Herefordshire and Worcestershire
Integrated Care System

Learning from Lives and Deaths - People with a Learning Disability and Autistic People
Herefordshire and Worcestershire
Strategy 2022-2025 (HW LeDeR)

About LeDeR

Background

In 2013 the report of a Confidential Inquiry into the premature deaths of People with a Learning Disability was published. This confirmed aspects of the nature of health inequality, poorer health outcomes and shorter life expectancy experienced by people with a learning disability.

A recommendation was made to establish a mortality review process to enable areas to learn from the lives and deaths of people with a learning disability and make service improvements to address barriers or gaps in care. By the end of 2017 the national roll out of the programme to Learn from the lives and deaths of people with a learning disability (LeDeR) was complete. The NHS Long Term Plan confirmed NHS England's commitment to maintaining the LeDeR programme.

During 2020 and 2021 the COVID-19 pandemic further highlighted the health inequality experienced by people with a learning disability. A review of the LeDeR system was undertaken to determine if it was meeting its intended outcome to reduce health inequality and influence care delivery improvements.

In March 2021 NHS England published a national LeDeR Policy. The emphasis of the programme was to achieve service improvement using learning that emerged from the timely completion of LeDeR Reviews.

Why is LeDeR important?

Information from LeDeR reviews continues to confirm that people with a learning disability die younger, are less likely to access important health screening and health promotion interventions and are more likely to face discrimination that impacts on health choices than the general population. This results in poorer health outcomes and health inequality.

Since 2017 we have learnt more about areas of improvement and action that we can take to influence better health for local people. We need to continue to review the lives and deaths of people with a learning disability so that we can understand if our actions are making a difference and to continue to identify any new areas of learning.

We still do not know enough about the lives and deaths of people with a learning disability who are Black, Asian or from other minority ethnic groups. We know a little about themes of health inequalities experienced by local autistic people and need to know more so that we can work together to influence improvement.

LeDeR is an important service improvement programme but it cannot drive change in isolation. LeDeR is a non-statutory process. It does not replace existing processes for managing complaints or concerns about care, for identifying the cause of premature death or for investigating possible gaps in care delivered by NHS funded services. It is therefore vital that the LeDeR programme, at a local and national level, works respectfully alongside other agencies and processes for reviewing safeguarding concerns, investigating a Serious Incident or Significant Event, conducting Drug and Alcohol related death reviews, conducting a Child Death Review or holding a public judicial inquiry (Inquest) in line with the Coroners Act.

This Strategy, created following the publication of the national LeDeR Policy, will provide a strategic overview of who is involved in the LeDeR programme for Herefordshire and Worcestershire and how we work together. It will reflect what we have learnt so far, what we aspire to achieve to improve services and health outcomes for local people and how we plan to do this.

Our journey so far – those who have worked together to help us to learn from and drive improvement in people's lives and deaths

Working together- what experts with lived experience say about working with HW LeDeR

Working together- what experts with lived experience say about working with HW LeDeR

'They always ask us what we think - I think it's good they listen to what we have to say.

''Lots of good things have come out of LeDeR and Health Checkers are always involved'.

HealthCheckers, Speak Easy NOW

It's rewarding to sit in LeDeR meetings as equal partners, under inspirational leadership, and to have a voice in making things better for people with learning disabilities. We feel encouraged to use our lived experience to suggest measures to help prevent unnecessary deaths for people with learning disabilities.

Anne Duddington and Alison Price
Family carer representatives,
Worcestershire Association of Carers

'It's not easy to think about dying. It makes me feel sad and a bit upset'.

'Talking about people dying is morbid and makes me sad. I don't want to think about it too much but I know we can learn things from doing it'.

HealthCheckers, Speak Easy NOW

'I liked the lady who made the poo cake. She made me laugh.'

HealthCheckers, Speak Easy NOW

'Some of the information is very complicated.'

'I don't always understand what they're talking about but it's OK to say that. They try to make hard things easier for us to understand'

'LeDeR people talk to us in ways we can tnderstand. I like that,'

HealthCheckers, Speak Easy NOW

"Carer representatives, with a variety of support from WAC, give up huge amounts of time to support the LeDeR work. In recognition of this input, the growing opportunities of carer involvement within LeDeR and the value of being experts by experience in this role, it would be positive to give consideration to offering some sort of honorarium or additional support to continue to fulfil this and future roles."

Jenny Hewitt, Carer Engagement Lead,
on behalf of Carer Reps,
Worcestershire Association of Carers (WAC).

"Supporting carer reps as part of this work, demonstrates a real sense of collaborative working and really taking on board the views of carers. The co-productive approach is to be celebrated. It is an outstanding approach to collaborative working and sets a standard to other areas of work."

Jenny Hewitt, Carer Engagement Lead, on behalf of Carer Reps,
Worcestershire Association of Carers (WAC).

Our journey so far- What LeDeR partners across Herefordshire and Worcestershire achieved 2017-2022:

COVID vaccinations

What our system did:

- Shared factual information at Forums and Partnership Boards to ally any fears regarding vaccination
- Coordinated CCG Executive support to vaccinate those in Learning Disability care settings alongside older people in care settings at the start of the vaccine roll-out
- Shared easy read materials and tips for reasonable adjustments with Primary Care and Vaccination Centres
- Developed a Frequently Asked Questions leaflet for family carers, to support vaccine uptake
- Offered bespoke support for those with the most complex needs to access vaccination
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What was achieved:

93% uptake of COVID vaccinations for people with a learning disability by April 2021

Annual Health Checks

What our system did

- Coproduced leaflets, guides and easy read materials to support a good quality AHC and made them easily available
- Supported additional resources for Primary Care Networks to test out and implement different ways of working together effectively to increase the uptake of AHCs.
- Regularly shared data on completion rates with Primary Care Networks to support a continuous drive for improvement

What was achieved:

84.9% AHC uptake across HW Primary Care Networks for 2020/2021. Uptake exceeded 90% for those Primary Care Networks involved in incentivised ‘tests of change’.

End of Life care / Do Not Attempt Resuscitation (DNAR) decisions

What our system did

Clinical Commissioning Group Medical Director wrote to GPs and NHS Trusts within our Integrated Care System to reinforce that learning disability is not in itself a reason to apply a DNAR decision.
After the first wave of the COVID Pandemic our Acute Trust and Liaison Nurse partners reviewed all DNAR decisions made for people with a learning disability who had died from COVID-19 to gain assurance that decisions made were appropriate and responsive to personal needs.
Ensured that those leading the programme of work to improve end of life care for Herefordshire and Worcestershire remain informed about learning arising from LeDeR Reviews so that the needs of this vulnerable group is reflected within system plans for improvement.
Care staff from Learning Disability settings were supported to attend ReSPECT training. Outreach support was provided into care settings to support the development of Advanced Plans. Community Learning Disability Teams continue to support the completion of ReSPECT forms in community settings (ahead of an acute physical health crisis). The percentage of ReSPECT forms completed in a community (non-acute) setting continues to increase.

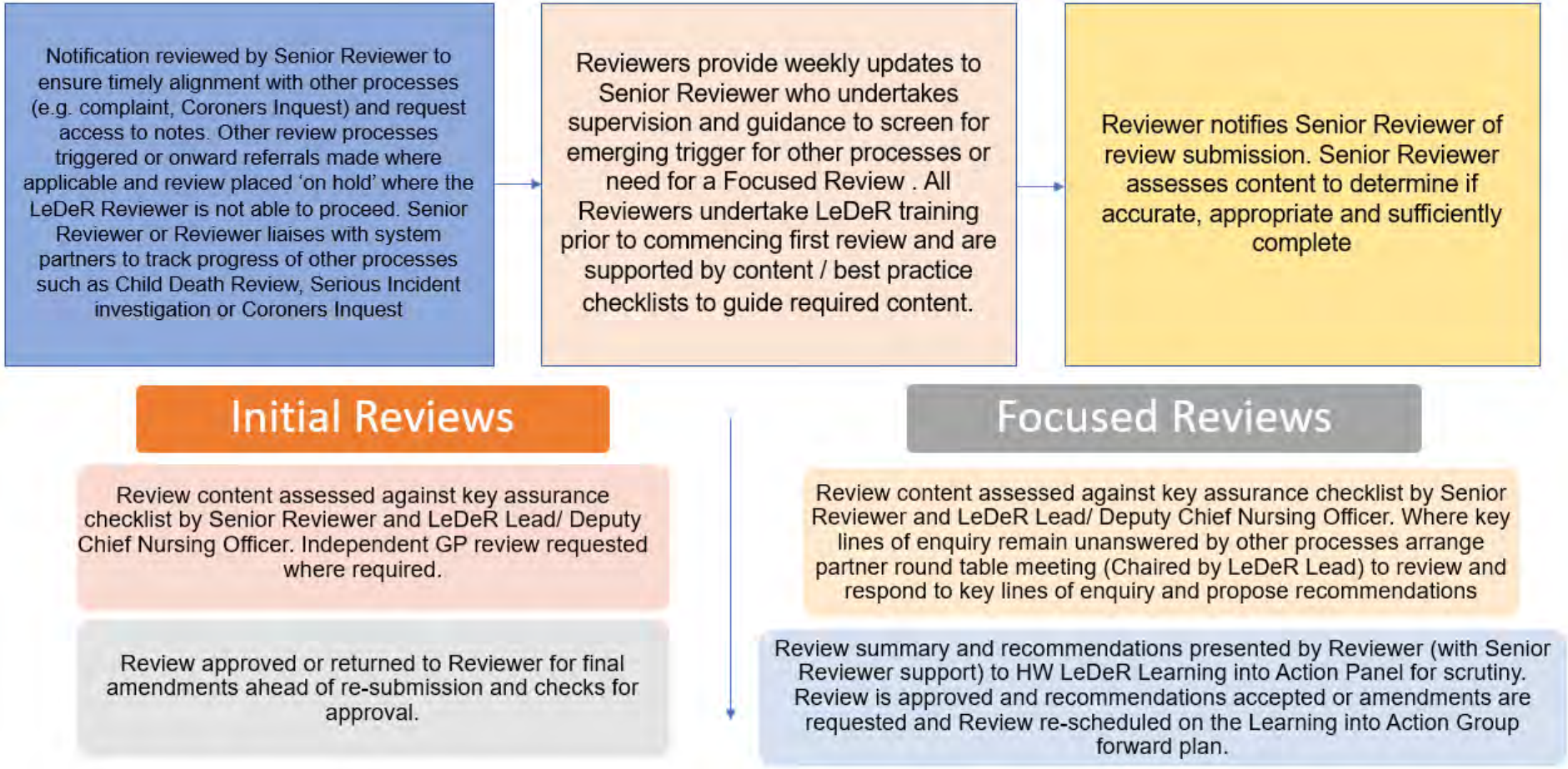
LeDeR Programme infrastructure

What our system did

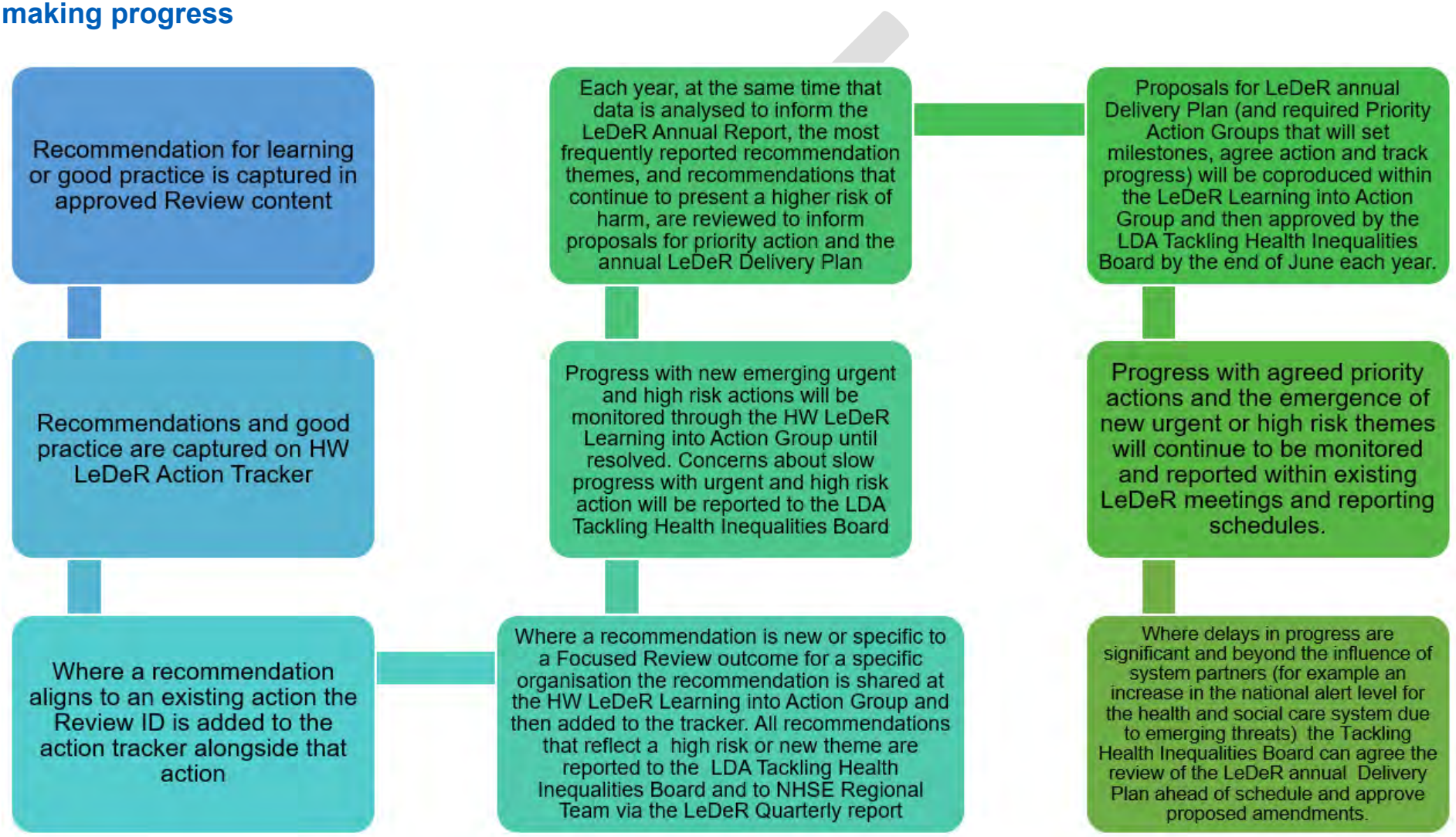
- Developed an early system wide commitment to learning from LeDeR that placed people with lived experience at the centre and had strong governance and reporting so that we knew if we were getting things right and making progress. This included meaningful consultation and coproduction.
- Established dedicated job roles to undertake LeDeR Reviews for our system and started to employ key dedicated LeDeR Team roles in the CCG from 2018/2019
- Published within our LeDeR Annual Report LeDeR Programme – Annual Report 2020/2021 our system response to confirm our assurance for meeting the standards advised within the Oliver McGowan Independent Review Report Recommendations.
- Reviewed and revised our meeting structure as Herefordshire and Worcestershire came together as a single system. Continued to evolve how we governed and communicated with each other about LeDeR during the pandemic. This was vital in providing both assurance and early learning about COVID-19 deaths for local people in order that we could act together to remain responsive.

How we ensure that the quality of LeDeR Reviews is good and result in learning and change

It is vital that the quality of reviews undertaken is of a high standard. We owe this to the person who has died, to the persons loved ones and to those who commit their time to the LeDeR programme. Accurate Review information informs appropriate recommendations that can lead to improvements that make a real difference. The flowchart below describes our processes for ensuring that Review content is of good quality.



How learning from reviews informs themes and priorities for change and how we will know if we are making progress



What we have learnt from the reviews of lives and deaths of people with a learning disability and autistic people (LeDeR) in Herefordshire and Worcestershire (HW) so far

In HW the average age of death has improved year on year. A bigger percentage of people with a learning disability in H&W were over 50 years of age when they die (79.4%) compared to the same figure for England (72%)
We saw fewer COVID-19 deaths for people with a learning disability in HW compared to many other areas, but each death is a terrible loss of life. We learnt that those who died were nearly all women who had lived in a care setting. Most people had a mild or moderate learning disability and had a high Body Mass Index. We need to make sure that those who live in a care setting continue to have timely access to COVID vaccination. We need to do more to make sure that people get the support that they need to make informed decisions about healthy lifestyles, including their body weight. We need to do more to ensure that carers who work in Supported Living settings have the information and knowledge that they need to recognise when someone in their care is becoming unwell (or deteriorating) and requires the input of healthcare staff. We need to ensure that those affected by COVID get the emotional or bereavement support that they need.
The quality of Annual Health Check completion varies quite a lot. Some checks are very detailed, and others have gaps in their records. A good Annual Health Check can for example ensure that access to vaccinations, cancer screening, how to use medication and other health needs are discussed and organised. We do not know if all people who are eligible know they can have an Annual Health Check – we need to make sure that young people (14-25 years) and people from Black, Asian and Minority Ethnic backgrounds have the support they need to be on the GP Learning Disability Register and to access an Annual Health Check and a Health Action Plan.
The number of people who have been able to die at home and not in a hospital bed has improved. For Worcestershire this has improved from less than 40% in 2018/19 to over 53% in 2020/2021. In Herefordshire at least 55% of people have been supported to die at home over the last 3 years. Reviews have reflected very good examples of coordinated care at the end of life but we have also seen some delays in organising the right care.
Compared to reported deaths across England people in H&W are more likely to have epilepsy, mental health conditions and constipation. People in Worcestershire are more likely than those in Herefordshire and the rest of England to have 3 or more health conditions. This may be because of better assessment and record keeping but we need to understand this.

The highest cause of death is still respiratory disease. Deaths related to epilepsy and sepsis appear to be reported less in HW compared to the England average. Deaths from bowel impaction were higher than the England average during 2017-2019 but are now lower.
Many people who die have additional mental health needs. For a small number of people their mental health needs and physical needs sometimes get confused (diagnostic overshadowing). We want to ensure that everyone is getting equal access to mental health care. If people are prescribed medication for their mental health needs we want carers to fully understand when and how it should be used.
Many respiratory deaths are completely unavoidable but we still want to do all that we can to give people the best life chances. Reviews have told us that not all people have access to the pneumococcal or flu vaccination and access to good oral care is very variable. We need to know more about decision making for access to enteral feeding. Access to swallow or dysphagia assessments and advice (including having a clear eating and drinking plan that care staff can follow) appears to be very good and we want this to continue.
The grading of care experience is improving year on year as we collectively learn about improvements that can be made. For people who died during 2020/2021 more examples of care were rated as good than in previous years and no deaths were rated as avoidable due to gaps or mistakes in their care. We need to continue to monitor this.
We are starting to learn about the needs of people who have died. We need to learn more about the health of people who are living. Ensuring that people have an Annual Health Check that records health needs will help us do this. Ensuring that our plans are based on Joint Strategic Needs Assessments will also help us work together to improve health outcomes.

More information about the nature of lives and deaths reviewed under the HW LeDeR programme can be found in our Annual Reports Herefordshire and Worcestershire ccg - Learning disabilites and autism

Our Vision, Values and Commitments

Our Vision is for people with a learning disability or autism to get the support that they need to access the full range of health care that is available to all. As a result of this their health will measurably improve and they will live longer and happier lives.

Our values and commitments

We are committed to working together and each playing our part. We will collaborate effectively, each contribute toward making improvements and take ownership of action that we agree to take.

We are committed to listening and learning from people who use services and those who have supported someone who has died. We will ensure that learning identified within Reviews informs system recommendations and actions and good practice is shared to help drive improvement.

We will work closely with those who understand what it feels like to have lived experience. We will listen and keep experts by experience at the centre of all we do. This includes people with a Learning Disability, Autistic people and their families.

We are committed to sharing knowledge and information with each other. This helps us to know how well we are doing and what things we need to improve.

We want to make a difference so that people can have better health and live longer, happier lives. If people need care we want their experiences to be good and services to be responsive to their needs.

Priorities for improvement

We have extracted learning and collated information from completed LeDeR Reviews to inform our collective agreement on the areas of work that we want to see improve over the next 3 years to 2025.

Key priority areas

1.Ensure carers, care staff and clinicians are skilled in enabling everyone to be supported to be part of decision making about their health and where this is not possible that Mental Capacity Act standards are followed, and Best Interest decisions are made and communicated

2. Achieving the best life chances for those at risk of dying from respiratory illness.

3. Zero tolerance to avoidable deaths related to bowel impaction or bowel disease

Ensuring that those living with obesity and their carers have accessible support to make informed choices about lifestyle factors that can improve their health.

4. Supporting people to make decisions about their care and improving their experience if they have a life limiting illness or are nearing their last months or days of life.

5. Annual Health Checks and Health Action Plan completion, to inform robust reviews of a person's health needs and support meaningful plans to work toward sustaining or improving health outcomes.

6. Understanding the barriers to good healthcare for local people. This includes all people with autism who are at risk of premature death and people with a learning disability or autistic people who are from a minority ethnic background

7. Supporting people's access to services to support emotional and mental health needs and ensuring that related physical health needs are not over-shadowed.

8. Enabling our ICS services and workforce are equipped to recognise the essential needs of people with a learning disability, autistic people and their carers, so that they can be responsive to providing reasonable adjustments and personalised, effective care that achieves positive outcomes.

On the following pages we set out examples of the action that we plan to take over the next 3 years linked to our priorities. An annual LeDeR Delivery Plan, refreshed each year, will describe what key actions we plan to take and what measures and milestones we will monitor and report on to know if we are making the expected rate of progress. Our commitment to action for year one of this Strategy (2022 to 2023) is outlined in the LeDeR Delivery Plan (2022/23).

Our key LeDeR Priorities for 2022-2025, what we plan to achieve and what action we plan to take:

Priority area	What we plan to achieve
Priority 1 **Ensure carers, care staff and clinicians are skilled in enabling everyone to be supported to be part of decision making about their health and where this is not possible that Mental Capacity Act standards are followed, and Best Interest decisions are made and communicated**	• Work with ICS partners to ensure that all staff have access to Mental Capacity Act training and support • Develop a briefing to support learning from excellence in decision making and tips for good practice • Continue to monitor LeDeR reviews to identify gaps in Mental Capacity Assessments and Best Interest decisions. • Commit to escalating delays in Mental Capacity assessments and Best Interest decisions that risk impacting on health and life chances, to enable timely resolution
Priority 2 **Respiratory** Supporting the best life chances for those at risk of dying from respiratory disease	• Work together to ensure that everyone who is eligible for and wants a course of COVID vaccination is supported to gain access (achieve uptake rates of at least 90%) • Ensure high levels of access and uptake of Flu and Pneumococcal vaccinations (at least 90%) • Work together to develop and promote tools and education to support good oral health care • Improve adherence to best practice / NICE guidance for acquired pneumonia • Pilot, evaluate and increase ICS uptake of tools to identify and respond to deterioration for those in Supported Living and residential care settings • Review experience of and access to dental healthcare (including specialist dental clinics)

Priority area	What we plan to achieve
Priority 3 **Taking a zero tolerance to avoidable deaths related to bowel impaction or bowel disease**	• Ensure that education and information about bowel screening is shared and that specific support to understand the screening test is available in the year before it is due. • Promote bowel screening and monitor uptakes rates for people with a learning disability to ensure that they meet or exceed rates for the general population. • Increase the number of people known to experience constipation that have a bowel management plan in place to help reduce the risk of bowel impaction and support carers to understand how to implement them effectively. • Increase individual and carer awareness of the risks associated with the poor management of constipation.
Priority 4 **Supporting people to make decisions about their care and improving their experience if they have a life limiting illness or are nearing their last months or days of life.**	• Increase the numbers of Records of Summary Plans for Emergency Care and Treatment (ReSPECT) for people with a learning disability or autism that are completed in community settings (not in hospital) • Support training and share easy read information so that individuals and their carers and families are aware of ReSPECT and are equipped to coproduce plans. • Ensure that programmes to improve end of life care consider the needs of all and are informed by learning arising from LeDeR. We will do this by sharing case examples and learning themes.

Priority area	What we plan to achieve
Priority 5 **Annual Health Checks** Enabling better health outcomes through comprehensive Annual Health Checks (AHCs) and Health Action Plans for all who are eligible.	• Co-produce and share resources to support knowledge of what a good AHC looks like. Promote the importance of AHCs to maximise uptake and ensure at least 85% of people on Learning Disability Registers have an AHC • Ensure that records reflect accurate health needs by supporting Primary Care to use an EMIS based template for AHCs that includes prompts to monitor and record screening, vaccinations, dental checks, obesity and other health needs. • Ensure that all those who are eligible have access to an AHC. This will include increasing the size of GP Practice based Learning Disability Registers, especially for those aged 14-25 years of age. • Support Primary Care Networks to develop sensory friendly environments so that reasonable adjustments can be achieved.
Priority 6 **Understanding access and inequality** Ensure that we have access to all available learning opportunities to help us understand the modifiable factors that contribute toward premature deaths for local people	• Refresh awareness of the importance of LeDeR and how to make a notification • Work with the Autism Partnership Boards to raise awareness of LeDeR and the new scope to include people with an Autism diagnosis • Ensure Focused Reviews are undertaken for notified deaths of autistic people and people who have a minority ethnic background This will provide more detailed data to support a greater understanding of need and inform our Delivery Plan for years two and three.

Priority area	What we plan to achieve
Priority 7 **Supporting people's emotional and mental health needs**	• Provide training for staff in mental health services to raise awareness of the needs of people with autism or learning disability • Monitor services to ensure that they can meet the needs of people with a learning disability and autistic people and there is no discrimination in access, including where services are delivered digitally or virtually • Ensure that 'as required' medication is prescribed and used appropriately and in a least restrictive manner • Ensure that those who are prescribed medication for mental health needs are assessed for how this may impact on their heart health. • Ensure that Focused Reviews are completed for all individuals notified to LeDeR who are identified as having obesity or have been detained under the Mental Health Act in the preceding 5 years.
Priority 8 **Enabling our ICS services and workforce to be equipped to recognise and respond to the essential needs of people with a learning disability, autistic people and their carers, so that they can provide effective care that achieves positive outcomes.**	• Increase awareness of LeDeR learning themes for the ICS Workforce Board • Ensure that all services achieve accepted completion rates for learning disability and autism awareness training • Share briefings to support staff across our system to know what good practice looks like and to understand the implications where good practice standards aren't met • Continue to be an Early Adopter for the national roll -out of the Reasonable Adjustment flag

Outcomes and deliverables that we aspire to achieve by 2025 for people with a learning disability within Herefordshire and Worcestershire.

During 2022 partners will continue to work together to confirm accurate sources of data and benchmarks. Measures will then be reflected in each annual Delivery Plan. Measures specific to autistic people will be included once learning is identified from local reviews.

Examples of delivery measures
The gap in life expectancy, compared to the general population, will narrow
Annual Health Check completion rates will be maintained at or above 85% and quality indicators will demonstrate improved quality
GP Learning Disability Register- increase in overall volume to ensure proportionate reflection of those aged 14-24
GP Learning Disability Register- increase in overall volume to ensure proportionate reflection of expected ethnicity profile
COVID vaccination rates for people on the GP Learning Disability register will meet or exceed the rate for the general population
Influenza vaccination rates for people on the GP Learning Disability register will meet or exceed the rate for the general eligible population
Pneumococcal vaccination uptake rates for people on the GP Learning Disability register will meet or exceed the rate for the general eligible population
No individual LeDeR Review will identify the use of 'as required' medication without a clear medication protocol in place
Percentage of people whose place of death is in an acute hospital will be less than 50% or within 5% of same measure for the general population
Percentage of LeDeR cases who had a ReSPECT plan completed in a community setting will increase each year.
Avoidable deaths where the cause is associated with bowel impaction will be eradicated
Bowel, breast and cervical screening for people with a learning disability will be equal to or greater than the general population
The rate of obesity will be equal to or less than the general population

Delivery Plan for year one (2022-2023)

Our system LeDeR Delivery Plan sets out the action we plan to take during year one of the Strategy. Each milestone is expected to eb completed by the end of the quarter indicated. The delivery measures will inform a dashboard reported quarterly to the LDA Tackling Health Inequalities Board. A number of actions undertaken in year one will inform plans for delivery in year two and three of the Strategy. Progress will be reported each quarter to the LDA Tackling Health Inequalities Board and to NHS England Regional LDA Team through the quarterly LeDeR Report.

Expected outcome / benefit (what are we hoping to achieve)		*Measures (how will we know we are improving)	Milestones (what we are going to do to support improvement)		Timeline			
					Q1	Q2	Q3	Q4
1	Good standards of workforce and advocacy awareness of mental capacity assessment and best interest processes result in timely decisions that do not exclude or delay access to intervention.	Annual Report data for number of LeDeR Reviews where MCA/ BI gaps are apparent	1.1	Co-produced webinar will be available for health and social care workforce to access			x	
			1.2	Joint Safeguarding Adults Board / LeDeR Programme Learning Event launched			x	
			1.3	ICS Forum for Learning Disability Standards in Acute Care launched	x			
			1.4	LeDeR Annual reports will reflect a reduction in the number of recommendations related to gaps in Mental capacity assessment or best interest decisions.	x			
2	The application of best practice standards in the identification and management of aspiration pneumonia and respiratory related disease adds years to life and minimises preventable premature death	Vaccination uptake rates for COVID-19, Influenza and Pneumococcal Annual Report data for the number of LeDeR Reviews where cause of death is respiratory and best practice standards were met	2.1	annual rates of vaccine uptake for flu, COVID and Pneumococcal will be equal to or exceed that of the general population. Community Learning Disability Teams will offer bespoke interventions to support people with very complex needs to access vaccines where barriers are challenging to overcome.	x			
			2.2	Co-produced learning event will be held to support social care staff to understand the importance of good oral care				x
			2.3	LeDeR checklist to be in place that reflects British Thoracic Society care bundle for community acquired pneumonia and NICE Guidance 138 to enable gaps in best practice to be identified		x		
			2.4	Annual Report will reflect any gaps in best practice in order to inform improvement milestones for year 2 and 3	x			
			2.5	A Decision Support Framework will be agreed for Herefordshire to support care staff to access the right level of care from the right place if they are concerned that the person they support is unwell.				x
			2.6	Tools for recognising and responding to deterioration to be implemented across at least 60% of Supported Living Settings in Herefordshire with plan in place to extend further across the whole ICS through 2023/24 / Healthcheckers to undertake a review of the Special Care Dentistry pathway and processes and make recommendations			x	

3	**Prevention approaches raise awareness of healthy bowel patterns . This results in the proactive management of constipation and equitable uptake of bowel screening**	**ED attendances and admissions for constipation** **Bowel screening uptake rates** **People with constipation with an active bowel management plan in place**	**3.1**	**Top tips' briefing informed by how practice has been improved or revised as a result of attendance at the awareness raising event held in March 2022 will be shared to promote further spread of good practice. This will be cascaded alongside other resources at events linked to LD Awareness week in June 2022**		**x**		
			3.2	**Bowel screening uptake rates are equal to or better than the general population**				**x**
			3.3	**Clear plan in place to ensure that people on Community LD Team and LD Replacement Care caseloads are offered bowel screening access support in the 12 months before invitation**		**x**		
			2.4	**Bowel Management Plan review and implementation plan will be completed to ensure the format used reflects all learning from LeDeR and there is implementation of a record, as close to the persons care as possible, that directs best practice in the fundamentals of continence and healthy bowel care, across the ICS**			**x**	
4	**People with life limiting conditions and those in their last days and weeks of life are supported to inform decisions about where and how they receive care**	**Achieving place of preferred death** **ReSPECT plans completed in non-acute settings**	**4.1**	**Co-produced learning event to raise awareness and confidence for individuals and their families on informing the completion of a Recommended Support Plan for Emergency Care and Treatment (ReSPECT)**			**x**	
			4.2	**baseline report will confirm the % of ReSPECT plans completed within non-acute settings for those reviewed by LeDeR during 22/23**				**x**
			4.3	**Themed LeDeR report on good practice, learning identified and recommendations to be reported to ICS ReSPECT Board and shared in a briefing with health and social care providers**		**x**		
5	**Improved health outcomes and health inequalities are addressed through reasonable adjustments and Annual Health Check coordination. AHCs will routinely monitor vaccination uptake, BMI, and other aspects of health status to enable improved intelligence through data extraction of EMIS and population health management.**	**Learning Disability Annnual Health Check uptake rates** **GP LD Register accuracy including size and profile (ethnicity, age)** **Use of EMIS template for AHCs to enable data extraction to**	**5.1**	**Quarterly trajectory for AHC undertaken rates in place and achievement shared with Primary Care Networks 2-4 weekly**	**x**	**x**	**x**	**x**
			5.2	**Agree a plan for a Healthcare Access Support Worker to work closely with Primary Care Networks Annual Health Check / Learning Disability leads to review a core group of individuals who did not access Annual Health Checks during 2021/22**	**x**			
			5.3	**All lead roles (as per DES requirements) undertake accredited ICS AHC training**			**x**	

		inform health needs analysis Health Action Plan completion rates User experience C27feedback and quality assurance audit	5.4	All PCNs will implement a standardised AHC EMIS template (that includes reasonable adjustment codes) that populates a patient friendly Health Action Plan.			x	
			5.5	Improved accuracy update of GP Learning Disability Registers will be undertaken, informed by the work of a Healthcare Access Support Worker role, to ensure the identification, recognition and coding of patients from minority ethnic backgrounds				x
			5.6	Those who failed to attend their Annual Health Check (LD) in 2021/22 will be supported to engage in 2022/23 through the work of a Healthcare Access Support Worker. This will aim to engage at least 40% of those during 2022/23				x
			5.7	ICS audit tool for Annual Health Check and Health Action Plan processes will be coproduced and approved for use (based on the Public Health England checklist) and 25% of GP practices will have an audit undertaken. This will result in an end of year themed report to inform an improvement plan for 2023/24				x
			5.8	Extend the implementation of sensory friendly environments within GP practices across the ICS to enable all Primary Care Networks to have an appropriate space				x
			5.9	Coproduce a format for capturing and sharing patient experience feedback to Primary Care Networks regarding Annual Health Checks		x		
			5.1.0	Agree a plan to enhance Health Facilitation support			x	
			5.11	All LeDeR Reviews completed during 2022/23 will continue to comment on the quality of Annual Health Checks and Health Action Plans and the collation of themes will inform the Annual Health Check Action Group improvement plan				x
			5.12	GP Learning Disability Registers to be re-validated to ensure recognition of those eligible for an Annual Health Check-this will include a focus on those aged 14-25 years. Work will commence in one PCN during Q1 with an agreed format to then be rolled out during Q2-4				x
6	Improve understanding of the barriers to accessing health care services for specific groups. This includes autistic people and people with a learning disability / autistic people who have	Ethnicity coding linked to GP Registers via EMIS. AHC uptake rates, by ethnicity or ethnicity coding	6.1	Mandated ethnicity coding in primary care will support the ICS approach to Health Inequalities that closely monitors access to services based on ethnicity and other health inequality related factors. Updated population profiles will be available to Primary Care Networks to		x		

	a minority ethnic background. Better understanding will result in focused intervention to improve access to health interventions and improve health outcomes.	**Autism coding in EMIS** **Reasonable adjustment flags** **Number of notifications to LeDeR for autistic people.**		**support targeted intervention and health equity outcomes will form part of local service delivery agreements**				
			6.2	**Awareness training resources will increase the number of people with a diagnosis of autism who are 'recognised' within primary care records. A communication plan will encourage Primary Care to make notifications to LeDeR for the people with an autism diagnosis.**		**x**		
			6.3	**LeDeR BAME Lead to be part of the working group informing and overseeing the outcomes of the Healthcare Access Support Worker post**	**x**			
			6.4	**Awareness training and an increase in availability of sensory friendly environments will support engagement of autistic people with mild/ moderate learning disability who have been reluctant to attend for health checks, screening and vaccinations.**			**x**	
			6.5	**Elective waiting list management and Cancer Alliance led plan to ensure that health inequalities factors are recognized and monitored to address inequality in healthcare delays. Cancer plan will increase and target the number of people coming forward for early presentation from under-represented groups.**				**x**
			6.6	**Acute Trusts will have a means of identifying inpatients with a diagnosis of autism to ensure that deaths are notified to the LeDeR system**		**x**		
7	**People with learning disability and autistic people will not experience discrimination in accessing mental health and emotional wellbeing services. Physical health risk factors associated with mental health medication, will be identified, managed and reduced.**	**LeDeR recommendation themes regarding gaps in medication best practice**	**7.1**	**Autistic people/ people with a learning disability will form part of the ICS Digital Inclusion patient reference group to ensure that digital formats for supporting access to emotional wellbeing and mental health resources are accessible.**			**X**	
			7.2	**LeDeR Reviews will include a checklist of best practice for those prescribed medication for mental health or emotional disorders. Gaps in best practice will inform an improvement plan. For 2022/23 there will be a focus on ensuring cardiometabolic risk factor management is evidenced within relevant LeDeR reviews and that suitable plans are in place where individuals are prescribed 'as required' / PRN medication**				**x**
			7.3	**Autism friendly environments will be available in mental health settings.**	**X**			

			7.4	Mental Health services will benchmark practice against the NHS Improvement standards for learning disability.			X	
			7.5	Robust quality assurance oversight processes will be reviewed for those in locked hospital placements to ensure that there is parity between mental health and physical health care delivery in these commissioned settings. This will include an analysis of the recommendation s of the Clive Treacey Independent Review	X			
			7.6	Community Learning Disability Teams will evaluate the outcome of a STOMP Priority Action Group aimed at reducing levels of prescribed medication.				X
			7.7	The Health and Wellbeing Board for Worcestershire will oversee a programme to review the availability and reach of self-care resources for mental health and wellbeing. This will inform a plan for improvement if disparity is identified.				X
			7.8	SpeakEasy NOW will lead a People's Parliament debate about mental Health in Q3 and a plan with agreed system pledges will be available by the end of Q4. This will inform an improvement plan for 2023/24				X
			7.9	Onside and SpeakEasy NOW will pilot a scheme to support people with a learning disability with a BMI over 25 to work toward a healthy weight. The evaluation will inform plans for 2023/24				X
8	Workforce across health and social care in our integrated system are equipped with the skills and competencies to make reasonable adjustments and deliver personalized care because they understand individual needs.	LeDeR recommendation themes Training uptake	8.1	Learning Disability awareness and Autism awareness (Oliver McGowan) training will be implemented across the ICS (subject to national evaluation outcomes)				x
			8.2	Training on reasonable adjustments (as part of the ICS AHC training offer) will be available across Primary Care	x			
			8.3	Learning from LeDeR and Annual Health Check Action Group will continue to inform plans for the roll out of a Shared Care Record with progress toward a shared health and social care perspective reviewed 6 monthly .		x		x
			8.4	Learning from LeDeR for reviews completed in each annual cycle will be collated to inform workforce training and education plans for the following year. Best practice checklists will be developed for epilepsy, cancer diagnosis and pneumonia to inform the identification of gaps and system recommendations for workforce education.	x			

			8.5	**A Population Health management and personalised care approach will be embedded systemwide to ensure a focus on patients with greatest need and those who may be at highest risk of experiencing health inequalities . This will include Health Equity Partnership Programme partner access training**			**x**	

Strategy Enablers

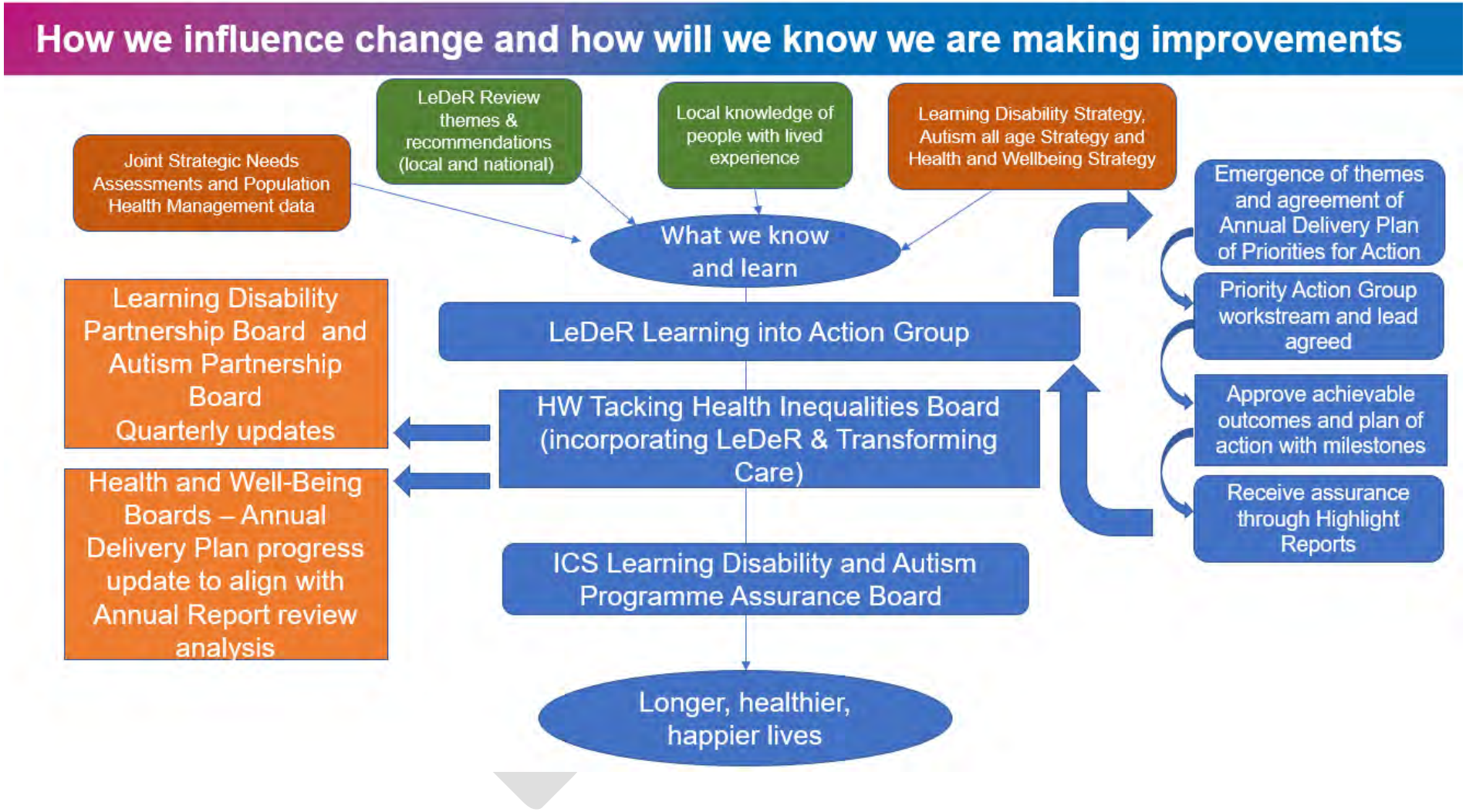
For this Strategy to make a meaningful difference to local people there are a number of things that need to be in place.

Workforce- the Integrated Care System (ICS) will need to ensure that a sustainable and dedicated workforce to coordinate and undertake objective and good quality LeDeR Reviews remains in place. A dedicated team is in place at the writing of this Strategy. Any changes to that Team may threaten the quality and functioning of the LeDeR programme for Herefordshire and Worcestershire and need to be fully assessed.

Health and Social Care workforce development is also key to enabling the recommendations developed from learning identified within Reviews to become service improvement that is sustainable and persists. Each Priority Action Group will need to remain mindful that addressing gaps in education is a fundamental part of change management. Areas of learning relevant to workforce will inform a wider Learning Disability and Autism Programme workforce plan and ICS workforce planning cycles.

Operational standards for programme delivery- In this Strategy we have communicated some of he fundamental processes that need to be in place for the programme in Herefordshire and Worcestershire to run smoothly and to a standard that we would all want and expect. During the first year of the Strategy we will make public Standard Operating Procedures on aspects of how we work (including how we protect and safely make use of sensitive data shared with us about people who have died and how our system can support those associated with a LeDeR Review who have been bereaved) and Terms of Reference for key meetings.

Meetings and reporting schedules- the matrix of how we organise ourselves to communicate and make decisions about learning arising from the LeDeR programme, and how we report progress and barriers, will be key to reducing duplication, minimising gaps and supporting forward movement and improvement. We will continue to review our infrastructure of meetings and the Terms of Reference that clearly set out the function and purpose of each of those meetings, to ensure we are collectively as effective as we can possibly be.


How we influence change and how will we know we are making improvements
LeDeR Review themes & recommendations (local and national)
Local knowledge of people with lived experience
Learning Disability Strategy, Autism all age Strategy and Health and Wellbeing Strategy
Joint Strategic Needs Assessments and Population Health Management data
What we know and learn
Emergence of themes and agreement of Annual Delivery Plan of Priorities for Action
Priority Action Group workstream and lead agreed
Approve achievable outcomes and plan of action with milestones
Receive assurance through Highlight Reports
LeDeR Learning into Action Group
Learning Disability Partnership Board and Autism Partnership Board Quarterly updates
HW Tacking Health Inequalities Board (incorporating LeDeR & Transforming Care)
Health and Well-Being Boards – Annual Delivery Plan progress update to align with Annual Report review analysis
ICS Learning Disability and Autism Programme Assurance Board
Longer, healthier, happier lives