

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

NHS South Sefton CCG and NHS Southport and Formby CCG

LeDeR Annual Report 2021/2022

(Learning from deaths of people with a learning
disability and autistic people)

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NHS South Sefton Clinical Commissioning Group

NHS Southport and Formby Clinical Commissioning Group

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1. Executive Summary

The Learning Disability Mortality Review (to be referred to as LeDeR) programme was re-named in year following publication of the first national LeDeR policy in May 2021. The programme has been extended from people with a clinical diagnosis of a learning disability to be inclusive of those with a clinical diagnosis of autism spectrum disorder (ASD). The full title of the programme is 'Learning from Lives and Deaths. People with a Learning Disability and autistic people'. The programme reviews the circumstances of the death for all those from the age of 4 years and over, with the aim to:

- Identify key learning to support increased quality of care and service delivery for people with a learning disability.
- Prevent avoidable deaths of people with a learning disability.

This is the fourth Learning Disability Mortality Review (LeDeR) annual report that has been produced by NHS South Sefton CCG and NHS Southport and Formby CCG (to be referred to hereafter as CCGs) which has been authored by the Local Area Contact (LAC) and Deputy for the CCGs. The LAC and the Deputy LAC provide the role across for Liverpool and Sefton CCGs.

The purpose of the report is to provide the CCGs with an update on LeDeR performance, key priorities, and developments in year. This report covers the period from 1st April 2021 to 31st March 2022. Things to note within the report:

- 1.1 In year there were 25 notifications to the LeDeR platform, in comparison to 30 notifications from the previous period 2020 /2021, which is a reduction from the previous year.
- 1.2 To continue to monitor and evaluate the impact of the COVID pandemic on people with an LD and or ASD. Within year there were 2 confirmed COVID related deaths. There was one other death where COVID was mentioned but not the primary cause of death. All three were people with a learning disability. People who have died with ASD, have only been able to be registered on the platform since January 2022.
- 1.3 LeDeR performance to complete LeDeR reviews within 6 months remains consistent at 100%. Cases subject to a parallel process are excluded from the timescales.
- 1.4 The governance arrangements for LeDeR have been strengthened in year with a Deputy LAC now in place from September 2021, supporting the role across both Sefton and Liverpool.
- 1.5 The LeDeR Task and Finish group which was implemented in 2020/2021 has now transitioned to become the LeDeR Operational Group. This ensures there is a forum to discuss LeDeR processes with key partners.

1.6 The LeDeR system transferred from the University of Bristol to NHS England and Improvement (NHSEI) in July 2021. Updates have been required to the new platform in year. This included the platforms functionality to incorporate those people who have died with a clinical diagnosis of ASD from January 2022. There have been pauses to the system when updates were carried out, where CCGs were unable to access the system.

1.7 The national NHSEI LeDeR policy was published in May 2021, introducing a number of changes to the programme. The CCGs action plan for 2020/21 has been updated to reflect the new requirements. The changes include:

- Requirement to allocate a case within 3 months has been removed.
- A structure for the type of review has been revised. An initial review for the majority of cases, and then focused reviews. Focused reviews are for anyone from an ethnic minority background, and where the initial review has identified areas of learning. This replaces the previous initial and multi-agency review process. Only focused reviews are required to be tabled at LeDeR panel meetings.
- The requirement for representation from people with a learning disability and or autism to be part of the membership of the LeDeR panels.

2 Background and Introduction

This is the fourth LeDeR annual report for the CCGs, which covers the period from April 2021 to March 2022. Whilst the title of the programme remains the same (LeDeR), the scope of the programme was extended in year. The title LeDeR now refers to “Learning from lives and deaths. People with a learning disability and autistic people”. The intention to include the death of people with ASD was confirmed in the National LeDeR policy which was published in May 2021.

LeDeR is a unique national service improvement programme that aims to improve care, reduce health inequalities, and prevent premature mortality of people with a learning disability and autistic people. A review is undertaken of information from the health and social care support that people have received, highlighting good practice and where improvements are identified. LeDeR forms part of the national deliverables for Transforming Care for People with Learning Disabilities.

The LeDeR programme uses the definition of learning disabilities provided in the 2001 White Paper "Valuing People", "A person with learning disabilities will have:

- A significantly reduced ability to understand new or complex information and to learn new skills (impaired intelligence) and
- a reduced ability to cope independently (impaired social functioning)
- which started before adulthood, with a lasting effect on development.”

The objectives set out for the LeDeR programme are:

- To influence practice, change at individual, professional, clinician and allied health professional levels, such that it will contribute to improving service provision for people with learning disabilities and their families.
- To influence change in policy and service provision at national level with Government, NHS England, Public Health England and the Local Government Association, such that it will contribute to improving service provision for people with learning disabilities and their families.
- To support commissioning and service redesign by helping commissioners understand opportunities to improve service delivery, reduce variation and learn from best practice.
- To encourage a move towards equality of treatment and parity of esteem for people with learning disabilities and help tackle the systemic contributors to the health and access inequalities they face.

The scope of the programme is to support reviews of deaths of people with a diagnosis of a learning disabilities and or ASD from 4 years and over who are registered with a GP in England at the time of death.

Learning disability is different from a specific learning difficulty (such as dyslexia), or autism or a mental health condition. Some people have all of these and have a learning disability. A person does not necessarily need to have been on a locally held learning disability register (also sometimes referred to as GP quality outcome framework [QoF] register) to be eligible for a LeDeR review. For an autistic person to be eligible for a LeDeR review, they must have had a confirmed diagnosis of autism recorded in their clinical records prior to their death.

Long term, valued relationships are key to facilitating coproduction which brings together people with learning disability, autism, or both. The CCGs has an established relationship with the People First Sefton as part of the delivery of the LeDeR programme. To support the engagement of people with a learning disability and ensure their voice is heard. People First is a third sector organisation run by and for people with learning difficulties. People First Sefton have experienced challenges in year due to the vulnerability of their members due to COVID. As a group they have supported the CCGs with health promotional campaigns to raise the profile or health prevention and the uptake of health checks/screening, vaccination and immunisation programmes and highlight key symptoms or cancer.

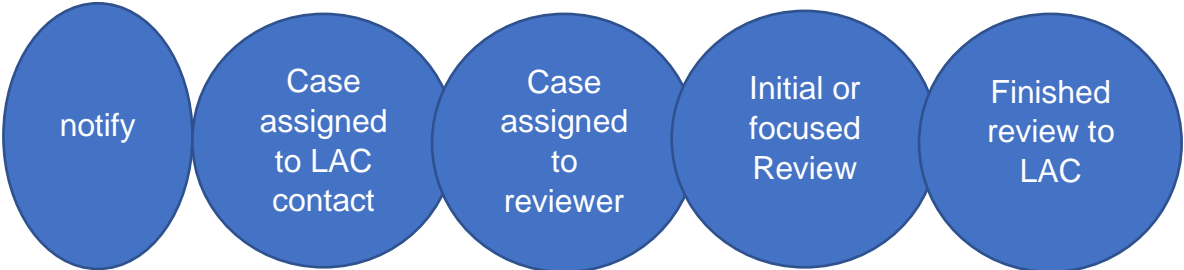
Deaths of all children, including those with learning disabilities and ASD, are reviewed by the statutory Child Death Review programme. Completed reviews and thematic learning are shared with the LeDeR programme. The LeDeR Local Area Contact and Child Death Overview Panel (CDOP) work closely together to ensure learning is shared and the processes are streamlined.

A key part of the LeDeR programme is to support key stakeholders to review the deaths of people with a learning disability and or ASD. The purpose of the LeDeR reviews is not to hold any individual or organisation to account, but to determine areas of best practice and or improvement. All cases are reviewed with the input from relevant organisations / agencies in a learning environment. This is vital to improve services and outcomes, and for organisations to be able to learn lessons.

It is important to note that LeDeR is not a statutory review process however there are mechanisms in place to link with other review or investigation processes. Other investigations or reviews may include Structured Judgement Reviews (SJRs), Serious Case Reviews, Safeguarding Adult Reviews, Safeguarding Adults Enquiries (Section 42 Care Act) Domestic Homicide Reviews, Serious Incident Reviews, Coroners' investigations and Child Death Reviews. During the course of a review, concerns about the death of the person may emerge. At which point the case may be referred through to a statutory review process, this is undertaken via NHSEI, CCG and Local Authority escalation processes and protocols. Decisions are made how to progress with a case, in terms of priority. However, ordinarily the LeDeR will be placed on hold until the statutory review has concluded. The outcome of the statutory review will then inform and contribute to the LeDeR process.

Whilst NHS commissioned organisations have SJRs in place to review the circumstances of all deaths of people with a learning disability, it isn't explicit that that the SJR needs to be in line with the LeDeR programme.

The LeDeR Process flow chart a summary below



The CCGs continue to support the LeDeR programme and have a designated LAC in place. The role and function of the Deputy LAC was allocated to the CCGs Programme Manager for Quality and Performance in September 2021. Both the LAC and Deputy LAC provide the role and function across the North Mersey footprint for the Sefton and Liverpool.

3. Governance and Accountability Arrangements

From July 2022, Cheshire and Merseyside Integrated Care Boards (ICB) will adopt a Cheshire and Merseyside (C&M) ICB LeDeR Governance structure which will consist of the C&M ICB LeDeR Quality Assurance Panel. Reviewers will no longer make recommendations for each review, instead they will present areas of learning, good practice, and areas of concern to the panel. The panel will be responsible for signing off the quality of focussed reviews, in discussion with the reviewer, agree SMART (specific, measurable, achievable, realistic and timebound) actions which feed in to, and are cognisant of the strategic plan.

The panel will be integral to wider ICB quality governance arrangements, and as appropriate will report into regional and national quality assurance meetings and

other processes as required. The regional and national team will hold the ICB to account assuring that the actions are robust, address the issues identified and will achieve objectives required. At the time of writing this annual report, ICB LeDeR governance structures are in development and yet to be finalised. These will be adapted as appropriate as ICB structures evolve.

The local governance group/panel will consist of people from across the ICB who have responsibility for the quality of services and can take action to improve services. The governance group/panel will continue to include people with lived experience, and report through to the ICB Transforming Care Board.

4.0 Sefton Learning Disability Deaths 2021/22

4.1 During 2021- 22, 25 deaths were registered on the LeDeR platform. Of these cases, 1 case was confirmed not to have a learning disability (LD) diagnosis and removed from the platform. Out of the 25 cases, 24 were eligible for a LeDeR review. One case came under the remit of CDOP and exempt from reporting timeframes. CDOP reports are uploaded onto the system once completed. Good communication exists between the CCGs and the Merseyside CDOP Manager.

People with a clinical diagnosis of ASD who died on or after 1 January 2022, were eligible to be reported on the platform and receive a review from January 2022. In year there have been no notifications for people with an ASD for the CCGs.

The number of those reported has reduced since the previous year and reasons for this could include:

- Improvements in care
- The need for improved awareness of the LeDeR programme across health, primary care and social care, to support reporting.
- Reduction in number of deaths directly related to COVID
- Positive impact of the COVID vaccination programme

Financial Year	No. of cases on the LeDeR platform
2016 – 2017 (Jan – March)	0
2017 – 2018	11
2018 – 2019	29
2019 – 2020	24
2020 – 2021	30
2021 – 2022	24

4.2 Equality and Diversity

Under the Equality Act 2010, everyone in Britain is protected against discrimination under the nine protected characteristics. The breakdown against protected characteristics is limited within this report, due to the lack of robust reporting systems in place via the current national system. The NHS E LeDeR system that is in place is currently unable to provide meaningful data or reports. For the 2021/22 it is only

possible to report against three elements: Gender, Age and Ethnicity. This is via a manual trawl utilising the tracker held by the CCGs.

In 2021/22 profile breakdown:

- Gender: 13 men and 12 women. There was very little difference between deaths reported women compared with men.
- Age Profile: Most deaths in year were those who were 26 years and over, with the exception of 1 death. The oldest death was for a gentleman who was 83 years of age, who died from aspiration pneumonia and frailty.

Age Range deaths 2021/22

4 – 17 years	18 – 25 years	26 - 40 years	41 – 60 years	61 - 75 years	over 75 years
1	6	4	9	2	2

- Ethnicity: 100% of people were registered as white British. The Sefton data doesn't reflect significant disadvantages due to ethnicity. However, it has been identified the people from a BAME background are likely to be disproportionately affected.

4.3 Main causes of death on part 1a) of the MCCD:

Cardiac / Arterial related	Myocardial Infarction	2
	Multi organ failure	1
Renal	Acute renal failure	1
	Chronic Kidney disease	1
Hepatic	Fatty Liver	1
Neurological	Hypoxic brain injury	1
	Sudden death with epilepsy	4
	Encephalopathy	1
Respiratory	COVID 19	2
	Pneumonia	2
	Aspiration Pneumonia	5
Sepsis	Sepsis	1
Other	Natural cause	2

Whilst the table represents what was documented as part 1a) of the medical certificate for cause of death (MCCD), other causes were also documented on other parts of the MCCD including Down's Syndrome / Trisomy 21 which were deemed appropriate. It is accepted that learning disability on its own is not a cause of death. However, it can be a contributing factor to poor health therefore is documented on other parts of the MCCD.

The most significant cause of death in year as on part 1a) was Aspiration pneumonia and then Sudden death in epilepsy/status epilepticus.

5.0 Recommendations from LeDeR Reviews

In year there have been changes to how reviews have been conducted as a directive from NHSEI as set out in the national policy. Most cases will have an initial review, with a smaller cohort then progressing to a focused review. Those cases who progress directly to a focused review as those who have died from an ethnic minority background. In addition, those where potential learning has been identified as part of the initial review. All cases that met the threshold for a focused review have been submitted to the North Mersey LeDeR Panel. Each case is reviewed to identify areas of good practice and learning supported by recommendations.

The minutes from the North Mersey LeDeR Panel are reported through the CCGs Joint Performance and Quality Committee (JQPC), as a sub-committee of the CCGs Governing Body. Due to the developments of the ICB the JQPC ceased in year with reporting via the CCGs Senior Leadership Team. This includes key issues, learning, good practice, recommendations and actions.

The trends and themes from reviews are also reported through to the NHS EI C&M LeDeR Steering Group via a monthly update. The LAC is a core member of the steering group, which reports through to the NHS EI C&M Transforming Care Board.

NHS Trusts and other key organisation such as Local Authority are required to feed learning back through their own internal governance arrangements. The North Mersey LeDeR Panel ensures that actions are tracked to monitor progress and hold partners to account on progress.

The table below outlines the trends and themes identified from LeDeR reviews in 2021/22 which have been grouped together. Areas of good practice, learning and recommendations are fed back to respective organisations to support improvements in practice.

A key learning point is the need for improved communication for the person who has caring responsibilities, and to ensure that families are being listened to. This has been included as part of the NHS EI C&M 4-year LeDeR strategy. The continued impact from COVID has been noted in year, particularly in relation to face to face appointments.

Primary Care	<ul style="list-style-type: none"> • Robust GP LD Registers to be in place • Improved access to the LD Annual Health Check and Action plans (compliance, quality and reasonable adjustments) • Not Brought policy to be implemented (annual health check and health screening programmes) • Difficulties experience in access to allow face to face appointments due to impact of COVID • Resources available in Easy Read format • Mental Capacity Act Best Interest decisions evidenced in GP records and as part of DNA CPR • Advanced Care Planning / End of Life to be in place (care plans not always in place or followed as part of hospital avoidance) • Closer attention SLT and risk of aspiration
NHS Trusts	<ul style="list-style-type: none"> • Not Brought policy to be implemented • Evidence of Mental Capacity Act Best Interest decisions • Improvements to hospital discharge end of life pathway • The need for non-verbal pain tools to be implemented • Diagnostic overshadowing • Hospital Flagging Systems of those with a LD diagnosis • Variance gastro OGD pathway (multi agency LeDeR review) • Appropriate diagnosis LD as part of the MCCD • Consistency in some cases in visiting and reasonable adjustments • Relatives consistently being given the opportunity to be involved in the care planning, and regular communication
Local Authority Commissioned Providers	<ul style="list-style-type: none"> • Improved awareness to all providers to report a death on the LeDeR platform • Supporting people to attend annual health checks, health screening programmes or health related appointments • The need for non-verbal pain tools to be implemented • Diagnostic overshadowing • End of Life care plans to be in place and followed • Completion of health passports • Increased awareness to refer to Community Learning Disability Team / Community services • Adherence to SLT care plan • Escalation to LA re: deterioration and appropriate placement • Recognition of deterioration in person's condition • Delayed hospital discharge due to lack of available commissioned placement • COVID outbreaks and management • Impact of reduced services and support for carers during COVID outbreaks.

5.1 Learning Disability Annual Health Checks:

A Learning Disability Annual Health Check Direct Enhanced Scheme (DES) is available to GP practices nationally to deliver to their own registered population. The scheme is optional for practices to participate and is over and above the GP core contract. To ensure equity in provision, Sefton CCGs have an arrangement via the Local Quality Contract (LQC). Practices can choose to deliver the LD health check to their own patient population. Although for South Sefton CCG area, the health check can be provided by the South Sefton GP Federation. Throughout the pandemic a virtual LD health check has been offered as an alternative to a face-to-face appointment.

Historically participation in the DES has been low. To increase the number of health checks delivered, the CCGs have worked to create a local solution to provide a flexible option for practice participation. There is no target in the DES for individual practices to achieve, however the CCGs have set an expected target for 67% of people with a learning disability aged 14 and over to have had an LD annual health check in year. This is managed by the Primary Care Networks (PCNs).

In year the PCN lead held discussions within the Primary Care Networks to identify how improvements can be made to improve the uptake and provision of the LD annual health check. The LD annual health check data is submitted monthly to the CCGs and to the LD lead. There appears to be a trend for the annual health check to be completed towards year end which impacts on data through-out the year.

Quality Outcomes Framework (QOF) was included as part of protected income during 2021/22 due to COVID, although the Quality Performance Framework templates were still required to be completed and submitted. The final performance across the CCGs for LD annual health check are:

2021/2022 Compliance LD annual health check			
CCG Name	Total Registered	Total Checked	Total % Checked
South Sefton CCG	792	515	65%
Southport & Formby CCG	806	464	57.6%
Grand Total*	1,598	979	61.2%

Compliance with the LD annual health check was below the CCGs expected target for 2021/22 of 67%. A programme of work has been initiated focusing on those people who did not take up the offer of an annual health check. To try and understand the barriers and what support may be required to encourage people to access the annual Health check. Further work is being progressed by the PCN's to improve the uptake for 2022/23

5.2 GP Practices and Do Not Attempt Cardio1ulmonary Resuscitation (DNA CPR):

DNA CPR for people who are on GP practice LD register is included as a QOF quality improvement indicator. This is discussed at the GP practice peer review PCN

meetings for 2021/2022. There are no set compliance thresholds in year, with an expectation for a peer review to be completed by year end.

6.0 Sefton LeDeR Performance:

NHSEI contractual key performance indicators (KPI's) remain in place to monitor CCGs performance and compliance with the programme:

- *CCGs to have in place a LAC and Deputy LAC.*
- *Membership and attendance at the NHSE/I area team LeDeR steering group.*
- *Expected timescale for the completion of LeDeR reviews within six months of being registered on the platform.*
- *CCGs to produce an Annual LeDeR report.*
- *CCGs to have in place an action plan which is reviewed and updated on a quarterly basis.*

The LAC role and function remains with the Deputy Chief Nurse for both the Sefton CCGs and Liverpool CCG in year. This is expected to transfer across to the Integrated Care System (ICS) during 2022/23. In year the Deputy LAC role and function was included to the portfolio of the CCGs Programme Manager for Quality and Performance in September 2021, which has further strengthened the CCGs governance arrangements. Both the LAC and Deputy operate across North Mersey (Liverpool and Sefton) as a shared function.

NHSEI have set standards to monitor CCGs engagement and representation at the local area NHS E LeDeR Steering Group. These include:

- *Named CCG Local Area Contact as part of the membership*
- *Terms of Reference for the LeDeR steering group include the CCG and details of the representative.*
- *Minutes of the steering group meeting show attendance and participation of the CCGs named representative.*

The LAC is a core member of both the NHSEI C&M LeDeR steering group and actively contributes to the developments of the programme and learning from LeDeR across the Cheshire and Merseyside Area. The LAC is a core member of the NHSEI LeDeR strategy group to support the developments of LeDeR at ICS. The Deputy LAC deputise when the LAC is unable to attend.

- *Closure of cases within 6 months of being registered on the system.*

In 2021/22 all cases have been managed as per schedule. It should be noted that cases registered on the system from January 2022 are not expected to be completed and closed on the system until after June 2022 which is outside of this reporting period. There will be cases which were reported in January 2021 which will have progressed outside the annual report for 2021/22

As of the end of March 2022, 100% of cases were closed on the LeDeR system within the 6 month's timescale. Two cases are subject to parallel process, and therefore excluded from the performance management

- 1 case subject to Coroner was late in submission but now closed
- 1 case subject to serious investigation but is now closed

The table below demonstrates the improvements to the CCGs LeDeR contractual compliance.

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
No. of cases completed within 6 months of being registered on the system and % compliance	N/A programme commenced Jan 2017	0 (0%)	1 (4.5%)	2 (7.6%)	22 (100%)	11 (100%)

When the new LeDeR system transferred across from Bristol to NHS EI in March 2021, the system was paused until July 2021. During this period, the CCGs did not have access to the system to either update the system to support closure and or to allocate cases new to the system in period. To minimise the risk, the CCG continued to manage the exiting cases known to the CCG to support closure within the 6 month timeframe. Reviews were uploaded and the system updated when permission was given to access the new platform.

To support CCGs compliance for cases allocated to the system during March – July 2021, NHSEI commissioned North of England Commissioning Support Unit (NECS) to conduct the reviews. All the CCGs allocated cases to NECS were completed within timescale.

6.1 Overall CCG LeDeR Performance and Compliance

Continued oversight and actions taken to mitigate against the system being paused and to implement the additional standards for reviews has maintained the CCGs LeDeR performance. Where performance was below threshold, actions have been taken to improve performance.

Evidence against measure		Frequency of Reporting	Assurance Rating
Named person with job title and contact details	Local Area Contact provided by the Deputy Chief Nurse from Sefton CCGs	Quarterly	
	Deputy Local Area Contact in place	Quarterly	
Terms of reference for LeDeR steering group including name of organisation and details of representative	Local Area Contact included in the membership of the ToR	Quarterly	
Mins of steering group meeting showing attendance at and participation in of named CCG representative	Local Area Contact regulatory attendance	Quarterly	
% of notifications completed within 6 months (90%)	Full year data to be confirmed at the end of September 2022	Monthly	
LeDeR action plan including timescales for completion, action owners, actions, outcomes/ outputs, brief description of evidence. Steering Group level action plans must be clear about the actions for each member CCG.	CCG action plan in place for 2021/22	Quarterly	
Actions within plans updated at least quarterly		Quarterly	
LeDeR Annual Report to be published on CCG website by the end of June 2022	Annual report Being approved by governing body in June and Easy read will be available	Annually	

7.0 LeDeR Key Priorities and Developments 2021/22

In 2021/22 the CCGs LeDeR governance arrangements were reviewed to support NHSEI performance requirements. The CCGs action plan for 2020/21 was reviewed in year following the publication of the national LeDeR Policy in May 2021. Updates and progress against the action plan have been reported to the Joint Quality and Performance Committee and subsequently Senior Leadership Team on a quarterly basis. The CCGs are complaint against all areas of the action plan

7.1 North Mersey LeDeR Operational Group

In year the North Mersey LeDeR Task and Finish Group has transition to the North Mersey Operational Group. The terms of reference were reviewed in year to support the change in focus. This supports the streamlining of the LeDeR process across the North Mersey area to; update on the changes at a local, regional, and national level, support information flow and enable improvements in LeDeR performance. The North Merseyside NHS main commissioned services are part of the membership. Other partners are co-opted as required.

This has supported the CCGs to maintain contractual compliance for closure within 6 months as per NHS EI timescales, despite changes to the platform and as a result of the national policy.

7.2 Family Engagement

During 2021/22 family involvement has continued. Of the completed reviews only 1 family declined to be involved. In some cases, family details were not always available within the notifications, but were identified as part of the initial / focused review.

For one case referenced above, the next of kin did not respond to correspondence. Family members are respected to make the decision not to be involved. In such cases, and where the person who died was reported to have no relatives, the reviewers made every effort to liaise with someone who knew the person well. In most cases this was achieved so that the reviews included a pen portrait, reflecting the person, their history and what they enjoyed.

7.3 Awareness Raising LeDeR Programme

In year the LAC and Deputy LAC have raised the profile of the LeDeR programme, to support the notification of deaths onto the platform. This has been facilitated at the North Mersey LeDeR Operational Group, North Mersey LeDeR Panel and the Safeguarding GP Lunch and Learn event.

7.4 Maintenance of the Sefton LeDeR Reviewer Resource

The CCGs historically had not commissioned a dedicated LeDeR resource, with the CCGs utilising the additional funding and resource provided by NHS EI C&M. In year the 12-month funding for the 0.8 WTE LeDeR reviewer resource within Mersey Care NHS Foundation Trust came to an end. The CCGs continued to support the additional funding for the term of the CCGs. The LeDeR resource is expected to transfer across to the ICS from 1 July 2022.

7.5 LeDeR Annual Report Engagement People First Sefton

In October 2021, following the publication of the LeDeR annual report for 2020/21, the CCGs LAC attended an engagement event with the membership of People First Sefton. The annual report, which was converted to an easy read version, was shared with the members ahead of the meeting to inform discussion.

The session was well attended by members, with COVID social distancing maintained. The annual report was presented with valuable discussion with members. The event was well received, with the members expressing they had a greater understanding of the LeDeR programme.

7.6 Progress against priorities set for 2021/22

Action 1: The LeDeR local arrangement document to be reviewed in line with the NHS E LeDeR policy published in May 2021.

The North Mersey LeDeR local arrangements were reviewed and aligned with the changes in the national policy. These were agreed across the North Mersey commissioned health providers.

Action 2: The LeDeR Multi-agency panel to be reviewed in line with the NHS E LeDeR Policy.

Due to the changes in the national policy, the LeDeR multi-agency review process has been disestablished. All reviews which include multi-agency reviews from the period 2020/21 and focused reviews for 2021/22 are now tabled at the North Mersey LeDeR Panel. Membership, terms of reference were reviewed and strengthened in year with inclusion of People First Sefton, to support the voice and engagement with people with a learning disability.

There is consistent representation across the partnership from NHS trusts, CCG GP clinical leads, CCG representation, Designated Nurse Safeguarding Adults, Local Authority representatives, GPs and people with a learning disability (via People First). This brings appropriate challenge to the reviews presented and formation of key recommendations.

The CCGs remain complaint with the LeDeR review process as set out in the national LeDeR policy

Action 3: to provide consistent administration support and reporting requirements for the LeDeR programme.

North Mersey LeDeR Co-ordinator post holder commenced in post at the beginning of March 2021 for a 12month fixed term contract. This post established following a successful bid for funding by the CCGs on behalf of the North Mersey system. The post being hosted by Mersey Care NHS Foundation Trust (Mersey Care). However due to capacity in Mersey Care the post holder was re-called to the substantive role at the beginning of July 2021 and has not been replaced. Support has been provided from with the existing quality team.

Action 4: Dissemination of the Learning.

Learning has been shared across organisations and can be evidence through the quarterly reports, feedback to providers and sessions such as the recent lunch and learn, protected learning time events. The LAC has attended and supported these sessions in year.

The learning also includes, positive feedback including best practice to organisations, how the family perceived care or felt supported with any reasonable adjustments required e.g., one trust allowed a lady's cat to visit who was on an end-of-life pathway.

A revised CCG LeDeR action plan has not been developed for 2022/23 due to the planned transition to the ICS. The ICB determine what will be required at Sefton Place. This will include any reporting or governance arrangements. The LAC and Deputy role and function is expected to remain unchanged until the end of quarter 2 2022/23 when the LeDeR team at ICS has been established.

8 Conclusion

This annual report provides an overview of:

- The number of cases registered on the LeDeR platform for 2021/22, cause of death and learning from deaths.
- Changes to the national programme and the national policy published in May 2021
- The CCGs have maintained 100% compliance against NHSEI contractual for the period 2021/22.
- The trends and themes emerging from LeDeR reviews, which have been fed through to NHSEI and the Transforming Care Partnership Board.
- The actions taken in year to strengthen the CCGs LeDeR governance arrangements in light of the national LeDeR policy published in year.
- Achievements in year of the priorities set out in the CCGs 2020/21 annual LeDeR report
- Progress against the CCGs revised LeDeR action plan following changes within the national policy which was published in May 2021.

9.0 Abbreviations

ADASS	Association of Directors of Adult Social Care
BAME	Black Asian and Ethnic Minority
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
COVID	Coronavirus 19
DES	Directly Enhanced Scheme
DHSC	Department of Health and Social Care
DNA CPR	Do Not Attempt Cardio Pulmonary Resuscitation
GP	General Practitioner
ICB	Integrated Care Board
ICS	Integrated Care System
KPI	Key Performance Indicator
LAC	Local Area Contact
LeDeR	Learning Disability Mortality Review
LUHFT	Liverpool University Hospitals NHS Foundation Trust
MCCD	Medical Certificate Cause of Death
Mersey Care	Mersey Care NHS Foundation Trust
MLCSU	Midlands and Lancashire Commissioning Support Unit
NECS	North of England Commissioning Support Unit
NHS E	NHS England
NHS E/I	NHS England and Improvement
NHS E/I C&M	NHS England and Improvement Cheshire and Merseyside
PCN	Primary Care Network
PHE/ UK SHA	Public Health England UK Security Health Agency
QOF	Quality Outcomes Framework
Sefton CCGs	NHS South Sefton and NHS Southport and Formby CCGs
SJR	Structured Judgement Review
TCP	Transforming Care Partnership



**South Sefton Clinical Commissioning Group
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**On request this report can be provided in different formats, such as easy read,
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