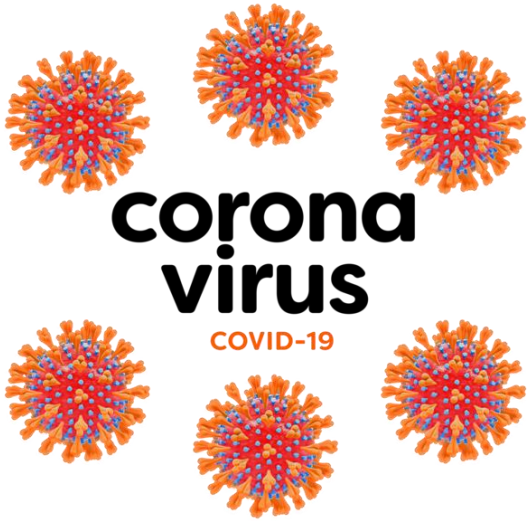

Health Inequalities and COVID19

NHS England and NHS Improvement

Thank you for inviting us

Maria Foster

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Coproduction

West Yorkshire and Harrogate with Bradford Talking Media - Learning Disability Champions

Ask Listen Do

Sheffield Parent Carer Forum and Health Education England – Neurodisability Training

Speak Up – Training for GPs

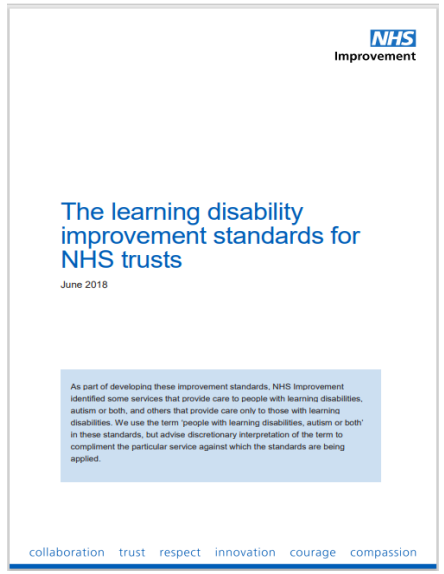
Inclusion North and Better Connected North East

Diabetes UK

Research

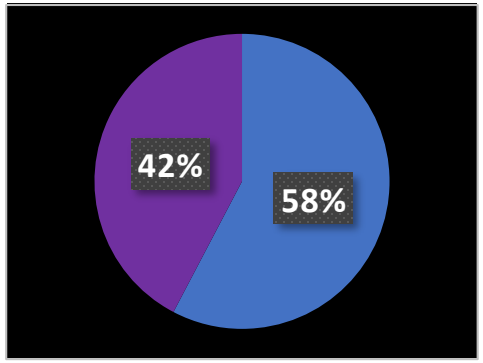
- Warwick University Study
- Social Care Taskforce
- National Centre for Mental Health
- CQC and Healthwatch
- Autistica – Annual Health Checks for Autistic Adults

Opening up…



NHS England and NHS Improvement

Impact of COVID



- It is estimated that people with a learning disability were dying 3.6 times greater than the general population (PHE) during the first wave of COVID.
- The LEDER COVID report indicated 58% of people with a learning disability who died during March to June 2020, lived in either a residential care home or in a supported living setting.
- The impact on those with Down's syndrome was reported to be even greater, with 50% dying.

- Despite this and the fact people with a learning disability die on average some 22 -27 years younger than the general population, they have not been explicitly included in the top 3 priority cohorts for vaccination.
- The use of age and older person care homes as the rationale for prioritising people for vaccination, has marginalised and excluded those at greater risk

NHS England and NHS Improvement

Impact of COVID

- The majority of people with a learning disability will not be offered vaccination until groups 4 or 6.
- Those with a mild or moderate Learning Disability, who are still at risk of dying prematurely, will not be offered vaccination until the last cohort in the absence of an underlying health condition.
- Therein discrimination and inequality continues.
- Deaths rates were fairly stable throughout July to December 20 but have seen a continued increase since January 21.
- **The deaths reported to LEDER as of 5th Feb 21 indicate a 196% increased in comparison to 5th Feb 2020.**

Impact of COVID

- The impact of COVID has increase discriminatory practices and a widening of health inequalities for people with learning disabilities.

- The set up and response to COVID in itself, has produced inequality in access to:

- Delay in implementation of **Infection prevention control procedures and use of PPE** lead to spread of infection and lack of shielding of those at greatest risk.

- Delay of **COVID Testing** offered to people with a learning disability, lead to a spread of COVID between residents and carers and between care settings such as supported living tenancies.

- **Shielding guidance** for those extremely clinically vulnerable, did not fully consider the additional risks for this patient group in general. It now at best covers those with Downs Syndrome.

- **COVID Information** has not been readily accessible in easy read format with delays still continuing around this. This is of particular importance as many people need support to make an informed choice and consent around vaccination.

- The **rapid change of guidance**, confusing messaging and approaches to managing the spread of COVID continues to present challenges for people with a learning disability in understanding how they protect themselves and keep to the rules.

Impact of COVID

Problems accessing Healthcare

- Accessibility issues and responsiveness of NHS111 has been problematic - line of questioning not always accessible for people with learning disability, leading to delayed escalation of those who needed hospitalisation.
- Challenges and accessibility of remote Gp or Medical consultations and appointments pose difficulties in establishing extent of ill health and diagnosing and prescribing treatment
- Lack of use of hospital / health passports which provide vital information about the person

Mental Capacity Act

- Lack of use of the Mental Capacity Act to aid best interests decision making in those without capacity and expedite diagnosis and treatment
- Even more important when initial admissions restricted access of carers to support the person

Do Not Attempt Resuscitation Orders

- Initial guidance around frailty and use of ventilation and intensive care treatment created a bias, against those with a learning disability, increasing diagnostic overshadowing and inappropriate use of DNACPR, with Learning Disability or Down's syndrome stated as the clinical rationale for its existence

Impact of COVID

Identifying Deteriorating Health

- Sudden deterioration in health has been noted following a period of improvement, an absence of training for staff in using early warning tools such as RESTORE 2 and oximeters, not all care providers were instructed to train staff in the use of such tools and distribution of oximeters were not prioritised for those supporting people with a learning disability.
- Silent Hypoxia has been a factor in respect of some of these individuals.

Reasonable Adjustments

- Not put in place to aid access to healthcare, diagnosis and treatment. This was more evident in people who died from COVID-19.
- The absence of acute learning disability nurses within hospitals has impacted on ensuring expertise and specialist support was available to those in greatest need. These nurses were redeployed elsewhere in the first wave.

Longer term impact of COVID

- The pre-existing health needs of people with a learning disability increases risk of mortality linked to COVID, particularly because a high percentage having multiple health conditions /comorbidities such as obesity, diabetes and respiratory diseases (COPD, Dysphagia, risk of aspiration pneumonia, susceptibility and history of chest infections & pneumonia).
- The impact of long Covid on the morbidity and mortality rates of people with learning disabilities who survive is currently unknown.

How you can influence

Champion and Promote

- Ensure ongoing responses to COVID are accessible for people with learning disability, this may include specific consideration of prioritisation of vaccination based on needs, accessibility of vaccination sites and published media.
- Impact of reasonable adjustments in regard to health outcomes and reducing barriers to healthcare
- Upskilling workforce to use early warning tools such as RESTORE 2 and oximetry as a gold standard across care providers.
- Influencing emerging Integrated Care Systems to ensure prioritisation and roll out of health inequalities work encompasses the needs of their learning disability population
- Ensuring people are not further marginalised in relation to remote consultations and digital poverty
- Seeking assurance all DNACPR orders have been reviewed that were put in place from the first wave of Covid

Long Covid

- Ensuring any long Covid studies and initiatives are inclusive of people with a learning disability in order to understand the long term impact and aid restoration of health a far as possible.
- Ensuring the accuracy of recorded deaths of those with a learning disability continues to be a priority and the nature of premature deaths continue to be researched, in relation to avoidable causes and the health inequalities that may have shortened life expectancy.
- Covid testing is invasive and presents challenges for some people with a learning disability being able to tolerate this procedure. Alternatives to the current swab testing may help

How you can influence

Whole population health programmes

To ensure programmes of work give meaningful consideration to the needs of people with a learning disability as they return to business as usual and any revised prioritised as a result of COVID.

This includes specific consideration to:

- ✓ Respiratory Disease
- ✓ Obesity
- ✓ Diabetes
- ✓ Cancer and Cancer Screening
- ✓ Flu, Pneumonia & COVID vaccinations

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