wellbeing Board

on  
6<sup>th</sup> September 2023

Report prepared by: Suzanna Edey, LeDeR's Senior  
Reviewer  
Andrew Graham, LD Commissioner (Southend, Essex &  
Thurrock LeDeR Programme Local Area Contact)

For information only	X	For discussion	Approval required	
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## Learning Disability Mortality Review Annual Report 2022-23

### Part 1 (Public Agenda Item)

#### Purpose

This is to provide the Board with an update on the progress with the delivery of the action plan through the Southend, Essex and Thurrock's Learning Disability Mortality Review (LeDeR) Steering Group, during 2022-23.

#### Background

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). The LeDeR programme across Southend, Essex and Thurrock (SET) covers the footprints of 3 ICBs and 3 local authorities. The LD Health Equalities Team continues to deliver the LeDeR programme on behalf of the whole system, to commission specialist LD health services and to facilitate other national LD programmes (such as Stopping Over Medication of People with LD – STOMP and Transforming Care, which ensures people don't get stuck long term in LD Mental Health beds) across the same footprint.

#### Summary of the Report

The age at death of people with Learning Disability in Southend, Essex and Thurrock (SET) is gradually improving, but is still far from the rest of the population. 113 people (10 in Southend) with learning disability died across SET between April 2022 and March 2023. 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.

The SET LeDeR programme is fully compliant with the new national LeDeR policy and the recommendations from the Oliver McGowan review. The regional NHSE team have commended our performance, with us meeting the national standards. We continue to review our plans and ensure that areas of highest priority are being addressed as we continue to provide assurances via the Quality Panels. Since January 2023, we have shared a Senior Reviewer with Suffolk to achieve efficiencies and share learning. We are committed to maintaining good performance in respect of allocation and completion key metrics and the expected split between initial and focused reviews.

Across the SET footprint, there are many opportunities for people with Learning Disability and/or autism to be involved in the delivery of the programme. All Focused reviews are overseen by the Quality Panel which is supported by an expert by experience from Essex Carer's Network. There is also Family carer representation on the LeDeR Steering Group.

We are determined not to allow the impacts of Covid-19 have a long-term impact on people's health and social care, and we are paying particular attention to some key areas in 23/24 and beyond to hopefully ensure that this is not a downward trend. This includes:

- Monitoring uptake of Annual Health checks and completion of a Health Action Plan;
- Monitoring uptake of screening and vaccination to reduce un-necessary exclusions, including desensitisation work;
- Highlighting the importance of face-to-face appointments, especially where the patient is non-verbal or needs support with communication;
- Highlighting any variations from NICE guidelines, especially where this may result in late detection of cancer or late diagnoses;
- Working with Provider Quality Innovation to roll out training in key areas to care and support personnel in Essex.

Other key achievements include (please see the Highlights of Progress since Last Annual Report on page 33 of the main report):

- Following recommendations from the LeDeR Quality Panels, MSE Hospitals are working on a digital hospital passport which can be easily updated,
- ReSPECT is currently being rolled out. This is a process that supports meaningful conversations between one or more healthcare professionals and people, their carers/ family on how they want their future care to be given,
- Pneumonia and aspiration pneumonia remain the top causes of death and a number of interventions have been rolled out,
- Oliver McGowan Mandatory Training has commenced roll out across the three ICBs.

The focus on the recommendations (please see page 30 of the main report) in the report has proposed different ways of tackling known issues (rather than identifying fresh themes) to optimise the level of improvement.

We have a 3 year deliverable plan which identifies where we need to:

- a) Prevent ill health
- b) Improve management of health and
- c) Remove inequalities

## **Recommendation**

1. For the HWB Board to note the content of this report, attached as 3 documents:
  - a. SET LeDeR Annual Report (main report)
  - b. SET LeDeR Annual Report Summary slides
  - c. LeDeR Annual Report Southend Trends slides
2. For the HWB Board to forward any suggestion that could enhance the delivery of the plan in 2022-23