

NHS DORSET CLINICAL COMMISSIONING GROUP

Covid-19 deaths of people with learning disabilities in Dorset 30.03.2020 to 07.11.2020

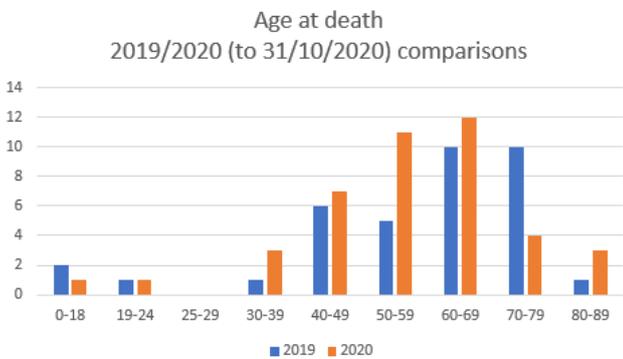
1. Introduction.

This report compares the findings from the Public Health England (PHE) **COVID 19 deaths of People identified as having learning disabilities** report with data from Covid-19 related deaths in Dorset between 30th March 2020 and 7th November 2020. The Dorset data is taken from LeDeR notifications over this period. It is acknowledged that it is difficult to arrive at conclusions with such a small amount of data and that there may be under reporting of deaths to the LeDeR programme.

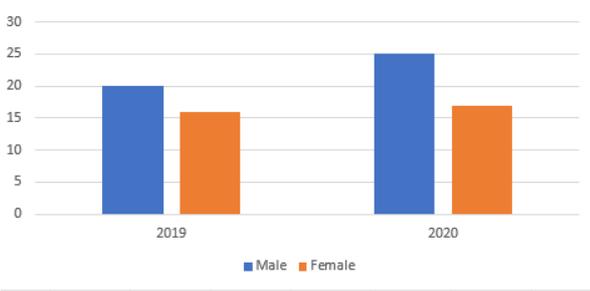
2. Key points:

- There have been 6 reported deaths of people with learning disabilities in Dorset related to Covid-19; 3 confirmed cases and 3 suspected cases.
- Of these 6 deaths, 5 died in hospital and 1 in their supported living accommodation.
- Of all Covid-19 deaths reported in Dorset, approx. 1.5% are people with learning disabilities.

3. Dorset data

PHE report finding	Dorset																														
<p>Age. In the general population death rates have been higher for older people. The report finds that COVID-19 deaths among people with learning disabilities were spread more widely across the adult age groups than in the general population. The age bands with the largest number of deaths was 55 to 64 years for people with learning disabilities.</p>	<p>Age range 38 – 85. Table covers all LeDeR deaths and demonstrates a shift in the age range in 2020.</p>  <table border="1"> <caption>Age at death 2019/2020 (to 31/10/2020) comparisons</caption> <thead> <tr> <th>Age Group</th> <th>2019</th> <th>2020</th> </tr> </thead> <tbody> <tr> <td>0-18</td> <td>2</td> <td>1</td> </tr> <tr> <td>19-24</td> <td>1</td> <td>1</td> </tr> <tr> <td>25-29</td> <td>0</td> <td>0</td> </tr> <tr> <td>30-39</td> <td>1</td> <td>3</td> </tr> <tr> <td>40-49</td> <td>6</td> <td>7</td> </tr> <tr> <td>50-59</td> <td>5</td> <td>11</td> </tr> <tr> <td>60-69</td> <td>10</td> <td>12</td> </tr> <tr> <td>70-79</td> <td>10</td> <td>4</td> </tr> <tr> <td>80-89</td> <td>1</td> <td>3</td> </tr> </tbody> </table>	Age Group	2019	2020	0-18	2	1	19-24	1	1	25-29	0	0	30-39	1	3	40-49	6	7	50-59	5	11	60-69	10	12	70-79	10	4	80-89	1	3
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<p>Sex. The age-standardised COVID-19 death rate in the PHE report was higher for men than for women with learning disabilities. This was</p>	<p>Dorset deaths have followed this trend. 5 of the 6 deaths were male. Table depicts a slight change in the male v. female ratio in all LeDeR deaths in 2020.</p>																														

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<p>slightly less than the difference for the general population and for hospital patients without learning disabilities.</p>	<p style="text-align: center;">Male and Female comparisons for 2019 and 2020 (to 31/10/2020)</p>  <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Year</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>20</td> <td>16</td> </tr> <tr> <td>2020</td> <td>25</td> <td>17</td> </tr> </tbody> </table>	Year	Male	Female	2019	20	16	2020	25	17
Year	Male	Female								
2019	20	16								
2020	25	17								
<p>Ethnicity. The proportions of COVID-19 deaths among people with learning disabilities from an Asian or Asian British group, or a Black or Black British group were around 3 times the proportions of deaths from all causes in these groups in the corresponding period of the previous 2 years. They were also greater than the proportions of deaths from other causes in these groups in 2020</p>	<p>There have been no BAME deaths reported in Dorset in those with learning disabilities.</p>									
<p>Deaths in care settings of people with learning disabilities. Residential social care settings have a potential risk of transmitting respiratory viruses because of the frequent contact between staff and the people they are caring for.</p>	<p>5 out of the 6 reported deaths received care either in a care home, supported living or from domiciliary care providers.</p>									

4. LeDeR review grading.

All LeDeR reviews are graded based on the care received by the person on a scale of 1-6 as follows:

1. This was excellent care (it exceeded expected good practice).
2. This was good care (it met expected good practice).
3. This was satisfactory care (it fell short of expected good practice in some areas, but this did not significantly impact on the person's wellbeing).
4. Care fell short of expected good practice and this did impact on the person's wellbeing but did not contribute to the cause of death.

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5. Care fell short of expected good practice and this significantly impacted on the person's wellbeing and/or had the potential to contribute to the cause of death.
6. Care fell far short of expected good practice and this contributed to the cause of death.

Of the 6 deaths, 4 have had a LeDeR review completed. Three were graded a **2** and one **3**.

5. Recommendations.

- Two of the reviews highlighted testing as an issue for both residents and staff in care homes. Both these deaths occurred in the early weeks of the pandemic and testing guidelines have since changed.
- Use of Restore2 to support recognition of deterioration and when to escalate concerns. DCCG are supporting the roll out of the Restore2 deterioration tool across Dorset care providers.
- Hospital staff to recognise the positive impact carers can have on those with LD when they are in hospital.
- Hospital discharge teams to determine safe environment for discharge if a period of quarantine is anticipated.
- Staff to follow government advice on PPE. Care providers have access to infection prevention & control training developed by DCCG.
- Where a person lacks capacity, prompt BI decisions need to be made.