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Topic author(s)	James Wheat
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Executive summary

Introduction

A learning disability affects the way a person learns new things, understands information and how they communicate. Valuing People defined learning disability as:

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

People with learning disabilities are among the most vulnerable in our society, generally having greater and more complex health needs than the general population, and often these needs are not identified or treated. Research shows life expectancy of people with learning disabilities is increasing, but is lower than the general population.

This chapter provides an insight into the prevalence of adults with learning disabilities living in Nottinghamshire. Using a variety of data sources it explores several interconnected areas including primary care health needs, accommodation status, assessed level of learning disability, mortality, employment and learning disability health checks. This chapter also gives an overview of current service provision and assets.

Diagnosis and prevalence

It is broadly estimated that approximately 2% of the adult population will have a learning disability, however a significant proportion of this group will not be known to health or social care services. Evidence shows estimates vary because many adults with mild learning

disabilities do not use specialist learning disability services, and are unlikely to self-identify as having a learning disability.

Using POPPI and PANSI estimates, it is predicted the number of adults in Nottinghamshire with a learning disability is expected to increase from 15,227 in 2017 to 16,660 in 2035. The greatest increase in prevalence will occur within the 65+ age groups.

Unmet needs and service gaps

Transforming Care: The Transforming Care agenda remains a significant influence on the future provision and planning of services for people with learning disabilities. The development of community based services to enable people to be supported in or near their own communities remains an area for future development via the Transforming Care Partnership. It is important to note it is not necessarily about the creation of more services, but the development of different ones with enhanced skills and training.

Accommodation and Support: People with learning disabilities are less likely to be homeowners and more likely to live in places over which they have less secure tenure. Nottinghamshire County Council will continue to work with social, private and residential providers to support the availability of properties in areas where people feel safe and where they have access to support.

Continued work is also required to ensure that out of county inpatient or care home placements are necessary only in very exceptional circumstances.

Population Health: Breast cancer screening rates remain disproportionately low for people with learning disabilities. Type 2 diabetes rates remain higher for people with learning disabilities.

Employment: There is a need to ensure that people with learning disabilities have enhanced opportunities to gain skills and support, to get a job and remain employed.

Future service provision: There are known challenges with staff recruitment and retention within care and support services in Nottinghamshire. Provider training and resilience is being reviewed to support Nottinghamshire providers, ensuring there is adequate capabilities in the local workforce to support very complex needs.

The commissioning of an additional unplanned care bed is currently being reviewed.

Planning for transition services: Further work is required for people in transition when moving from Children's to Adult services, to ensure the correct support and service are available to eligible adults.

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Recommendations for consideration by commissioners

	Recommendation	Lead(s)
1	Ensure that future strategies across a range of multi-disciplinary areas take into account the current and future needs of people with learning disabilities living in Nottinghamshire.	*Local Authority, NHS Commissioner*
2	Continue to monitor the overall picture of people in Nottinghamshire with learning disabilities through a range of methods, including Adult Social Care data, General Practice and comparators with regional and national benchmarks.	*Local Authority, NHS Commissioners with oversight from the Health and Wellbeing Board*
3	Identify a range of key stakeholders who will work towards maximising employment opportunities in Nottinghamshire for people with learning disabilities.	*Adult Social Care Department, Local Authority working in partnership with voluntary and independent provider agencies*
4	Through a joined up approach, ensure accessible health promotion and prevention initiatives are promoted and inclusive for people with learning disabilities living in Nottinghamshire.	*Local Authority, NHS and Local Authority Commissioners*
5	Further assessment is required on the needs of people with learning disabilities in the criminal justice system.	*Nottinghamshire Police*
6	Review the outcomes, learning and best practice identified within the Transforming Care Partnership and explore ways this learning can inform the planning of care and support for the wider learning disability population. This may include staffing models, effective training, effective environments and accommodation options.	*Nottinghamshire Transforming Care Partnership*
7	Continue to develop approaches to ensure health and care services are joined up to support people with learning disabilities, particularly during transitional periods between services. Work in partnership to review health and social care funding arrangements to support early discharge from inpatient to care home settings.	*Clinical Commissioning Groups, Local Authority*
8	Further develop the LeDeR programme to increase the number of reviews undertaken.	*LeDeR Steering Group*
9	Ensure that future service development and provision embrace the views of people with learning disabilities and their carers through a range of methods, including the Learning Disability Partnership Board.	*NHS and Local Authority Commissioners, in partnership with stakeholder groups including LDPB and Carers Forum*
10	Where possible, ensure that future services are organised around intended outcomes that will be defined by evidence of need and local priorities – ensuring a range of stakeholders are involved in the co-design and co-production of provision.	*NHS and Local Authority Commissioners, Voluntary and independent sectors*
11	Explore methods to increase the uptake of learning disability health checks within the worst performing geographic areas in Nottinghamshire.	*Clinical Commissioning Groups*

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Full JSNA report

What do we know?

1) Who is at risk and why?

1.1 Learning disability definition

A learning disability affects the way a person learns new things, understands information and how they communicate. Valuing People[1] defined learning disability as:

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

An intelligence quotient (IQ) of less than 70 is also generally considered to be an indicator of learning disability, reflected in NICE guidance.

- A learning disability is defined by 3 core criteria: lower intellectual ability (usually an IQ of less than 70), significant impairment of social or adaptive functioning, and onset in childhood.

International Classification of Disease coding system[2] uses the term intellectual ability which includes impairment of cognitive, motor and social abilities. It defines learning disability by severity using IQ as a guide; a person with an IQ less than 70 is considered to have a learning disability.

As highlighted, there are a number of definitions which are commonly used interchangeably in the UK to describe learning disability, which studies have suggested may create some uncertainty in relation to the terminology used[3].

Learning disabilities are different to learning 'difficulties' such as dyslexia, which do not affect intellectual ability.

1.2 Diagnosis

The causes of a learning disability mainly fall into three distinct areas, developed in the prenatal, perinatal and postnatal period, however sometimes there is no known cause for a learning disability[4].

Information can be viewed on NHS Choices which describes causal factors such as;

- the mother becoming ill in pregnancy
- problems during the birth that stop enough oxygen getting to the brain
- the unborn baby inheriting certain genes from its parents that make having a learning disability more likely – known as inherited learning disability
- illness, such as meningitis, or injury in early childhood
- Consanguineous marriages (usually defined as being related as second cousins or closer) increase the risk of having a child with learning disabilities

[1] Department of Health. (2001). Valuing people: a new strategy for learning disability for the 21st century. HM Stationery Office.
[2] World Health Organization
[3] Emerson, E., & Heslop, P. (2010). A working definition of learning disabilities. Durham: Improving Health & Lives: Learning Disabilities Observatory.
[4] Public Health England

Sometimes a person may develop learning disabilities later in life due to injury. Possible causes in such a case include dementia or a traumatic brain injury[5].

Adults may be diagnosed with profound and multiple disabilities, which may include;

- a profound learning disability
- more than one disability
- great difficulty communicating
- high levels of support needed with most aspects of daily life and may have additional sensory or physical disabilities, complex health needs or mental health difficulties and may have behaviours that challenge

1.3 National prevalence

People with learning disabilities are among the most vulnerable in our society, generally having greater and more complex health needs than the general population, and often these needs are not identified or treated.

It is broadly estimated that approximately 2% of the adult population will have a learning disability, however a significant proportion of this group will not be known to health or social care services[6]. Evidence shows estimates vary because many adults with mild learning disabilities do not use specialist learning disability services, and are unlikely to self-identify as having a learning disability[7].

A detailed review by Public Health England (PHE) estimate that in 2015 there were approximately 1.1 million people in England with a learning disability, of which approximately 930,000 were adults. The report by PHE predicted that of the total learning disability population, 124,000 working aged adults were known to councils and were receiving long term support[8].

It is difficult to accurately calculate the incidence of new cases of learning disability given the challenges of detecting the majority of neonatal cases[9].

1.4 Learning disability and gender

Evidence shows that more males are born with learning disabilities, with estimates suggesting the ratio of people with learning disabilities is approximately 60% male and 40% female[10]. Due to some conditions associated with learning disability having a sex-linked genetic cause, research also suggests that males are more likely than females to have both mild and severe learning disability[11].

Emerson et al (2016) suggest that for females with learning disabilities there may be challenges associated with the management of menstruation, pregnancy options, ensuring

[5] National Institute of Neurological Disorders and Stroke. *Dyslexia information page.* Retrieved March 8, 2017,
[6] Emerson, E., & Hatton, C. (2004). Estimating future need/demand for supports for adults with learning disabilities in England. *Lancaster: Institute for Health Research, Lancaster University*.
[7] Tymchuk, A. J., Lakin, K. C., & Luckasson, R. (Eds.). (2001). The forgotten generation: The status and challenges of adults with mild cognitive limitations. Paul H Brookes Publishing Company.
[8] Public Health England
[9] Gates, B., & Mafuba, K. (2014). Learning disability nursing: modern day practice. CRC Press.
[10] Emerson, E., 2009. Estimating future numbers of adults with profound multiple learning disabilities in England. Tizard Learning Disability Review, 14(4), pp.49-55.
[11] Emerson, E., Hatton, C., Felce, D., & Murphy, G. (2001). Learning disabilities: the fundamental facts. The Foundation for People with Learning Disabilities.

contraception choice, menopause treatment and meeting individual needs in line with the Mental Capacity Act.

1.5 Premature mortality

Research shows life expectancy of people with learning disabilities is increasing, but is lower than the general population[12].

Lower life expectancy - Evidence shows that adults with learning disabilities have a significantly shorter life expectancy than those of the general population. On average, the life expectancy of women with a learning disability is 18 years shorter than for women in the general population; and the life expectancy of men with a learning disability is 14 years shorter than for men in the general population[13].

Different causes of death – Studies show the main causes of death in adults with learning disabilities in England are circulatory diseases (22.9%), respiratory diseases (17.1%) and cancer (13.1%)[14]. This differs to the general population, of which cancer (28.5%), circulatory diseases (25.5%) and respiratory diseases (13.8%) were the main causes of death registered in 2016[15].

A 2012 study by Emerson described different patterns in causes of death – including potentially preventable causes such as seizures and aspiration pneumonia[16].

The Department of Health established a Confidential Inquiry into the Premature Deaths of People with Learning Disability (2013) which found that the most common reasons for deaths being assessed as premature were delayed or problems with diagnosis or treatment, and problems with identifying needs and providing appropriate care in response to changing needs. The Inquiry also reported the average age of death within the sample of 247 people reviewed:

- 67.5 for people with a mild learning disability
- 64 for people with a moderate learning disability
- 59 for people with a severe learning disability
- 46 for people with profound and multiple learning disabilities

The Confidential Inquiry into premature deaths of people with learning disabilities also found that 38% of people with a learning disability died from an avoidable cause, compared to 9% in a comparison population of people without a learning disability[17].

1.6 Pattern of health needs

PHE have described over a series of published reports the poor health outcomes of people with learning disabilities. The most recent reports are made available from Public Health England. Now archived, the Learning Disabilities Health Observatory was part of PHE until 2016 and also contains published papers in relation to health outcomes of people with learning disabilities.

[12] Emerson, E. (2011). Health status and health risks of the "hidden majority" of adults with intellectual disability. Intellectual and developmental disabilities, 49(3), 155-165.
[13] NHS Digital
[14] Public Health England
[15] Office for National Statistics
[16] Emerson, E. (2012). Deprivation, ethnicity and the prevalence of intellectual and developmental disabilities. J Epidemiol Community Health, 66(3), 218-224.
[17] Heslop, P., Blair, P., Fleming, P., Hoghton, M., Marriott, A., & Russ, L. (2013). Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD). Bristol: Norah Fry Research Centre.

People with a learning disability have greater and more complex health needs compared to the general population. Physical disabilities, mental ill health, chronic health problems and sensory impairment are all more common[18].

Common health problems among people with learning disabilities include:[19]

- Coronary heart disease
- Respiratory disease
- Mental health problems (including dementia)
- Obesity
- Underweight
- Physical impairment with associated risk of gastro-oesophageal reflux, eating and swallowing problems, constipation and incontinence, chest infections, hip dislocation and postural deformities
- Sensory impairments
- Epilepsy

1.7 Access to healthcare

People with learning disabilities may experience barriers in accessing health services, which may adversely impact on medical treatment and management. Studies suggest barriers can include problems with communication, ineffective interpersonal skills displayed by staff, inadequate facilities, rigid processes and a lack of accessible information[20].

UK research in 2012 analysed large data sets to investigate access to good quality healthcare for adults with a chronic health condition or impairment. The study identified 309 people had a learning disability in the sample, of which, 40% of people with a learning disability reported a difficulty in using health services, compared to 18% of people with no chronic health condition or impairment. The study also identified 12% of people with a learning disability reported a lot of difficulty using health care services, compared to 3% of people with no chronic health condition or impairment[21].

Various sources have identified a number of barriers that negatively contribute to people with a learning disability accessing good quality healthcare[22] [23]. These barriers include:

- patients not being identified as having a learning disability
- failure to make a correct diagnosis
- lack of joint working from different care providers
- a lack of accessible transport links
- staff having little understanding about learning disability
- failure to recognise that a person with a learning disability is unwell
- not enough involvement allowed from carers
- anxiety or a lack of confidence for people with a learning disability

[18] Department of Health, Valuing People Now (2009)
[19] Sir Jonathan Michael (2008). Healthcare for All, Independent Inquiry into Access to Healthcare for People with Learning Disabilities
[20] Alborz et al (2005). Access to health care for people with learning disabilities in the UK: mapping the issues and reviewing the evidence. Journal of Health Services Research and Policy.
[21] Allerton, L. and Emerson, E. (2012) 'British adults with chronic health conditions or impairments face significant barriers to accessing health services,' Public Health,126: 920- 927
[22] Heslop, P., Blair, P., Fleming, P., Hoghton, M., Marriott, A., & Russ, L. (2013) Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD): Final Report. Norah Fry Research Centre
[23] Allerton, L. and Emerson, E. (2012) 'British adults with chronic health conditions or impairments face significant barriers to accessing health services,' Public Health,126: 920- 927

- inadequate aftercare or follow-up care

Evidence suggests that a disproportionate number of people with learning disabilities are detained in hospital under the Mental Health Act[24] and once detained have on average longer lengths of stay in comparison to patients who do not have learning disability[25]. Nationally, the building the right support plan aims to address these inequalities.

1.8 Annual health checks

The learning disabilities health check scheme is designed to encourage practices to identify all patients aged 14 and over with learning disabilities, to maintain a learning disabilities health check register and offer these patients an annual health check, which includes producing a health action plan. Quarterly summaries can be accessed via NHS Digital.

Data from the most recent annual summary shows that 49.7% of patients with a learning disability in England received an annual health check in 2016/17, an increase from 43.2% in 2014/15[26].

Studies have shown that some people are invited to take part in a health check but do not attend. It's proposed this can be improved by heath care professionals encouraging attendance with follow up phone calls and reminders.[27] [28]

Additionally, some people with a learning disability are known to GP's but do not receive Local Authority services. Studies have suggested that in some areas, not everyone who could be eligible for a health check is included on the register[29].

1.9 Cancer screening

Studies show cervical cancer screening is much lower for women with a learning disability (30%) than the general population (70%), and breast cancer screening rates has decreased in recent years[30]. Merten et al (2015) suggest barriers include access, cost and a lack of specialised health promotion activity[31].

1.10 Over medicating people with learning disabilities

In April 2018 NHS England relaunched the Stopping Over Medication of People with a Learning Disability (STOMP) campaign, which seeks alternatives to prescribing psychotropic drugs. NHS England estimate up to 35,000 adults with a learning disability are taking psychotropic medicines without appropriate clinical justification. Long term use of these drugs can lead to significant weight gain, organ failure and, in some cases, premature death[32].

[24] Health and Social Care Information Centre. Inpatients Formally Detained in Hospitals under the Mental Health Act, 1983, and Patients Subject to Community Treatment: Annual Re-port, England. HSCIC 2014

[25] CQC, 2011. Count Me In 2010: Results of the 2010 National Census of Inpatients and Patients on Supervised Community Treatment in Mental Health and Learning Disability Services in England and Wales

[26] NHS Digital (2017) Health and Care of People with Learning Disabilities: Experimental Statistics: 2016 to 2017. http://digital.nhs.uk/catalogue/PUB30167

[27] Perry, J., Kerr, M., Felce, D., Bartley, S. and Tomlinson, J. (2010) Monitoring the Public Health Impact of Health Checks for Adults with a Learning Disability in Wales

[28] McConkey, R., Taggart, L., and Kane, M. (2015) 'Optimizing the uptake of health checks for people with intellectual disabilities,' Journal of Intellectual Disabilities

[29] Emerson, E., Baines, S., Allerton, L., & Welch, V. (2011) Health Inequalities and People with Learning Disabilities in the UK : 2011

[30] Glover, G. (2014) The Uptake of Learning Disability Health Checks 2013 to 2014. Public Health England.

[31] Merten, J. W., Pomeranz, J. L., King, J. L., Moorhouse, M., & Wynn, R. D. (2015). Barriers to cancer screening for people with disabilities: a literature review. Disability and health journal.

[32] NHS England (2018) NHS England urges more doctors and health care professionals to sign up to national pledge to stop overmedication for people with a learning disability, autism or both

NICE guidance states that people with a learning disability should have a multidisciplinary review of their antipsychotic medication 12 weeks after starting treatment and then at least every 6 months, however studies have shown this is not always maintained[33].

1.11 Physical activity

A systematic review in 2016 showed only 9% of people with learning disabilities had levels of physical activity that met the minimum recommended guidance levels[34]. Benefits of engaging in physical activity may vary according to the type of exercise[35] however improvements across a range of indicators are noted for people with learning disabilities, including blood pressure and body mass index, endurance and balance and muscular strength[3637].
Research also suggests the psychological wellbeing of people with learning disabilities are influenced positively by physical activity, resulting in improved mood, enhanced self-esteem and reduced anxiety levels[38].

1.12 Learning disability and autism

Autistic spectrum disorders are commonly associated with learning disabilities. These are developmental and characterised by difficulties in communication, social interaction and imagination. It is estimated approximately a third of people who have learning disabilities are also autistic[39], with prevalence studies finding between 31% and 35.4% of people with a learning disability are autistic[40].

Autism is a linked chapter, please refer to the most recent Autism JSNA chapter.

1.13 Learning disability and Black and Minority Ethnic (BaME) Communities

Valuing People Now recognised people with learning disabilities from black and minority ethnic communities as one of a handful of social groups who are 'least often heard and most often excluded', and they are almost always under-represented in the client base of both voluntary and statutory service providers[41].

[33] Sheehan, R., Strydom, A., Morant, N., Pappa, E., & Hassiotis, A. (2017). Psychotropic prescribing in people with intellectual disability and challenging behaviour. BMJ: British Medical Journal
[34] Dairo, Y.M., Collett, J., Dawes, H. and Oskrochi, G.R., 2016. Physical activity levels in adults with intellectual disabilities: a systematic review. Preventive medicine reports.
[35] Calders, P. et al (2011). Effect of combined exercise training on physical and metabolic fit-ness in adults with intellectual disability: a controlled trial. Clinical rehabilitation.
[36] Collins, K. and Staples, K., (2017). The role of physical activity in improving physical fitness in children with intellectual and developmental disabilities. Research in developmental disabilities
[37] Dairo, Y.M., Collett, J., Dawes, H. and Oskrochi, G.R., 2016. Physical activity levels in adults with intellectual disabilities: a systematic review. Preventive medicine reports.
[38] Blick, R. N., Saad, A. E., Goreczny, A. J., Roman, K., & Sorensen, C. H. (2015). Effects of declared levels of physical activity on quality of life of individuals with intellectual disabilities. Research in developmental disabilities.
[39] Emerson, E., & Baines, S. (2010). The estimated prevalence of autism among adults with learning disabilities in England. Improving Health and Lives: Learning Disabilities Observatory, Durham.
[40] Brugha, T., Cooper, S. A., McManus, S., Purdon, S., Smith, J., Scott, F. J. & Tyrer, F. (2012). Estimating the prevalence of autism spectrum conditions in adults: extending the 2007 adult psychiatric morbidity survey. The NHS Information Centre.
[41] Mencap, M. (2009). Reaching out: Working with black and minority ethnic communities.

1.14 Key inequalities

The causes of health inequalities are complex and multi-faceted. They are driven by social, economic and environmental conditions, commonly referenced as the social determinants of health. The Marmot Review argues health inequalities are avoidable and socially unjust. The UK Government recognises the inequalities in health care experienced by people with learning disabilities. The White Paper Valuing People and the subsequent strategy Valuing People Now notably highlight the right for people with learning disabilities to be treated with dignity and respect, ensuring they have the same opportunities and life chances as the rest of the population.

1.15 Employment

People with a learning disability are less likely to be employed than people without.

- It is estimated that approximately 17% of all adults with a learning disability in England are in paid employment[42], while only 6% of adults with a learning disability known to their local authority in England are in paid employment[43].
- According to NHS Employers, people with learning disabilities are more likely to be excluded from the workplace than any other group of disabled people.
- Access and support in the workplace, which may include lack of specialist equipment, physical access and difficulties with transport are identified in studies as being inadequate areas for people with learning disabilities[4445].

Emerson et al (2010) describe the broader economic impact of learning disability, suggesting that families with a child with learning disabilities are more likely to have income inequalities in comparison with the general population.

The benefits of disabled people accessing employment are well documented which include the development of social networks and friendships, improved independence, economic mobility and social status[46]. Nationally, there are employment programmes to support people with learning disabilities access employment, including the Governments Work and Health Programme and the NHS Learning Disability Employment Programme.

1.16 Housing

National policy states people with a learning disability have a right to live independently, and have a home within their local community. Research suggests however there may be restricted housing options for people with learning disability in comparison with non-disabled peers.
A report by Mencap in 2016 found that the majority of people with a learning disability known to local authorities generally live with: family and friends (38%), registered care home (22%) or in supported accommodation (16%), results which were consistent with other studies[47]. The report highlights a growing demand for future services and recommends all local authority areas should include specific plans for improving the housing provision and quality for learning disability in local housing strategies.

[42] Emerson, E., & Hatton, C. (2008). CEDR Research Report 2008 (1): People with Learning Disabilities in England.
[43] HSCIC (2015) Community Care Statistics: Social Services Activity, England 2014-15.
[44] Coleman, N., Sykes, W., and Groom, C. (2013) Barriers to Employment and Unfair Treatment at Work: a Quantitative Analysis of Disabled People's Experiences. Equality and Human Rights Commission: Research Report no. 88
[45] Meager, N. and Higgins, T. (2011) Disability and Skills in a Changing Economy.
[46] Hall, E. and Wilton, R. (2015) 'Thinking differently about "work" and social inclusion for disabled people'. In Grover, C. and Piggott, L. Disabled People, Work and Welfare: is Employment really the Answer?
[47] Emerson, E. & Hatton, C. (2008). Estimating Future Need for Adult Social Care Services for People with Learning Disabilities in England. Lancaster: Centre for Disability Research, Lan-caster University

1.17 Learning disability and the Criminal Justice System

Studies have suggested adults with learning disability are up to three times more likely to be a victim of violent crime, and approximately seven times more likely to be victim of hate crime than their non-disabled peers[48].

Cooney et al (2006)[49] describe people with a learning disability having a greater risk of stigma, discrimination, and violent physical contact in the communities they live. Research suggests stigma and discrimination makes people with a learning disability more prone to lower self-confidence and increased vulnerability[50].

The Crime Survey of England and Wales indicates that only around 3% of all disability hate incidents are reported and recorded by the police, however levels of awareness and reporting continue to rise. Estimates from the Prison Reform Trust suggest approximately 7% of prisoners and 23% of young offenders have an IQ of below 70, whilst research suggests a high level of unidentified learning disability in the criminal justice system and existing gaps in support needs[51].

While imprisoned, people with learning disability may remain at high risk of reoffending as there are barriers to accessing prison behaviour programmes[52].

2) Size of the issue locally

A comprehensive profile of learning disabilities is available from Public Health England. Quarterly data updates on the Learning Disabilities Health Check Scheme is available from NHS Digital.

2.1 Estimated total population with learning disability

It can be broadly estimated that 2% of the overall population will have a learning disability[53]. Based on this research, it is estimated that in 2018 approximately 16,000 adults in Nottinghamshire are predicted to have a learning disability. Consistent with national evidence, only a proportion of this group will be known to health and social care services. Using an adjusted model to predict population which takes into account local ethnicity and mortality rates, the estimated number of people in Nottinghamshire aged 18+ with a learning disability is expected to increase from 15,227 in 2017 to 16,660 in 2035. The total population aged 65 and over predicted to have a learning disability is estimated to increase from 3,503 in 2017 to 4,994 in 2035.

[48] Emerson, E., & Roulstone, A. (2014). Developing an evidence base for violent and disablist hate crime in Britain: findings from the life opportunities survey. Journal of interpersonal violence.

[49] Cooney, G., Jahoda, A., Gumley, A. & Knott, F. (2006). Young people with learning disabilities attending mainstream and segregated schooling: perceived stigma, social comparisons and future aspirations. Journal of Intellectual Disability Research

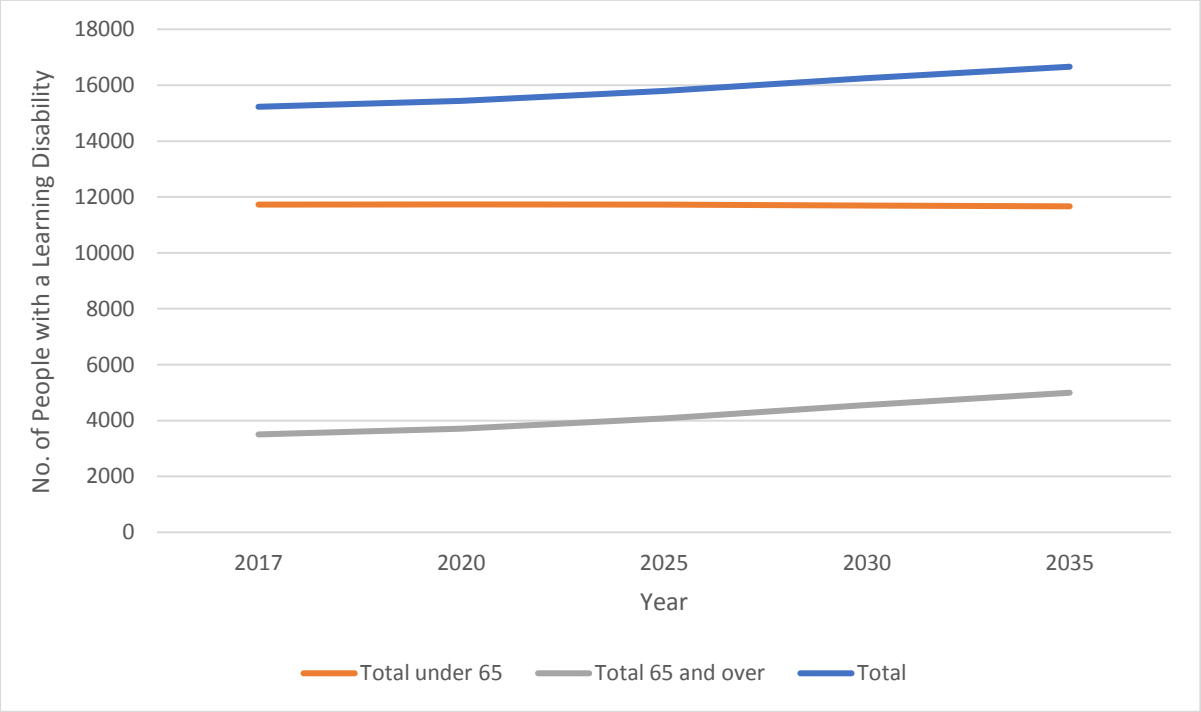
[50] Jahoda, A. Cattermole, M. & Markova I. (1989). Stigma and the self-concept of people with a mild mental handicap, Journal of Mental Deficiency Research

[51] Bradley, K. J. C. B. (2009). The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system (p. 226). London: Department of Health.

[52] Loucks, N., (2007). No One Knows. Offenders with Learning Difficulties and Learning Disabilities: Review of Prevalence and Associated Needs. Prison Reform Trust, London.

[53] Emerson, E., & Hatton, C. (2004). Estimating the Current Need. Demand for Supports for People with Learning Disabilities in England.

Figure 1: Projection in the number of people predicted to have a learning disability living in Nottinghamshire, project to 2035



Source: POPPI and PANSI Sep 2018, national prevalence model applied to ONS population projections

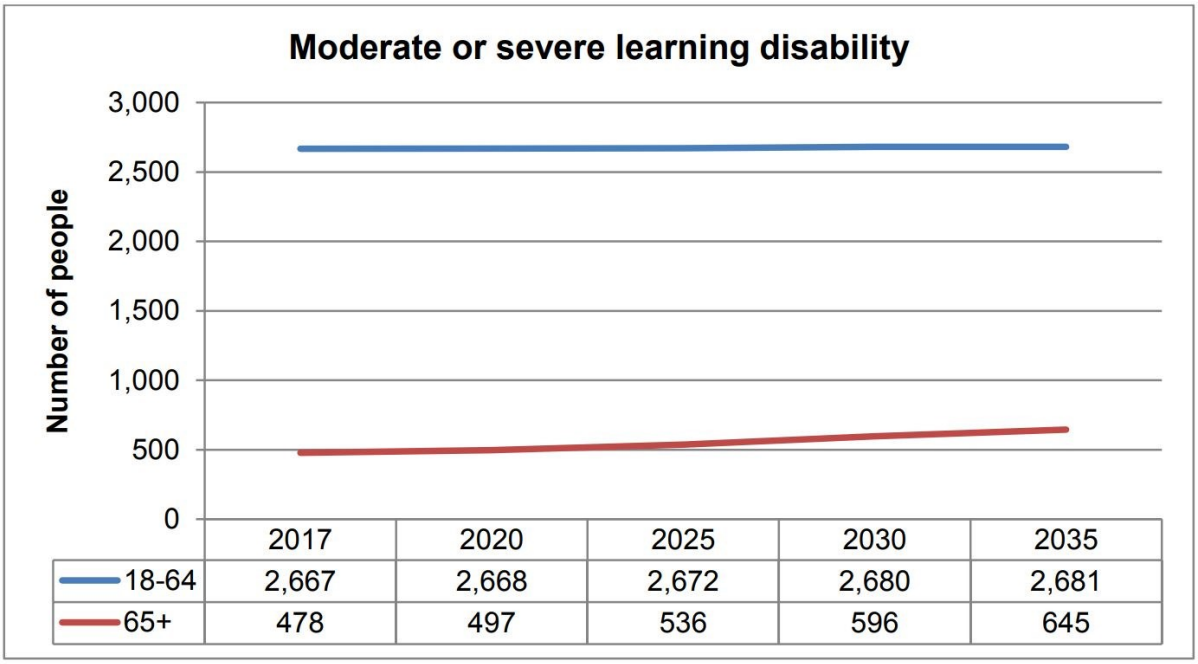
Figure 2: People in Nottinghamshire aged 18+ predicted to have a learning disability, by age group living in Nottinghamshire, project to 2035

Age Group	2017	2020	2025	2030	2035
18-24	1674	1574	1537	1710	1733
25-34	2433	2512	2497	2343	2403
35-44	2383	2385	2545	2692	2678
45-54	2849	2700	2417	2369	2532
55-64	2384	2562	2727	2582	2319
65-74	2036	2062	2056	2302	2476
75-84	1060	1197	1473	1563	1617
85 and over	408	445	545	690	902
Total	**15227**	**15437**	**15797**	**16251**	**16660**

Source: POPPI and PANSI Sep 2018, national prevalence model applied to ONS population projections

The numbers of people who are predicted to have a moderate or severe learning disability and therefore likely to be in receipt of services is also expected to increase slightly from 3,145 in 2017 to 3,326 in 2035.

Figure 3: Projection in the number of people predicted to have a moderate or severe learning disability, by age living in Nottinghamshire, project to 2035



Source: POPPI and PANSI Sep 2018, national prevalence model applied to ONS population projections

The prevalence of learning disabilities in the school census could also give insight into prevalence and future need. The total number of children with an Education, Health and Care Plan (EHCP) or Statement of Special Educational Needs (SEN) in Nottinghamshire stands at 1.1%, which has remained stable for the last twelve years. Figure 4 shows the most common primary needs for SEN support is moderate learning disability, 25.3% compared against 26.8% nationally.

Figure 4: Primary need of pupils identified with special educational needs in Nottinghamshire maintained schools and academies, learning disability specific (2017)

	School type					
	Primary	Secondary	Special	Totals		
Specific Learning Difficulty	439	477	11	927 (8.9%)	3,739 (36.0%)	Cognition & Learning
Moderate Learning Difficulty	1656	655	117	2428 (23.4%)		
Severe Learning Difficulty	60	33	184	277 (2.7%)		
Profound & Multiple Learning Difficulty	32	6	69	107 (1%)		

Source: School Census, 2017

2.2 Learning disability population known to primary healthcare services

GPs maintain an LD register for the Quality and Outcomes Framework (QOF). Nationally, 0.5% of the population would be expected to be known to GP services as having a learning disability. QOF data for the period 2016/2017 shows 4,653 people in total for Nottinghamshire, a prevalence of 0.6% based on GP registers, which is higher than the national baseline data.

2.3 Health needs – Primary Care

NHS Digital publish annual summary data taken from GP records at a national level in order to identify potential differences in the treatment, health status and outcome of people with learning disabilities compared to the rest of the population. The GP practices providing these data are randomly distributed across the county, leading to varying coverage across different geographical areas, which should be considered when making comparisons at local levels.

Coverage is the proportion of the whole population in this data set. Data were not extracted from all GP practices and therefore coverage varies greatly between CCG's;

Nottingham West CCG – 54% coverage
Rushcliffe CCG – 8% coverage
Bassetlaw – Data analysis from local quality monitoring
Nottingham North and East CCG – 6% coverage

The national dataset published by NHS England currently does not analyse data from the Mid-Nottinghamshire CCG area, nor is the information stored locally for analysis.

Figures below show breast cancer screening rates remain disproportionately low for people with learning disability and Type 2 diabetes rates remain higher for people with learning disability. There is variation in the reliability of coding of information in primary care systems, with medication conditions covered by QOF registers being more consistent than some of the intervention of lifestyle recording.

Figure 5: Prevalence of health conditions 18+ LD population, Nottingham West CCG, Bassetlaw CCG and Rushcliffe CCG

	Nottingham West CCG		Rushcliffe CCG		Bassetlaw	
	Prevalence for patients with no recorded learning disability	Prevalence for patients with a recorded learning disability	Prevalence for patients with no recorded learning disability	Prevalence for patients with a recorded learning disability	Prevalence for patients with no recorded learning disability	Prevalence for patients with a recorded learning disability
Breast screening	75%	42.30%	88%	60%	83.5%	43%*
Cancer	2.50%	1.60%	2.40%	2.90%	3.20%	0%*
Asthma	6.50%	11.40%	6.90%	11.40%	6.1%	16%*
GORD	No data	9.40%	No data	20%	0%	6.5%*
Mental Health	0.70%	3.50%	0.70%	No data	0.4%	6.5%*
Hypertension	13.90%	11.40%	12.20%	11.40%	17.5%	2%*
Dementia	1.20%	1.20%	0.80%	no data	0.9%	2%*
Depression	12.70%	12.50%	11.90%	8.60%	10.4%	6%*

Dysphagia	no data	5.10%	No data	No data	0%	0.3%*
Diabetes type 1	0.40%	1.20%	No data	No data	0.30%	0%*
Diabetes type 2	4.70%	7.50%	3.40%	14.30%	7%	9%*
BMI 30+	32.30%	40%	25.50%	21.40%	35.7%	34%*
BMI 18.4- (underweight)	3.50%	5.90%	3%	3.60%	3.4%	3.30%

*Source: NHS Digital, General Practice Data Hub; * data sourced from Bassetlaw Learning Disability Annual Health Check, Quality Monitoring and Health Improvement Report 2018*

Figure 6: Prevalence of health conditions 18+ LD population, Nottingham North and East CCG

	Nottingham North and East CCG		**Mid Nottinghamshire CCG**	
	Prevalence for patients with no recorded learning disability	Prevalence for patients with a recorded learning disability	Prevalence for patients with no recorded learning disability	Prevalence for patients with a recorded learning disability
Breast screening	89.4%	No data	Data not yet available at a local level	Data not yet available at a local level
Cancer	3.70%	0%		
Asthma	6.10%	9.50%		
GORD	0%	9.50%		
Mental Health	0.5%	0%		
Hypertension	14.8%	9.5%		
Dementia	0.8%	0%		
Depression	16.2%	9.50%		
Dysphagia	0%	4.8%		
Diabetes type 1	0.4%	No data		
Diabetes type 2	5.1	No data		
BMI 30+	33.60%	60%		
BMI 18.4- (underweight)	2.6%	5.0%		

Source: NHS Digital, General Practice Data Hub, 2018

A detailed review of Bassetlaw health check data can be viewed within the Quality Monitoring and Health Improvement Report 2018. A series of publications by Public Health England provide insight into the cause and risk of diseases, exploring preventable risk factors which can be influenced by lifestyle choices.

A detailed report to increase the uptake of screening for people with learning disabilities across Nottinghamshire and Derbyshire was published in August 2018. The full report and recommendations can be accessed here.

2.4 Learning disability and autism prevalence - Nottinghamshire

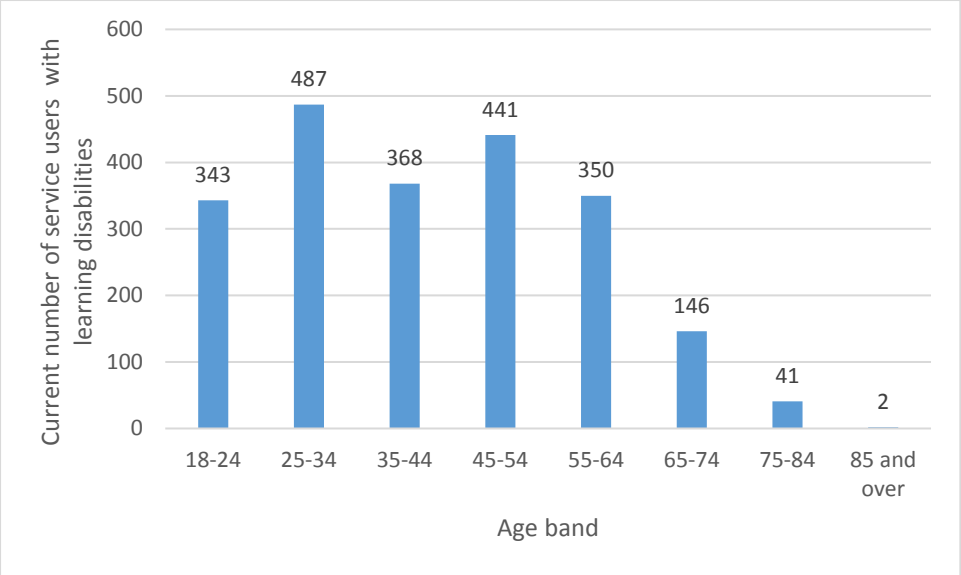
It is estimated that around 700,000 people in the UK may be autistic, or more than 1 in 100 in the population. In Nottinghamshire this equates to approximately 6382 adults (0.8% of the total population) with 5715 males (2.16% of the total male population) and 667 females (0.16% of the total female population). It is estimated approximately a third of people who have learning disabilities are also autistic[54], however mechanisms for recording autism are not consistently available across health and social care meaning actual figures are currently unavailable.

Locally one of the key issues for adults with autism is that they risk falling into the gap between services for people with learning disability and services for people with mental health conditions if they have no diagnosed or recognised comorbidities so could struggle to receive the help they need.

2.5 Observed prevalence in adult social care

Social care data from July 2018 shows there were 2,178 adults with a learning disability receiving a support package from Adult Social Care services. Of the total number of people, 22.4% are aged 25-34 as shown below in figure 7. Support can be commissioned by the Council or by the service user through a direct payment. Data has been accessed via Mosaic, the Councils internal social care data system.

Figure 7: Nottinghamshire County Council, Adults Social Care Mosaic record, age banding of people with learning disabilities



Source: Nottinghamshire County Council, Mosaic records

2.6 Accommodation

Of the known population to Adult Social Care, 51% of people live in their own home (which includes living with family, friends and/or carer), 26% in housing with support and 22% in

[54] Emerson, E., & Baines, S. (2010). The estimated prevalence of autism among adults with learning disabilities in England. Improving Health and Lives: Learning Disabilities Observatory, Durham.

either a residential or nursing care home. There is a variation in the type of accommodation, outlined in figure 8 below. Proportionately the figures are similar to those found at a national level which is highlighted in a Mencap report[55], although Nottinghamshire does have a larger percentage of people living in supported accommodation. 96% of the learning disabilities population receiving Adult Social Care live in Nottinghamshire, as per figure 9.

Given the increase in complexity of people with learning disabilities being supported in the community rather than hospital as part of the Transforming Care Programme, there is some limited evidence to suggest residential care home providers have limited capacity to support people who have complex behaviours that challenge. This has resulted in both a number of placement breakdowns and some difficulties in seeking new placements for people leaving long stay hospitals.

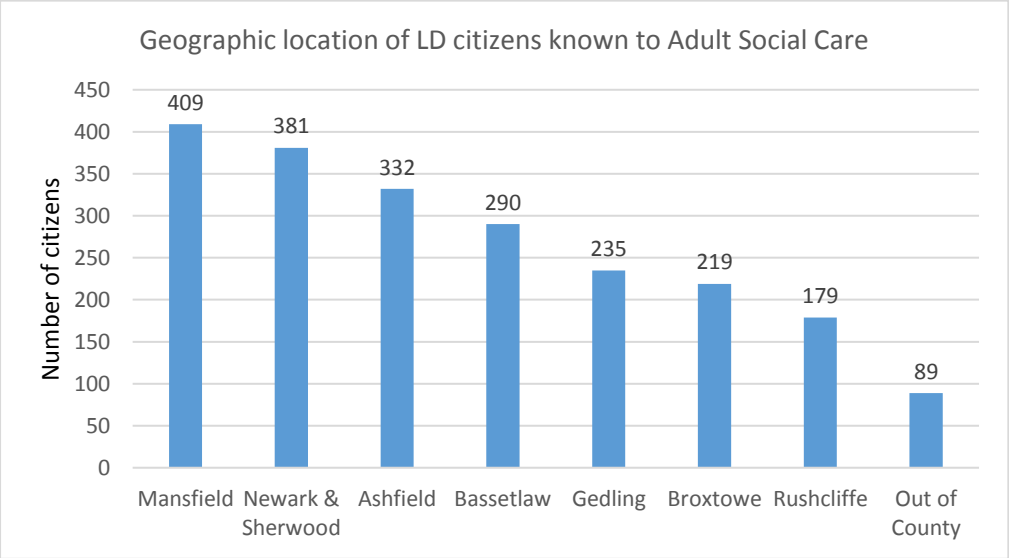
Definitions of accommodation types are available via the Care Quality Commission.

Figure 8: Nottinghamshire County Council Mosaic records, accommodation

Type of accommodation used by people with learning disabilities	Aged 18-64	Aged 65+	Total number of service users
Shared lives	26	1	27
Own home	1055	51	1106
Residential care home including nursing	406	73	479
Housing with support	489	64	553

Source: Nottinghamshire County Council, Mosaic records

Figure 9 – Geographic location of learning disability citizens known to Adult Social Care



Source: Nottinghamshire County Council Adult Social Care date, Mosaic records

[55] Mencap Housing for people with a learning disability https://www.mencap.org.uk/sites/default/files/2016-08/2012.108-Housing-report_V7.pdf

2.7 Known level of Learning Disability

It is important to note that the level of learning disability does not always correlate to complexity of care or support needs, nor to vulnerability of other risk factors.

Assessment of level of learning disability is not undertaken for all people, and testing of IQ would only take place in specialist services.

Figure 10: People in Nottinghamshire aged 18+ predicted to have a learning disability, by moderate of severe learning disability, ving in Nottinghamshire, project to 2035

	2017	2020	2025	2030	2035
Total population aged 18-64 predicted to have a moderate learning disability	1,968	1,970	1,971	1,971	1,971
Total population aged 18-64 predicted to have a severe learning disability	699	698	701	709	710

This data is based on a set of prevalence rates for people with a complex or severe learning disability established as a proportion of those known via learning disability registers.

Residential and nursing care home placements

In August 2016, Nottinghamshire County Council changed the way it commissioned younger adults (18-64) residential and nursing care home placements. Data from this period up to November 2018 shows that 21% of all requested learning disabilities care home placements had assessed the individual as having 'extremely complex' support needs.

2.8 Transforming Care Partnership – Nottinghamshire data

The Transforming Care programme aims to reduce the number of people placed in specialist hospitals, reducing the length of time those admitted spend there, and enhancing the quality of both hospital and community settings.

Under the Transforming Care Partnership, 13 people in Nottinghamshire have been discharged from acute, locked rehab or secure settings since April 2018. The programme ensures all stakeholders are working towards:

- Targeted discharge before April 2019 – 12 people
- Targeted discharge before April 2020 – 12 people

Numbers of people receiving inpatient care as a result of their learning disability was recorded from 2013-2015 as part of the learning disability census and from 2016 is routinely collected and reported as part of the Mental Health Services Dataset.

2.9 Employment

Most recently published figures suggest the proportion of supported adults with learning disabilities who are in employment in Nottinghamshire has slightly decreased from 2.7% in 2014/15 to 2.5% in 2015/16. This falls below local benchmark comparisons and is lower than the average for England (6%) as demonstrated below in figure 11. Although unverified data, it is envisaged that due to specific programmes to increase employment opportunities in Nottinghamshire, rates of employment will likely increase within subsequent reporting periods.

Figure 11: Regional comparison of levels of employment for people with learning disabilities, Short and Long Term Care (SALT) returns

Area	Value	Lower CI	Upper CI
England	5.8	5.7	5.9
East Midlands region	3.3	2.9	3.6
Rutland	16.7	10.4	25.7
Derby	7.0	5.3	9.3
Leicester	5.0	3.7	6.8
Lincolnshire	4.5	3.6	5.6
Leicestershire	3.8	3.0	5.0
Northamptonshire	3.3	2.5	4.2
Nottinghamshire	2.5	1.9	3.2
Derbyshire	1.6	1.1	2.3
Nottingham	0.0	0.0	0.0

Source: NHS Digital Adult social care activity and finance report, Short and Long Term Care statistics

2.10 Criminal Justice System

Disability hate crimes and incidents recorded by the police in Nottinghamshire rose by 15% in 2016/17 to 154. While these offences are known to be substantially under-reported[56] , levels of awareness and reporting continue to rise.

There are no definitive numbers of the number of people with learning disabilities who are arrested and taken into police custody, due to difficulty in diagnosis and the lack of local systematic data collection.

Further information can be accessed in the most recently published Nottinghamshire Police annual report.

2.11 Mortality rates

At a local level the number of deaths of people on the learning disability register at practice level can be reviewed, however to date numbers are too small to provide evidence to draw conclusions at a county level. A previous review of death certificates between 2004 and 2008 gave a median age of death for the learning disabled population across Nottinghamshire of 56, compared to 80 in the general population.

The Learning Disability Mortality Review (LeDeR) programme is commissioned by the Healthcare Quality Improvement Partnership on behalf of NHS England, to support local areas in England review the deaths of people with a learning disability. Nottinghamshire data between its launch on 01 October 2017 to 08 January 2019 can be viewed in figure 12 below. To date numbers of reviews are not large enough to analyse the learning at a Nottinghamshire level. Please note the Bassetlaw CCG area is not included within the Nottinghamshire LeDeR programme.

[56] http://www.crimesurvey.co.uk/en/index.html

Figure 12: Nottinghamshire LeDeR data per CCG area

CCG	Number of LeDeR Notifications (under 18yrs)	Number of LeDeR Notifications (over 18yrs)	Total
Mansfield and Ashfield	1	23	**24**
Newark and Sherwood	0	11	**11**
Nottingham North and East	0	8	**8**
Nottingham West	0	7	**7**
Rushcliffe	0	11	**11**
Total	**1**	**60**	**61**

Source: Nottinghamshire LeDeR programme 2019

2.12 Hospital admissions – NUH Acute Learning Disability Liaison Team

Data up to October 2018 from the NUH Acute Learning Disability Team shows the service has received an increased number of admissions relative to 2017. The majority of referrals have been for patients between the age of 55-64 (17.7%) and 45-54 (16.4%), further detail can be viewed in figure 13. Data from the Nottingham City CCG is included within this dataset.
Admissions can be analysed per CCG area, as per figure 14 below.

Figure 13: Admissions by age, Acute Learning Disability Liaison Team, 2017-2018

Age	Jan-Jun 17	Jul-Dec 17	Jan-Jun 18	Jul-Oct 18*	Totals
Under 24	54	68	62	57	241
25-34	55	82	73	70	280
35-44	51	59	57	33	200
45-54	89	77	83	82	331
55-64	90	88	116	63	357
65-74	55	48	75	56	234
75+	26	34	32	20	112
Unknown	79	63	80	43	265
Totals	499	519	578	424	

Source: Acute Learning Disability Liaison Team, 2018

Figure 14: Admissions by CCG code, Acute Learning Disability Liaison Team, 2017-2018

CCG code	Jan-Jun 17	Jul-Dec 17	Jan-Jun 18	Jul-Oct 18*
NHS Nottingham North & East CCG	54	86	71	52
Nottingham West CCG	27	50	44	32
NHS Rushcliffe CCG	55	51	66	44
NHS Newark & Sherwood CCG	13	16	15	10
NHS Mansfield & Ashfield CCG	6	14	10	10
Not known	20	66	84	44
Out of County	46	57	54	42

Source: Acute Learning Disability Liaison Team 2018

A change in the speciality area of admissions can be seen within the data, however it is not clear if this is as a result of changes in admissions or a change in the way data is recorded. Future analysis by the Acute Learning Disability Liaison Team will continue to monitor this.

Figure 15: Admissions by speciality area, Acute Learning Disability Liaison Team, 2017-2018

2017		2018	
Speciality	**Admissions**	**Speciality**	**Admissions**
Respiratory	14.4%	General Medicine	40%
General Medicine	12.2%	Respiratory	10%
Urology	11.9%	Neurology	6.4%
Neurology	11.1%	A&E/ED	5.4%
Gastro	10.7%	Gastro	3%
ENT	4.3%	Nephrology	3%

Source: Acute Learning Disability Liaison Team, October 2018

It is not clear within this data if any of these admissions could have been prevented by improved care in the community, however provides scope for future analysis by the Acute Learning Disability Liaison Team.

3) Targets and Performance

3.1 Health checks

The NHS Directly Enhanced Scheme (DES) offers an Annual Health Check for adults and young people aged 14 or above with learning disabilities. The aim is to identify who may need more health support and who may otherwise have health conditions that go undetected. Latest data for the period 2016/17 shows that in Nottinghamshire 58.5% of eligible adults with a learning disability received a GP health check.

National and regional data for the same period suggests the number of health checks in Nottinghamshire exceeds regional (49.9%) and national (48.9%) averages.

Figure 16: Proportion of eligible adults with a learning disability having a health check, by county

Area	Value	Lower CI	Upper CI
England	48.9	48.6	49.1
East Midlands region	49.9	49.1	50.8
Leicester	64.5	61.2	67.9
Rutland	60.7	48.6	75.0
Nottinghamshire	58.5	56.3	60.7
Leicestershire	54.9	52.1	57.8
Northamptonshire	53.5	51.1	55.9
Derbyshire	47.0	45.1	48.9
Nottingham	44.6	41.7	47.6
Lincolnshire	41.2	39.3	43.1
Derby	34.7	32.4	37.2

Source: NHS Digital Learning disabilities health check scheme statistics are at http://content.digital.nhs.uk/ld-health checks QOF data are at http://content.digital.nhs.uk/qof

A local analysis shows the uptake of health checks varies per CCG area in Nottinghamshire, as shown in figure 17. There is local variation in the number of health checks being completed at a district level, with Bassetlaw (87%) and Nottingham West CCG (62%) reporting the highest level of checks in relation to the known population. It can be acknowledged that the quality and robustness of health checks can vary according to national evidence[57], which presents difficulties in evidencing quality at a local level.

Figure 17: Learning disability health checks per CCG area, 17-18

	Total 17-18 activity	Number on people on register	% of register covered
Mansfield & Ashfield CCG	655	1315	50%
Newark and Sherwood CCG	425	798	53%
Nottingham West CCG	265	429	62%
Nottingham North and East CCG	293	634	46%
Rushcliffe CCG	204	429	48%
Bassetlaw CCG	511	590	87%

Source: NHS England

[57] Cooper, S. A., Morrison, J., Melville, C., Finlayson, J., Allan, L., Martin, G., & Robinson, N. (2006). Improving the health of people with intellectual disabilities: outcomes of a health screening programme after 1 year. Journal of Intellectual Disability Research, 50(9), 667-677.

3.2 Adult Social Care Outcomes Framework (ASCOF)

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. Data is provided at council, regional and national level and is grouped into four domains which are typically reviewed periodically. There are shared outcome indicators in the ASCOF and the Public Health Outcomes Framework as below;

- Proportion of adults with learning disabilities in paid employment (%)
- Proportion of adults with a learning disability who live in their own home or with their family (%)

As per figure 18 below, the most recently published figures between 2015/2017 for Nottinghamshire demonstrate low levels of employment, high levels of working aged adults with learning disability living in unsettled accommodation, and a comparable proportion of working age adults living in settled accommodation in relation to benchmark values.

Figure 18 – Learning disability local profile data, 2015-17

Compared with benchmark Better Similar Worse Lower Similar Higher Not Compared

Benchmark Value: Worst/Lowest | 25th Percentile | 75th Percentile | Best/Highest

Indicator	Period	Notts		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Proportion of supported working age adults with learning disability living in settled accommodation (%)	2015/16	1,545	75.9%	76.3%	75.2%	41.8%		94.6%
Proportion of supported working age adults with learning disability living in unsettled accommodation (%)	2015/16	490	24.1%	19.5%	19.8%	36.2%		1.3%
Proportion of supported working age adults whose accommodation status is not known to LA (%)	2015/16	0	0.0%	4.2%	5.0%	43.6%		0.0%
Proportion of supported working age adults whose accommodation status is severely unsatisfactory (%)	2015/16	5	0.25%	0.14%	0.14%	1.30%		0.00%
Proportion of supported working age adults with learning disability in paid employment (%)	2015/16	50	2.5%	3.3%	5.8%	0.0%		22.0%
Proportion of supported adults with learning disability receiving direct payments (%)	2015/16	635	28.6%	34.7%	28.6%	4.4%		84.3%
Individuals with learning disabilities involved in Section 42 safeguarding enquiries per 1,000 people on the GP Learning Disability register	2016/17	420	90.3	43.2	54.3	0.0		100

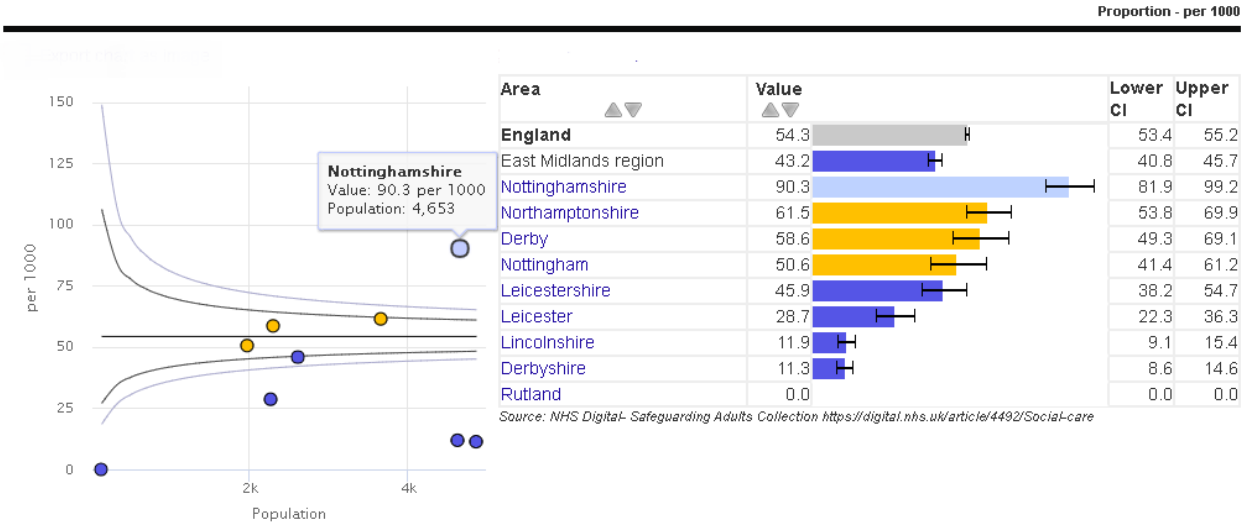
Source: Public Health England

The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom. Data for the period 2016/17 show a higher number of safeguarding enquiries in Nottinghamshire compared to regional and national data. It is important to reflect that the number of enquiries does not necessarily suggest higher levels of abuse, and can mean a positive culture of reporting incidents has been developed.

In Nottinghamshire, the Multi-Agency Safeguarding Hub (MASH) is the single point of contact to report safeguarding concerns.

Figure 19: Section 42 safeguarding enquires, 2016-17

Individuals with learning disabilities involved in Section 42 safeguarding enquiries per 1,000 people on the GP Learning Disability register 2016/17



Area	Value	Lower CI	Upper CI
England	54.3	53.4	55.2
East Midlands region	43.2	40.8	45.7
Nottinghamshire	90.3	81.9	99.2
Northamptonshire	61.5	53.8	69.9
Derby	58.6	49.3	69.1
Nottingham	50.6	41.4	61.2
Leicestershire	45.9	38.2	54.7
Leicester	28.7	22.3	36.3
Lincolnshire	11.9	9.1	15.4
Derbyshire	11.3	8.6	14.6
Rutland	0.0	0.0	0.0

Source: NHS Digital- Safeguarding Adults Collection https://digital.nhs.uk/article/4492/Social-care

Source: Public Health England

3.3 Learning Disability Self-Assessment

NHS England has in the past required CCGs and Local Authorities to jointly complete a Learning Disability Self-Assessment Framework. The Assessment targets key areas that highlight services available, overall needs and experience of people with a learning disability and their carers. Nottinghamshire's most recent report is published here.

4) Current activity, service provision and assets

Primary Care Services

All GP practices in Nottinghamshire have a register of adults with a learning disability. All practices have signed up to deliver annual health checks for those who are eligible through the Learning Disability Directed Enhanced Service (DES).

Specialist health services

Specialist health services for people with a learning disability in Nottinghamshire are provided by Nottinghamshire Healthcare NHS Foundation Trust through services for intellectual disability including speech and language therapy, dietetic support, specialist physiotherapy and epilepsy.

Community Learning Disability Teams - Across Nottinghamshire there are seven Community Learning Disability Teams (CLDT) which are made up of a wide range of social workers and health professionals who provide specialist advice, treatment and support services for adults with a learning disability and their carers. The CLDT health professionals can provide information and advice with;

- Psychiatric services

- Community learning disability nursing helps with physical health and access to health services
- Psychology services helps with feelings and emotions
- Speech and language therapy helps with communication and swallowing difficulties
- Occupational therapy helps with daily living skills including self-care
- Physiotherapy helps with balance and movement skills

Learning Disability Liaison Team – The teams provide intellectual disability awareness training to Nottingham University Hospital Trust; provide advice when someone with an intellectual disability visits QMC or City Hospital, and support the NUH Trust management in addressing intellectual disability issues. The service is available to all adults with an intellectual disability attending QMC or City Hospital. The service is commissioned by Nottingham City CCG and Nottinghamshire CCG cluster.

Intensive Community Assessment and Treatment Team – The team offer rapid-response, short-term advice and interventions for adults with intellectual disabilities who are experiencing an increase in emotional and/or behavioural difficulties in any type of community setting. The service is for adults (18-65) with a diagnosis of an intellectual disability and consists of nursing, psychology, occupational therapy and speech and language therapy. The service is commissioned for delivery across all Nottinghamshire CCG areas.

Learning Disability Acute Liaison Nurse - Bassetlaw – The team is based at Bassetlaw Hospital and supports people who are over 18 with intellectual disabilities to access hospital services. The team also provide training to hospital colleagues.

Orion Unit - Inpatient service at Highbury Hospital for adults aged between 18 and 65 to support patients who have an intellectual disability and complex mental health difficulties.

Adult Social Care

Adults who have received a Care Act assessment who meet the criteria below will be eligible for services. An adult's needs meet the eligibility criteria if:

- your needs come from, or are related to, a physical or mental impairment or illness
- as a result of your needs, you are unable to achieve two or more tasks specified in the Care and Support (Eligibility Criteria) Regulations 2014
- as a consequence there is, or is likely to be, a significant impact on your wellbeing

Customer Service Centre – Nottinghamshire County Council provides access to all its services through trained advisors at their customer service centre. Staff are available to provide information over the phone and, if needed, enable specialist teams to support where appropriate. Members of the public can access this service directly and be referred to a Community Learning Disability Team.

Nottinghamshire Help Yourself - The Nottinghamshire Help Yourself site is a partnership between health, the voluntary sector and Nottinghamshire County Council to bring information and advice together in one central place, so people can find the information they need easily. A search on Nottinghamshire Help Yourself for organisations working with learning disabilities results in approximately 460 different organisations/groups who offer a service specifically for learning disability, including voluntary and community organisations.

Nottinghamshire County Council's i-works team – People who live in Nottinghamshire and have a learning disability can be supported by the i-works team who will:

- Look at skills, interests and qualifications
- Provide support to find jobs
- Explain what will happen with benefits for people in paid work
- Provide opportunities to try out jobs to see if people like them
- Provide ongoing support to help people stay in employment

Data from October 2018 show 740 people have been supported and 207 are successfully in paid work.

Internal day service opportunities – Nottinghamshire County Council run day service opportunities from a number of locations throughout the county which are suitable for eligible people with learning disabilities.

Church Street Care Home – Nottinghamshire County Council have an internal residential care service which provides eight long term placements for adults with learning disabilities aged 18-65.

Supported Living – Nottinghamshire County Council externally commission support so eligible people with a learning disability can live in their own home and live as independently as possible.

Notts Enabling Service - Up to 12 week support that works to increase independence for eligible people with learning disabilities by offering travel training, improving skills, finding new social opportunities, budgeting and keeping well.

Advocacy Service – Advocacy services can provide people with a learning disability support to help get their views get heard and have their say.

Nottinghamshire Learning Disability and Autism Partnership Board

The Board meet every two months and the people who attend include service users, carers, County Councillors, service providers and officers from Nottinghamshire County Council and Health commissioners and services. The meeting provides an opportunity for people to work together to improve services by sharing information and experiences to help plan for the future. The agenda reflects national and local developments that may affect people with learning disabilities. It also encourages service users and carers to raise issues and topics for discussion.

Carers

Carer assessments and reviews aim to provide information, advice and explore eligibility for additional support. Within the period 17/18, Nottinghamshire County Council's Community Learning Disability Teams (CLDT) completed 129 carer's assessments, which are typically for carers who were not known to Adult Social Care, and 609 carer reviews.

Carers is a linked chapter, please refer to the most recent Carers JSNA chapter.

Support Groups

A full range of support groups can be accessed either via the Nottinghamshire Help Yourself website or Self Help UK's group directory, which shows 22 listed groups to support people with learning disability in Nottinghamshire.

Residential and Nursing Care

As of July 2018 there are 479 adults in Nottinghamshire with a learning disability in residential or nursing care placements. External residential care placements for adults aged 18-64 are

commissioned by the Council via the Dynamic Purchasing System. In November 2018 there were 76 learning disability providers registered to the Council's approved provider list, an increase from 56 providers in November 2017.

Day service opportunities

There are 20 independent day service providers registered to the Council's Approved provider list offering services to support people with learning disability.

Unplanned Care Service

The Nottinghamshire Transforming Care Partnership has commissioned two unplanned care beds with a local residential care home provider as part of a 12 month pilot to provide alternatives to hospital when admission is not appropriate. The service is only available for people with learning disabilities and/or autism.

As of September 2018, the service has supported eight Nottinghamshire/Nottingham City citizens and recommissioning options are being reviewed.

Nottinghamshire Mencap – Smile! Stop Hate Crime

Smile! Stop Hate Crime (SSHC) is a partnership Project between Nottingham Mencap, Nottingham City and Nottinghamshire County Councils. SSHC raises awareness and tackles Hate Crime against adults with learning disabilities and ensures that everyone is equipped with the skills and knowledge to address Hate Crime effectively. The project has noted several achievements since its launch, details of which are available here.

Changing Places Toilets

People with profound and multiple learning disabilities, as well as other serious impairments such as spinal injuries, muscular dystrophy, multiple sclerosis or an acquired brain injury, often need extra facilities to allow them to use the toilets comfortably. Changing Places toilets are different to standard disabled toilets with extra features and more space to meet these needs.

Changing places toilets are available in all areas in Nottinghamshire. Details can be accessed via the Changing Places Toilet Map

5) Evidence of what works

National Strategic Drivers

Valuing People (2001) set out the Government's commitment to improving life chances of people with learning disabilities, through close partnership working to enable people with learning disabilities to live full and active lives.

Valuing People Now (2009) retained the principle outlined in Valuing People that people with learning disabilities are people first, and re-emphasised the need for agencies to work together to achieve the best outcomes for people with learning disabilities.

The Care Act (2014) draws together all the previous social care legislation. It confirms the equal right to an assessment for service users and carers, and the right to advocacy if a person has a substantial difficulty. The Act also sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.

The Equality Act (2010) legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone.

Mental Capacity Act (2005) promotes and safeguards decision-making within a legal framework by empowering people to make decisions for themselves, and allowing people to plan ahead for a time in the future when they might lack capacity.

Valuing Employment Now (2009) sets out the Governments strategy to improve employment opportunities for people with learning disabilities.

Death by Indifference (Mencap, 2007) detailed six cases believed to demonstrate institutional discrimination towards people with learning disabilities within the NHS, leading to shortcomings in the care received that ultimately resulted in the death of the patients.

The Learning Disability Mortality Review Programme (2015) was established in response to one of the key recommendations of the Confidential Inquiry into Premature Deaths of People with Learning Disabilities (2013) which aims to guide improvements in the quality of health and social care service delivery for people with learning disabilities. The second annual report was published in 2018.

Raising our sights: services for adults with profound intellectual and multiple disabilities (2010) reports the results of a review of services for adults with profound intellectual and multiple disabilities. Outlines the most important parts of effective planning and delivering support for people with complex needs.

Healthcare for all (2008) details an independent inquiry into access to healthcare for people with learning disabilities, following the publication of the Mencap report Death by indifference. Reports that people with learning disabilities appear to receive less effective care than they are entitled tom causing increased risk of avoidable deaths and suffering.

Transforming Care: Winterbourne View-Time to Change (2014) focused on individual failings, that occurred at multiple levels, which resulted in the culture of abuse at Winterbourne View going undetected for so long by the authorities, and the wider issue of whether the care system, in all parts of the country, is providing effective and appropriate treatment to people with learning disabilities and autism.

Accessible Information Standard (2016) aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.

Six lives (2009), the report of the Health Ombudsman into the cases examined in Death by Indifference, highlighted some significant and distressing failures in health and social care services, leading to situations where people with learning disabilities experienced prolonged suffering and inappropriate care.

Building the Right Support (2015) outlines a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

Learning disabilities and behaviour that challenges: service design and delivery (2018) sets out NICE guidance for services for children, young people and adults with a learning disability (or autism and a learning disability) and behaviour that challenges. It aims to promote a

lifelong approach to supporting people and their families and carers, focusing on prevention and early intervention and minimising inpatient admissions.

Learning Disability Services inspection programme (2012) details the review conducted by the CQC which focused on services that provide care for people with learning disabilities and challenging behaviours. Found that some assessment and treatment services are admitting people for long spells of time, and discharge arrangements are taking too long to arrange.

Improving Lives: The Future of Work, Health and Disability (2017) sets out plans to transform employment prospects for disabled people and those with long term health conditions over the next 10 years.

Think Autism (2014) sets out a programme of action the Department of Health and other government departments will take to improve the lives of autistic people.

Hidden in plain sight: dementia and learning disability (2017) highlights the increased risk of dementia prevalence for people with learning disabilities and sets out a range of recommendations for future service provision.

Local strategic drivers

Nottinghamshire Transforming Care Programme sets out the vision of the Nottinghamshire Fast Track Site for transforming care and services for people with a learning disability and/or autism who also have, or are at risk of developing, a mental health condition or behaviours described as challenging.

Joint Health and Wellbeing Strategy, Nottinghamshire Health and Wellbeing Board (2018-2022) outlines four key ambitions; to give everyone a good start in life, to have healthy and sustainable places, to enable healthier decision making and to work together to improve health and care services.

Supporting Adults in Nottinghamshire, Our Adult Social Care Strategy (2017) sets out the guiding principles for delivery of Nottinghamshire's Adult Social Care to ensure it is effective, can meet the needs of Nottinghamshire's people now and in the future and is fully compliant with the Care Act 2014. Details the focus to promote people's independence so that they can live more fulfilled enjoyable lives with strong links to their local community.

Nottinghamshire Integrated SEND Commissioning Strategy (2017-2019) sets out how Nottinghamshire commissioning partners, including the County Council and the Clinical Commissioning Groups (CCGs), will deliver the best possible services for children and young people with SEND through effectively utilising our reducing resources.

The Nottinghamshire Safeguarding Adults Board exists to work in partnership to safeguard and promote the welfare of vulnerable adults in Nottinghamshire.

6) What's on the horizon?

Projected service use

The Institute of Public Care publish PANSI and POPPI, tools originally developed for the Department of Health to provide population data and future predictions of social care need by local authority.

The most recently published data is below which show that it is in the older age groups (over 65) that the greatest percentage of increases in learning disability population will occur. Such projections are not available by gender.

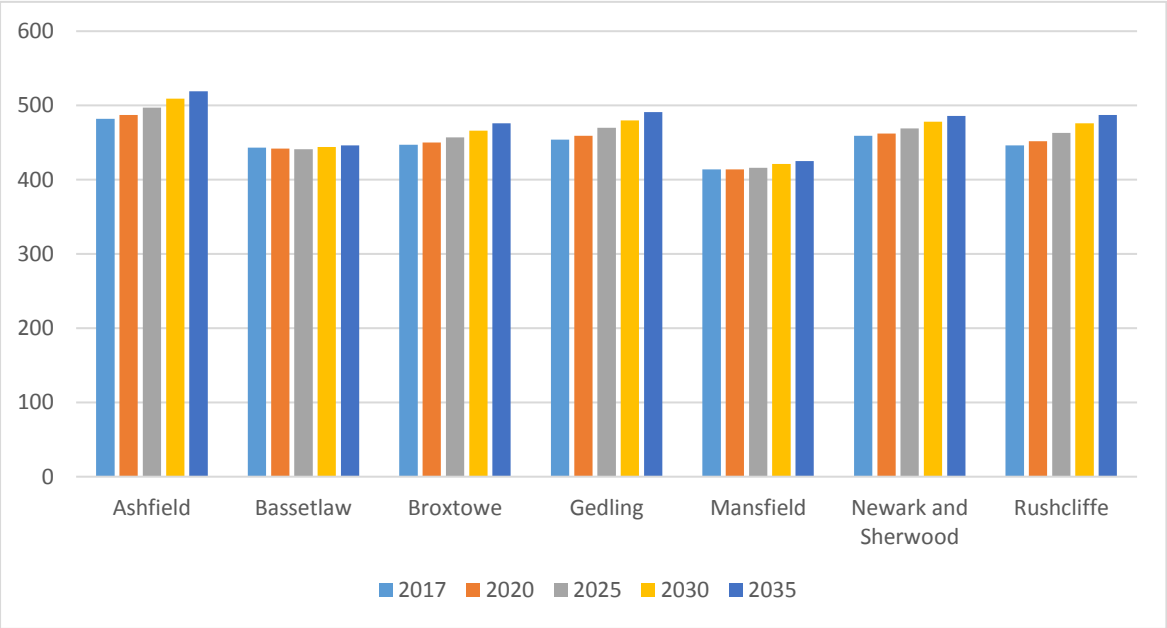
Figure 20: Projection in the number of adults predicted to have a moderate or severe learning disability, by age range, living in Nottinghamshire, project to 2035

Adults predicted to have a moderate or severe learning disability	2017	2020	2025	2030	2035
18-24	388	366 (-6%)	362 (-7%)	406 (5%)	414 (7%)
25-34	523	540 (3%)	537 (3%)	504 (-4%)	516 (-1%)
35-44	599	600	640 (7%)	678 (13%)	676 (13%)
45-54	639	605 (-5%)	544 (-15%)	540 (-16%)	579 (-9%)
55-64	519	557 (7%)	588 (13%)	553 (7%)	496 (-4%)
65-74	329	331 (1%)	333 (1%)	374 (14%)	399 (21%)
75-84	110	124 (13%)	152 (38%)	159 (44%)	164 (49%)
85+	38	42 (8%)	50 (31%)	63 (65%)	82 (113%)
Total	3145	3165 (1%)	3208 (2%)	3276 (4%)	3327 (6%)

Source: POPPI and PANSI Sep 2018, national prevalence model applied to ONS population projections

PANSI estimates also show that the adult population predicted to have a moderate or severe learning disability and therefore likely to be receipt of services will increase across each district in Nottinghamshire, with Rushcliffe (9%) and Gedling (8%) receiving the largest proportionate increases, as per figure 21.

Figure 21 – People predicted to have a moderate or severe learning disability, by age and Nottinghamshire district, projected to 2035



Source: POPPI and PANSI Sep 2018, national prevalence model applied to ONS population projections

The number of people in Nottinghamshire aged 18-64 with a learning disability, predicted to display behaviours that challenge is not estimated to change, as per the most recently published data;

Figure 22: Project in the number of adults predicted to display behaviours that challenge, by age living in Nottinghamshire, project to 2035

Adults predicted to have a moderate or severe learning disability displaying behaviours that challenge	2017	2020	2025	2030	2035
18-24	28	26	26	29	29
25-34	44	45	45	42	43
35-44	44	44	46	49	48
45-54	55	52	46	45	48
55-64	47	51	54	51	46
Total	217	218	217	216	215

Source: PANSI Sep 2018, national prevalence model applied to ONS population projections

Nottinghamshire Health & Wellbeing Board

Nottinghamshire Sustainability and Transformation Partnership 2016-21

Sustainability and Transformation Partnerships (STP) have been charged with making a difference to everyone's life through sustained developments across the health and social care sectors. Nottinghamshire has identified a number of priorities within its STP plan;

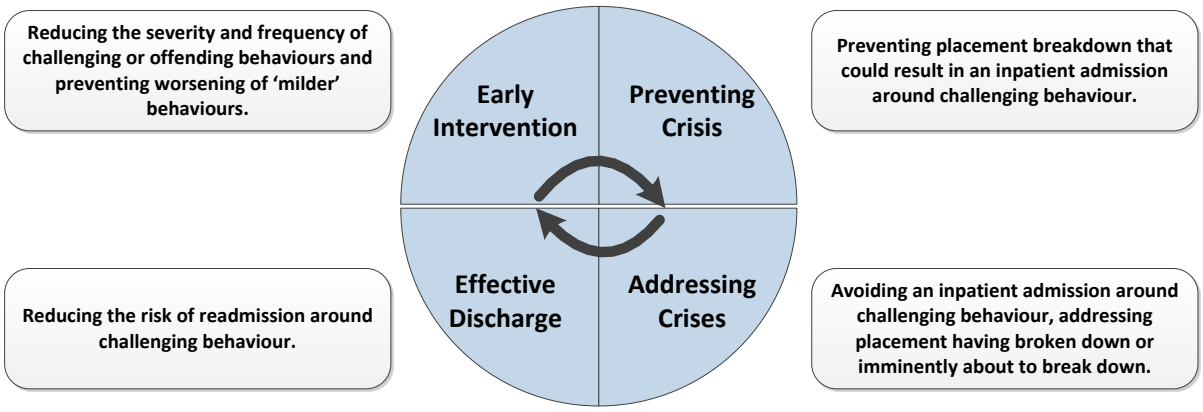
- Organising care around individuals and populations – not organisations – and delivering the right type of care based on people's needs.
- Helping people remain independent through prevention programmes and offering proactive rather than reactive care, which will also reduce avoidable demand for health and care services.
- Supporting and providing care for people at home and in the community as much as possible, and ensuring that hospital, care home beds, and supported housing, are available for people who need them.
- Working in multi-disciplinary teams across organisational boundaries to delivering integrated care as simply and effectively as possible.
- Minimising inappropriate variations in access, quality, and cost, and delivering care and support as efficiently as possible so that the proportion of the budget spent on improving health and wellbeing can be maximised.
- Maximising the social value that health and social care can add to local communities.

Nottinghamshire's Transforming Care Programme

NHS England's Transforming Care Programme set out to improve the quality of life of people with learning disabilities and or autism by substantially reducing the number of people placed in specialist hospitals, reducing the length of time those admitted spend there, and enhancing the quality of both hospital and community settings.

In June 2015 Nottinghamshire became one of six 'fast track' sites nationally to establish a partnership and produce a plan to reduce reliance on inpatient care and transform community based services through a new service model. The Nottinghamshire Transforming Care Partnership (TCP) includes Nottingham City Council, Nottinghamshire County Council and the seven Clinical Commissioning Groups (CCGs), who along with NHS England are responsible for commissioning health and care services for people in the area. Care is delivered by a range of health and social care providers including the NHS and Independent Sector.

The Service model focuses on four approaches:



The following service developments have been initiated by the programme, some of which are still in the pilot stage of development and which will benefit one or more of the four areas of action:

- Improving professionals understanding of positive behavioural support through a programme of cross-organisation training
- Enhanced the Intensive Community Assessment and Treatment Team (ICATT) to provide a higher level of staffing in order to increase its scope to operate
- Two unplanned care beds have been block funded in a residential care home to enable placements of people by ICATT to avoid inappropriate admission
- Reasonable adjustment to a mental health crisis housing service so that it can be accessed by people with mild learning disabilities and or autism
- Provision of a specialist advocacy service for people at risk of being admitted to hospital, or already admitted, to better hear the voice of the people concerned
- Twenty seven new step down beds have been or are being developed in care homes for people leaving hospital or who need to avoid hospital admission
- A new community Forensic team has been created to support people with learning disabilities and/or autism leaving hospital with a history of offending

Nottinghamshire's Positive Behavioural Support Community of Practice; Supporting People who display challenging behaviour

Nottinghamshire's Transforming Care Programme aims to enable the majority of people (of all ages) with learning disabilities and or autism who display challenging behaviour or who may also have a mental health condition to leave long stay hospital and to avoid unnecessary admission to hospital, living in the same community as other people.

The aim of this practice network is to ensure the continued development and sustainability of the cultural changes required to deliver the Transforming Care outcomes. There will be opportunities through the community to work collaboratively and share good practice across services and sectors; to embed learning around Positive Behavioural Support and share best practice when working with people who show behaviours of concern across organisations.

Nottinghamshire Workforce Development – 2018 - 2021

Nottinghamshire's Transforming Care Partnership is currently developing a workforce strategy and workforce development training plan to increase the skillset and resilience of the local workforce, specifically in relation to people working with people with learning disability who display behaviours that challenge. Development is ongoing within the three year rolling programme, with updates expected in 2019.

Nottinghamshire Transforming Care Partnership Accommodation Strategy 2018-2021

The Transforming Care Partnership is currently developing an accommodation strategy to support the process of securing accommodation for people leaving hospital or transitioning to adult services who meet the characteristics or are at risk of becoming part of the Transforming Care cohort. Updates expected in 2019.

NHS Long Term Plan (2019)

The NHS England's Long Term Plan builds on the previous Five Year Forward View and sets out a clear vision, setting out the particular contribution that the NHS and others can make to the health of our nation, and the transformation required to meet the changing needs of current and future patients. Both documents informs several learning disabilities projects,

leading to the proposed improvements and access of learning disability services. It is expected that local plans with be published by April 2019.

7) Local views

Nottinghamshire Learning Disability and Autism Partnership Board

In May 2018, workshops were held at the Learning Disability Partnership Board Meeting to explore what is important to people with learning disabilities living in Nottinghamshire. Table discussions developed key themes which consisted of:

Health
A range of topics were identified as being important, including transport, health services, communication, advocacy, skilled care professionals and valued carers. Local provision of services which support exercise and physical activity are also limited. Key issues emerged:

1) Preventative health - Robust annual health checks; better interagency communication; access, diet and activity provision.
2) Advocacy and good quality support - Checking on quality outcomes; nominated individuals.

Relationships
Barriers were identified to accessing friends and networks outside of services which included issues with transport, support, lack of awareness of alternative activities, lack of provision at weekends and in the evenings. Lack of suitable employment opportunities was also identified as a potential barrier in developing new networks. Key issues emerged:

1) Environment – Some people do not have choice as to what area they live in or who they live with.

Being independent
A range of topics were identified as being central to enabling people with a learning disability to remain independent and stay safe, which included, getting access to the right support at the right time; developing safer communities as a multi-agency approach; outcome focused service provision; independence is individual and can mean different things. Key issues emerged:

1) Awareness – More people need to know what services/activities are in the local community and how to access them; Better links need to be developed between the community and paid services.
2) Community development – How do all stakeholders support the creation of welcoming communities.

Doing things I enjoy
It is important that local service provision and access enables people with learning disabilities to do things they enjoy. Central elements to enabling this include transport, support worker availability, financial barriers and having the right support network. Key issues emerged:

1) Resources – Important to have staff, family or carer support; financial implications can restrict access to some activities.

Having our say
The importance of effective communication and being listened to were reflected by the group, highlighting the importance of advocacy services, having your say, being clear with instructions and getting the right support and information. Key issues emerged:

1) Having the right support
2) Communication - Having someone who knows and understands how you communicate

Carer Representatives: Nottinghamshire's Learning Disability and Autism Partnership Board

Carer representatives provide valuable insight and share local views by attending a bi-monthly carer's group meeting held in Nottinghamshire. Carers at this group and others also attend and support Nottinghamshire's Learning Disability and Autism Partnership Board. Through these formal channels, carers have regularly highlighted the need for high quality local support services in line with national best practice.

A primary issue raised by carer representatives through these channels is the noted difficulty in replacing learning disability nurses, leading to a lack of possible service provision. Carers express the benefits of learning disability nurses to provide much-needed advocacy and support, and are a key tie-in to social care. They speak out in the interests of people with a learning disability, provide assistance to carers and family members, and give much-needed advice and support to doctors. Learning disability nurses also provide the training of other health and care staff. Learning disability nurses support many people with learning disabilities having an annual health checks, carer representatives continue to question the variable quality of some health checks.

Carers have also formally expressed a concern that by not replacing the Better Health sub-group or providing alternative links into the board to sufficiently answer questions or concerns raised, their ability to input into the Joint Health and Social Care Self-Assessment Framework has been significantly reduced, as has their ability to monitor health performance in relation to learning disability. The group welcome ongoing communication to ensure local health and social care services are developed to reduce inequalities for people with learning disabilities in Nottinghamshire.

Carer representatives agreed to support the JSNA process and support the creation of a subsequent action plan in order to meet key recommendations cited within the assessment. However as carer representatives have frequently requested proof of an action plan or details of improvements to issues identified in the last report, they feel any action plan needs to be matched by transparency and accountability by ensuring adequate local monitoring.



What does this tell us?

8) Unmet needs and service gaps

Transforming Care: The Transforming Care agenda remains a significant influence on the future provision and planning of services for people with learning disabilities. The development of community based services to enable people to be supported in or near their own communities remains an area for future development via the Transforming Care Partnership. It is important to note it is not necessarily about the creation of more services, but the development of different ones with enhanced skills and training.

Accommodation and Support: People with learning disabilities are less likely to be homeowners and more likely to live in places over which they have less secure tenure. Nottinghamshire County Council will continue to work with social, private and residential providers to support the availability of properties in areas where people feel safe and where they have access to support. Continued work is also required to ensure that out of county inpatient or care home placements are necessary only in very exceptional circumstances.

Population Health: Breast cancer screening rates remain disproportionately low for people with learning disabilities. Type 2 diabetes rates remain higher for people with learning disabilities.

Employment: There is a need to ensure that people with learning disabilities have enhanced opportunities to gain skills and support, to get a job and remain employed.

Future service provision: There are known challenges with staff recruitment and retention within care and support services in Nottinghamshire. Provider training and resilience is being reviewed to support Nottinghamshire providers, ensuring there is adequate capabilities in the local workforce to support very complex needs.

The commissioning of an additional unplanned care bed is currently being reviewed.

Planning for transition services: Further work is required for people in transition when moving from Children's to Adult services, to ensure the correct support and service are available to eligible adults.

9) Knowledge gaps

Knowledge and service provision to support people with learning disabilities in Nottinghamshire is growing, however existing knowledge gaps exist which include:

- Understanding the level of uptake/access for disease prevention and screening programmes
- Understanding the needs of people with a learning disability from BaME and less heard communities
- More information is required in relation to the support needs of people with a learning disability that enter the Criminal Justice System
- Increased information on the development and effectiveness of safe communities is required, to better understand hate crimes, substance misuse and exploitation

- Further information is required to identify a range of services and options for people with learning disabilities to develop their employability, skills and maximising their independence
- Local knowledge of the extent of early mortality of people with learning disability is limited
- Understanding at a local level the number of adults with learning disability and autism
- There is a current gap in the available data to analyse the prevalence of health status and outcome of adults with learning disabilities living in the Mid-Nottinghamshire CCG area, used to identify potential differences in comparison to the rest of the population

What should we do next?

10) Recommendations for consideration by commissioners

	Recommendation	Lead(s)
1	Ensure that future strategies across a range of multi-disciplinary areas take into account the current and future needs of people with learning disabilities living in Nottinghamshire.	*Local Authority, NHS Commissioner*
2	Continue to monitor the overall picture of people in Nottinghamshire with learning disabilities through a range of methods, including Adult Social Care data, General Practice and comparators with regional and national benchmarks.	*Local Authority, NHS Commissioners with oversight from the Health and Wellbeing Board*
3	Identify a range of key stakeholders who will work towards maximising employment opportunities in Nottinghamshire for people with learning disabilities.	*Adult Social Care Department, Local Authority working in partnership with voluntary and independent provider agencies*
4	Through a joined up approach, ensure accessible health promotion and prevention initiatives are promoted and inclusive for people with learning disabilities living in Nottinghamshire.	*Local Authority, NHS and Local Authority Commissioners*
5	Further assessment is required on the needs of people with learning disabilities in the criminal justice system.	*Nottinghamshire Police*
6	Review the outcomes, learning and best practice identified within the Transforming Care Partnership and explore ways this learning can inform the planning of care and support for the wider learning disability population. This may include staffing models, effective training, effective environments and accommodation options.	*Nottinghamshire Transforming Care Partnership*
7	Continue to develop approaches to ensure health and care services are joined up to support people with learning disabilities, particularly during transitional periods between services. Work in partnership to review health and social care funding arrangements to support early discharge from inpatient to care home settings.	*Clinical Commissioning Groups, Local Authority*

8	Further develop the LeDeR programme to increase the number of reviews undertaken.	*LeDeR Steering Group*
9	Ensure that future service development and provision embrace the views of people with learning disabilities and their carers through a range of methods, including the Learning Disability Partnership Board.	*NHS and Local Authority Commissioners, in partnership with stakeholder groups including LDPB and Carers Forum*
10	Where possible, ensure that future services are organised around intended outcomes that will be defined by evidence of need and local priorities – ensuring a range of stakeholders are involved in the co-design and co-production of provision.	*NHS and Local Authority Commissioners, Voluntary and independent sectors*
11	Explore methods to increase the uptake of learning disability health checks within the worst performing geographic areas in Nottinghamshire.	*Clinical Commissioning Groups*

Key Contacts:

Mercy Lett-Charnock
Commissioning Manager
Strategic Commissioning
Adult Social Care and Health
mercy.lett-charnock@nottscc.gov.uk

James Wheat
Commissioning Officer
Strategic Commissioning
Adult Social Care and Health
james.wheat@nottscc.gov.uk