

# **Learning from LeDeR reviews during the COVID-19 pandemic**

**update following National Reports published in November 2020  
and the subsequent peak of wave 2/3 – 30<sup>th</sup> March 2021)**

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The national LeDeR Team published two reports to review the impact of the COVID-19 Pandemic on mortality for people with a learning disability :

Summary of findings-50 LeDeR reviews (July 2020) <http://www.bristol.ac.uk/media-library/sites/sps/leder/Summary%20of%20findings%2050%20LeDeR%20reviews%20of%20deaths%20related%20to%20COVID19.pdf>

Deaths of people with learning disabilities from COVID-19 (November 2020) <https://www.bristol.ac.uk/media-library/sites/sps/leder/Deaths%20of%20people%20with%20learning%20disabilities%20from%20COVID-19.pdf>

During the same week in November 2020 a further report was published by Public Health England: COVID 9 deaths of people identified as having learning disabilities (November 20) <https://www.gov.uk/government/publications/covid-19-deaths-of-people-with-learning-disabilities/>

### National LeDeR reports- reflections

- **Covid-19 deaths more highly associated with mild/ moderate learning disability** (65%) (possible link to independence or social contact during initial weeks of pandemic when others were shielded. Also reflects 'usual' percentage of level of disability for all notifications)
- **Age thresholds and risk factors used for shielding disproportionately disadvantaged people with LD** -less than 10% on official shielding list but many care settings and families shielded anyway. Younger adults with LD (18-34yrs ) 30 times more likely to die from COVID-19 than same aged person in general population.
- **Over 75% of those with LD who died from COVID-19 lived in a care setting.** This included supported living. For care setting outbreaks less than 25% were able to identify a clear index case.
- **Respiratory conditions, obesity and hypertension were more highly associated with COVID-19 mortality.** Epilepsy and Mental Health were indicated as a correlation in '50 LeDeR Reviews' report but not in later report that shared learning from a bigger cohort of cases.
- ReSPECT or 'ceiling of care' conversations did not always involve 'carers and family. **Documented rationale too frequently referred to learning disability alone** rather than aspects of health need such as physiological reserve

### STP LeDeR Themes

Following 'spike' in wave 1, since May 2020 death notifications in line with 'expected' levels.

- **STP LeDeR COVID reviews reflected key aspects of national themes for degree of learning disability population impacted, place of residence and association with obesity and hypertension.**
- **Link between outbreak incidence and care staff living in areas of high community transmission**, particularly where care and support depended on agency workers or those that work across multiple settings (e.g. clusters of supported living flats).
- Reflection that family carers and care staff would benefit from **specific safety netting advice and escalation plan** details following virtual GP consultation.
- **Visiting restrictions** for known care staff or family to support individuals admitted to hospital has been experienced as highly detrimental to bereaved families



# What did we do to embed learning and drive further improvement

- National direction regarding reduced reliance on agency staffing
- National offer of carer workshops for spotting signs of deterioration (built on local offer but poor uptake)
- Multi-stakeholder integrated groups that shared intelligence and learning, and then agree practical system action- for example LeDeR Learning into Action Group, Care Setting/ Provider Huddle and STP Learning Disability and Autism Board
- Practical support with – PPE access, education about COVID safe measures including easy read information, welfare checks, day centre support included a blended offer that ensured a range of types of support for contact
- COVID-19 vaccinations- STP position to include care settings for people with Learning Disability alongside JCVI priority group 1 (many would otherwise fall into group 4 or 6 on JCVI list). At 18<sup>th</sup> March 84% uptake (range 72-95% across PCNs- best in Region).
- CCG support offer for improving LD- Annual Health Checks (AHC)
  - Fortnightly data on completion rates shared with PCNs, system focus on DNAs (less than 1%), tests of change across PCNs
  - STP resource tools- <https://herefordshireandworcestershireccg.nhs.uk/our-work/learning-disabilites-and-autism/annual-health-checks>
  - exceeded national expectation of 67% having an AHC before 31<sup>st</sup> March 2021
  - STP overall 77% as of 15th March 2021. 48% of GP Practices have exceeded 80%

## During 2021/22 we will :

- review strategy for supporting those who experience Obesity and associated conditions (diabetes & cardio-metabolic risk factors).
- Sustain AHC uptake and support collaboration to improve the Health Action Plan offer that follows an Annual Health Check
- Drive improvement in the quality of ReSPECT form completion and use
- Focus on the Mental Health and emotional wellbeing of people, with a learning disability following a traumatic year

