Learning Disabilities

Joint Strategic Needs Assessment (JSNA) Profile

2026





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Impact, Inequality and Inequity

Impact While life expectancy remains lower than average, there is growing awareness and national commitment to improving health outcomes and longevity for people with learning disabilities.
High mental health needs: : Up to 40% of people with a learning disability have co-occurring mental health conditions, often undiagnosed or misdiagnosed. Point prevalence of MH problems in LD at 41%[20]
Inequality (differences in outcomes)
Employment: Employment opportunities are increasing nationally, and there is significant potential in Nottingham to build on this progress through inclusive recruitment and supported employment pathways.
Cancer screening: Cervical screening uptake is ~30% for women with LD vs ~70% general population.
Accommodation: 22–24% of adults with LD live in unsettled housing—above the national average.
Inequity (unfair, avoidable differences)-
Access to healthcare By continuing to improve communication, accessibility, and reasonable adjustments, services can ensure that everyone receives equitable and person-centred care.
Transition gaps: Many fall through the cracks when moving from children to adult services due to system fragmentation.

Policy Guidance and Evidence

NHS Long Term Plan, 2019: Promotes early diagnosis, fewer hospital stays, and more community care for people with learning disabilities and autism. There has been some criticism from within the field that 2025 plan barely mentions LD/A[18]
Equality Act 2010: Requires services to make fair adjustments for disabled people.
NICE Guidelines: Support personalised care and accessible communication for better health outcomes.
Building the Right Support: Aims to replace institutional care with tailored community support.
LeDeR Programme: Reviews deaths to improve care and prevent avoidable loss of life.
Public Health England: Focuses on tackling health inequalities through systemic change.
Valuing People Now: Advocates inclusion, rights, and personalised support for people with learning disabilities.
Down Syndrome Act 2022: Ensures services meet the specific needs of people with Down syndrome.
Autism Act & Strategy: Sets out national plans to improve support and reduce inequalities for autistic people. See autism JSNA[19]

3. Summary on a Page

Key Pressure Points/Gaps

Health: Annual LD health checks, STOMP (medication reduction), LeDeR mortality reviews.
Social Care: : Including wider impact on family wellbeing[17] , Support packages, direct payments (low uptake), independent living schemes.
Education: Strong EHCP and LD identification in schools.
Housing: Extra Care Housing, Housing to Health Scheme, adaptations support. 22–24% in unsettled accommodation; limited suitable options.
Justice: Hate crime prevention, police referral schemes.sa
Transitions: Transitions offer an important opportunity to strengthen continuity of care and build seamless pathways from childhood into adulthood.
Mental Health: Expanding access to preventative and tailored mental health support will further enhance wellbeing and reduce crisis episodes.
Employment: <2% in paid work vs 5% national average.
Healthcare Access: Low cancer screening; inconsistent health checks; overmedication.
Diversity: Under-identification in BAME communities.
Safeguarding: High rates of safeguarding concerns.

Preparing for the future

Ensure local neighbourhood services are inclusive of the needs and adjustments for people with a learning disability.
Expand preventative mental health services to reduce crisis admissions. proposed MH legislation changes affecting people with LD/A, (E.g., higher rates of people with LD/A being criminalised for challenging behaviour, more diagnosis of MH conditions resulting in people with LD/A being seen by generalists/non-specialists)
Improve transitions from children to adult services.
Increase independent and inclusive housing using Lifetime Homes standards.
Boost employment opportunities through targeted support and inclusive workplace practices.
Strengthen co-production by involving people with lived experience in service design.
Enhance early diagnosis and data tracking to better plan services.
Promote digital assistive technology for independent living.

4.Health and Wellbeing Overview

Definition of a Learning Disability

A learning disability is reflected in the way a person learns new things, understands information and how they communicate. *Valuing People* [41] 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 IQ of <70 is necessary but not sufficient for a diagnosis of LD, (also not everyone with an IQ of <70 will meet eligibility for LD). generally considered to be an indicator of learning disability, reflected in NICE guidelines [24]. A learning disability is defined by 3 core criteria:
- lower intellectual ability (as above),
- significant impairment of social or adaptive functioning,
- and onset in childhood.

The term intellectual disability, which includes impairment of cognitive, motor and social abilities, defines learning disability by severity using IQ as a guide. 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.

LD is different from learning difficulties, which tend to describe reduced abilities for specific forms of learning, which are not necessarily linked to a person's intellectual abilities (FPWLD, 2025). Some examples of learning difficulties include dyslexia, dyspraxia, dyscalculia and ADHD, but this list is not exhaustive. It is not uncommon for these terms and acronyms to be used interchangeably, but this will often be in error as most people who experience learning difficulties will not have a learning disability. In this paper, LD will always be referring to a learning disability.

Speech/Language and communication difficulties:

A communication need has been recognised , with reduced health literacy as a determinant of health inequalities for people with a learning[17]

and are a core characteristic within people with a learning disability creating risk of greater health inequality including increased likelihood of being misunderstood, unable to communication health and wellbeing needs, experiencing barriers to accessing services and having limited involvement in decision, activities and relationships[25]

Diagnosis

The causes of a learning disability mainly fall into three distinct areas: prenatal, perinatal or postnatal periods. However, sometimes there is **no known cause**. Information can be viewed on **NHS** which describes causal factors such as:

- the mother becoming ill in pregnancy (e.g. infections, maternal illness)[21]
- problems during birth that prevent enough oxygen reaching the brain (birth asphyxia) [22]
- the unborn baby inheriting certain genes from its parents that make having a learning disability more likely – known as inherited genetic conditions[22]
- illness, such as meningitis, or injury in early childhood[22]
- consanguineous marriages (usually defined as being related as second cousins or closer) increasing the risk of genetic disorders and thus risk of learning disabilities. [23]

Sometimes, there isn't a clear cause. What matters the most is recognising that every person is unique, with their own strengths, abilities, and ways of learning. Thanks to better awareness, early diagnosis, and supportive health and education services, more people are being identified sooner. This early understanding gives families and professionals the chance to put the right help in place, building confidence and independence from the very beginning.

Important Considerations

Underdiagnosis: Coexisting conditions may go unrecognised due to atypical presentations or communication challenges.

Diagnostic overshadowing — Diagnostic overshadowing occurs when a person's symptoms or behaviours are wrongly attributed solely to their learning disability or autism, without considering other possible causes such as physical health issues or mental health conditions. This can lead to missed or delayed diagnoses, inadequate treatment, and poorer health outcomes. For example, pain or anxiety may be misinterpreted as "challenging behaviour," rather than being properly assessed. Autistic people and those with learning disabilities are particularly vulnerable to this due to communication differences and the tendency for their behaviours to be misunderstood. Raising awareness among professionals and conducting thorough, person-centred assessments are key to preventing diagnostic overshadowing and ensuring equitable care. See *Diagnostic overshadowing and how it impacts on people with a learning disability and autistic people* (Local Government Association) for a discussion[26]. Mental health problems might present differently in people with LD. Concepts of diagnostic over-shadowing and over/under-diagnosis are discussed, but also other assessment considerations such as issues of intellectual distortion (a person's difficulty identifying and communicating complex emotional states), suggestibility, acquiescence and confabulations etc.[27]

Social Issues Related to Diagnostic Overshadowing

- Health Inequality: Diagnostic overshadowing contributes to existing health inequalities for people with learning disabilities.
- Social Isolation: The misinterpretation of behaviour can lead to increased feelings of loneliness and a lack of support.
- Lack of Trust: When young people feel their concerns are dismissed and not acted upon, their confidence in professionals to help decreases, making them hesitant to seek help in the future.

Complex Needs: Individuals may have multiple overlapping conditions requiring coordinated, multidisciplinary support.

Profound and Multiple Learning Disabilities (PMLD): Involves severe learning disability, multiple disabilities, high support needs, communication difficulties, and possible sensory, physical, or mental health challenges.

Nationally, life expectancy for people with learning disabilities continues to rise due to stronger preventative care, community support, and accessible health services. Local services in **Nottingham and Nottinghamshire** are leading positive change by meeting national targets for **Annual Health Checks** and embedding best practice across care pathways.

Consanguineous marriages—unions between blood relatives, most commonly first cousins—are associated with an increased risk of autosomal recessive genetic disorders, which can lead to congenital anomalies and learning disabilities in offspring. Research from the Born in Bradford cohort[28]and related studies indicates that historically, between 40% and 60% of British Pakistani marriages have been consanguineous, though recent data shows a decline to around 46% in some areas such as Bradford, reflecting generational change and increased awareness of health risks[29]

Evidence suggests that children of first-cousin unions have approximately double the risk of congenital anomalies compared to the general population (3% vs. 6%) and may experience poorer long-term health and developmental outcomes [3031, 32]. Cultural drivers for these unions include maintaining family cohesion, preserving wealth, and ensuring trust between families, rather than religious obligation[31].It is important to acknowledge these cultural contexts while addressing the health implications through education, genetic counselling, and community engagement. At the same time, underreporting of learning disabilities in minority communities—linked to stigma, fear of discrimination, and cultural perceptions—may mask the true prevalence, complicating service planning[33].A balanced approach that avoids blame and focuses on informed choice and culturally competent support is essential to reduce avoidable health burdens and inequalities, particularly for women in deprived communities who often bear the greatest impact.

Co-occurring Conditions with Learning Disabilities-Mental Health-Awareness of emotional wellbeing is growing, with targeted mental health services supporting resilience and self-expression. See **NHS England** on the higher prevalence of mental ill health among those with learning disabilities.[35]

Neurodevelopmental Conditions

ADHD: Often coexists, affecting attention and behaviour. The pace of ADHD diagnoses and its comorbidity with other conditions is discussed in the NHS Independent ADHD Taskforce report.[36] **Autism**: Frequently overlaps with learning disabilities[37]. Specific Learning Difficulties (e.g., dyslexia, dyspraxia, dyscalculia): These are distinct from learning disabilities but can co-occur. For example, NHS describes dyslexia, dyspraxia as conditions that "often affect autistic people" alongside ADHD[38]. Cross-service collaboration helps ensure those with ADHD, autism, or other needs receive tailored interventions.

Physical and Sensory Conditions- Proactive screening and lifestyle support are enabling more people to manage conditions like epilepsy and diabetes effectively.

Sensory and Communication Support: Accessible technology and speech therapy programmes are improving communication and inclusion.

Down Syndrome and Cerebral Palsy: Commonly associated with learning disabilities. (Note: many individuals with Down syndrome or cerebral palsy have an intellectual impairment component.) See NHS England on associated health needs in people with learning disabilities[35].

Epilepsy: Around 30% of individuals with epilepsy also have a learning disability [35] (NHS England does note higher prevalence of epilepsy in that population.)

Sensory Impairments: Hearing or vision loss can impact learning and communication[39].(Cited in broader statements of health inequalities among people with learning disabilities.)

Eating, Drinking, Swallowing (Dysphagia) and Oral Health Issues:

Estimates vary from ~1% of adults without cerebral palsy, up to ~99% in children with severe generalized cerebral palsy and learning disability. In English population data, about 5.8% of patients with a learning disability had recorded dysphagia in 2018–19[40]. Also, Public Health England's guideline *Dysphagia in people with learning difficulties* notes historical estimates of 36% up to 70%, but that more recent estimates suggest about 15% of adults need support with eating and drinking and around 8% have dysphagia (among those known to services) [41].

Distressed Behaviours: Behaviours of Concern: A Positive Behaviour Support (PBS) approach requires a detailed assessment of a person's unique quality of life needs, triggers, early warning signs and crisis behaviours, leading to guidance for how to support them as proactively and least-restrictively as possible at all times[42].

Nationally, the leading causes of death are:

- **Circulatory diseases** – 22.9%
- **Respiratory diseases** – 17.1%
- **Cancer** – 13.1%

Cancer appears **underrepresented** compared to the general population. While late or missed diagnoses might suggest cancer should be **overrepresented**, the lower percentage may actually reflect the **younger average age of death** in the population studied. Since cancer incidence increases with age, a population with a shorter lifespan may naturally show fewer cancer-related deaths, despite potential underdiagnosis. Importantly, 42% of deaths were deemed **potentially avoidable**[34]

25/26 from e-Healthscope: 57% Abdominal Aortic Aneurysm Screening, 63% Bowel Screening, 59% Breast Screening, 65% Cervical Screening. Also included a breakdown by :

PBP	LD AAA screen	LD bowel screen	LD breast screen	LD cerv screen
Bassetlaw	66.70%	57.30%	45.70%	64.70%
Mid Notts	91.70%	65%	61.80%	60.80%
Nottingham City	23.10%	59.50%	51.90%	64.10%
South Notts	55.60%	67.30%	69%	71.20%

Top Ten Health Conditions for those with an LD in Nottingham and Nottinghamshire from EHealthscope - Sept25 Data.

1	**Learning Disabilities** (LD004/LD_REG, Mild, Moderate, Severe, Profound, First Diagnosed, with Antipsychotic, etc.)
2	**Neurodevelopmental / Neurodivergent Disorders** (ASD, ADHD, Dyspraxia, Language Disorders, etc.)
3	**Mental Health (All combined)** (Anxiety, Depression, CMI, Personality Disorders, SMI, Psychosis, Bipolar, PTSD, Stress Reactions, etc.)
4	**Respiratory Disorders** (Asthma, COPD, Lower/Upper Respiratory Infections, Pneumonia, COVID-19 suspected, etc.)
5	**Obesity / Prediabetes / Diabetes (all types)**
6	**Cardiovascular Disease (CVD, CHD, Stroke/TIA, AF, Hypertension, PAD, Heart Failure, etc.)**
7	**Urinary Conditions** (incontinence, UTIs)
8	**Epilepsy & Seizure Disorders**
9	**Hearing Loss / Difficulty**
10	**Osteoarthritis & Musculoskeletal (Spine, Fibromyalgia, Chronic Pain)**

National Prevalence

Approximately **2% of the adult population** will have a learning disability, though a significant proportion of this group is not known to health or social care services. In England, approximately **1.3 million people** are estimated to have a learning disability (including around 950,000 adults aged 18+ and 349,000 children aged 0–17), representing about 2.5% of the child population[22]. Among adults, around **2.16%** are believed to have a learning disability[43]. The number of **older adults (60+)** with learning disabilities is expected to rise significantly, given increasing life expectancies, making them one of the fastest-growing subgroups. In education, nearly **230,000 children in England receiving Special Educational Needs (SEN) support** have a primary SEN linked to a learning disability; the total number of pupils with SEN now exceeds 1.6 million[22]. (Estimates vary because many adults with mild learning disabilities do not use specialist services and are unlikely to self-identify as having a learning disability[43].

Gender Prevalence and Identification:

Research shows that learning disabilities are more common in males (around 60%) than females (40%), partly due to sex-linked genetic factors[4546]. Females with learning disabilities may face unique challenges related to menstruation, contraception, pregnancy, and menopause, requiring tailored support under the Mental Capacity Act[34]. Women and girls with learning disabilities are also at greater risk of sexual exploitation due to factors like social isolation, dependency on caregivers, and limited understanding of rights[47, 48]. Locally, services are becoming more responsive to gender-specific issues such as reproductive health, safety, and emotional wellbeing. Tailored support and advocacy are helping women and girls lead safe, fulfilling lives. This may also be to do with 'masking' – similarly to Autism diagnosis not just actual prevalence[49]

Prevalence in Nottingham and Nottinghamshire:

Figures 1-4 below illustrate the observed prevalence of LD in Nottingham and There are **7,775** people registered with a learning disability across Nottingham and Nottinghamshire, reflecting growing awareness and strong local commitment to inclusive support.

- **28.9% (2,250)** live in Nottingham **City,** and **71.1% (5,225)** across the **County,** showing the importance of tailored support in both urban and rural communities.
- **61%** are **men** and 39% **women**, with over half aged 15–44, highlighting **a young, active population with great potential.**
- **34% are aged 45** and **over**, showing that more people **are living longer, healthier lives.**
- The population is mainly White, with **valued diversity**: 5.9% Asian, 3% Black, and small numbers from Mixed and Other backgrounds.

Each district has its own strengths. **Nottingham City** has the largest number, while areas like Ashfield and Newark & Sherwood also have vibrant communities. Smaller districts such as Rushcliffe and Broxtowe benefit from focused, local support.

Around **37.3%** of people with a learning disability live in more deprived areas, guiding services to focus where help is needed most, while 5% live in the most affluent areas.

Overall, this picture shows a diverse, resilient community. Increasing recognition, improved data, and strong partnerships are helping services plan more effectively ensuring that people with learning disabilities across Nottingham and Nottinghamshire are supported to live well, stay connected, and thrive[44].

It is important to acknowledge that learning disability is not a single, uniform condition but encompasses a spectrum of needs ranging from mild to profound. Disaggregating data by level of learning disability—or at least recognising these distinctions—would enable more accurate planning and resource allocation. Without this, strategies risk assuming homogeneity and may fail to address the most pressing needs effectively. For example, employment statistics comparing the learning-disabled population with the general population can be misleading if they do not account for individuals with severe or profound disabilities who are unlikely to enter the workforce regardless of support. Differentiating between cohorts would allow interventions to be targeted where they can have the greatest impact, ensuring that limited resources are used efficiently and equitably. This approach would also support more nuanced policy development, recognising that priorities for those with mild learning disabilities—such as employment and independent living—differ significantly from those with complex needs, where health and long-term care are paramount.

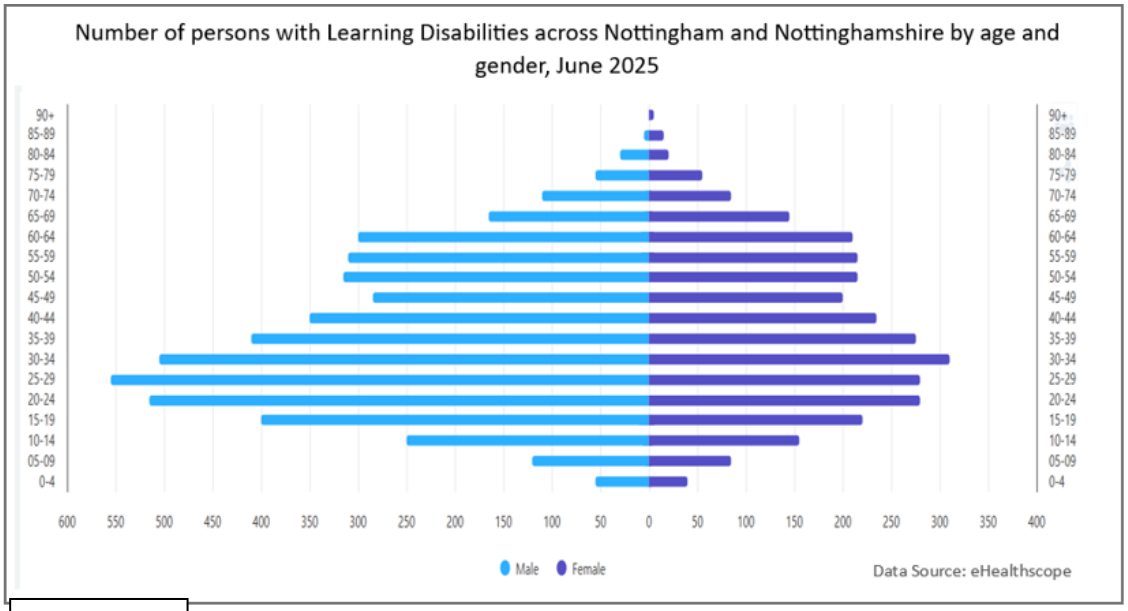


FIG. 1

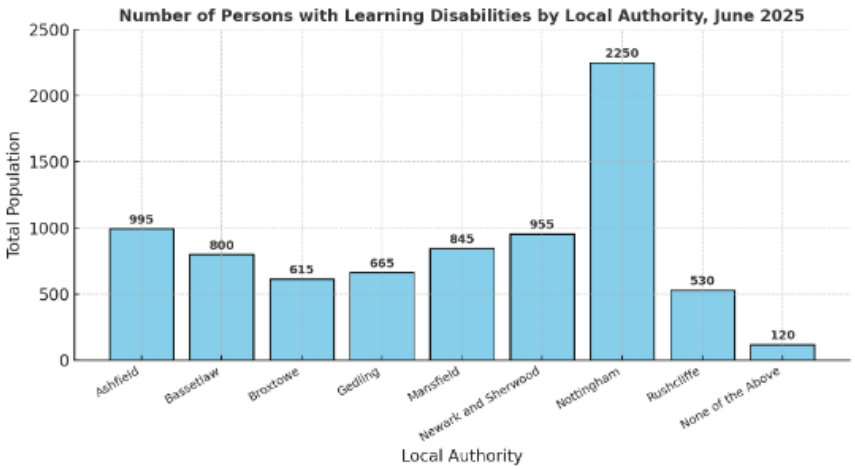


FIG. 2

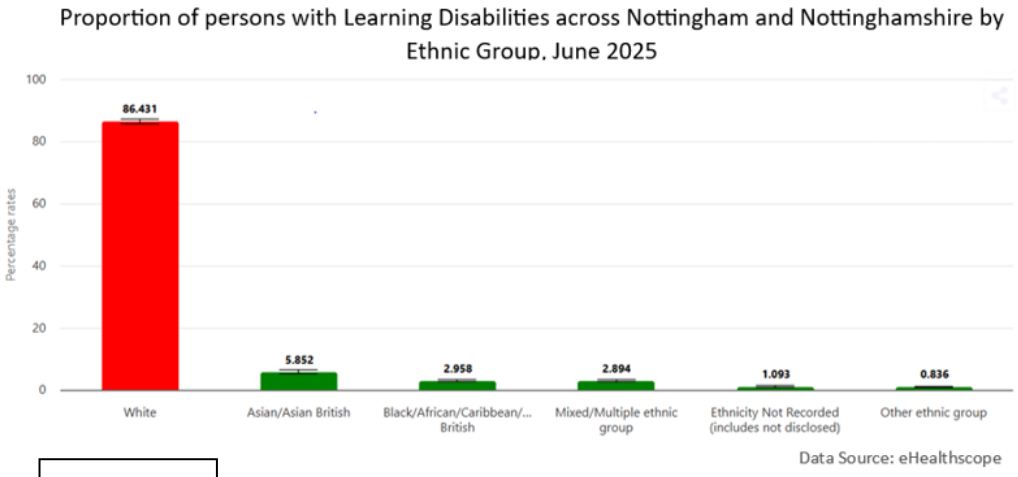


FIG. 3

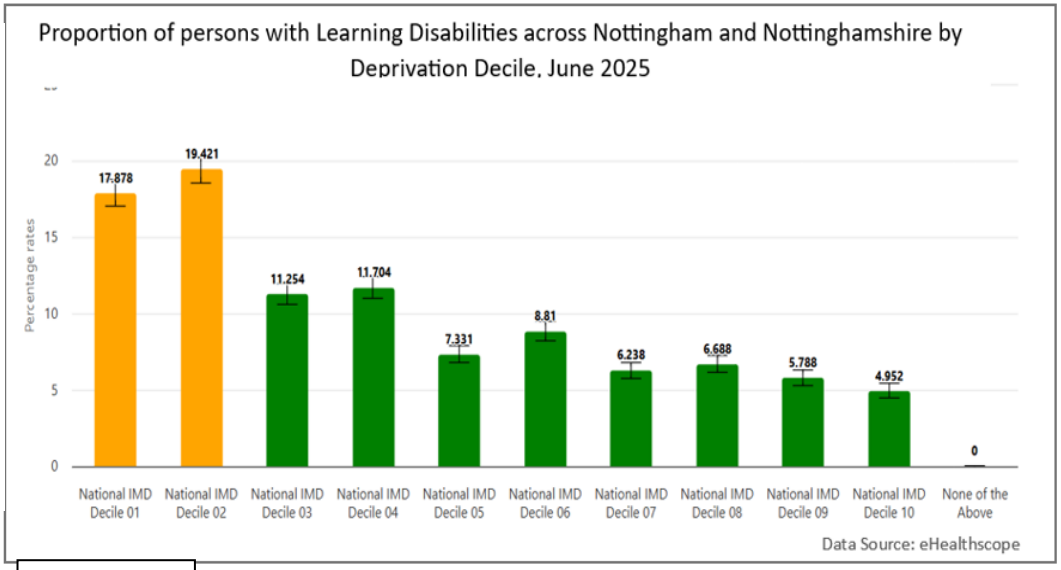


FIG. 4

Source for Fgs1-4 EHealthscope June25

Health Needs and Inequalities in People with Learning Disabilities-Cancer screening uptake is significantly lower among people with learning disabilities. For example, only about 30 % of women with LD receive cervical cancer screening, compared to 70 % of the general population; breast cancer screening rates have also declined[50]. Access to healthcare can be a challenge for the general population but is exacerbated for those with a learning disability, these barriers can include fear, inaccessible information, online booking systems, appointment length, and communication challenges, while facilitators include reasonable adjustments and peer-led education[24].

In men, screening for prostate and bowel cancer remains below national averages, with detection rates often delayed due to underreporting of symptoms, reduced engagement with primary care, and diagnostic overshadowing[51].

Access to Healthcare-Is often limited by barriers such as:

- Communication difficulties
- Inadequate staff training and poor interpersonal skills
- Rigid systems and inaccessible facilities
- Lack of tailored health information[43]
- Everyone experiences emotions like sadness, worry, or frustration — and this is no different for people with learning disabilities.
  Sometimes, these feelings can be harder to express or understand, and may show up in changes in mood, behaviour, or energy.
  Professionals are becoming more skilled at recognising these signs and listening carefully to what people are communicating.

Professionals are working together to close these gaps—offering flexible appointments, clearer communication, and more training for staff to understand each person's story. Through these steps, more people are receiving care that feels **kind, fair, and tailored** to their needs, helping to reduce unnecessary illness and improve quality of life. See The Care Quality Commission's[52].

Dentistry -Access to dental care in particular, is a challenge for many, but national evidence shows that people with learning disabilities experience significantly poorer oral health and face greater barriers to dental services than the general population. These include higher rates of untreated dental disease, increased anxiety, and the need for specialist support to access care"[5354]**.**

Healthwatch Nottingham and Nottinghamshire has consistently highlighted serious barriers to dental care for people with learning disabilities and other vulnerable groups:

- 2022 Report – Access to Dental Care: Found that over half of respondents couldn't secure NHS dental appointments. People with disabilities faced significant accessibility issues, and many were offered unaffordable private care. Healthwatch urged NHS England to reform dental services and prioritise vulnerable patients[55].

More people with learning disabilities are living longer, fuller lives — and as life expectancy increases, some may also experience changes in memory and thinking as they age. This includes people with **Down syndrome**, who may develop dementia earlier than others.

Local services are becoming more aware of these needs and are working to create **gentle, person-centred support** that feels familiar, consistent, and safe.

Traditional dementia services don't always fit well for people with learning disabilities, so there's a growing focus on:

- **Early and accurate recognition** of changes, so support can begin as soon as needed
- **Warm, well-trained staff** who understand both learning disabilities and dementia
- **Comfortable, dementia-friendly environments** with clear communication and familiar routines
- **Close partnerships** between learning disability and dementia teams, so no one falls between services
- **Thoughtful end-of-life care** that honours each person's dignity, comfort, and wishes

Across Nottinghamshire, many adults with learning disabilities are now reaching later life, and a small but growing number may develop dementia. As people live longer, services are planning ahead to offer the right kind of **specialist, compassionate care** — ensuring everyone is supported to live well, stay connected, and feel valued at every stage of life. This positive approach celebrates people's individuality, builds on their strengths, and recognises that with the right support, people with learning disabilities and dementia can continue to enjoy **comfort, purpose, and belonging**.

Risks and Lifestyle Challenges-Overmedication — The **STOMP campaign** (Stopping Over Medication of People with Learning Disabilities and Autism) highlighted the widespread overprescription of psychotropic medication without clear clinical justification. Risks include weight gain, metabolic syndrome, organ damage, and premature mortality. Despite NICE guidance recommending review at 12 weeks and every six months, implementation is inconsistent[56,57]. Evidence suggests that more focus needs to be placed on psychiatric de-prescribing in learning disabilities, and that patients and carers should be more involved in prescribing and de-prescribing decision[58,59] .

Physical Activity and Lifestyle — Only 9 % of people with learning disabilities meet recommended physical activity levels, contributing to obesity, poor cardiovascular health, and low mental wellbeing. Barriers include lack of inclusive opportunities, poor diet, smoking, and social 1000. Lifestyle programmes have shown promise in promoting healthier habits[1] .

Inequalities in Minority Groups

BAME individuals with LD face compounded health inequalities, with major data gaps limiting effective interventions.

LGBTQ+ young people (16–24) are significantly more likely to report having a disability (32.4 %) compared to their peers in the general population (12.6 %), with higher rates among bisexual and other minority sexual orientations[60]. Increasing focus on **diversity and inclusion** ensures that individuals from **ethnic minority** and **LGBTQ+** communities receive equitable care, with growing cultural awareness and targeted outreach helping to reduce health inequalities.

Opportunities for belonging and social isolation for people with an LD. "Research undertaken by Kaley et al.[61] described belonging as like a cake. "It needs the right ingredients. These ingredients include the right combination of people, places and times…while belonging is often presented to people as a desirable and realisable outcome of social inclusion policies, cuts in funding and a lack of appropriate support frustrate people's desires to meaningfully belong with other people in their local community. This demonstrates the importance of supporting social environments that meet people's needs for social connectedness and belonging." The case for more agency is also made in this research, "belonging intersects with agency and choice was also identified as an important and novel finding of our study." This supports the need to grow. There are opportunities to co-design community hubs with young people to make positive social hubs with young people to make positive social connections in person and online to reduce social isolation. Opportunities for people to belong together such as Community Hubs for young people which can be co-designed with the young people in their local areas. There are potential opportunities to support young people to build their skills in relation to keeping themselves safe online and developing skills to form positive and safe online relationships by embracing online contacts and modelling positive online relationships through Virtual Community Hubs. People with learning disabilities can and do form relationships, yet many experience barriers that limit social participation. National data shows younger adults with learning disabilities report higher levels of loneliness than their peers, and older adults often face additional challenges due to health and mobility issues. Addressing these barriers through inclusive community activities and support networks can significantly improve wellbeing and independence. It is equally important to recognise that sexual health is a vital part of overall health. Evidence shows that individuals with learning disabilities have similar aspirations for relationships and intimacy as others, and some are at greater risk of unsafe sexual practices. Integrating sexual health education and services into physical health interventions ensures a holistic approach that promotes dignity, choice, and equality.

The National Suicide Prevention Alliance highlights that adults with learning disabilities face significantly higher rates of mental health issues, yet suicide risk in this population is under-recognised and under-researched, and calls for better access to tailored health services, more accessible information, and stronger advocacy from social care providers to ensure individuals receive appropriate support and safety planning[62]. For a small number of people, feelings of distress can become overwhelming. Life events, loneliness, or not feeling heard.

Morbidity, and Mortality Adults with learning disabilities often face shorter lifespans compared to the general population, with the median age at death around 62–63 years. In contrast, the average life expectancy for men and women in the wider population is 82.6 and 86.1 years respectively. This highlights the importance of continued efforts to improve health outcomes and ensure equitable, compassionate care throughout life[64].

Premature mortality is stark: women with LD live on average 18 years less, and men 14 years less, than the general population. Those with profound and multiple learning disabilities (PMLD) may have a life expectancy as low as 46 years[34].

In Nottingham and Nottinghamshire, the median age at death for people with a learning disability is approximately 62 years, compared to 82–86 years in the general UK population—reflecting a persistent ~20-year life expectancy gap. This disparity mirrors national LeDeR findings, underscoring the need for targeted health and social care interventions.[32]

Annual Health Checks-National Context-NHS Digital data (June 2025) shows that **13.3%** of individuals aged 14+ on the learning disability register received an Annual Health Check (AHC) between **April–June 2025**.This is a **quarterly figure** (Q1 of 2025/26), not an annual total. In **2016/17**, the annual uptake was **49.7%**, but the LD register was significantly smaller at that time. The **learning disability register has grown**, meaning the percentage uptake can decline even if the number of checks increases.

NHS Long Term Plan Target-The NHS Long Term Plan set a target of **75% AHC uptake** by **2023/24**.The current national quarterly figure (13.3%) is **well below** this target [64]. **Local Performance: Nottingham and Nottinghamshire-**In **2024/25**, Nottingham and Nottinghamshire completed **5,684 AHCs** for people aged 14+.This met the **NHSE target of 82%** for the region. The area has **consistently met or exceeded** national targets over the past three years (source: Nottingham & Nottinghamshire LeDeR Annual Report).Nottingham and Nottinghamshire are performing **strongly** relative to national trends.[32]

As of 31st July 2025, however, there have been 1303 heath checks completed putting performance against this year's denominator set by NHSE at the start of the year (based on the 2024/25 all age QOF GP LD Register) at 18% and 18% against the GP LD register on E-Healthscope (14 years and over). Unfortunately, we have not met the monthly target of 20%. 93% of AHCs are recorded to have a Health Action Plan (HAP) in place, with 35 people recorded to have declined a HAP which equates to a decline rate of 0.5% against the total LD register on E-Healthscope. The non-cumulative, target set for July was 567 health checks. Unfortunately, a total of 422 was achieved, which equates to 6% against the monthly target of 8%.

LD, Suicide, and Elevated Risk Factors

People with learning disabilities (LDs) face a higher risk of poor mental health, which can lead to suicidal thoughts and behaviours [29] Social isolation: Difficulty forming relationships can lead to loneliness.

- Bullying and stigma: Discrimination can damage self-esteem and increase despair.
- Communication barriers: Challenges in expressing distress or asking for help.
- Diagnostic overshadowing: Mental health symptoms may be misattributed to the disability itself, delaying appropriate support. [29]
- Limited access to tailored mental health services: Many services lack reasonable adjustments or accessible formats.

Underreporting and Misunderstanding

Despite these risks, suicide is rarely reported as a cause of death among people with LDs in national datasets such as LeDeR. This may reflect:

- Lack of awareness or training among professionals.
- Misclassification of deaths due to assumptions about cognitive capacity.
- Cultural stigma and systemic gaps in data collection.

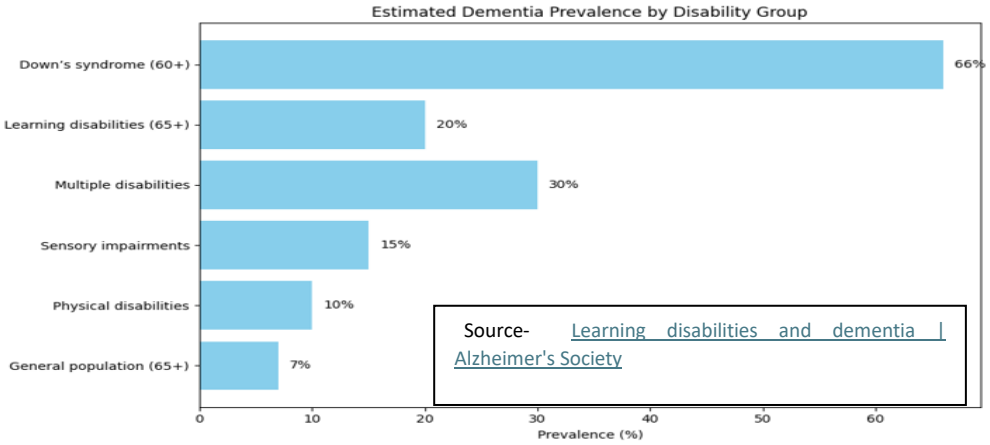
Research Insights

One study highlighted that people with LDs often have a more nuanced understanding of death and suicide than previously assumed, and that support staff may underestimate this[61].

The 2023 LeDeR report by King's College London highlights continued progress in addressing health inequalities for people with learning disabilities. Nationally, the proportion of avoidable deaths has decreased from 46% in 2021 to 39% in 2023, reflecting improvements in care quality and earlier interventions. In the Midlands, the regional LeDeR report shows that nearly **60% of adults with a learning disability died before age 65**, and **38.6% lived in the most deprived areas**, showing the importance of targeted support. Encouragingly, the median age at death has gradually increased, and avoidable deaths—while still nearly double the rate of the general population—are declining. These findings reinforce the region's commitment to learning from reviews and implementing system-wide improvements that promote safer, more equitable care for people with learning disabilities.[63,19].

Dementia Prevalence Among Disability Groups

This chart illustrates the estimated prevalence of dementia among various disability groups. It highlights the significantly higher risk faced by individuals with Down's syndrome and learning disabilities, as well as the compounded risks for those with multiple disabilities.



Area	Group	Estimated Cases	% of Total Population
Nottingham City	General population (65+)	2709	0.82%
Nottinghamshire	General population (65+)	12271	1.49%
Nottingham City	Learning disabilities (65+)	240	0.07%
Nottinghamshire	Learning disabilities (65+)	660	0.08%
Nottingham City	Downs syndrome (60+)	33	0.01%
Nottinghamshire	Downs syndrome (60+)	66	0.01%

Dementia as a percentage of the total population in Nottingham City and County

Hearing loss is recognized as a significant comorbid condition among ageing populations and care home residents, contributing to cognitive strain and social isolation. A **"Call to Action"** published 24th June 2025 highlights the urgent need for hearing assessments in care homes[70]. The Foundation for People with Learning Disabilities also provides information on hearing loss as a frequent comorbid condition in people with a learning disability[71]. Hearing loss has been identified as the 9th most common comorbid condition in the Nottingham and Nottinghamshire population (data from EHealthscope, Sept 2025), potentially linked to the ageing demographic.

LD, Dementia and an Ageing Population Joyce (2024) notes that while people with learning disabilities experience higher rates of preventable illness and avoidable mortality, they are rarely reached by mainstream health promotion efforts. Thus, efforts should focus on creating inclusive, health-promoting environments across community settings (e.g., homes, schools, workplaces) rather than solely targeting individuals with interventions[65]. People with learning disabilities in the UK are at significantly higher risk of developing dementia, often at a younger age than the general population. Approximately **one in five individuals** with learning disabilities over the age of 65 will develop dementia, and those with Down's syndrome are particularly vulnerable, with **around two-thirds over age 60 affected** — most commonly by Alzheimer's disease[66,67]. Individuals with Down syndrome, for example, are more likely to develop dementia as they grow older, likely to develop dementia as they grow older, thought to be related to genetic factors that contribute to amyloid plaque build up. Diagnosing dementia in this population can be complex, especially because pre-existing cognitive and communication differences may mask early signs. That's why timely and thoughtful assessments are so important. For individuals with Down syndrome, having a baseline assessment by age 30 can help track changes over time and support early intervention. Local health and care services are increasingly aware of these needs and are responding with kindness and care. A multidisciplinary approach is recommended — one that includes personal history, full health checks, cognitive evaluations, and environmental assessments. Support is most effective when it's consistent, familiar, and rooted in relationships. This might mean keeping trusted carers nearby, using clear and simple communication, and creating calm, comfortable spaces. "There is limited evidence that people with learning disabilities experience clinically meaningful benefits from anti-dementia medication, with some evidence that they experience adverse side-effects (Battke et al., 2021). However, people with learning disabilities and their carers need to be as informed as possible about the range of supports and treatments available to them so that they can access care that is right for them[61].

Families are supported to understand changes and access advice early. Professionals aim to notice signs gently and respond with empathy, ensuring that people feel safe, respected, and valued at every stage of life. The focus is always on what brings comfort, joy, and meaning — whether that's a favourite song, a familiar place, or a cherished relationship. There should be particular attention to pain management, as individuals may struggle to express discomfort[68].

People with a learning disability are at greater risk of **young-onset Alzheimer's disease** (ages 50–65); studies suggest around **1 in 10** people with a learning disability in this age group may develop Alzheimer's disease[69].

Oliver McGowan Mandatory Training

The rollout of the Oliver McGowan Mandatory Training (OMMT) in Nottingham and Nottinghamshire is being coordinated through the local Integrated Care System (ICS) in partnership with NHS England regional leads. The approach focuses on building local trainer capacity and ensuring consistent access to the training across health and social care settings.[hee.nhs.uk]

Local Implementation

- Trainer Development: ICSs are working to train facilitators and experts by experience to deliver the face-to-face sessions. This includes "train the trainer" programmes to expand delivery capacity.
- Employer Options:
    - Deliver training in-house using certified trainers
    - Collaborate with ICSs to access standardised training packages
    - Coordinate with local learning and development teams to schedule sessions. [hee.nhs.uk]
- Accessing Training: Staff should contact their line manager or training lead to arrange participation. Employers are encouraged to embed the training into their workforce development plans.

Progress and Capacity Building

- The trainer training programme is underway, and as more trainers are certified, the capacity to deliver both Tier 1 and Tier 2 sessions is increasing.
- Nottingham and Nottinghamshire ICS is actively involved in coordinating delivery, ensuring that the training is accessible to all CQC-regulated providers in the region[61]. See comment box re mandated requirements

Primary Care Networks, (PCN's)

In **Nottingham and Nottinghamshire**, **Primary Care Networks (PCNs)** play a vital role in delivering integrated health and social care services at a local level.

Primary Care Networks (PCNs) in Nottingham and Nottinghamshire

PCNs are collaborative groups of GP practices working with community services, social care, mental health, and the voluntary sector to provide **coordinated care** tailored to local populations. Their aim is to:

- Improve population health outcomes.
- Reduce health inequalities.
- Support people to manage their own health.
- Deliver care closer to home.

Nottingham City PCNs

There are **eight PCNs** in Nottingham City, each led by a Clinical Directo. These PCNs are part of the **Nottingham City Place-Based Partnership (PBP)**, which works within the **Nottingham and Nottinghamshire Integrated Care System (ICS)** to reduce health inequalities and improve wellbeing[72].

Nottinghamshire PCNs-PCNs across the county are grouped into **Place-Based Partnerships**:

Each PCN has a **profile** that includes data on health, wellbeing, and social care needs, helping inform service planning and community engagement strategies[73] .

Relevance to Local Training and Workforce Development

PCNs are increasingly involved in:

- **Workforce planning and training**, including supporting the rollout of the **Oliver McGowan Mandatory Training**.
- **Integrated Neighbourhood Teams**, which bring together professionals from different sectors to deliver joined-up care.
- **Community engagement and prevention**, aligning with local training offers to upskill staff in areas like autism awareness, communication, and assistive technologies.

Social Inequalities Faced by People with Learning Disabilities, Including BaME Communities

in recent data that higher regional deprivation is associated with higher numbers of people learning disabilities and autism being admitted to hospital for a mental health and/or behavioural concern. “Recent LeDeR data shows that 25% of deaths of people with ID occurred in the most deprived neighbourhoods, and only 10% in the least deprived"[74],

People with learning disabilities, particularly from Black and Minority Ethnic (BaME) backgrounds, are among the most excluded groups, with limited representation in statutory and voluntary services[75].

Social determinants of health such as poverty, poor housing, limited education, and unemployment significantly worsen health outcomes, contributing to shorter life expectancy and longer periods of ill health[76,77].

Employment opportunities for people with learning disabilities are growing as more employers recognise their skills and contributions. Inclusive recruitment, flexible roles, and supported employment programmes are helping more people find meaningful work. While employment rates remain lower than average, progress is being made through better awareness, accessible transport, and stronger local partnerships.

Families are also receiving more support with housing, finances, and advice, helping to ease pressures and build stability.

Together, these changes are creating a future with **greater inclusion, opportunity, and economic independence** for people with learning disabilities and their families.[44,45,46]

Disability hate crime is disproportionately high. People with learning disabilities and/or autism are **four times more likely** to be targeted, with 73 % reporting experiences of hate crime and many cases going unreported[78,79].However, in 2022–23, **£14,719** in grant funding was made available to third-sector community-based organisations in Nottinghamshire to help prevent, identify, and respond to hate crime, as the first stage of a multi-year funding agreement (2022 to 2025) totalling £107,651. Successful projects include *Safety through Engagement (Communities Inc CIC)*, *Smile! Stop Hate Crime (Mencap)*, *Breaking the Cycle (National Holocaust Centre and Museum)*, *Let’s Talk (One Conversation)* and *The Signpost to Polish Success*. Nottinghamshire Police officers can make referrals to *Breaking the Cycle* if they believe a person is behaving in a way that stems from racial prejudice. There are no definitive numbers of people with learning disabilities being arrested or taken into police custody due to challenges in diagnosis and lack of systematic local data collection[80].Further information can be accessed in the most recently published Nottinghamshire Police annual report via the Crime Survey website[81].

One of the projects that Voice are involved in is:

Nottinghamshire Office of the Police and Crime Commissioner

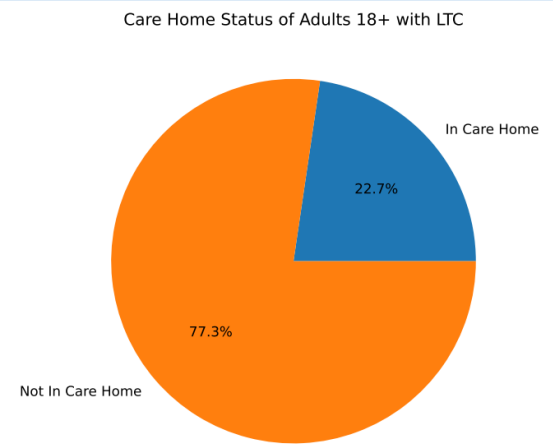
Through this innovative project, Reach is co-producing safeguarding training and creating accessible resources, including a short animated film, to help people stay safe in their communities and online. This can be found at https://www.facebook.com/NottinghamshireOPCC/#

Social isolation and vulnerability online are significant concerns for individuals with learning disabilities (LD), particularly as digital platforms become more central to communication, education, and daily life. People with LD may face barriers in understanding online risks, navigating complex interfaces, or interpreting social cues in digital interactions, which can increase their exposure to exploitation, cyberbullying, or misinformation. Limited digital literacy and lack of tailored support can further isolate them from peers, especially if they struggle to engage with mainstream online communities or educational content. Additionally, reliance on online platforms without appropriate safeguards can heighten emotional vulnerability, particularly when individuals experience exclusion, misunderstanding, or online abuse.

Housing

Having a place to call home is deeply important for wellbeing. For many people with learning disabilities, a home isn't just a building — it's a safe space where they feel comfortable, included, and part of the community. National and local policies recognise the right for everyone to live independently, with the RE around them. Across Nottingham and Nottinghamshire, services are working together to create more **inclusive, accessible housing** that helps people build the lives they want — whether that's supported living, shared homes, or living with family. Despite many individuals having low or moderate support needs, only 23 per cent of those eligible for adult social care currently live in mainstream housing, with a similar proportion in supported housing, and over a third continuing to live with family carers. The Local Government Association's 2025 report highlights that barriers — including a shortage of affordable and accessible housing, complex allocation systems, and limited awareness among landlords — continue to restrict choice and independence[82].This Joint Strategic Needs Assessment sets out the local implications of these findings and outlines priorities for improving housing choice, in line with the Care Act 2014 and public sector equality duties[82]. Also refer to City Housing Strategy housing-strategy_draft.pdf[83], and County Housing Strategy | Nottinghamshire County Council[84] and Resources from 200 Lives project: Evaluating supported living and residential care for adults with learning disabilities - NDTi [85]demonstrated that people living in residential care typically had "significantly higher levels of support" and there were "greater restrictions on people's choices and freedoms". The research also demonstrated that "those who live in supported living felt more connected to their local community…however, they could be more affected by local crime, antisocial behaviour and deprivation." Likewise, there is evidence that people living in Shared Lives schemes have more positive health outcomes and there is increased usage nationally for people who struggle with their mental health although there are noted barriers to people becoming Shared Lives carers due to the way council tax exemptions and benefits are arranged.

Since 2019 County have reduced use of residential care for people with a learning disability by 15%



Care Quality Commission, (CQC) Registration Summary for LD Care Homes (65+) Providers must register under the Health and Social Care Act 2008 and follow the *Right support, right care, right culture* guidance. Care homes and supported housing services should promote autonomy, dignity, and inclusion, with staff trained in person-centred care and supported living approaches. Providers must declare service user bands (65+, LD, autism) and comply with the Mental Capacity Act 2005. The CQC favours small, community-based settings (maximum six residents) to ensure personalised, non-institutional care[86].

Housing Data in Nottingham and Nottinghamshire for those with LD, EHealthscope Data Sept 25- Shows just over 3 quarters are not in a care home and just under a quarter are, (Also see data on Pages 22 and 23).

Contract Type	23/24	24/25	25/26 (to 07/01/26)
CSE - Outreach	137	123	112
CSE - Supported Living	254	264	268
Day and Evening Services	294	295	299
Direct Payments	262	253	241
Extra Care	6	6	8
Home Care	66	84	85
Housing Related Support	2	4	2
NRPF - Subsidy Payment	2	2	2
One Off Deep Clean	7	1	1
Residential and Nursing	419	421	414
Shared Lives	74	62	53
Transport	132	129	127
Total Number of Individuals	*1078*	*1093*	*1077*

Package Data For Nottingham City for citizen's with LD by accommodation type 23-26, Liquid Logic Data Jan26

Package Data County 22-26

People with Learning Disabilities

	No. of Individuals Supported During the Year						
Year	Care Home [1]	Daycare [2]	Supported Accomm	Supported Living Outreach	Connect [3]	Digital Inclusion [4]	Brighter Futures [5]
2022/23	486	925	445	375	11	13	105
2023/24	525	944	609	172	71	13	58
2024/25	506	961	662	150	133	19	
2025/26 to Sep	500	995	681	141	36	3	

[1] includes both residential and nursing packages
[2] includes both internal and externally provided daycare packages
[3] Block contract with external provider. New Connect contract started Oct 2023
[4] Block contract with external provider. New Digital Inclusion contract started April 2025
[5] Block contract. Brighter Futures contract ended in Sep 2023 and was merged into the new Connect service

Figures for Care Home, Daycare and Supported Accomm and Supported Living Outreach taken from the Service User Costing Report
Numbers of people are the number of different people supported over the year

Across City and County learning disability services, total numbers supported are mainly stable, but the mix is shifting steadily toward community-based provision. In Nottingham City, small reductions in residential/nursing and outreach are offset by growth in supported living, home care and day services, signalling step-down and independence but raising capacity, workforce and housing considerations; declines in Direct Payments and Shared Lives are notable risks to personalisation and cost-effective options. At County level, post-2023 service redesign explains movement from Brighter Futures into Connect, with Connect increasing and Digital Inclusion starting in 2025, reinforcing a strategic emphasis on enablement and digital support.

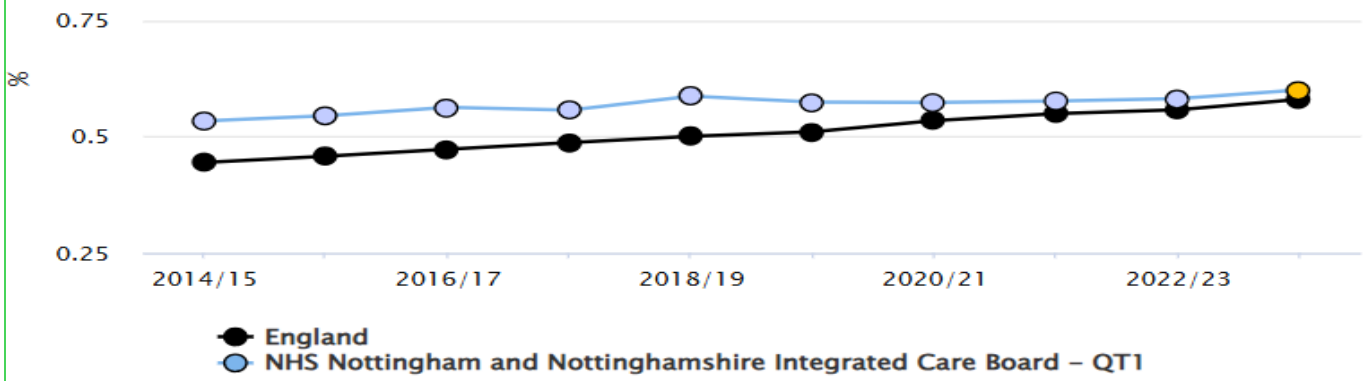
Criminal Exploitation and Learning Disabilities Safety is a basic human need — and everyone deserves to feel secure, both at home and in the community.
People with learning disabilities may sometimes be more at risk of being taken advantage of or treated unfairly. This might include-
Mate crime: Abuse disguised as friendship[87]
County lines and cuckooing: Drug gangs coercing individuals into criminal activity or taking over their homes[88].
Financial abuse: Theft, scams, or coercion[89].
Challenges
Limited data on the scale and nature of exploitation[90].
Insufficient training for professionals
Policy gaps in recognising and responding to LD-specific vulnerabilities
Blurred roles in the justice system, where victims may also be treated as offenders
Recommendations
Multi-agency collaboration across health, education, social care, and justice
Accessible information using Easy Read formats
Early intervention and listening to parental concerns



LD and the Criminal Justice System
People with learning disabilities sometimes come into contact with the justice system — as victims, witnesses, or occasionally as suspects. These experiences can feel confusing or overwhelming. The LD prison population is over seven times the LD inpatient population[74].
Local services are working to make sure that anyone involved in the justice system is treated with **kindness, patience, and understanding**.
Professionals are learning how to communicate clearly, give people extra time, and provide easy-read information to help them understand what's happening.
There's a growing awareness that people with learning disabilities may need **specialist advocates** and **supportive environments** to feel safe and fairly represented.
The focus is shifting from blame or misunderstanding to **compassion and inclusion** — recognising that with the right support, people can be heard, protected, and treated with dignity at every stage.
A systematic review by Powell et al. (2025) synthesised findings from ten qualitative studies involving 766 participants, examining CJS professionals' attitudes toward offenders with intellectual disabilities. The review identified five key themes: conflation of diagnoses, negative perceptions of people with intellectual disabilities (PWID) as offenders, procedural challenges, development and reinforcement of attitudes, and the impact of training. While the methodological quality of the studies was generally high, none reflected on the researcher-participant relationship[91].
Research such as Slavny-Cross et al. (2022) examines how learning disabilities intersect with the criminal justice system, focusing on the vulnerabilities experienced by individuals with neurodevelopmental conditions[92].
Similarly, Young et al. (2017) explore the presence of neurodevelopmental disorders in prison populations and how these conditions are often associated with psychiatric symptoms and behavioural disturbances. This underscores the importance of understanding and addressing the specific needs of individuals with learning disabilities in prison and detention settings to prevent exacerbating existing challenges[93].
The mental health and wellbeing of individuals with learning disabilities is also a significant area of concern. For instance, Griffiths et al. (2019) investigates the mental health experiences of vulnerable autistic adults, offering insights into how individuals with learning disabilities experience life satisfaction and vulnerability. This research is critical in shaping mental health and wellbeing strategies tailored to individuals with learning disabilities, ensuring that they receive the necessary support and care to thrive in their communities[94].
In the context of workplace support, the study by Gayed et al. (2018) on the effectiveness of training programmes for managers to understand and support employees' mental health needs is particularly relevant. This research highlights how such training can foster inclusive work environments, which could be expanded to encompass support for employees with learning disabilities, promoting their inclusion and success in the workforce. The criminal justice system and its interaction with individuals with learning disabilities also warrant significant attention[95].

5. Nottingham and Nottinghamshire picture and how we compare-

Prevalence of Learning Disabilities across Nottingham and Nottinghamshire, 2014 to 2023



A total of 7,775 registered patients across Nottingham and Nottinghamshire have a learning disability, 28.9% (2,2250) reside in Nottingham city and 71.1% (5,225) spread around the county.

Learning Disability Prevalence Trends (Nottingham & Nottinghamshire)

- In **2023/24**, LD prevalence was **0.6%**, matching the **England average** and placing the area in the **50th centile**.
- Over the past **10 years**, Nottingham and Nottinghamshire consistently had **higher LD prevalence** than England, though the **gap has narrowed since 2019/20**.
- The **overall trend is upward**, both locally and nationally, suggesting increased identification and service engagement.

Impact of COVID-19 on Prevalence

- The **LeDeR programme** found that people with LD experienced **higher COVID-related mortality**.
- Nationally, this may have **reduced prevalence**, especially among individuals with complex needs.
- In Nottinghamshire, however, the **continued upward trend** suggests:
    - **Better service continuity** during and since the pandemic.
    - **Improved identification** and diagnostic practices.
    - **Stable or growing population need**.

If more people with LD died due to COVID, we'd expect **lower prevalence**.

The **narrowing gap** between Nottinghamshire and the national average likely reflects **a national dip** in prevalence due to COVID mortality, while Nottinghamshire's **resilience in services and identification** helped maintain or grow its numbers.

Carers of People with Learning Disabilities in Nottingham & Nottinghamshire

- **Total carers**: 82,172 across Nottinghamshire (2021 Census), including 24,346 in Nottingham City.
- **High-hours carers**: 7,710 in the city and 24,499 in the county provide over 50 hours of care weekly.
- **GP-registered carers**: 52,790, with 1,910 speaking a language other than English.
- **Support available**:
    - *City*: Carers Hub Services (phone, text, email, social media).
    - *County*: Nottinghamshire Help Yourself website and Carer's Emergency Card.
    - *Both*: NottAlone website for mental health and wellbeing support[96].

Nottingham City has **more diverse carers**. Specifically, **1,910 carers** across Nottingham and Nottinghamshire have a first language other than English, and given the city's higher population density and diversity, it's likely that a **greater proportion** of these carers are based in the city.

This aligns with broader trends where urban areas tend to have more linguistically and culturally diverse populations. [97]

Data, (Sources- from city and county Databases)

In 2023/24, the recorded prevalence of learning disabilities (LD) in Nottingham and Nottinghamshire was 0.6 %, consistent with the national average based on QOF data.[98]However, this figure significantly underrepresents the true prevalence, which NICE's Clinical Knowledge Summary (CKS) estimates to be between 2 % and 3 % of the population.[99]

This discrepancy highlights a national issue of under-identification and under-recording in both health and local authority systems. While COVID-19 led to increased mortality among people with LD — potentially reducing prevalence figures nationally — Nottinghamshire's continued upward trend suggests stronger service continuity, improved diagnostic practices, and a stable or growing population need. NHS Digital data further supports the need for accurate prevalence monitoring, showing that certain health conditions (e.g. epilepsy) are significantly more common in people with LD than in the general population[51].

To address this gap, it is essential to improve identification and recording practices, including the use of the Reasonable Adjustment Flag and adherence to the Accessible Information Standard. **(See Appendix1)**

Social Care Packages

Although 7,775 patients are registered as having a LD across City & County, only 3848 have a support package in place - the following data is based on these individuals.

Total Individuals: 3,848 City: 1,492 County: 2,356

Total Individuals with Support Packages: 3,848

- **City**: 1,492
  → **38.77%** of total support packages
- **County**: 2,356
  → **61.23%** of total support packages

Compared to Total LD Registrations (7,775):

- Individuals with support packages: **3,848**
  → **49.49%** of all registered LD individuals
- Individuals without support packages: **3,927**
  → **50.51%** of all registered LD individuals

Percentages of whole City and County Populations- Across City & County Combined

- **LD individuals**: **0.67%** of the total population
- **LD individuals with support packages**: **0.33%** of the total population

By Area

- **Nottingham City**:
  LD with support = **1,492** → **0.46%** of the city's population
- **Nottinghamshire County**:
  LD with support = **2,356** → **0.28%** of the county's population

A similar number of people have a learning disability (LD) in both the city and the county. However, 0.46% of the city's population receives LD-related social care support, compared to just 0.28% in the county.

This difference raises questions about whether higher levels of deprivation in the city contribute to greater support needs, or whether individuals with LD are more likely to live in urban areas than in smaller towns or rural parts of the county.

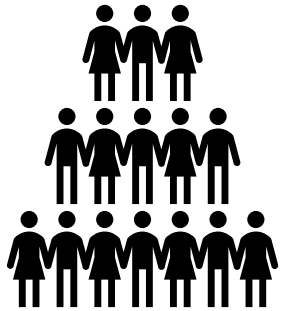


Fig.5 Sex/Gender

- **Males** represent the majority of recipients (59%), with a slightly higher proportion in the city.
- **Females** account for 41% of the total, with a balanced distribution across city and county.
- **Unknown gender** is negligible in count.
- These figures align with the gender differences seen in terms of numbers of people with LD at birth, suggesting both genders are equally well represented within support services

Fig.6 Age

- **Age 18–64**: 3,400 people (88.4%) — the vast majority of recipients.
- **Age 65+**: 433 people (11.3%) — a significant minority.
- **Under 18**: 14 people (0.4%) — very few recipients.
- **Unknown age**: 1 person.

Distribution by Location:

- The **18–64 age group** dominates both city and county support.
- The **65+ group** have a higher proportion in the county than the city.

Fig.5



Fig.6

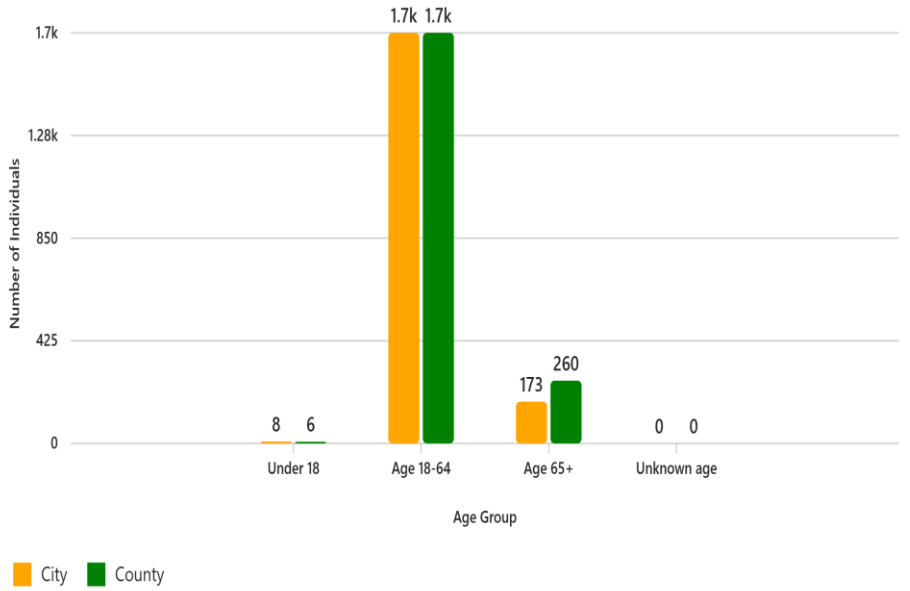




Fig. 7

Fig. 7 Ethnicity

- **White British (English)** individuals make up the majority: **83%** of the total (3,214 people).
- The next largest groups are:
  - **Asian**: 113 people (3%)
  - **Black**: 70 people (2%)
  - **Other/Mixed**: 72 people (2%)
  - **Undeclared/Not Known**: 66 people (2%)
- All other ethnicities individually represent less than 3% of the total.

Total Individuals: 3,848

- **City**: 1,492
- **County**: 2,356

Interpretation & What This Means

1. Service Need & Equity

In **Nottingham City**, ethnic minority groups—especially **Asian and Black communities**—are **less well-represented** in the LD cohort compared to their share of the overall population. This may reflect:

- **Barriers to diagnosis**
- **Cultural stigma**
- **Under-recording** in health and social care systems

2. County vs. City Patterns

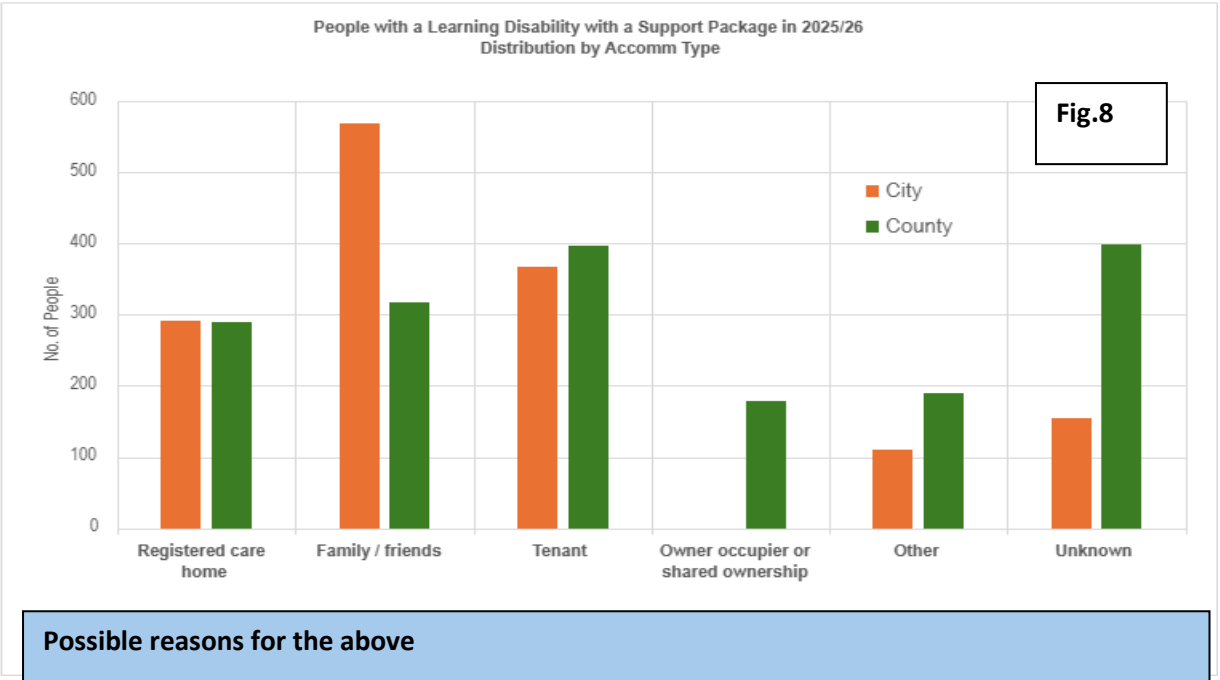
In **Nottinghamshire County**, small ethnic minority groups (Asian, Black) are **slightly over-represented**, suggesting:

- Different **local patterns of need**
- Possible differences in **identification, access, or service engagement** compared to the more diverse city

3. National Comparison

Compared to **England overall**, the LD cohort appears **less ethnically diverse**, with **fewer Asian and Black individuals** represented. This may indicate systemic issues in:

- **Referral pathways**
- **Diagnosis practices**
- **Ethnicity data recording**



Possible reasons for the above

City (More Family/Friends Housing)-Higher population density: Cities often have more people living in shared or multi-generational households due to space and cost constraints.
Transient or younger population: Urban areas may attract younger individuals who are more likely to live with family or friends temporarily.
Housing affordability: Renting or owning in the city can be expensive, leading people to stay with family/friends.
There are approximately 153 CQC-registered care homes/nursing homes in Nottinghamshire and 90 in Nottingham City that specify learning disabilities/autism as a service specialism. These numbers are based on data from third-party care home directories, as the precise number can change frequently with CQC registration updates[100].
County (More Owner Occupiers)-Higher home ownership rates: Counties often have more affordable housing and larger properties, encouraging ownership.
Older population: Counties may have a higher proportion of older individuals who have settled into owned homes.
Less rental pressure: Lower demand for rental properties compared to cities may lead to more people owning homes.
Housing type availability: Counties tend to have more Housing Association and Sheltered housing, which supports longer-term stable living.

Fig. 8 The graph compares accommodation types between **Nottingham City** and **Nottinghamshire County**.

Registered care home: Both City and County have similar numbers, around **300 people**, indicating equal reliance on formal residential care. Approximately **3.22%** of people with a learning disability across Nottingham City and County live in a care home.
Family / friends: The **City** has a notably higher number (**~550 people**) compared to the **County** (**~350 people**), suggesting stronger informal support networks or fewer independent living options in the City.
Tenant: The **County** leads with **~400 people**, while the **City** has **~300**, indicating more individuals in the County live independently in rented accommodation.
Owner occupier or shared ownership: Only the **County** shows data (**~200 people**), suggesting greater access to home ownership or supported housing schemes outside the City.

- **Other**: The **County** again has more individuals (**~150**) than the City (**~100**), reflecting a broader range of accommodation types.
- **Unknown**: The **County** has a significantly higher number (**~450 people**) compared to the City (**~150**), which may point to data recording issues or less clarity in accommodation status in County records.

Overall, the **City shows higher reliance on family/friends**, while the **County has more individuals in rented, owned, or less-defined accommodation types**, indicating differing housing support patterns and possibly data completeness between the two areas. ***Other****: Refers to accommodation arrangements that are not standard or widely recognized, such as supported living schemes, temporary housing, or specialist housing that doesn't fall under "registered care home," "family/friends," "tenant," or "owner occupier." It's a catch-all for less common setups.*
Unknown*: This means the accommodation type for those individuals hasn't been recorded or is missing from the dataset. It could be due to incomplete data collection or cases where the living situation is unclear.*

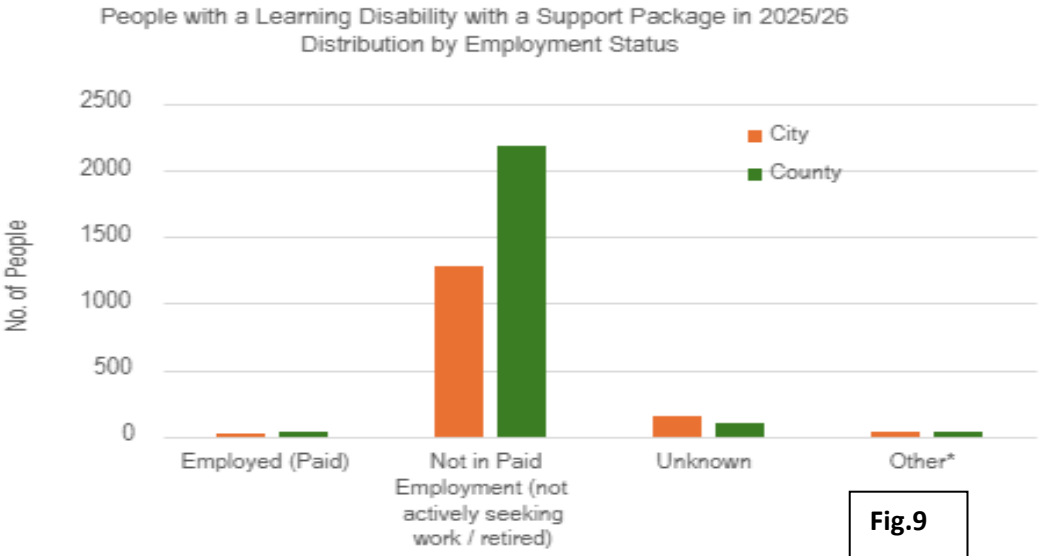


Fig.9

Fig. 9 Employment Rates

- The vast majority of citizens with LD are **not known to be in paid employment** (not actively seeking work or retired): **3,467 people**, making up **90.1%** of the total.
- Only **53 people** are known to be in **paid employment**, and **4** are **self-employed**.
- **Education and training** pathways are limited:
  - **Full-time education**: 7 people
  - **Supported internships**: 7 people
  - **I Works, (County)**: 16 people An interim analysis by GOV.UK[101] in March 2025 found that between 1% and 8% more participants were employed two years after starting the programme, compared to a control group

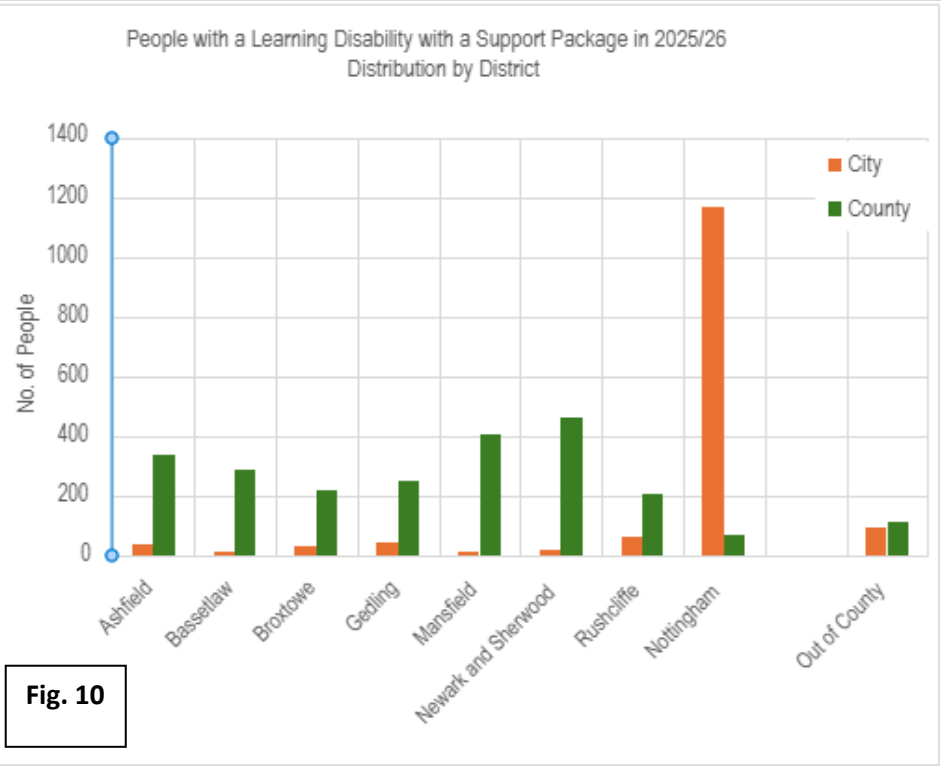


Fig. 10

Fig. 10 Distribution of Packages by District

Out of the total **3,848** individuals with a learning disability who have a support package in 2025/26, Nottingham City has approximately 1,300 people, representing around **33.8%** of all packages. Among the County districts, Ashfield has the highest proportion with about 600 individuals (**15.6%**), followed by Mansfield with 500 (**13.0%**), and Newark & Sherwood with 450 (**11.7%**). Bassetlaw contributes roughly 400 people (**10.4%**), Gedling 350 (**9.1%**), Broxtowe 300 (**7.8%**), and Rushcliffe 250 (**6.5%**). A small number of individuals—around 100 (**2.6%**)—are supported outside the county. This distribution highlights the concentration of services in Nottingham City and the varied levels of support across the County districts. **See package data on pages 15 and 16.**

Summary

- **Age distribution:** The vast majority of supported individuals are aged 18–64 (88.4%), which **aligns with expectations** — this is the group most likely to be eligible for adult social care due to LD.
- **Ethnicity:** The LD population **is predominantly White British** (68.7%), which is broadly reflective of the general population in Nottinghamshire, though some ethnic groups (e.g. Pakistani, Black Caribbean) are represented in smaller proportions.
- **Employment:** Only 1.4% of individuals with LD are known to be in paid employment — this **is very low** and suggests a need for more supported employment pathways but also suggests we don't have accurate reporting on this.
- **Accommodation:** The County has **more** people in supported housing, while the City has more in mainstream housing and care homes — possibly reflecting differences in housing stock and commissioning models.

EHCP & SEN Overview – Nottingham City & Nottinghamshire County

Current Trends & Identification

- Nottingham City has seen higher rates of identification for Special Educational Needs (SEN) and Learning Disabilities (LD) than regional and national averages.
    - The most common primary need is Moderate Learning Difficulty, consistent with national patterns.
    - Identification rates have risen steadily across child, parent, and household levels, indicating growing demand for support and the importance of early intervention.
- Nottinghamshire County shows stable prevalence of EHCPs over the past decade, with Moderate Learning Difficulty slightly below the national average.
    - Despite stability in prevalence, the number of EHCPs has more than doubled in recent years, placing pressure on services.

System Pressures & Strategic Opportunities

- High Needs Budget in the County has increased significantly (over 60% in five years), yet it remains one of the lowest funded authorities nationally.
- Nottingham City has made progress through digital transformation, including the EHC Hub, which has improved collaboration and streamlined assessments.
- There is potential to expand early intervention models (e.g. graduated response) to reduce reliance on EHCPs and better manage demand.

Trends Compared with the National Data

It is broadly estimated that **around 2% of the adult population** has a learning disability, though many—particularly those with **mild disabilities**—are **not known to health or social care services** and may not self-identify. National data also estimates that **2.5% of UK children** and **2.16% of UK adults** have a learning disability, equating to approximately **349,000 children aged 0–17**[1].

Where Nottingham and Nottinghamshire are aligned with national data:
• Prevalence and life expectancy
• Projected increase in demand
• Mental health comorbidity and health inequalities
• Gaps in transition services and employment support
• Preventable deaths (e.g. respiratory illnesses) and LeDeR findings
• Overall policy direction: e.g., Transforming Care, STOMP, LeDeR implementation

Where Nottingham and Nottinghamshire differ slightly to Nationally:
• **Service infrastructure**: Nottingham appears relatively advanced with dedicated liaison teams and county-wide CLDTs in place

Learning Disability and Predicted Service Use Projections (2025-2045)

Fig. 11

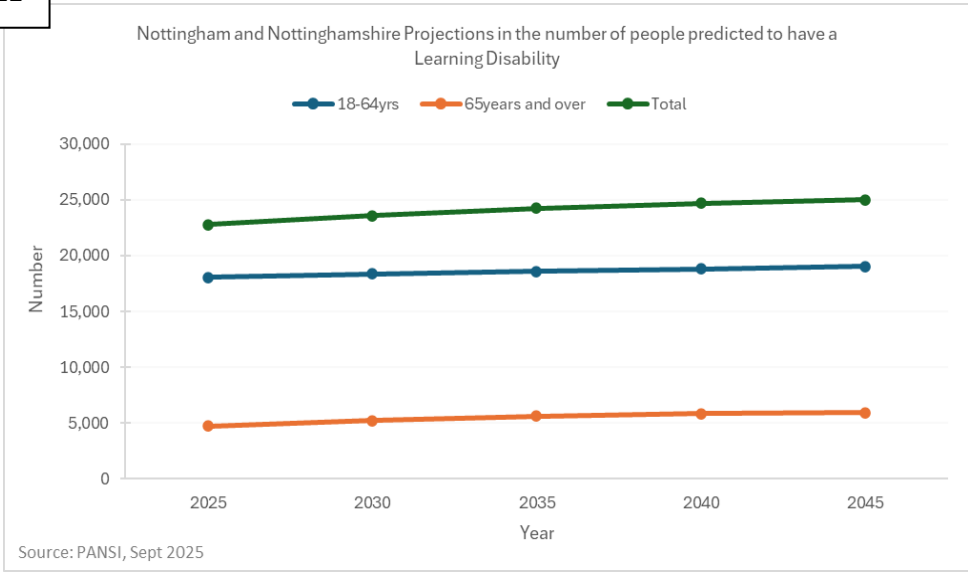
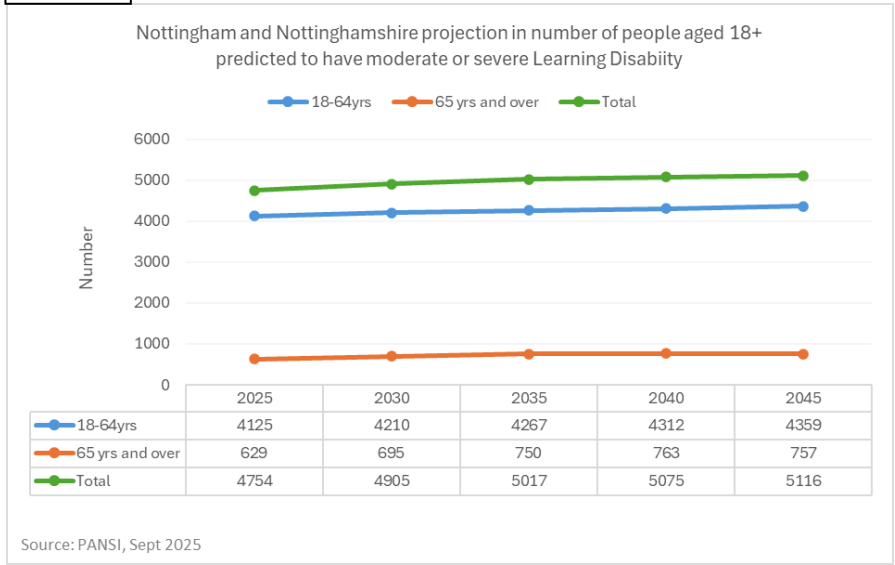


Fig. 12



	2025	2030	2035	2040	2045
18-64yrs	4125	4210	4267	4312	4359
65 yrs and over	629	695	750	763	757
Total	4754	4905	5017	5075	5116

Projected service use- Figures 11 and 12

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. Based on the adjusted model that accounts for ethnicity and mortality rates, the number of adults aged 18 and over with a learning disability in Nottingham and Nottinghamshire is projected to increase from 24,809 in 2025 to 27,024 by 2045. This represents a moderate growth of approximately 9% over two decades. The age-specific projections indicate that the most significant increases will occur in older age groups, particularly those aged 65 and above, reflecting broader demographic trends such as population aging. Meanwhile, younger age groups are expected to remain relatively stable. Additionally, the number of individuals with moderate or severe learning disabilities—those most likely to require formal services—is forecasted to rise from 4,754 in 2025 to 5,116 in 2045, a 7.6% increase. These trends suggest a growing demand for specialist services, especially for older adults, and highlight the need for strategic planning in commissioning, workforce development, and service delivery to ensure future needs are met effectively.

Comparison

Projected population need (PANSI/POPPI): By 2025, an estimated **~25,000 adults** in Nottingham and Nottinghamshire are expected to have a learning disability, rising to **~27,000 by 2045** (+9%). Of these, around **4,754 in 2025 → 5,116 in 2045** are forecast to have moderate/severe LD requiring more formal support.

Recorded prevalence (GP registers, 2025): Only **7,775 people** with LD are formally registered with GPs across the system — just **31% of the projected population**. This indicates a significant gap between *expected prevalence* and *recorded prevalence*.

Interpretation

The gap (approx. **17,000 people**) highlights **under-identification and under-recording** in health systems. Many individuals with mild or moderate LD are either not known to services, not on GP registers, or may not self-identify.

The **upward prevalence trend** locally (0.6%, matching the England average) suggests **better diagnostic practices and continuity of services**, even during COVID, which contrasts with a national dip in prevalence caused by excess mortality.

Demographically, **older adults** will make up the largest growth group, driving demand for **specialist health and social care, dementia support, residential options, and carer support**.

6.Policy guidance and evidence of what works

This proposal in **Appendix 9** is informed by a strong body of national and local policy drivers, as well as evidence-based interventions that aim to improve health outcomes, reduce inequalities, and ensure effective support for people with learning disabilities. Research shows the benefits of annual health checks in detecting unmet needs, the effectiveness of integrated care models in reducing admissions and improving satisfaction, and the role of peer education and accessible communication in improving consent and access to services. This reflects ongoing commitment to progress and inclusion. ***(See PCN's on page 13.)***

At the national level, key strategies such as the **NHS Long Term Plan 2019** NHS England » NHS Long Term Plan to tackle major killer conditions and save up to half a million lives[2]**, Building the Right Support**[3]**, LeDeR**[4]**,** and statutory frameworks including the **Care Act (2014)**[5] **Equality Act (2010)**[6]**, and Mental Capacity Act (2005)**[7] provide the foundation for improving service quality, safety, and equity. **NICE guidelines** and quality standards also set benchmarks for integrated, person-centred care, proactive health interventions, and improved communication. This reflects ongoing commitment to progress and inclusion.

Day Centres and their Role in reducing isolation- Day Centres and community hubs are thriving spaces that reduce isolation, nurture friendships, and promote independence. In City over **270 citizens** with learning disabilities engage regularly in meaningful activities, demonstrating the positive impact of inclusive, well-resourced day services. ***See package data breakdown on Pages 15,16, 22, and 23.***

Voice and Participation initiatives, alongside **Reach Learning Disability**, and **SPLAT** play a vital role in promoting inclusion and co-production for people with learning disabilities. These projects create safe spaces for individuals to share experiences, influence positive change, and collaborate with partners such as the NHS, local authorities, and universities to improve access to services and embed best practice. Reach offers practical support through short break services, including Reach Holidays & Outings, which delivered over 150 supported breaks and outings in the past year, helping individuals and families access respite and social opportunities. Carers benefit from dedicated support networks such as Carers Space Notts—a collaborative platform involving Nottinghamshire County Council, the NHS, and Nottinghamshire Carers Association—which enables carers to share experiences and shape services, with over 500 carers engaged annually. Reach's Carers Matter programme, launched with a major grant from Nottinghamshire Freemasons, has supported more than 200 carers through future planning workshops, wellbeing sessions, and peer support groups. These initiatives demonstrate a strong commitment to reducing isolation, supporting carers, and ensuring that people with learning disabilities have access to inclusive, community-based opportunities.

Locally, **Nottinghamshire's Transforming Care Programme**[8] **and the Joint Health and Wellbeing Strategy (2025–2026)** drive action to address inequalities, prevent avoidable deaths, and embed community-based support. These strategies emphasise prevention, integration, and empowerment, aligned with national ambitions to create sustainable, inclusive health and care systems.

The Learning Disability Senate is a body made up of members of various professional Colleges and Societies which represent groups who provide specialist health support to children and adults with a learning disability. It covers the UK and aims to provide a single voice, which can lead and inform Department of Health and other strategic leads about the needs of people with a learning disability. The Senate published a briefing paper highlighting required actions to address implementation failure for people with a Learning Disability[9] .

A detailed overview of the local and national policy and strategic drivers that underpin this work is provided in **Appendix 1**

What other Authorities are doing

Area	Location	Key Actions	Results/Impact	Challenges (if any)
Healthcare & Screening	Cornwall	Easy-read materials, home visits, chaperones, desensitisation sessions, provider training	Bowel screening uptake among people with LD increased to 60.29% (above 49.95% regional average)	–
Criminal Justice System	Nationwide	Accessible paperwork, reminders, accompaniment, community integration	50% rise in CCRC applications due to easy-read forms	–
Employment	Glasgow – Theatre Royal	Tailored interviews, job coaching, simplified rotas, role-specific training	Improved support for LD employees	Role clarity between support staff and employees
Annual Health Checks	Leicestershire (LLR)	Easy-read info, reminders, longer appointments, named GP/nurse pairing	71% check completion—2nd highest in Midlands	–
Housing	Leeds – Small Supports	1:1 support, co-produced plans, financial flexibility	£209,000 annual savings, better independence, confidence, and inclusion	–

What other Authorities are doing

Area	Location	Key Actions	Results/Impact	Challenges (if any)
Mental Health	Greater Manchester	Adapted therapy (play, video, family sessions)	Participants felt heard and more confident	Long funding delays, poor understanding by mainstream providers

7. Community and Citizen views

The appendices reveal consistent themes around the lived experiences, needs, and priorities of people with learning disabilities (LD), their careers, and providers. Appendix 2 (SPLAT engagement) shows that while most individuals are generally happy, they want more social opportunities, varied activities, and better transport access, with family remaining the main support network . Appendix 3 (Easy Read surveys) highlights independence, access to health care, safety, and closeness to family as key priorities, with positive feedback on staff support but calls for more activities, better food, and greater autonomy . Appendices 4 and 6 (wider surveys with carers, service users, and providers) identifies systemic issues such as long waiting times, poor information, transport barriers, and limited independence opportunities, alongside carer stress, financial strain, and fragmented services . Appendix 5 (case study from SPLAT) illustrates these findings in practice, showing how co-produced activities and community-based support can enhance inclusion, wellbeing, and independence .Overall, the findings underline that while people with LD value safety, good care, and supportive staff, there remain significant barriers around independence, inclusion, access to services, and systemic coordination. Improvements in transport, accessible information, co-production, and wider opportunities for social participation and autonomy are key priorities across all groups.

Useful Links- localaccount.pdf Participation: voice, influence and change | Nottinghamshire County Council The Big Conversation | Nottinghamshire County Council

See following appendices relating to this

2. SPLAT Engagement findings- a user-led group for people with learning disabilities and autism that advocates for local services.

3. Residential Care survey results,

4. LD user/care/provider survey responses,

5. case study from SPLAT

6. Health Review

10. Nottinghamshire Big Conversation 23- Learning Disability-Related Insights

- Participation & Inclusion: People with learning disabilities were actively involved in surveys, listening events, and meetings. Self-advocacy groups and day services for people with learning disabilities were among the key engagement settings.
- Support Needs:
    - Many individuals with learning disabilities reported long-term health conditions and complex needs.
    - Some felt overprotected or restricted in their independence, with examples of not being "allowed" to go out.
    - There were concerns about inconsistent support, especially post-COVID, and a lack of flexibility in care arrangements.
- Living Situations:
    - Supported living was mentioned, with mixed experiences—some felt isolated, while others appreciated their independence.
    - Adaptations and equipment in homes were sometimes lacking, affecting quality of life.
- Access to Services:
    - People with learning disabilities highlighted difficulties accessing mental health support and services tailored to their needs.
    - Transport and accessible public spaces were frequently raised as barriers to community participation.
- Information & Communication:
    - Accessible formats like Easy Read and BSL were appreciated, but many still found information hard to access or understand.
    - There were calls for more personalised and guided support, especially for navigating systems and benefits.
- Safety & Wellbeing:
    - Some individuals felt unsafe due to lack of support at night or experiences of bullying and "mate crime."
    - Feeling safe in day centres and familiar community spaces was important.
- Future Aspirations:
    - People expressed a desire for more opportunities to live independently, build friendships, work, volunteer, and access better services—especially in areas like Mansfield and Worksop.

8.What we are doing including services we have in place

Key Services

- Primary Care Liaison Team – Supports GP practices with access and coordination of care for people with learning disabilities.
- Community Intellectual Disability Nursing Team – Provides specialist assessments and tailored support in the community**. See Appendix 8 LD Senate Paper-Report related to health and care services for people with learning disabilities**[9]**.**
- SEND Teams & Early Help – Offer early intervention and ongoing support for children with learning disabilities and their families.

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 learning disability including occupational therapy, speech and language therapy, dietetic support, specialist physiotherapy, epilepsy, and learning disability nurses, psychiatry and clinical psychology.

- Learning Disability Liaison Team (NUH) – Supports adults in hospitals, trains staff and promotes inclusive care at QMC and City Hospital.
- Intensive Community Assessment & Treatment Team – Rapid-response support for adults in crisis, providing short-term interventions- Intensive support teams providing rapid response mental health and behavioural support to adults with learning disabilities.
- Orion Unit (Highbury Hospital) – Inpatient care for adults with intellectual disability and complex mental health needs.

Adult Social Care & Support

- Care Act Assessments – Determines eligibility for care and support based on health, daily living needs, and wellbeing.
- Customer Service Centre – First point of contact, offering advice and onward referral to specialist teams.
- I-Works Team – Employment support for people with learning disabilities, helping with skills, jobs, and benefits advice.
- Changing Futures Programme – Supports people with severe and multiple disadvantages (SMD), focusing on system change and better coordination.
- Day Services – County-run centres and 20 independent providers offering structured daily activities.
- Supported Living – Commissioned support for people with learning disabilities to live independently at home.
- Notts Enabling Service – Short-term (12 weeks) support to increase independence (travel, budgeting, social skills).

- LDA Advocacy Service – Ensures voices of people with learning disabilities are heard in decision-making.
- ASKLiON (Nottingham City) and Notts Help Yourself (Nottinghamshire County) are online directories that provide free, local information, advice, and support on topics such as childcare, mental health, housing, finances, and community activities. These platforms bring together services for adults and children and families, including the SEND Local Offer, into one place. A new joint community directory is currently being developed through a partnership between Nottingham City Council and Nottinghamshire County Council. This unified platform will replace ASKLiON and Notts Help Yourself, making it easier for residents to access the support they need. The new directory is scheduled to go live in April 2026.
- Various short break offers.
- Transition to Adulthood: We support young people with SEND as they move from school to adulthood. This includes helping them with education, employment, and independent living.
- Project SEARCH: This program helps young adults with learning disabilities and autism gain work experience and skills. For example, Owen, who started with no social skills or confidence, now has a full-time job and is happy and thriving

Carers & Support Networks

- Carer Assessments & Reviews – Provide advice and explore eligibility for extra support.
- Support Groups – Over 20 local peer groups and networks available via directories.-Generic and specific..
  (Please refer to the most recent Carers JSNA profile Carers (2024) - Nottinghamshire Insight)

Residential & Unplanned Care

- Residential & Nursing Care – Commissioned placements for adults with learning disabilities across Nottingham/Notts.
- Unplanned Care Service – Short-term emergency beds for people in crisis, preventing unnecessary hospital admission.

Children & Young People (0–19 & up to 25 with EHCP)

- CAMHS & CAMHS LD Service – Mental health support for children, with specialist provision for those with learning disabilities and autism.
- Key working Service – Supports young people at risk of hospital admission/placement breakdown due to mental health struggles.
  (Also refer to SEND JSNA Profile - Nottinghamshire Insight)[10]

Governance

CTRs (Care and Treatment Reviews), DSRs (Dynamic Support Registers), and LAEPs (Local Area Emergency Protocols) are key tools used to support people with learning d
c
e

Transforming Care Programme

Was a national initiative led by NHS England to improve the lives of people with learning disabilities and/or autism. Whilst it was incorporated into the NHS Plan in 2019, it is still very much talked about as a live policy agenda. It focuses on reducing reliance on specialist hospitals, shortening inpatient stays, and enhancing care quality across hospital and community settings. Nottinghamshire became a 'fast track' site in 2015, forming a partnership between local councils, NHS organisations, and independent providers. The programme promotes early intervention, effective discharge planning, and prevention of crises, placement breakdowns, and offending behaviours. Key developments include ICATT, unplanned care beds, specialist advocacy, a Community Forensic in Intellectual and Developmental Disabilities (CFIDD) team. and the Dynamic Support Register. Its strategic aim is to support people to live in the community, not long-stay hospitals, through collaborative, person-centred care.

Summary of Admissions and Support for People with LD and LD+ASD (Transforming Care Programme)

Overview

Recent admissions into secure hospitals under the **Transforming Care Programme** involved individuals with **learning disabilities (LD)** and those with **LD plus autism spectrum Condition (ASC)**. These admissions reflect complex needs and systemic challenges across both **Nottingham City** and **Nottinghamshire County**.

Key Reasons for Admission

Across both areas, common contributing factors included:

Mental health deterioration, often linked to distress, behavioural changes, or increased risk
Breakdowns in community placements, such as supported living or residential care
Family-related stressors, including domestic abuse and crises
Substance misuse and **medication issues**, such as missed doses or poor access
Negative influences, including harmful social media content and unhealthy relationships
Limited access to crisis support, such as unplanned care beds or respite provision

Differences Between City and County

- **Nottingham City**:

Admissions often involved individuals with **dual diagnoses (LD+ASD)**
A mix of **diagnoses under section**, and **family crises**
Most had **some professional involvement** prior to admission

- **Nottinghamshire County**:

Admissions were primarily due to **mental health decline**
All individuals had **previous hospital admissions under the Mental Health Act**
Issues included **medication access**, **substance use**, and **online safety risks**
Emphasis on the need for **early intervention** and **consistent support**

Discharge Summary- Between April 2018 and March 2019, the system achieved strong community discharge performance with 38 patients transitioning out of inpatient care. However, from April 2019 to March 2021, discharges declined significantly, averaging only 16 per year. From April 2021 onward, performance improved steadily, culminating in 25 discharges in the latest financial year, signalling a positive and sustained trend. Inpatient numbers have reached their lowest level since 2016, dropping from 73 to 41 as of March 2025. Transfers between inpatient settings have remained stable at two per year, except for spikes in 2018–2019 (six transfers) and none in 2021–2022. For children and young people, targets have been met consistently, and no patient has remained in care for more than five years since 2016–2017, suggesting potential lessons for adult secure settings. Long-stay patients in ICB beds have reduced dramatically, from an average of six to one, showing strong system performance. However, progress in secure adult beds has been slower, with only a modest reduction from 19 to 17 five-year-plus patients. Future focus should prioritize addressing these long-stay secure cases to drive further reductions in overall inpatient numbers.

- Strengthen digital infrastructure to support efficient EHCP processes and data tracking

Nottinghamshire is actively working to improve outcomes for children and young people with complex needs through innovative, research-informed approaches. Two NIHR-funded projects—SPROCKET and CHAMPIONS—are leading the way in redesigning services and reducing health inequalities. SPROCKET focuses on creating an integrated innovation hub to support children at key transition points, ensuring smoother pathways between education, health, and social care, particularly for underserved communities. CHAMPIONS addresses systemic barriers for families experiencing poverty and housing instability, promoting inclusive strategies for displaced and vulnerable children. Locally, co-production with families has introduced tools such as the Wheel of Privilege, which helps identify social determinants impacting access to care and highlights the voices of those most affected. Additional priorities include supporting children during transitions (nursery to primary, primary to secondary, and into adulthood), addressing needs of children in care, and ensuring annual health checks for children with Down syndrome, as mandated by the Down Syndrome Act, to manage co-morbidities effectively. Looking ahead, SPROCKET's five-year programme will generate further evidence and test digital solutions to close gaps in identification and support for mild to moderate learning disabilities—an area highlighted as a priority for Nottinghamshire[11–15].

Nottingham and Nottinghamshire Workforce Development

Nottinghamshire's Transforming Care Partnership has developed 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.

Skills For Care ICS Commissioned Work

The 2023 report commissioned by the Nottingham and Nottinghamshire Integrated Care System (ICS) and produced by Skills for Care offers an in-depth analysis of the local adult social care workforce, focusing specifically on services for people with learning disabilities and autistic individuals. It provides a detailed overview of the adult social care workforce supporting people with learning disabilities and autistic individuals in Nottingham and Nottinghamshire. The population is projected to exceed **24,000 by 2035**, with significant growth among those **under 25** and **over 65**, driven by better diagnosis, survival rates, and population growth.

There are **176 CQC-registered independent services**, including supported living, home care, nursing, and residential care. The workforce includes around **1,700 specialist direct care roles** and **250 in mental health services**. Recruitment and retention are key challenges, with a **40% turnover rate** in 2022/23 and many workers aged **55+**. Most new hires come from within the sector, and the proportion of **male workers is increasing**.

Workplace culture is a major factor in retention, especially for younger staff, often outweighing pay. The "What Matters to You?" survey found that **intrinsic motivators** like making a difference were key to job satisfaction, though **pay dissatisfaction** was common. Fewer than half of workers hold relevant qualifications, and **zero-hour contracts** are still prevalent, particularly in mental health roles.

Best practices among low-turnover providers include **guaranteed hours**, **paid travel time and DBS checks**, and **strong workplace cultures**. These insights are vital for future workforce planning and policy development.

This Joint Strategic Needs Assessment (JSNA) highlights the many strengths of the health and social care system in Nottingham and Nottinghamshire in supporting people with learning disabilities (LD). The region benefits from strong foundations, including well-integrated care teams, a commitment to

person-centred support, and alignment with national policies and good practice. There is a growing momentum for positive change, with increasing recognition of the importance of equitable, inclusive, and co-produced care. The system is well-positioned to build on its assets to:

- Enhance Equity in Health and Wellbeing: By focusing efforts on reducing disparities, there is significant potential to improve health outcomes and quality of life for all individuals with LD.
- Empower Diverse Communities: A stronger focus on inclusive, culturally competent services presents an opportunity to better support people from ethnic minority and LGBTQ+ backgrounds, ensuring their voices are heard and needs met.
- Strengthen and Support the Workforce: With ongoing investment in training and staff development, the workforce can be further equipped to deliver compassionate, skilled, and personalised care.

Summary of Need

Over the next 10 years, Nottingham and Nottinghamshire will need to address growing demand for learning disability services through a combination of strategic investment, workforce development, and inclusive service design. Key opportunities include expanding specialist school places, piloting funding models that support mainstream inclusion without requiring EHCPs and strengthening early intervention to reduce long-term reliance on formal plans. Workforce challenges—such as high turnover, aging staff, and limited qualifications—can be met by investing in culturally competent, age-friendly training and improving workplace culture to attract and retain diverse talent. Co-designed services, developed in partnership with people with lived experience, will be essential to ensure care is equitable, person-centred, and responsive to the needs of ethnic minority and LGBTQ+ communities. Building on strong local foundations, the system can evolve to deliver more inclusive, resilient, and future-ready support for people with learning disabilities.

Recommendations

Recommendation	Evidence of Need	Priority Actions	Expected Outcomes
Expand Preventative Mental Health Services	Around 40% of people with LD have mental health conditions, often undiagnosed/misdiagnosed. Suicide risk is under-recognised despite LD individuals being 4x more likely to experience psychiatric disorders.	Develop tailored suicide prevention tools; additional capability to work effectively with people with LD; Train staff on accessible mental health support	↓ Crisis admissions; ↓ Preventable deaths; ↑ Early treatment access
Expand salutogenic focused community support	There is a failure to make reasonable adjustments by a broad range of services and providers (campion et al 2025)[16]. Given both the physical e.g. obesity prevention and mental health e.g. isolation and loneliness	Mapping community neighbourhood offers and enabling cross fertilisation working across ICS partners to support an adjusted inclusive approach for people with a learning disability in local neighbourhood settings	↓ Crisis admissions; ↓ Preventable deaths; ↑ Early treatment access↓ discrimination

	prevention inequalities of the population; the associated wider individual, family and societal impacts, alongside the need to consider prevention of discrimination	Expand inclusive day opportunities; Promote peer support networks; Integrate sexual health and relationship education	↓ Loneliness; ↑ Social participation; ↑ Holistic wellbeing
Increase Inclusive & Independent Housing	22–24% live in unsettled housing; only 23% in mainstream housing despite rights to independent living.	Develop Lifetime Homes-compliant housing; Expand inclusive accommodation options; Co-produce housing solutions with families	↓ Unsettled housing; ↑ Independent living; ↑ Housing satisfaction
Ensure Effective Employment Support and Opportunities	Only 1.6% in paid work locally vs 5% nationally, compared to 76% general population.	Scale supported internships & apprenticeships; Employer training on inclusive practices; Create LD-specific employment pathways	↑ Paid employment; ↓ Poverty & social exclusion; ↑ Workplace inclusion
Enhance Early Diagnosis & Data Tracking	Recorded prevalence 0.6% vs 2–3% expected nationally, showing under-identification, especially in BAME groups. Limited day service data etc.	Strengthen GP registers; Roll out Reasonable Adjustment Flags; Improve use of Accessible Information Standard	↑ Accurate prevalence data; ↑ Service planning; ↓ Missed/late diagnoses
Support Access to Healthcare and Screening Uptake	Cancer screening uptake low (30% vs 70% general population). LD life expectancy is 20 years shorter; 42% of deaths are avoidable.	Peer-led screening education; Targeted outreach to BAME groups; Accessible screening appointments	↑ Screening uptake; ↓ Preventable mortality; ↑ Equity of access
Strengthen Co-Production in Service Design	People with LD, Carers, and families report barriers, stigma, and poor communication. NICE stresses co-production.	Create lived-experience advisory panels; Embed co-production in all service reviews; Fund peer advocates	↑ Trust in services; ↑ Service relevance; ↑ Engagement
Promote Assistive & Digital Technology	Communication barriers and exclusion remain significant. Digital tools can reduce reliance on institutional care.	Expand access to communication devices; Pilot remote health monitoring; Train staff and families on assistive tech	↑ Independence; ↑ Access to healthcare; ↓ Isolation
Develop a Joint Nottingham & Nottinghamshire LD Strategy	Services fragmented across NHS, councils, housing, and justice. Local inequalities in health, housing, and employment require system-wide integration.	Create Joint LD Board (NHS, councils, voluntary sector, families, carers); Set shared KPIs (health, housing, employment); Pool resources for efficiency	↑ Integration; ↑ Equity across city & county; ↑ Accountability & impact
Consistent learning , and organisational development Offer for All Services	Ongoing health inequalities, findings from LeDeR reviews, and feedback from families show gaps in staff awareness and service accessibility.	Co-produced training; Embed in mandatory learning; Deliver tiered levels; Align with national standards like the Oliver McGowan framework	↑ Staff confidence and competence; ↑ Inclusive and person-centred care; ↓ Avoidable harm and health inequalities

Ageing Well & Dementia	People with LD are at higher risk of early-onset dementia. Ageing population with LD requires tailored support and dementia-friendly services.	Develop dementia-inclusive care pathways; Train staff on LD and dementia overlap; Improve early screening and diagnosis	↑ Dementia awareness; ↑ Quality of ageing support; ↓ Crisis admissions
Improve Accessible Communication Standards & utilisation of reasonable adjustment flag	People with LD face barriers understanding complex health and social care information; inconsistent compliance with NHS Accessible Information Standard.	Implement Plain English & Easy Read policy; Train staff in accessible communication; Co-produce materials with LD individuals; Embed compliance checks in audits	↑ Understanding; ↑ Engagement; ↓ Missed appointments; ↑ Compliance

10.Acknowledgements

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- EbE Group/Voices of experience
- SPLAT-Martin Jackaman contacts
- Surveys for providers/parents/carers/citizens-45 responded
- Links within Notts universities
- Contacts from Autism JSNA webinar
- Library service
- Public Health
- Reach
- ICS System wide groups and workstream members
- Notts Police
- Skills For Care

11.References

1. NHS England Digital. Learning Disability Services Statistics [Internet]. 2025 Sep [cited 2025 Sep 30]. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/learning-disability-services-statistics
2. NHS England » NHS Long Term Plan to tackle major killer conditions and save up to half a million lives [Internet]. [cited 2025 Nov 20]. Available from: https://www.england.nhs.uk/2019/01/long-term-plan/
3. UK Government's Building the Right Support Action Plan: a positive development but more still needs to be done - United Response [Internet]. [cited 2025 Nov 20]. Available from: https://www.unitedresponse.org.uk/news-item/building-the-right-support-plan-positive-development-more-needs-done/?gad_source=1&gad_campaignid=10619251855&gclid=CjwKCAiAlfvIBhA6EiwAcErpyW-QdbxiRaQF2bR4Z18Ukg75qPeo_LjHYDCvbBNgR4HNC1gq-jKmDRoC3SsQAvD_BwE
4. White A, Sheehan R;, Ditzel N;, Ding J, Roberts C, Magill N, et al. LeDeR Annual Report Learning from Lives and Deaths: People with a Learning Disability and Autistic People [Internet]. 2024 [cited 2025 Sep 30]. Available from: www.kcl.ac.uk/research/leder
5. Care Act 2014 [Internet]. [cited 2025 Nov 20]. Available from: https://www.legislation.gov.uk/ukpga/2014/23/contents
6. Your rights under the Equality Act 2010 | EHRC [Internet]. [cited 2025 Nov 20]. Available from: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010
7. Mental Capacity Act 2005 [Internet]. [cited 2025 Nov 20]. Available from: https://www.legislation.gov.uk/ukpga/2005/9/contents
8. Transformation programme - NHS Nottingham and Nottinghamshire ICS - NHS Nottingham and Nottinghamshire ICS [Internet]. [cited 2025 Nov 20]. Available from: https://healthandcarenotts.co.uk/plans-and-priorities/transformation-programme/
9. Learning Disability Professional Senate | bild [Internet]. [cited 2025 Nov 20]. Available from: https://www.bild.org.uk/ldsenate/
10. - Nottinghamshire Insight [Internet]. [cited 2025 Nov 20]. Available from: https://www.nottinghamshireinsight.org.uk/research-areas/jsna/children-and-young-people/special-educational-needs-and-disability-0-to-25-years-2023/
11. SPROCKET: Systems and Process Redesign and Optimisation at Childhood Key Events and Transitions - NIHR Funding and Awards [Internet]. [cited 2025 Nov 20]. Available from: https://www.fundingawards.nihr.ac.uk/award/NIHR156988
12. Jessiman PE, Powell K, Williams P, Fairbrother H, Crowder M, Williams JG, et al. A systems map of the determinants of child health inequalities in England at the local level. PLoS One [Internet]. 2021 Feb 1 [cited 2025 Nov 20];16(2 Febuary). Available from:

https://sphr.nihr.ac.uk/research/children-young-people-families/mapping-the-child-health-system-at-a-local-level-to-reduce-health-inequalities-wp3/

13. Privilege Wheel - York Disability Rights Forum [Internet]. [cited 2025 Nov 20]. Available from: https://ydrf.org.uk/2021/09/19/privilege-wheel/

14. Down Syndrome Act 2022 draft statutory guidance - consultation document - GOV.UK [Internet]. [cited 2025 Nov 20]. Available from: https://www.gov.uk/government/consultations/down-syndrome-act-2022-draft-statutory-guidance/down-syndrome-act-2022-draft-statutory-guidance-consultation-document

15. Annual health checks-learning disability Checklist for GPs What to expect from an annual health check.

16. Learning Disability Professional Senate | bild [Internet]. [cited 2025 Nov 20]. Available from: https://www.bild.org.uk/ldsenate/

17. Learning Disability Professional Senate | bild [Internet]. [cited 2025 Nov 20]. Available from: https://www.bild.org.uk/ldsenate/

18. Shankar R, Sawhney I, Tromans S, Jaydeokar S, Oodiyor M, Sheehan R, et al. Fit for whose future? A critical omission of people with intellectual disability in the 2025 NHS 10 Year Health Plan for England. [cited 2025 Nov 20]; Available from: https://doi.org/10.1192/bjp.2025.10428

19. Autism (2025) - Nottinghamshire Insight [Internet]. [cited 2025 Nov 20]. Available from: https://nottinghamshireinsight.org.uk/research-areas/jsna/adults-and-vulnerable-adults/autism-2025/

20. Cooper S-A. Mental ill-health in adults with intellectual disabilities: prevalence and associated factors. British Journal of Psychiatry [Internet]. 2007 [cited 2025 Nov 20];1(190):2735. Available from: https://doi.org/10.1192/bjp.bp.106.022483

21. National Health Service. Learning disabilities - NHS [Internet]. [cited 2025 Sep 30]. Available from: https://www.nhs.uk/conditions/learning-disabilities/?utm_source=chatgpt.com

22. Office for Health Improvement & Disparities. Learning disability - applying All Our Health - GOV.UK [Internet]. Guidance . [cited 2025 Sep 30]. Available from: https://www.gov.uk/government/publications/learning-disability-applying-all-our-health/learning-disabilities-applying-all-our-health?utm_source=chatgpt.com

23. Darr A, Small N, Ahmad WIU, Atkin K, Corry P, Modell B. Addressing key issues in the consanguinity-related risk of autosomal recessive disorders in consanguineous communities: lessons from a qualitative study of British Pakistanis. J Community Genet [Internet]. 2015 Jan 1 [cited 2025 Sep 30];7(1):65. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC4715815/

24. National Institute of Health And Care Excellence. Overview | Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges | Guidance | NICE. 2015 May 29 [cited 2025 Sep 30]; Available from: https://www.nice.org.uk/guidance/ng11

25. Position Paper: Learning Disabilities (children, young people and adults) [Internet]. 2023 [cited 2025 Nov 18]. Available from: RCSLT-Learning-Disabilities-position-paper-2023.pdf

26. Local Government Association. Diagnostic overshadowing and how it impacts on people with a learning disability and autistic people | Local Government Association [Internet]. 2025 Jun [cited 2025 Sep 30]. Available from: https://www.local.gov.uk/publications/diagnostic-overshadowing-and-how-it-impacts-people-learning-disability-and-autistic

27. Standen PJ, Clifford A, Jeenkeri K. People with intellectual disabilities accessing mainstream mental health services: some facts, features and professional considerations. Journal of Mental Health Training, Education and Practice [Internet]. 2017 [cited 2025 Nov 20];12(4):215–23. Available from: https://www.researchgate.net/publication/317387972_People_with_intellectual_disabilities_accessing_mainstream_mental_health_services_some_facts_features_and_professional_considerations

28. Home - Born in Bradford [Internet]. [cited 2025 Nov 20]. Available from: https://borninbradford.nhs.uk/

29. Small N, Kelly B, Wright J. Changes in prevalence and patterns of consanguinity in Bradford, UK – evidence from two cohort studies. Wellcome Open Res. 2024 Apr 24;9:222.

30. Smith S. Consanguinity and the links to learning disabilities: the issues and pressures [Internet]. 2019 [cited 2025 Nov 20]. Available from: https://journals.rcni.com/search/author/ldp/Sophie%20Smith

31. Consanguinity, Culture and Public Health: Why First-Cousin Marriages Deserve Honest Debate in Modern Britain | LinkedIn [Internet]. [cited 2025 Nov 20]. Available from: https://www.linkedin.com/pulse/consanguinity-culture-public-health-why-first-cousin-horton-ftls-jrtde/

32. Unknown. Calls for a ban on consanguineous marriage are misguided. 2025 [cited 2025 Nov 20]; Available from: http://doi.org/10.1136/bmj.r1484

33. We deserve better: Ethnic minorities with a learning disability and access to healthcare - Race Equality Foundation [Internet]. [cited 2025 Nov 20]. Available from: https://raceequalityfoundation.org.uk/press-release/we-deserve-better-ethnic-minorities-with-a-learning-disability-and-access-to-healthcare/

34. White A, Sheehan R;, Ditzel N;, Ding J, Roberts C, Magill N, et al. LeDeR Annual Report Learning from Lives and Deaths: People with a Learning Disability and Autistic People [Internet]. 2024 [cited 2025 Sep 30]. Available from: www.kcl.ac.uk/research/leder

35. NHS England and NHS Improvement. People with a learning disability, autism or both . 2019.

36. NHS England. NHS England » Report of the independent ADHD Taskforce: Part 1 [Internet]. 2025 May [cited 2025 Sep 30]. Available from: https://www.england.nhs.uk/long-read/report-of-the-independent-adhd-taskforce-part-1/?utm_source=chatgpt.com

37. Autistica. Learning disability and autism [Internet]. [cited 2025 Sep 30]. Available from: https://www.autistica.org.uk/what-is-autism/learning-disability-and-autism?

38. National Health Service (NHS). Other conditions that affect autistic people [Internet]. [cited 2025 Sep 30]. Available from: https://www.nhs.uk/conditions/autism/other-conditions/

39. Fingertips | Department of Health and Social Care. Learning Disability Profiles - Further resources [Internet]. [cited 2025 Sep 30]. Available from: https://fingertips.phe.org.uk/profile/learning-disabilities/supporting-information/further-resources?

40. NHS England. Health and Care of People with Learning Disabilities, Experimental Statistics: 2018 to 2019 [PAS] - NHS England Digital [Internet]. 2020 Jan [cited 2025 Sep 30]. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/health-and-care-of-people-with-learning-disabilities/experimental-statistics-2018-to-2019?

41. Public Health England. Dysphagia in people with learning difficulties: reasonable adjustments guidance - GOV.UK [Internet]. 2016 May [cited 2025 Sep 30]. Available from: https://www.gov.uk/government/publications/dysphagia-and-people-with-learning-disabilities/dysphagia-in-people-with-learning-difficulties-reasonable-adjustments-guidance?

42. The key messages about Positive Behaviour Support. [cited 2025 Nov 20]; Available from: http://pbsacademy.org.uk/pbs-competence-framework/

43. Tromans SJ, Teece L, Shankar R, Hassiotis A, Brugha T, McManus S. Primary care experiences of adults reporting learning disability: a probability sample survey. The British Journal of General Practice [Internet]. 2024 Dec 1 [cited 2025 Sep 30];74(749):e845. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC11583036/

44. Learning Disability Services Monthly Statistics, AT: July 2025, MHSDS: June 2025 - NHS England Digital [Internet]. [cited 2025 Nov 20]. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/learning-disability-services-statistics/at-july-2025-mhsds-june-2025

45. Cooper SA, Hughes-McCormack L, Greenlaw N, McConnachie A, Allan L, Baltzer M, et al. Management and prevalence of long-term conditions in primary health care for adults with intellectual disabilities compared with the general population: A population-based cohort study. Journal of Applied Research in Intellectual Disabilities [Internet]. 2018 Jan 1 [cited 2025 Sep 30];31:68–81. Available from: /doi/pdf/10.1111/jar.12386

46. Poltz N, Ehlert A, Wagner L, Kohn J, Kucian K, Quandte S, et al. Gender Differences in Learning Difficulties (LD). https://doi.org/101024/2235-0977/a000477 [Internet]. 2025 Feb 7 [cited 2025 Sep 30];14(3):145–56. Available from: /doi/pdf/10.1024/2235-0977/a000477

47. CSE Aware. WOMEN WITH LEARNING DISABILITIES COMMERCIAL SEXUAL EXPLOITATION AND WOMEN WITH LEARNING DISABILITIES IN SCOTLAND. 2025 Mar.

48. McCarthy M, Hunt S, Milne-Skillman K. 'I Know it was Every Week, but I Can't be Sure if it was Every Day: Domestic Violence and Women with Learning Disabilities. Journal of Applied Research in Intellectual Disabilities [Internet]. 2016 Mar 1 [cited 2025 Sep 30];30(2):269. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC5297974/

49. Gender Differences in Learning Disabilities [Internet]. [cited 2025 Nov 20]. Available from: https://foundationscognitive.com/blog/gender-differences-learning-disabilities

50. Power R, David M, Strnadová I, Touyz L, Basckin C, Loblinzk J, et al. Cervical screening participation and access facilitators and barriers for people with intellectual disability: a systematic review and meta-analysis. Front Psychiatry. 2024 Jul 26;15:1379497.

51. Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital [Internet]. [cited 2025 Sep 30]. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/health-and-care-of-people-with-learning-disabilities/experimental-statistics-2023-to-2024

52. State of Care - Care Quality Commission [Internet]. [cited 2025 Nov 20]. Available from: https://www.cqc.org.uk/publications/major-report/state-care

53. Bird J, Marshman Z, Jones K, Baker SR. The oral health of adults with learning disabilities: A secondary analysis of the Adult Dental Health Survey 2009. Community Dent Health. 2024 Jun 1;41(2):111–6.

54. Oral health and learning disability: common conditions made complex - Learning Disability Today [Internet]. [cited 2025 Nov 20]. Available from: https://www.learningdisabilitytoday.co.uk/topic/health/oral-health-and-learning-disability-common-conditions-made-complex/

55. Access to Dental Care: Hot Topic Report | Healthwatch Nottingham and Nottinghamshire [Internet]. [cited 2025 Nov 20]. Available from: https://hwnn.co.uk/report/2022-04-20/access-dental-care-hot-topic-report

56. Carroll DJ, Davies J. Stopping Over-Medication of People With a Learning Disability, Autism or Both (STOMP) – a Community Audit. BJPsych Open [Internet]. 2023 Jul [cited 2025 Sep 30];9(Suppl 1):S151. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC10345291/

57. NHS England. Stopping over medication of people with a learning disability and autistic people (STOMP) and supporting treatment and appropriate medication in paediatrics (STAMP) [Internet]. [cited 2025 Sep 30]. Available from: https://www.england.nhs.uk/learning-disabilities/improving-health/stomp-stamp/

58. Adams D, Hastings RP, Maidment I, Shah C, Langdon PE. Deprescribing psychotropic medicines for behaviours that challenge in people with intellectual disabilities: a systematic review. BMC Psychiatry 2023 23:1 [Internet]. 2023 Mar 28 [cited 2025 Nov 20];23(1):202-. Available from: https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-022-04479-w

59. Clifford A, Omokanye M, Bagalkote D. Commentary on "Stakeholder experiences of deprescribing psychotropic medicines for challenging behaviour in people with intellectual disabilities." Tizard Learning Disability Review [Internet]. 2024 Jul 30 [cited 2025 Nov 20];29(2):107–13. Available from: https://dx.doi.org/10.1108/TLDR-05-2024-0022

60. Office for National Statistics; National Records of Scotland; Northern Ireland Statistics and Research Agency; UK Data Service. England and Wales Census 2021 - RM123: Sexual orientation by disability - Rinkmena - UK Data Service CKAN [Internet]. 2021. [cited 2025 Sep 30]. Available from: https://statistics.ukdataservice.ac.uk/lt/dataset/england-and-wales-census-2021-rm123-sexual-orientation-by-disability

61. Kaley A, Donnelly JP, Donnelly L, Humphrey S, Reilly S, Macpherson H, et al. Researching belonging with people with learning disabilities: Self-building active community lives in the context of personalisation. Br J Learn Disabil [Internet]. 2022 Sep 1 [cited 2025 Nov 20];50(3):307–20. Available from: /doi/pdf/10.1111/bld.12394

62. Michael Fullerton. Suicide prevention and supporting adults with learning disabilities [Internet]. [cited 2025 Oct 1]. Available from: https://nspa.org.uk/news/article-suicide-prevention-and-supporting-adults-with-learning-disabilities/?cn-reloaded=1

63. White A, Sheehan R, Ding J, Roberts C, Magill N, ; Keagan-Bull R, et al. Learning from lives and deaths - People with a learning disability and autistic people [Internet]. 2022 [cited 2025 Sep 30]. Available from: https://www.kcl.ac.uk/ioppn/assets/fans-dept/leder-main-report-hyperlinked.pdf

64. Learning disabilities and autism – mortality and life expectancy, 2022-23 - NHS England Digital [Internet]. 2025 Jul [cited 2025 Sep 30]. Available from: https://digital.nhs.uk/supplementary-information/2025/learning-disabilities-and-autism---mortality-and-life-expectancy-2022-23

65. Joyce Siette | Dementia Australia [Internet]. [cited 2025 Oct 1]. Available from: https://www.dementia.org.au/research/our-researchers/joyce-siette

66. Alzheimer's Society. Learning disabilities and dementia Factsheet 430 Learning disabilities and dementia. 2022.

67. Alzheimer's Society. Learning disabilities and dementia [Internet]. [cited 2025 Oct 1]. Available from: https://www.alzheimers.org.uk/about-dementia/types-dementia/learning-disabilities-dementia

68. Dementia and people with learning disabilities: making reasonable adjustments - guidance - GOV.UK [Internet]. 2018 Jun [cited 2025 Oct 1]. Available from: https://www.gov.uk/government/publications/people-with-dementia-and-learning-disabilities-reasonable-adjustments/dementia-and-people-with-learning-disabilities

69. Alzheimer Society. Factsheet - Learning disabilities and dementia [Internet]. 2015 [cited 2025 Oct 1]. Available from: https://www.uhnm.nhs.uk/media/vjzpmp5v/factsheet_learning_disabilities_and_dementia.pdf

70. Hearing Loss in Care Homes - A Call to Action - Care England [Internet]. 2025 Jun [cited 2025 Oct 1]. Available from: https://www.careengland.org.uk/hearing-loss-in-care-homes-a-call-to-action/

71. Foundation for People with Learning Disabilities. Hearing loss | Foundation for People with Learning Disabilities [Internet]. [cited 2025 Oct 1]. Available from: https://www.learningdisabilities.org.uk/learning-disabilities/a-to-z/h/hearing-loss

72. Nottingham City Primary Care Networks (PCNs) - NHS Nottingham and Nottinghamshire ICS - NHS Nottingham and Nottinghamshire ICS [Internet]. [cited 2025 Nov 20]. Available from: https://healthandcarenotts.co.uk/care-in-my-area/nottingham-city-pbp/nottingham-city-primary-care-networks-pcns/

73. Primary Care Network Profiles - Nottingham Insight [Internet]. [cited 2025 Nov 20]. Available from: https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/key-strategies-and-research-reports/primary-care-network-profiles/

74. Clifford A, Fyson R. Social deprivation and psychiatric inpatient numbers amongst people with intellectual disabilities and/or autism in England: a preliminary analysis and policy critique. Tizard Learning Disability Review [Internet]. 2025 [cited 2025 Nov 20]; Available from: https://dx.doi.org/10.1108/TLDR-03-2025-0005

75. Department of Health. Valuing People Now: Summary Report Including findings from Learning Disability Partnership Board Self [Internet]. 2010 Dec [cited 2025 Oct 1]. Available from: https://assets.publishing.service.gov.uk/media/5a7cc35340f0b6629523ba98/dh_122387.pdf

76. Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J, Michael Marmot by, et al. HEALTH EQUITY IN ENGLAND: THE MARMOT REVIEW 10 YEARS ON 2 Note from the Chair AUTHORS Report writing team: The Marmot Review team was led HEALTH FOUNDATION SOURCE MATERIALS FOR CASE STUDIES. 2020 [cited 2025 Oct 1];10. Available from: https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/the-marmot-review-10-years-on-full-report.pdf

77. Michael Marmot. Fair Society, Healthy Lives The Marmot Review [Internet]. 2010 [cited 2025 Oct 1]. Available from: https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf

78. Chakraborti N, Garland J. Reconceptualizing hate crime victimization through the lens of vulnerability and 'difference.' Theor Criminol [Internet]. 2012 [cited 2025 Oct 1];16(4):499–514. Available from: /doi/pdf/10.1177/1362480612439432?download=true

79. Chakraborti N, Burch L. Hidden Hate, Hidden Violence: Dismantling Myths and Identifying Fresh Challenges for Research and Policy. J Interpers Violence [Internet]. 2024 Sep 1 [cited 2025 Oct 1];39(17–18):3821–8. Available from: https://scholar.google.com/scholar_url?url=https://journals.sagepub.com/doi/pdf/10.1177/08862605241260015&hl=en&sa=T&oi=ucasa&ct=ufr&ei=mOvcaKmPIfKOieoPub2CuQc&scisig=AAZF9b947coZdBsixh9Kqu_QqRLf

80. Burch L. Working "With" Not "On" Disabled People: The Role of Hate Crime Research within the Community. J Interpers Violence [Internet]. 2024 Sep 1 [cited 2025 Oct 1];39(17–18):3932. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC11318224/

81. Crime Survey for England & Wales [Internet]. [cited 2025 Nov 20]. Available from: https://www.crimesurvey.co.uk/en/index.html

82. Local Government Association. Best practice and insights report on improving housing choice for people with a learning disability | Local Government Association [Internet]. 2025 Feb [cited 2025 Oct 1]. Available from: https://www.local.gov.uk/publications/best-practice-and-insights-report-improving-housing-choice-people-learning-disability

83. Homes fit for the future.

84. Housing Strategy | Nottinghamshire County Council [Internet]. [cited 2025 Nov 20]. Available from: https://www.nottinghamshire.gov.uk/planning-and-environment/housing-and-health/housing-strategy

85. 200 Lives Evaluating supported living and residential care for adults with learning disabilities. 2022 [cited 2025 Nov 20]; Available from: www.NDTi.org.uk

86. Care Quality Commission. Care for autistic people and people with a learning disability - Care Quality Commission [Internet]. 2024 Oct [cited 2025 Oct 1]. Available from: https://www.cqc.org.uk/publications/major-report/state-care/2023-2024/areas-of-concern/ld

87. Landman RA. "A counterfeit friendship": mate crime and people with learning disabilities. The Journal of Adult Protection [Internet]. 2014 Dec 2 [cited 2025 Oct 1];16(6):355–66. Available from: https://dx.doi.org/10.1108/JAP-10-2013-0043

88. Macdonald SJ, Donovan C, Clayton J, Husband M. Becoming cuckooed: conceptualising the relationship between disability, home takeovers and criminal exploitation. Disabil Soc [Internet]. 2024 [cited 2025 Oct 1];39(2):485–505. Available from: https://www.tandfonline.com/doi/pdf/10.1080/09687599.2022.2071680

89. Grundy D. Friend or fake? Mate crimes and people with learning disabilities. Journal of Learning Disabilities and Offending Behaviour [Internet]. 2011 Oct 10 [cited 2025 Oct 1];2(4):167–9. Available from: https://dx.doi.org/10.1108/20420921111207855

90. Doherty G. What is the nature and extent of mate crime offending against disabled people and how effective are institutional responses? 2017;

91. Powell G, Blake-Holmes K, Petrache A, Turrell R, Beazley P. Judging Offenders With Intellectual Disabilities: Systematic Review of Criminal Justice System Professionals' Expressed Views and Attitudes Towards Offenders With Intellectual Disabilities. Journal of Intellectual Disability Research [Internet]. 2025 [cited 2025 Oct 1]; Available from: /doi/pdf/10.1111/jir.13252

92. Slavny-Cross R, Allison C, Griffiths S, Baron-Cohen S. Autism and the criminal justice system: An analysis of 93 cases. Autism Research [Internet]. 2022 May 1 [cited 2025 Oct 1];15(5):904–14. Available from: /doi/pdf/10.1002/aur.2690

93. Young S, Moss D, Sedgwick O, Fridman M, Hodgkins P. A meta-analysis of the prevalence of attention deficit hyperactivity disorder in incarcerated populations. Psychol Med [Internet]. 2015 Jan 12 [cited 2025 Oct 1];45(2):247–58. Available from: https://pubmed.ncbi.nlm.nih.gov/25066071/

94. Griffiths S, Allison C, Kenny R, Holt R, Smith P, Baron-Cohen S. The Vulnerability Experiences Quotient (VEQ): A Study of Vulnerability, Mental Health and Life Satisfaction in Autistic Adults. Autism Res [Internet]. 2019 Oct 1 [cited 2025 Oct 1];12(10):1516–28. Available from: https://pubmed.ncbi.nlm.nih.gov/31274233/

95. Gayed A, Milligan-Saville JS, Nicholas J, Bryan BT, LaMontagne AD, Milner A, et al. Effectiveness of training workplace managers to understand and support the mental health needs of employees: a systematic review and meta-analysis. Occup Environ Med [Internet]. 2018 [cited 2025 Oct 1];75(6):462–70. Available from: https://pubmed.ncbi.nlm.nih.gov/29563195/

96. Mental Health Support Services For People In Nottinghamshire | NottAlone [Internet]. [cited 2025 Nov 20]. Available from: https://nottalone.org.uk/

97. Nottinghamshire County Council, Nottingham City Council, Integrated Care System Nottingham and Nottinghamshire, NHS Nottingham and Nottinghamshire. Joint Carers Carers Strategy 2023-2028. 2023 [cited 2025 Nov 20]; Available from: https://www.nottinghamshire.gov.uk/media/5081744/final-joint-carers-strategy-2023-28.pdf

98. Fingertips | Department of Health and Social Care. Learning Disability Prevalence [Internet]. [cited 2025 Oct 1]. Available from: https://fingertips.phe.org.uk/search/QOF

99. Prevalence | Background information | Learning disabilities | CKS | NICE [Internet]. 2025 [cited 2025 Oct 1]. Available from: https://cks.nice.org.uk/topics/learning-disabilities/background-information/prevalence/

100. Find care services - Care Quality Commission [Internet]. [cited 2025 Nov 20]. Available from: https://www.cqc.org.uk/care-services

101. Ruhi A, Singh Johal H, Burley M. Official Statistics The employment of disabled people 2024. 2024 [cited 2025 Nov 20]; Available from: https://www.gov.uk/government/statistics/the-employment-of-disabled-people-2024

References- What other Authorities are doing

- NHS England. (2023). LeDeR Action from Learning Report 2022/23.
- Clinks. (2016). KeyRing: Supporting Offenders with Learning Disabilities.
- Local Government Association (LGA). (2021). People with a learning disability in the criminal justice system.
- Fraser of Allander Institute. (2024). Employment that Works.
- Leicestershire Partnership NHS Trust. (2023). Annual Health Checks Progress.
- Mason-Angelow, V. (2025). Evaluation of Small Supports in Leeds. National Development for Inclusion.
- Local Government Association (LGA). (2023). Respect for All – Greater Manchester.
- NHS England. (n.d.). Thurrock health checks – NHS Case Study.
- Public Health England (2017). Blood Tests for People with Learning Disabilities: Case Studies

Appendix 1 References

[NHS England...n Standard]

Gregson, C., Martin, G., Wills, L. and Jones, H. (2022) 'Barriers and facilitators to annual health checks for people with learning disabilities: a mixed methods evaluation', British Journal of General Practice, 72(724), pp. e412–e420. Available at: https://pubmed.ncbi.nlm.nih.gov/38481461/ (Accessed: 25 September 2025).

Wigham, S., Heaney, J., Martin, J., Forbes, J. and Ramm, J. (2022) 'Improving access to primary care and annual health checks for people with intellectual disabilities: co-design and feasibility testing of the DECODE intervention', BMJ Open, 12(12), e066241. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC9791416/ (Accessed: 25 September 2025).

National Institute for Health and Care Excellence (2022) Integrated health and social care for people with learning disabilities: service delivery (NG213). London: NICE. Available at: https://www.nice.org.uk/guidance/ng213 (Accessed: 25 September 2025).

NHS England (2019) The NHS Long Term Plan. London: NHS England. Available at: https://www.longtermplan.nhs.uk/ (Accessed: 25 September 2025).

NHS England (2015) Building the right support: A national plan to develop community services and close inpatient facilities. London: NHS England. Available at: https://www.england.nhs.uk/publication/building-the-right-support/ (Accessed: 25 September 2025).

NHS England and King's College London (2022) Learning from lives and deaths: people with a learning disability and autistic people (LeDeR) 2022 annual report. London: NHS England. Available at: https://www.kcl.ac.uk/research/leder (Accessed: 25 September 2025).

HM Government (2014) Care Act 2014. London: The Stationery Office. Available at: https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted (Accessed: 25 September 2025).

HM Government (2010) Equality Act 2010. London: The Stationery Office. Available at: https://www.legislation.gov.uk/ukpga/2010/15/contents (Accessed: 25 September 2025).

HM Government (2005) Mental Capacity Act 2005. London: The Stationery Office. Available at: https://www.legislation.gov.uk/ukpga/2005/9/contents (Accessed: 25 September 2025).

Nottinghamshire Health and Wellbeing Board (2022) Joint Health and Wellbeing Strategy 2022–2026. Nottingham: Nottinghamshire County Council. Available at: https://www.nottinghamshire.gov.uk/care/health-and-wellbeing/health-and-wellbeing-board/joint-health-and-wellbeing-strategy (Accessed: 25 September 2025).

Glossary of Terms – Learning Disabilities JSNA

Term / Acronym	Definition
JSNA	Joint Strategic Needs Assessment – a process that identifies current and future health and wellbeing needs of a local population.
LD	Learning Disability – a significantly reduced ability to understand new or complex information, learn new skills, and cope independently, starting before adulthood.
EHCP	Education, Health and Care Plan – a legal document outlining support for children and young people with special educational needs and disabilities.
STOMP	Stopping Over Medication of People with a Learning Disability and/or Autism – a national campaign to reduce inappropriate use of psychotropic medication.
LeDeR	Learning from Lives and Deaths – a national programme reviewing deaths of people with learning disabilities to improve care.
CQC	Care Quality Commission – the independent regulator of health and social care services in England.
PMLD	Profound and Multiple Learning Disabilities – individuals with severe learning disabilities and additional physical or sensory impairments.
CAMHS	Child and Adolescent Mental Health Services – specialist NHS services for children and young people with mental health needs.
SEND	Special Educational Needs and Disabilities – support for children and young people who have learning difficulties or disabilities.
ICS	Integrated Care System – partnerships between organisations to plan and deliver joined-up health and care services.
DSR	Dynamic Support Register – identifies individuals at risk of crisis or hospital admission to enable proactive support.
CTR	Care and Treatment Review – ensures person-centred care and prevents unnecessary hospital admissions.
LAEP	Local Area Emergency Protocol – coordinated response framework for urgent situations involving people with LD/autism.
Accessible Information Standard	NHS requirement to ensure people with disabilities receive information in formats they can understand.
Reasonable Adjustment Flag	A digital NHS record identifying individuals who need reasonable adjustments in care.

SPLAT	A local engagement group involving people with learning disabilities, carers, and support staff in co-production activities.
PANSI / POPPI	Projecting Adult Needs and Service Information / Projecting Older People Population Information – tools for forecasting social care needs.
I-Works	Employment support programme for people with learning disabilities in Nottinghamshire.
Transforming Care Programme	National initiative to improve care for people with LD and/or autism, focusing on community-based support.
Mate Crime	Abuse disguised as friendship, often targeting people with learning disabilities.
Cuckooing	Criminal exploitation where a vulnerable person's home is taken over by others, often linked to drug activity.
SMD	Severe and Multiple Disadvantage – individuals facing overlapping challenges such as homelessness, substance misuse, and mental health issues.
Health Action Plan (HAP)	A personalised plan developed during an Annual Health Check to support health and wellbeing.
Annual Health Check (AHC)	A yearly NHS check-up for people with learning disabilities aged 14+, aimed at identifying unmet health needs.
Positive Behaviour Support (PBS)	A person-centred approach to understanding and supporting individuals with distressed behaviours.
Diagnostic Overshadowing	When symptoms are wrongly attributed to a person's learning disability, leading to missed diagnoses.
ADHD	Attention Deficit Hyperactivity Disorder – a neurodevelopmental condition often co-occurring with learning disabilities.
ASC	Autism Spectrum Condition – a developmental condition affecting communication, behaviour, and social interaction.
BAME / BaME	Black, Asian and Minority Ethnic – used to describe diverse ethnic groups; often referenced in discussions of health inequalities.
Care Act 2014	Legislation outlining rights to assessment and support for adults and carers, including safeguarding duties.
CLDT	Community Learning Disability Team – multidisciplinary teams providing specialist support in the community.
Consanguinity	Genetic relationship between parents (e.g., cousins), which can increase risk of inherited conditions.
Dementia	A progressive condition affecting memory and cognition; people with LD, especially Down syndrome, are at higher risk.
Dysphagia	Difficulty swallowing – common among people with LD, especially those with cerebral palsy.

Easy Read	A format using simple language and images to make information accessible for people with LD.
Equality Act 2010	Legislation protecting people from discrimination, including those with disabilities.
Mental Capacity Act 2005	Law governing decision-making for individuals who may lack capacity to make specific decisions.
NICE	National Institute for Health and Care Excellence – provides evidence-based guidelines for health and social care.
Notts Enabling Service	Short-term support service in Nottinghamshire to promote independence for people with LD.
LD Register	GP-maintained list of patients with learning disabilities, used to monitor health checks and service access.
STAMP	Supporting Treatment and Appropriate Medication in Paediatrics – linked to STOMP, focused on children.
Unplanned Care Beds	Emergency short-term placements to prevent hospital admissions for people with LD.
Valuing People / Valuing People Now	Government strategies promoting rights, inclusion, and personalised support for people with LD.
Salutogenic	An approach that focuses on the origins of health, rather than the origins of disease

12. Appendices

Appendix 1- Local and National Policy/Drivers

Effective Interventions

Annual health checks improve detection of unmet health needs (Gregson et al., 2024)

Integrated care models reduce hospital admissions and improve satisfaction (NICE NG213, 2022)

Peer education and accessible communication improve consent and service access (Dunn et al., 2024)

Key Programmes and National Strategic Drivers

These focus on improving health outcomes, reducing inequalities, and ensuring effective support for individuals with learning disabilities. Here are some key policy drivers:

- NHS Long Term Plan: This plan aims to tackle the causes of morbidity and premature death among people with learning disabilities. It includes targets such as increasing annual health checks and reducing inpatient care.

Accessible Information Standard

- Ensures that people with disabilities, impairments, or sensory loss receive information in formats they can understand and get the communication support they need when accessing NHS and adult social care services. [NHS Englan...n Standard]
- **Reasonable Adjustment Flag**
- A national digital record on the NHS Spine that identifies individuals who need reasonable adjustments, enabling health and care professionals to record, share, and act on these needs consistently across services, fulfilling legal duties under the Equality Act 2010. [Reasonable...nd Digital], [NHS Englan...cklist ...]

The NHS 10-year plan focuses on three key shifts: moving care from hospitals to communities, embracing digital technology, and prioritizing prevention over treatment. The plan aims to improve patient experience by providing more care in local settings, making it easier for people to manage their health through technology, and intervening earlier to prevent illness.

Here's a more detailed breakdown:

1. Shifting Care from Hospitals to Communities:

- The plan envisions a greater emphasis on community-based care, with neighbourhood health services and more care delivered in people's homes.
- This includes the development of Neighbourhood Care Centres (NCCs) where a range of health professionals will be based, offering a more holistic approach to care.
- The goal is to reduce the reliance on hospitals for routine care and free up hospital beds for those who need them most.

2. Embracing Digital Technology:

- The plan aims to modernize the NHS through digital technologies, including the NHS App, to improve access and efficiency.
- Patients will have better access to their health records, appointment management, and online advice and guidance.
- Technology will also play a role in predictive and personalized care, potentially using genetic sequencing to identify and address health risks early.

3. Prioritizing Prevention:

- The plan emphasizes a shift from treating illness to preventing it through early intervention and promoting healthy lifestyles.
- This includes initiatives focused on child health, such as digitizing the "red book" and providing advice on weaning and healthy habits.
- The plan also outlines measures to improve vaccination uptake, particularly for HPV, and to expand access to weight loss treatments.

Other Key Aspects:

- **Workforce:**

The plan acknowledges the need for a new workforce model to support the changes, with a focus on training and development to meet future needs.

- **Finance:**

The plan aims to improve NHS finances by increasing productivity and rewarding providers based on their ability to improve patient outcomes.

- **Collaboration:**

The plan emphasizes the importance of collaboration between different parts of the NHS and with other sectors, such as social care, to deliver integrated care.

- **Transparency:**

The plan includes a commitment to greater transparency and accountability in the NHS.

- Mandatory Staff Training: There is a push for mandatory training for all relevant staff to ensure they can effectively support individuals with learning disabilities Building the Right Support: This initiative focuses on providing community-based support and reducing reliance on inpatient care
- LeDeR: Focuses on identifying avoidable deaths and systemic failings. The LeDeR Governance panel, includes physical health, mental health, learning disability and safeguarding nurses, plus pharmacists. This breadth of expertise elevates the quality of LeDeR reviews, strengthens the quality assurance process. Reviews are feeding back to services in SMART actions and highlighting areas of positive practice to reinforce the legal requirement to all people with learning disabilities and autistic people, in line with The Equality Act 2010.
- STOMP: Tackles overprescription of psychotropic medication
- Building the Right Support: National policy prioritising community-based alternatives to institutional 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.

Linked to.

- 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.
- 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.
- 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.
- Learning disabilities and behaviour that challenges: service design and delivery (2018) set 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.

Integrated, Person-Centred Care

- NICE NG213 (2022): *Disabled children and young people with severe complex needs*

Emphasises multi-agency collaboration across education, health, and social care. Focuses on holistic, coordinated care from birth to 25.

- NICE NG216 (2022): *Social work with adults experiencing complex needs*

Encourages co-production and joint decision-making in social work practice for adults with learning disabilities.

- NICE NG96 (2018): *Care and support for people growing older with learning disabilities*

Highlights need for future planning, assessments of changing needs, and coordination across services including housing and healthcare.

Mental Health and Behavioural Support

- NICE NG54 (2016): *Mental health problems in people with learning disabilities*

Supports prevention, assessment, and treatment strategies in all care settings. Involves the person, carers, and care staff in mental health care.

- NICE NG11 (2015): *Challenging behaviour and learning disabilities*

Recommends early and thorough assessment of behavioural issues. Emphasises proactive and therapeutic approaches over restrictive ones.

- NICE NG93 (2018): *Learning disabilities and behaviour that challenges – service design and delivery*

Encourages prevention, family support, and community-based services.

Physical Health and Preventative Care

- NHS England (2025): *Cervical Screening – supporting people with learning disabilities*

Adjustments like longer appointments, pre-visits, presence of carers, and calming techniques (e.g., music) improve uptake.

- NHS England (2024): *Breast Screening – identifying and reducing inequalities*

Includes virtual tours, easy-read info, and additional support.

- NHS England (2022): *Bowel Cancer Screening – identifying and reducing inequalities*

Focuses on practical help collecting samples and accessible communication.

- Morris & Julian (2024, Nuffield Trust): *Preventing people with a learning disability from dying too young*

Focus on five critical services: obesity prevention, cancer screening, mental health, annual checks, early diagnosis.

Health and Care Passports

- NHS England (2024): *Health and Care Passports: Implementation Guidance*

Encourages use of regularly updated personal health records that travel with the patient across settings.

Communication and Accessibility

- National Voices (2023): *Accessible and inclusive communication in primary care*

Focus on what matters to people with diverse communication needs, including easy-read formats, visual supports, and staff training.

- NICE QS142 (2017): *Mental health problems – quality standard*

Identifies communication as a key domain in assessment and treatment for people with learning disabilities.

Tackling Inequalities and Promoting Equity

- House of Commons (2024): *Inequalities in healthcare and employment*

Advocates for learning disability registers, reasonable adjustments, and inclusive employment practices.

- NHS Race and Health Observatory (2023): *We deserve better – Ethnic minorities with a learning disability*

Investigates compounded barriers due to race and disability, recommends culturally competent care and inclusive services.

Empowerment, Advocacy, and Community-Based Support

- NHS England (2023): *Bitesize guide – Supporting people to live healthier, longer lives*

Person-centred planning, co-production, and prevention form the backbone of effective services. Key enablers: advocacy, personal budgets, housing, and workforce capability.

- NDTI (2023): *Building Bridges – Social prescribing for people with learning disabilities*

Explores how link workers and social prescribers can engage and empower individuals through community connections.

Quality Standards and Continuous Improvement

- NICE QS101 (2015, updated 2019): *Learning disability and behaviour that challenges – quality standard*

Describes benchmarks for care quality and priority areas needing improvement.

- NICE QS187 (2019): *Care and support of older adults with learning disabilities – quality standard*

Stresses proactive assessment and planning to address age-related and disability-specific needs

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.

Appendix 2

Engagement with SPLAT -Martin Jackaman 30/7/25 We gathered these insights through a co-production workshop involving service users, carers, and support staff. Participants took part in guided discussions and interactive activities, which helped us explore their daily experiences, preferences, and challenges. The workshop format encouraged open sharing, allowing us to capture rich, first-hand perspectives on living arrangements, transport, social life, and priorities for a better life.

- Living: Most live with family, and almost all are happy with their living situation.
- Activities: Day centres are the main focus; people enjoy what they do, but some want more variety.
- Transport: A major barrier – most need help to get around.
- Social: Many have friends and regular contact, but loneliness remains for some.
- Support: Families are the main support, with carers and social workers helping others.

Priorities for a Better Life:

1. More friends and social opportunities
2. More things to do
3. Feeling happy and safe

Values & Interests: Creativity, sports, independence, community involvement, and family/friends.
Overall: People are generally content but want more social connection, activity choices, and easier transport.

Appendix 3

Easy Read Survey responses specifically from individuals who identified as disabled, which may include those with learning disabilities. This analysis highlights their preferences and priorities regarding future care and housing:

Key Findings from Disabled Respondents

Top Priorities

These factors were most frequently rated as "Really Important ":

Medical care on site
Easy access to health services (GP, hospital, dentist)
Being close to family, friends, and community
Good care for your needs
Being Independent

Lower Priorities

These factors were more often rated as "Not important at all " or "Not so important ":

Being active in the community (volunteering, sports, social groups)
Feeling part of a community
Using technology to stay in touch (internet, tablet, smartphone)

Mixed Views

Some areas showed a mix of responses, suggesting varied needs or understanding:
Comfort and extras (like Wi-Fi)
Outdoor spaces and gardens
Safety and security
Cost

Summary of the Resident Survey for adults in Residential and Nursing Care (Easy Read), focusing on individuals who identified as disabled — which may include those with learning disabilities.

Key Themes from Disabled Respondents

Positive Feedback

Most disabled residents reported:

- Very good care and feeling safe
- Staff are kind, available, and supportive
- Comfortable rooms and good communal areas
- Happy with their living situation

Favourite Activities

Commonly enjoyed activities include:

- Arts and crafts
- Music and singing
- Reading
- Socialising with friends
- Going outside

Suggestions for Improvement

From open-ended responses, residents suggested:

- More activities and chances to make friends
- Better food and more comfortable rooms
- Freedom to go out when they want
- Making the environment feel more like home

Summary of the Your Care, Your Way; Planning for the Future Survey, focusing on individuals who identified as disabled — including those who may have learning disabilities.

Key Priorities Identified by Disabled Respondents

Most frequently rated as “Very Important”:

- Being independent
- Having access to on-site medical care
- Privacy in living space

- Safety and security
- Closeness to family, friends, and community
- Quality of care
- Respect for privacy and dignity
- Availability of specialised care (e.g., dementia care)

These reflect a strong desire for autonomy, safety, and personalised support.

Open-Ended Feedback Highlights

Some respondents shared additional thoughts, including:

- Appreciation for current care home environments
- Requests for staff training in mental health and neurodiversity (e.g., Asperger's)
- Emphasis on emotional support and staff availability

From the written responses, common themes included:

- **Positive aspects:**
    - Friendly and supportive staff Greater autonomy and say in care decisions
    - Enjoying independence and making choices
    - Socialising with friends and engaging in activities
- **Suggestions for improvement:**
    - More comfortable rooms

Appendix 4 Learning Disability JSNA – Survey Findings (Carers, Service Users, Providers, Easy Read)

We gathered these results through targeted surveys distributed to service users, carers, and providers across all groups. The surveys were designed to capture both quantitative data and qualitative feedback on key issues such as access, inclusion, and wellbeing. This allowed us to identify cross-cutting priorities and understand the real-world impact of challenges like transport barriers, long waiting times, and limited opportunities for independence. 45 citizens responded.

Cross-Cutting Priorities (All Groups)

Issue	Impact	Action
Long waiting times for support	Delayed care, worsening health, carer stress	Streamline referral and triage; expand capacity for quicker responses
Poor or inaccessible information	Confusion, low uptake, inequity of access	Provide Easy Read, translated, and digital-friendly information; centralised directory
Transport barriers	Missed appointments, social isolation, reduced service access	Subsidised travel, community transport schemes, better rural planning
Limited opportunities for inclusion and independence	Reduced wellbeing, reliance on family, social exclusion	Expand clubs, volunteering, and employment pathways; flexible personal budgets

Carers

Issue	Impact	Action
Poor carer health & wellbeing	High stress, burnout, risk to sustainability of care	Increase respite provision, ensure carers' health checks, targeted mental health support
Cost of services	Excludes families from support	Financial subsidies, reduced fees, stronger direct payments offer
Limited time for community activities	Social isolation, reduced quality of life	Flexible respite and support groups outside of school/work hours

Service Users

Issue	Impact	Action
Transport and accessibility barriers	Exclusion from services and activities	Travel training, community buses, better accessible venues
Limited employment opportunities	Dependency, reduced independence	Expand supported employment schemes, employer engagement, volunteering pathways
Desire for more independence	Reliance on family, limited autonomy	Person-centred flexible support hours, supported housing options
Financial insecurity	Inability to access opportunities	Tailored benefits advice, direct payments, independent living grants

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Providers

Issue	Impact	Action
Communication breakdowns between agencies	Delays, duplication, fragmented care	Shared IT systems, regular cross-agency meetings, joint planning projects
Inconsistent transport support	Unequal access to services	Standardised transport offer with council backing
Variable inclusivity practices	Risk of exclusion for diverse groups	Mandatory equality training, use of interpreters, co-production with users
Service design not always user-led	Missed opportunities for improvement	Formalise user/carer feedback loops, regular reviews of changes

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Service Users (Easy Read)

Issue	Impact	Action
Lack of Easy Read information	People don't understand or miss out on services	Require Easy Read formats across all providers
Desire for independence & more support hours	Reduced quality of life, carer strain	More 1:1 support, flexible personal budgets, carer assessments
Limited clubs/respite options	Isolation, lack of inclusion	More local clubs, respite for all ages, peer-led activities
Transport and financial barriers	Prevents participation	Subsidies, accessible travel planning, carer travel support

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Overall Direction

- **Make services quicker, clearer, and more accessible**.
- **Strengthen independence and inclusion opportunities**.
- **Improve transport and financial support** to reduce exclusion.
- **Embed user and carer voices** in service design and delivery.

Appendix 5. SPLAT case study- Appendix 5: SPLAT Case Study – Bridging Communities Through Conservation

This case study highlights a heartwarming partnership between the Martin Jackaman Centre (MJC) and Nottinghamshire Wildlife Trust, showcasing how conservation can bring people and communities together. Every Tuesday, adults with learning disabilities from MJC volunteer at Attenborough Nature

Reserve, contributing to wildlife protection and improving access for all visitors. Their work includes clearing paths, removing invasive plants, and caring for memorial spaces—acts that have touched the hearts of many.

The initiative has grown beyond volunteering. It now includes ecological support for MJC's Garden Club, helping transform their own green space into a thriving wildlife haven. This collaboration demonstrates the power of inclusive conservation, where people of all abilities are empowered to connect with nature, contribute meaningfully, and build community.

This appendix celebrates the volunteers as nature champions and community builders, reminding us that everyone has something valuable to offer—and that small acts of care can lead to lasting impact.

Bridging Communities Through Conservation

Every Tuesday morning, something quietly beautiful happens at Attenborough Nature Reserve. While most visitors are arriving for a peaceful walk or a morning coffee, a small group of volunteers from the Martin Jackaman Centre (MJC) are already out on the paths, tending to the space with care, intention and joy. The group, made up of adults with learning difficulties and supported by their dedicated staff, have chosen Nottinghamshire Wildlife Trust as their charity of the year. But they didn't want to simply fundraise. They wanted to give something back. And so began a partnership rooted in mutual respect, shared values, and the healing power of nature. Each week, the MJC team roll up their sleeves and take on tasks that make a big difference for both people and wildlife. They clear paths to keep them accessible for all visitors. They remove Himalayan Balsam – an invasive plant that threatens native species. They scrub down benches and signage, making the reserve more welcoming. And most touchingly, they carefully clean the engraved memorial leaves near the visitor centre – small acts of kindness that have sparked heartfelt comments from visitors who lost loved ones. Visitors have shared how much it means to see these memories being cared for.

What began as a simple volunteering offer has grown into something transformative. For the volunteers, being outside among the reeds and robins, the wildflowers and leaves, brings a deep sense of peace and pride. Staff have reflected on how it gives the volunteers a real sense of purpose, and the staff benefit too! Visitors often stop to thank the volunteers in person – a small gesture that brings enormous encouragement. They say how they're making a difference. And they truly are.

Our rangers look after dozens of nature reserves, so having the MJC team regularly supporting Attenborough makes a real difference. Their help with path clearing, bench scrubbing and balsam pulling might seem small, but it lifts a huge weight and helps keep the reserve running smoothly for people and wildlife alike.

In return, Nottinghamshire Wildlife Trust has been supporting the MJC's Garden Club with tailored ecological advice to even further enhance their green space as a wildlife haven. MJC had already put in a wildlife pond, created a mini hedgehog wood, a bug hotel and put up nest boxes. Lorna, City Nature Recovery Officer from NWT, has given more detailed advice on the ongoing management and further enhancements they can make.

Together, we've explored how to make this garden sing with birdsong and bloom with pollinator plants. We've dreamed up ideas for a mini orchard, a dead hedge woven from coppiced willow, and a concrete yard turned into planter paradise. With each season, they'll build bat boxes, plant fruit trees, and watch this community-grown sanctuary take root. There are options to protect the beautiful ancient oak that stands on their grounds – a living remnant of Robin Hood's woodland.

This partnership reminds us that conservation isn't just about saving rare species. It's about creating opportunities for people of all abilities to connect, contribute and care. It's about removing barriers – both physical and social – so that everyone can enjoy, and protect, the natural world.

And perhaps most importantly, it's about understanding that everyone has something to offer.

We're incredibly grateful the team at the Martin Jackaman Centre for approaching us with this beautiful idea – and for everything they've brought to the reserve. They're not just volunteers. They're nature champions, community builders, and a gentle reminder of the good that can grow when we nurture connection. This is just the beginning - we can't wait to see how this partnership continues to grow.



LDA Pathway Review Research v.4.0 (Includ

Appendix 6- LDA Pathway Review Research Findings-LD and A-This appendix supports the Learning Disability and Autism (LDA) Adult Pathway Review for Nottingham and Nottinghamshire. It brings together key data, insights, and lived experiences to help shape services that are more inclusive, responsive, and empowering for adults with learning disabilities, autism, or both.

The review highlights both the challenges and the opportunities to improve health and wellbeing. People with learning disabilities often face more complex health needs, but local data shows where targeted support—such as annual health checks, tailored communication, and specialist services—can make a real difference. There is growing recognition of the importance of person-centred care, early intervention, and joined-up working across health and social care.

Between June and July 2025, we heard directly from people with lived experience, their families, carers, and professionals. Their feedback was clear: services work best when they are compassionate, accessible, and built around individual needs. Many shared examples of excellent care, especially from learning disability nurses and community teams, and offered ideas for how services can be improved and made more consistent.

This appendix provides the evidence base for the review's findings and recommendations. It also acknowledges where data is limited and outlines our commitment to working with partners and experts by experience to fill those gaps. Together, we can build a pathway that supports people to live healthier, happier lives—with the right support, at the right time, in the right place.



Acrobat Document.pdf

Appendix 7 DECODE Paper- The **DECODE project** (Data-driven Machine-learning Aided Stratification and Management of Multiple Long-term Conditions in Adults with Learning Disabilities) is a multi-institutional research initiative funded by NIHR. It aims to use machine learning and real-world health data to better understand and manage multiple long-term conditions (MLTCs) in adults with learning disabilities. The project involves a multidisciplinary team and emphasizes inclusive research practices, including active involvement of people with learning disabilities and their careers.



Learning Disability Professional Senate B

Appendix 8 LD Senate Paper-Report related to health and care services for people with learning disabilities. Key themes include:

- **Health Inequalities**: People with learning disabilities face significant disparities in health outcomes, including higher rates of multiple long-term conditions and earlier mortality.
- **Accessible Information**: Emphasis on the legal and ethical need to provide health information in formats that are understandable and usable by people with learning disabilities.
- **Visual Communication**: Use of storytelling (e.g., "Maria's Story") and infographics to convey complex health data in accessible ways.
- **Co-production**: The importance of involving people with learning disabilities, their families, and carers in designing services and research.
- **Policy and Practice**: Recommendations for improving annual health checks, personalised risk prediction tools, and accessible health information.

Appendix 9- Annual Health Check – Quality Audit PILOT Proposal May 2025 - Nottingham and Nottinghamshire ICB propose a pilot audit of Annual Health Checks (AHCs) for people with learning disabilities to assess and improve quality, not just uptake. The audit will review a sample of AHCs across selected demographics and practices, aiming to identify good practice, ensure consistency, and embed reasonable adjustments. It will also gather patient and carer feedback to inform future commissioning and reduce health inequalities. Annual Health Check – Quality Audit PILOT Proposal May 2025.pdf

Appendix 10-Big Conversation, County 23- The goal of the Big Conversation was to engage with people who use adult social care services and unpaid carers across Nottinghamshire to understand their experiences, needs, and aspirations. It aimed to:

- Inform the development and delivery of the Adult Social Care strategy through meaningful coproduction.
- Listen to what is working and not working in the current system.
- Gather insights to improve services, promote inclusion, and ensure that future care aligns with the values of the *Social Care Future* vision and *Making it Real* standards.
- Support better decision-making by Nottinghamshire County Council and partners through direct feedback from those with lived experience

nottinghamshirebigconversationreport2023.pdf

Appendix 11

This appendix highlights an inspiring collaborative initiative led by Nottingham West PCN and the South Nottinghamshire Place Based Partnership, aimed at improving foot health for people with learning disabilities and additional needs. Sparked by a yearlong engagement programme involving 35 local organisations, the work uncovered valuable insights into the challenges faced by this community in accessing foot care. In response, a dedicated multi-agency group came together to explore data from Annual Health Checks, review local podiatry pathways, and co-design more inclusive and effective solutions. The slides showcase the progress made so far and outline opportunities for system-wide action to ensure equitable, compassionate foot health support for all.



Appendix 12

Preparing for Adulthood Website Overview-This poster promotes the Nottinghamshire Healthcare NHS Foundation Trust's *Preparing for Adulthood* website, designed to support young people (from age 14) and their families as they transition through health services. It provides targeted information for those accessing Children and Young People (CYP) Specialist Services. The website can be accessed directly via the provided QR code or at www.nottinghamshirehealthcare.nhs.uk/Prepforadulthood.

PrepForAdulthoodWebsitePoster.pdf