

Reducing Health Inequalities for people with a learning disability

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Background

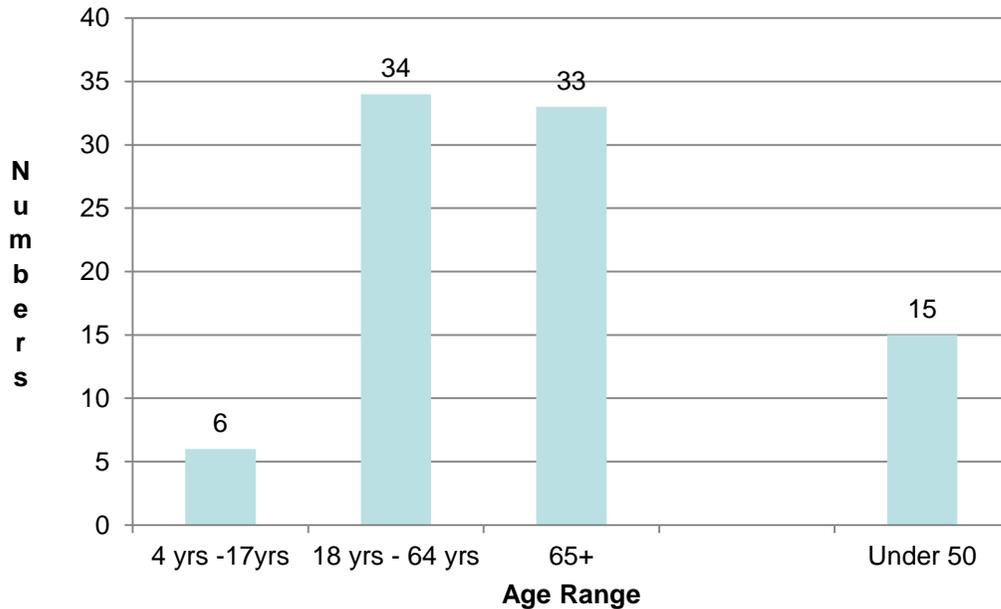
- Programme established as a result of a number of reports that identified that significant health inequalities for people with a LD exist.
- Review deaths of people with a LD aged 4yrs +
 - Commenced in April 2017
 - Have clear processes and governance
 - Robust Steering Group
 - Quality Monitoring Locally
 - Training moved to e-learning
 - Dedicated officer 3 days a week

The Data

81 deaths since April 2017

- 9 waiting to be allocated
- 14 other processes happening
- 27 completed
- 19 being reviewed
- 12 awaiting paperwork

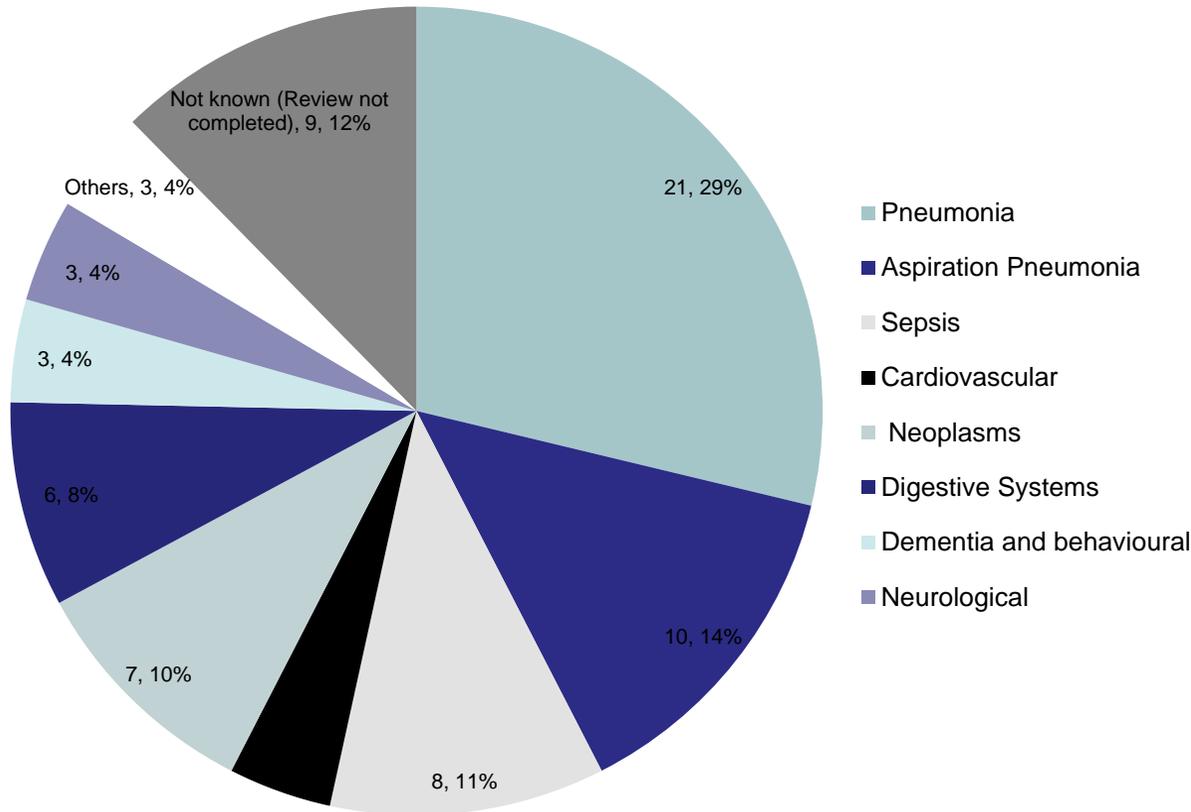
Age Range of Reported Deaths - Hertfordshire (since April 17 Dec 18)



- The Median age of the cases reported is 63 yrs. This compares favourably to national data which calculates the median age as 58 years. However this is still considerably lower than the median age of the general population which is 81 years.
- 20.5% of the deaths since April 2017 were of individuals under the age of 50 compared to the 5% seen in the general population. For 2018/19 the median age of individuals under the age of 50 currently stands at 14.28%.

Data: April 17 – Dec 18

Reasons for Death



- In line with the national report published earlier this year, the top 3 reasons for cause of death were pneumonia, aspiration pneumonia and sepsis.
- Pneumonia, aspiration pneumonia and sepsis account for 54% of the deaths reported
- ‘Other’ causes include an overdose by a patient and a patient who choked on food

Addressing outcomes of reviews

- Improving Health Outcomes Group (IHOG) – the ‘doers’
- Same representation – as on Steering gp but operational staff and several additional specialist practitioners i.e. End of Life; sepsis; specialist dentistry and colleagues from Public Health
- Have developed a shared action plan across steering group and IHOG
- Running through a significant number of reviews is the application of the Mental Capacity Act

Learning identified from completed LeDeR reviews	Subsequent quality improvement activity	Support quality improvement
<p>Respiratory :</p> <p>Raising awareness with GPs around Aspiration Pneumonia</p>	<p>A dysphagia pathway has been developed</p> <p>GPs understand direct referral processes to specialist services.</p>	<p>Ensure the correct support is in place in a timely manner</p>
<p>Making sure Postural Support in place to reduce the likelihood of aspiration and bronchopneumonia</p>	<p>Currently an audit of need is being carried out to identify the number of people who would benefit from receiving postural support.</p>	<p>Offering (specialist) postural support, may reduce the risk of preventable health conditions.</p>

Learning identified from completed LeDeR reviews	Subsequent quality improvement activity	Support quality improvement
<p>Respiratory :</p> <p>Ensuring people have a flu jab</p>	<p>Campaign CLDN/ GP's (65% target)</p> <p>Data management to review admissions in April</p>	<p>Provide protection around developing pneumonia</p>
<p>End of life:</p> <p>Implementing preference over place of death</p>	<p>Training has been developed by the Education Lead from Hospice of St Francis and the Strategic Health Liaison Lead Nurse</p>	<p>Providers will be better equipped to support people when on an end of life pathway within their own home.</p>
<p>If no active treatment then do not admit to hospital</p>	<p>Training will enable staff to feel more confident to support people at End of Life</p>	<p>People have a choice as to where people die</p>

Learning identified from completed LeDeR reviews	Subsequent quality improvement activity	Support quality improvement
PCP/Advance care planning:	<p>Consideration is currently being given about the creation of a risk register.</p> <p>In the meantime a pilot to reduce winter pressures is being developed.</p>	<p>People with additional health conditions will be closely monitored to ensure their health can be managed and hospital admissions can be avoided.</p>
Communication: Information	<p>To assist access to knowledge and information, a Webpage on HCC website is currently being developed.</p>	<p>Provide information about keeping healthy and access to support: for people with LD/ carers/ family.</p>
Referral processes	<p>A referral form GP to CLDN has been created.</p>	<p>GPs will get specialist help more efficiently ensuring patients receive effective health care and support.</p>

The Future

What's needed

- Need more reviewers
- Keep S251 approval
- Ongoing NHSE funding to support programme
- Government responses to the annual report to be acted on
- Addressing backlog
- NHS England 10 year Plan – addressing health inequalities central
- Training around health inequalities & reasonable adjustments for health & social care professionals
- LD in quality standards and frameworks
- Locally will hopefully be able to measure progress.

STOMP

(stop overmedicating people with a learning disability or autism)

www.england.nhs.uk/learning-disabilities/improving-health/stomp

- Report into prescribing of psychotropic drugs to people with LD and /or autism by GPs in England found 58% of adults receiving antipsychotics and 32% of those receiving antidepressants had no documented mental health diagnosis. Nearly one third were receiving one or more psychotropic medicine(Public Health England 2015)
- Cohort study of over 33000 people with LD found only 21% had a record of mental illness, 25% had documented challenging behaviour but 49% were prescribed psychotropic medicines (Sheehan R et al 2015)

Hertfordshire STOMP

- Pathway developed with CCG; Community Learning Disability Nursing Team; Specialist LD Services (HPFT)
- Risk assessment and consent needed to reduce meds
- Reduction needs to be done slowly and with support from a range of agencies.
- Consider discussion about STOMP at Annual Health Check

Webpage

www.hertfordshire.gov.uk/LDmyhealth