

Meeting: Strategic Commissioning Board			
Meeting Date	01 February 2021	Action	Consider
Item No	9	Confidential / Freedom of Information Status	No
Title	Learning into action from LeDeR reviews: barriers & opportunities		
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Council Lead			

Executive Summary
<p>Learning is being generated from local mortality reviews completed under the Learning Disability Mortality Review (LeDeR) programme.</p> <p>This paper highlights the barriers that are limiting the CCG's ability to act on this learning, to improve the quality of health and care services for Bury residents with a learning disability and recommends the changes needed.</p>
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> • Receive this paper • note the recommendations

Links to Strategic Objectives/Corporate Plan	Choose an item.
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	No
<i>Add details here.</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
Have any departments/organisations who will be affected been consulted?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	The OCO strives to ensure equity of access to all Health and Social Care services for the population of Bury. This paper will support how services are designed to meet the needs of some of the most vulnerable residents of Bury.					
How do proposals align with Locality Plan?	As above					
How do proposals align with the Commissioning Strategy?	As above					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?	The proposals aim to reduce the ongoing premature mortality and ongoing health inequality experienced by people with a learning disability.					
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
What are the Information Governance/ Access to Information implications?	n/a					
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
Conflicts of Interest?						
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

Governance and Reporting		
Meeting	Date	Outcome
Quality & Performance Committee, Bury CCG	09/12/2020	Recommendations approved

Learning into action from LeDeR reviews: barriers & opportunities

1. Introduction

- 1.1 This paper highlights the actions needed to ensure Bury acts on the learning being generated from the Learning Disability Mortality Review programme.
- 1.2 A copy of the LeDeR learning summary report is included at Appendix 1 of the report for information.

2. Background

- 2.1 The Learning Disability Mortality Review (LeDeR) programme is a national NHS England improvement initiative. Introduced in 2017, it aims to reduce the ongoing premature mortality, often from preventable illness, and the ongoing health inequalities experienced by people with a learning disability.
- 2.2 The programme requires a local review of the care received by every resident aged 4 and over with a learning disability who has died, with the learning acted on to improve local services.

3. Barriers

- 3.1 The LeDeR programme sits within the NHS Bury Clinical Commissioning Group (the CCG), with the outcome of local reviews reported into the CCG's Transforming Care Group. Whilst this group has representation from Bury Local Authority, there is no shared governance or oversight between the CCG and the Local Authority. In addition, whilst local practices and social care providers continue to positively engage with individual reviews, there is no formal process to share the learning and monitor change more widely, across involved services.
- 3.2 As our local learning has grown, with system-wide themes now evident, the process to implement, share and monitor recommendations and act on the underlying themes needs revision.

Recommendation one: Governance and oversight arrangements are put in place to enable learning from the LeDeR programme to be held jointly by the CCG and by the Local Authority, as One Commissioning Organisation

Recommendation two: Consideration of resource requirements to appoint a learning disability lead within the One Commissioning Organisation with responsibility to oversee the implementation of the learning from the LeDeR programme.

Recommendation three: A process is developed for local learning from each review to be shared with involved services, with mechanisms to confirm recommendations have been acted on.

4. Opportunities

- 4.1 The key required relationship is one with the Local Authority. Formal governance and oversight arrangements between the CCG and the Local Authority (as One Commissioning Organisation) are needed. The interdependence of health and social care requires a jointly owned action plan and monitoring arrangements.
- 4.2 Within the CCG, the formal involvement of the Primary Care, Urgent Care and Integrated Care Workstreams would also help identify the actions needed to achieve change.
- 4.3 Formal governance arrangements with wider system partners, including Pennine Care Foundation Trust's (PCFT) Community Learning Disability team, Pennine Acute Hospitals Trust (PAHT), social care providers and self-advocacy user groups would also support change across external organisations. Whilst the LeDeR action plans of system partners may have similar themes (reflecting national learning), these are being developed and implemented in isolation, with no shared ownership across Bury's health and social care economy.

Recommendation four: Governance arrangements include formal partnership working with wider partners, including PCFT, PAHT, social care providers and self-advocacy user groups are put in place.

Recommendation five: Learning from the LeDeR programme is held by all relevant workstreams in the CCG, including Primary Care, Urgent Care and Integrated Care Workstreams.

Recommendation six: Local LeDeR contract quality requirements are developed for primary care services.

Recommendation seven: Local LeDeR contract quality requirements are developed for social care providers.

5. Associated Risks

- 5.1 One of the requirements under LeDeR programme is for each local area to have a robust system to act on the learning generated from the deaths of their local population.
- 5.2 Without system-wide governance and oversight, capable of acting on the learning in a coordinated manner, the efficacy and relevance of change in Bury is at risk. This is of even greater importance with the current disproportionate impact of the COVID-19 pandemic on people with a learning disability.

6. Recommendations

- 6.1 The Strategic Commissioning Board is required to:
 - note the recommendations made and support progression through due process and relevant governance arrangements in order to achieve change and improve the quality of health and social care services for Bury residents with a learning disability.

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Appendix 1 Bury CCG LeDeR learning summary report (09.12.20)
Learning themes (Key: P = practices, NCA = Northern care Alliance, LA = local authority, CCG = Bury CCG, ASC = adult social care providers)

	Theme	Examples	Suggested actions
1	Reasonable Adjustments not provided ¹	a. Longer appointments not routinely or proactively offered (P) b. Lack of continuity of care as seen by too many different GPs (so unable to build relationship, have communication needs met) c. Lack of follow up when no response to health invites (P) d. Not aware of/not seeking specialist input from PCFT Community LD team (P) e. Flexible outpatient appointments not routinely offered (NCA) f. Diagnostic tests not completed or of poor quality (because Reasonable Adjustments not provided) (NCA)	<ul style="list-style-type: none"> • Quality visit to practices to audit Reasonable Adjustments (RAs) for patients on LD registers (planned & unplanned care, in hours & out of hours care). Audit to include: <ul style="list-style-type: none"> ○ Continuity & consistency of clinician (P) ○ Proactive welcome for known appointments (P) ○ Clinical records flagged (P) ○ Key information in 'call out box' & 'yellow box' on Vision (P) ○ Follow up when no response to health invite (P) ○ Adaptations to clinical rooms (shielding medical equipment) (P) ○ Key information shared on referrals (P) ○ PCFT Community LD service used (P) • Quality checkers - annual walkaround assessment visit by person with a learning disability, family carer, paid carer, advocate. • Practices required to have both a clinical and a non-clinical LD lead (P) • NCA audit to confirm if RAs known and provided during patient's entire stay/all touch points (planned & unplanned care) and by all clinicians (medics, nursing staff, AHPs). Audit to include: <ul style="list-style-type: none"> ○ Clinical records flagged (NCA) ○ Involvement of hospital LD Liaison Nurse (NCA) ○ If key information received from referrer (NCA) ○ If key information retained and used on subsequent contact (NCA) • Reviews to confirm RAs detailed in Traffic Light/Health Passport (LA) • Reporting requirement to confirm Traffic light/Health passport provided after any planned/unplanned care (ASC).

¹ Under the Equality Act 2010, all public bodies are legally required to make reasonable adjustments to ensure people with a learning disability can use their services and are not disadvantaged.

	Theme	Examples	Suggested actions
2	Avoidable admissions with people dying in hospital rather than at home		<ul style="list-style-type: none"> LD care homes to have a clinical lead (CCG) LD supported living providers to have a clinical lead (CCG) Bespoke physical health training, including recognition of early signs of deteriorating health and early signs of sepsis to all LD ASC providers (CCG/LA)
3	Communication needs not known/not met ²	Letters and texts sent to people who cannot read (P) (NCA) Key information about a person's supporters/carers not known or not shared (P) (NCA)	<ul style="list-style-type: none"> Audit to assess if practices know the communication needs of patients on their LD register and if these are met (for planned & unplanned care, in hours & out of hours care). Audit to include: <ul style="list-style-type: none"> Clinical records flagged (P) Key information in 'call out box' and 'yellow box' on Vision (P) Use of Easy Read letters (P) Copy letters to family (P) Key information about communication needs included on referrals (P) PCFT Community LD service used (P) NCA audit to confirm if patient's communication needs known and met during patient's entire stay/all touch points (NCA)
4	MCA – lack of confidence and competence in applying	Best interest process frequently not understood and not always used (P) (NCA) Best interest process not understood by families (LA, ASC, P, NCA)	<ul style="list-style-type: none"> Training to improve routine and anticipatory application of MCA (P) (NCA) (ASC) (LA) Introduce early and regularly discuss decision making and MCA principles with families (LA) (ASC) (P) (NCA) Capacity information flagged on a person's social care record (LA)
5	Poor communication within the service	Hospital passports not following a patient (from A&E, to wards, to diagnostic services) (NCA) Staff not aware of patient's needs (P)	<ul style="list-style-type: none"> Audit how LD status and required RAs shared with all staff (clinical, locum, students, administrative, reception) (P) Audit % of LD patient records correctly flagged (NCA) Audit use of Hospital Passport (planned & unplanned care) (NCA) Audit use of Hospital Passport (ASC, LA)
6	Poor communication between providers	ASC having difficulty in getting verbal updates when service user in hospital (NCA, ASC) Referral letters not identifying person has LD or RAs and communication needs (P)	<ul style="list-style-type: none"> Review/develop process for NCA to share patient information with a person's ASC provider (NCA) (ASC) Assess IG training need regarding Duty to Share (NCA) (ASC). Audit to confirm LD flag and required RAs included on correspondence to NCA (P)

² All organisations that provide NHS care and publicly-funded adult social care are legally required to meet the Accessible Information Standard - identifying, recording, flagging, sharing and meeting the information and communication support needs of patients with a disability or impairment to ensure they get the information they need to stay healthy and in a format they can understand.

	Theme	Examples	Suggested actions
7	Poor communication with family/paid carers	Expertise held by family carers and paid carers not recognised or used	<ul style="list-style-type: none"> • Audit to confirm family/paid carer involvement (P) (NCA) • Adaptation of NEWS 2 tool to capture baseline & recognise soft signs (NCA)
8	Emergency ambulance only able to convey person to A&E when regularly presenting with known, acute condition	Repeated treatment delays, unnecessary assessments and long waits experienced	<ul style="list-style-type: none"> • Process to ensure bespoke pathways known and made available to enable person to be conveyed direct to specialist ward (NCA/NWAS)
9	Respiratory conditions remain the most common cause of death	<p>Variable quality of AHC (not all checks completed, lack of preparation, use of RAs, lack of MCA preparation and application)</p> <p>Lack of understanding regarding use of nasal spray flu vac for adults (P)</p>	<ul style="list-style-type: none"> • Training to including importance of flu vac, risk factors of pneumonia/aspirational pneumonia and how to alleviate, with focus on postural support (ASC) (LA) • Check & act if annual health checks & flu vac not done (LA) • Automatic referral to/involvement of PCFT SaLT (P) (ASC) • Audit PCFT SaLT involvement for patients with dysphagia (P) • Audit flu vac uptake against practices' LD registers (CCG) • Introduction of revised annual health check template – awaiting launch date (CCG)
New potential system-wide learning identified in 2020			
	<p>10. Availability/access to wheelchair scales (ASC)</p> <p>11. Use of pain scoring tools (ASC)</p>		