

Summary

- It is estimated that there are 5,914 adults in Wirral (in 2015) who have a learning disability and this is thought to rise to 5,942 by 2018, then 6,042 by 2030
- It is estimated that there are 1,217 adults in Wirral (in 2015) who have a moderate to severe learning disability and this is thought to reduce slightly to 1,207 by 2030
- GP practice data for 2014/15 suggests that there are 2,161 patients with a learning disability known at practice level and this compares to 2013/14 data suggesting 1,110 residents are known to Local Authority as accessing learning disability services
- 9.1% of Wirral school children are receiving some form of support in schools for a special education need and almost 50% of that percentage is those with a learning disability.
- There is evidence of the large differences between whole population and learning disability population in the uptake of cancer screening. Even though screening rates for LD population are increasing (table 17) they still fall far behind whole population results.
- Data for 2014/15 suggests that 70%, or 1,513, of LD patients have had a health assessment in the last five years
- Completed Learning Disability Health Checks identified a range of issues for a significant number of learning disability patients including obesity, diabetes, asthma, dysphagia, epilepsy with a smaller number with coronary heart disease
- Over 75% of learning disability patients with a recorded Body Mass Index (2014/15) had an unhealthy weight
- Given the data on Wirral residents with a learning disability there remains a number of key inequalities between learning disability residents and the general population including mortality, morbidity, lifestyle issues, contraception and relationships, mental health, challenging behaviours, housing, keeping safe, social isolation, criminal justice, employment and transport
- People with learning disabilities tend to be less physically active and a higher proportion can be obese compared to the general population (figure 14) and possibly
 - twice as likely to have asthma
 - 25 times more likely to have epilepsy
 - have higher levels of mental health problems
 - Die earlier, with death rates three times as high as the general population and a median age at death of between 55 to 60 in Merseyside and North Cheshire
- More information is available at [Merseyside and North Cheshire Health Needs Assessment for Learning Disabilities and Autism](#) (March 2016)

Please note – this is an update using additional partner supplied content however some sections remain incomplete and I would hope we can resolve this soon (JSNA Lead, July 2016)

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What do we know?

Introduction

People with learning disabilities and autism are a very diverse population, with differing needs and are one of the most vulnerable groups in society, experiencing health inequalities, social exclusion and stigmatisation.

Amongst those with more severe learning disabilities, there have been considerable life changes for many, with the closure of learning disability hospitals (IHAL, 2012). Following the enquiry and reports after the closure of Winterbourne View Hospital (Department of Health, 2012) and the development of the government's 'Valuing People Now' strategy (Department of Health, 2009), there are now clear guidelines in place covering all aspects of the health needs of people with learning disabilities.

Under the [Equality Act \(2010\)](#) 'reasonable adjustments' are required in all practices and procedures to ensure that discrimination against people with learning disabilities does not occur.

Why is this important?

People with learning disabilities face a number of challenges in using health services. These include understanding literature they have been given, keeping appointments and following treatment regimes. It is important that people who provide healthcare can identify when a person has a learning disability or autism so they can make 'reasonable adjustments' to their care.

People with learning disabilities tend to be less physically active and a higher proportion can be obese compared to the general population though local information on this is very limited but it does seem to show this is the case. This, and other factors, result in people having higher levels of certain diseases. Information was only available for a few areas, but it showed that, compared to the general population, people with a learning disability:

- are twice as likely to have asthma
- are 25 times more likely to have epilepsy
- have higher levels of mental health problems
- Die earlier, with death rates three times as high as the general population and a median age at death of between 55 to 60 in Merseyside and North Cheshire.

As well as lifestyles, another major reason for this poor health experience is poorer access to health promotion and early treatment. The health checks that are available either help to prevent people from developing illnesses or treat them early to make it easier and more likely to recover. Wirral is improving in terms of the numbers attending health checks, the number of health plans being put in place and the data to help understand the health and other issues facing people with a learning disability.

People with learning disabilities do not just face challenges with healthcare. Many live on low incomes and are often unable to secure employment. National research suggests only 15% of people with autism are in full-time employment and only 6.8% of Wirral residents with a learning disability are in either part-time or full-time employment.

National research has shown many local authorities believe the type of housing people with learning disability and autism are in does not meet their needs. The levels in 'settled accommodation', across Wirral is generally are high at over 85% (2013/14), though we should be mindful of the quality and suitability of their accommodation and these figures relate to those known to the Local Authority.

National research also shows that people with learning disabilities and autism are at increased risk of becoming victims of violence and abuse. Local data shows the number of Wirral people with learning disability referred to safeguarding teams is higher than the regional and national average.

Many people with learning disabilities have issues with a range of aspects in their lives relating to social isolation, advice on sex and relationships including help with contraception, reliance on public transport, employment and educational opportunities, hate crime, benefits changes as well as housing and support needs.

Approach to this Learning disability section

For the purposes of this needs assessment, the definition of learning disability will be that used in the white paper [‘Valuing People Now: A New Strategy for Learning Disability for the 21st Century’ \(Department of Health, 2001\)](#). This white paper formed the basis of the government paper [‘Valuing People Now: A new three-year strategy for people with learning disabilities’ \(Department of Health, 2009\)](#). In the ‘Valuing People’ definition, the term ‘learning disability’ includes the presence of:

- 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);
- That started before adulthood, with a lasting effect on development.

The definition covers people with autism who also have learning disabilities, but not those with a higher level autistic spectrum disorder who may be of average or even above average intelligence. ‘Learning disability’ does not include all those who have a ‘learning difficulty’ which is more broadly defined in education legislation.

Learning disabilities are usually detected from childhood and can result from a number of causes such as genetics, chromosomal abnormalities or environmental factors. Sometimes there is no known cause for a learning disability

Learning disabilities are different to learning ‘difficulties’ like dyslexia, which do not affect intellectual ability (NICE, 2013). However, the report of the first national survey of adults with learning disabilities in England (Emerson et al, 2005) used the term ‘learning difficulties’ rather than ‘learning disabilities’. This was because these are the words that the people themselves said they prefer. It was used throughout the research as meaning people who since they were a child had a real difficulty in learning many things. It did not include people who just have a specific difficulty in learning, for example dyslexia.

Facts, figures and trends

It is difficult to be exact with prevalence of Learning Disability both nationally and locally, this is because there are a range of complex factors that underlie the predictions in numbers of people. We have therefore chosen to use the most authoritative and widely used research and baseline evidence by Emerson and Hatton (2004) and Projecting Adult Needs and Service Information (PANSI) (2015) data which is the best currently available.

North West

North West available data as seen in table 1 below estimates that there are approximately 133,000 people aged 18 and over living in the North West who have some form of learning disability.

Table 1: North West: population aged 18+ predicted to have a learning disability*, 2015-2018

Age range	2015	2016	2017	2018
Aged 18-24	17,863	17,512	17,185	16,874
Aged 25-34	23,451	23,705	23,914	24,019
Aged 35-44	21,596	21,307	21,132	21,129
Aged 45-54	23,853	23,897	23,748	23,459
Aged 55-64	19,000	19,309	19,747	20,147
Aged 65-74	15,429	15,742	16,008	16,178
Aged 75-84	8,463	8,535	8,673	8,914
Aged 85 and over	3,162	3,278	3,392	3,495
Total	132,817	133,285	133,799	134,215

Source: [PANSI & POPPI 2015](#)

Notes:

~*access a full List of North West Authorities [here](#)

*These predictions are based on prevalence rates in a report by Eric Emerson and Chris Hatton of the Institute for Health Research, Lancaster University, entitled Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England, June 2004. The authors take the prevalence base rates and adjust these rates to take account of ethnicity (i.e. the increased prevalence of learning disabilities in South Asian communities) and of mortality (i.e. both increased survival rates of young people with severe and complex disabilities and reduced mortality among older adults with learning disabilities). Therefore, figures are based on an estimate of prevalence across the national population; locally this will produce an over-estimate in communities with a low South Asian community, and an under-estimate in communities with a high South Asian community.

Prediction rates have been applied to ONS population projections of the 18-64 population in the years 2011 and 2021 and linear trends projected to give estimated numbers predicted to have a mild, moderate or severe learning disability, to 2030.

Predictions of the number of people with a learning disability for 2011 and 2021 are as follows:

Age range	% in 2011	% in 2021
15-19	2.77	2.67
20-24	2.69	2.71
25-29	2.49	2.49
30-34	2.49	2.49
35-39	2.45	2.46
40-44	2.45	2.47
45-49	2.28	2.31
50-54	2.37	2.39
55-59	2.33	2.32
60-64	2.20	2.22

Of that 133,000 people approximately 28,000 are estimated (table 2) to have a moderate to severe learning disability.

Table 2: North West population aged 18+ predicted to have a moderate or severe learning disability**, 2015-2018

Age range	2015	2016	2017	2018
Aged 18-24	4,120	4,046	3,976	3,910
Aged 25-34	5,038	5,092	5,137	5,159
Aged 35-44	5,428	5,355	5,309	5,308
Aged 45-54	5,352	5,364	5,331	5,265
Aged 55-64	4,130	4,202	4,298	4,386
Aged 65-74	2,520	2,567	2,592	2,610
Aged 75-84	883	889	902	926
Aged 85 and over	299	309	319	328
Total	27,770	27,823	27,864	27,892

Source: [PANSI & POPPI 2015](#)

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** These predictions are based on prevalence rates in a report by Eric Emerson and Chris Hatton of the Institute for Health Research, Lancaster University, entitled Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England, June 2004. The authors take the prevalence base rates and adjust these rates to take account of ethnicity (i.e. the increased prevalence of learning disabilities in South Asian communities) and of mortality (i.e. both increased survival rates of young people with severe and complex disabilities and reduced mortality among older adults with learning disabilities). Therefore, figures are based on an estimate of prevalence across the national population; locally this will produce an over-estimate in communities with a low South Asian community, and an under-estimate in communities with a high South Asian community.

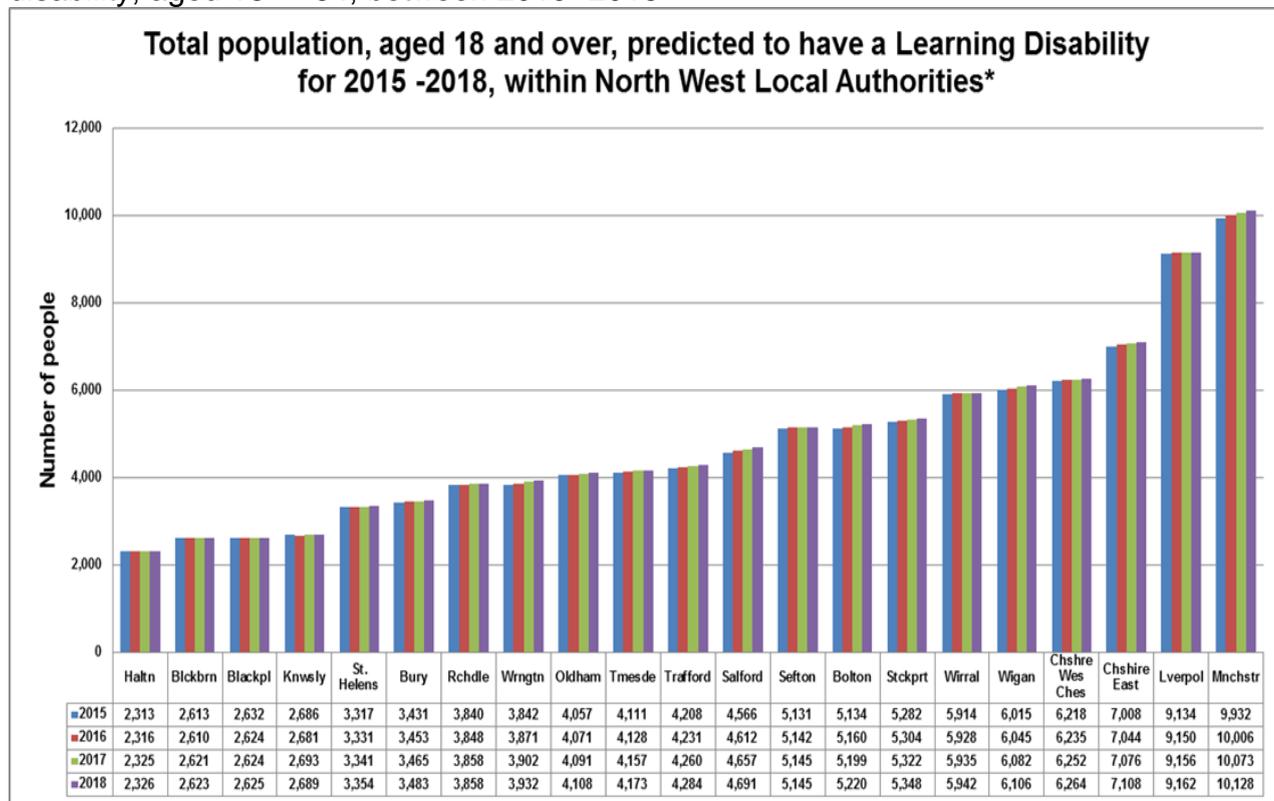
Prediction rates have been applied to ONS population projections of the 18-64 population in the years 2011 and 2021 and linear trends projected to give estimated numbers predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, to 2030.

Predictions of the number of people with a moderate or severe learning disability for 2011 and 2021 are as follows:

Age range	% in 2011	% in 2021
15-19	0.68	0.68
20-24	0.60	0.61
25-29	0.53	0.53
30-34	0.54	0.54
35-39	0.61	0.61
40-44	0.62	0.63
45-49	0.56	0.57
50-54	0.48	0.49
55-59	0.55	0.55
60-64	0.43	0.43

As we see in figure 1 Wirral has the estimated fifth highest LD population in the North West with Liverpool and Manchester having the greatest numbers based on the population numbers.

Figure 1: Wirral and North West Local Authority population predicted to have a learning disability, aged 18+ - 64, between 2015 -2018



Source: [PANSI & POPPI 2015](#)

Notes: see above

*Not including County Councils for Cumbria and Lancashire

** Access a full List of North West Authorities [here](#)

These predictions are based on prevalence rates in a report by Eric Emerson and Chris Hatton of the Institute for Health Research, Lancaster University, entitled Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England, June 2004. The authors take the prevalence base rates and adjust these rates to take account of ethnicity (i.e. the increased prevalence of learning disabilities in South Asian communities) and of mortality (i.e. both increased survival rates of young people with severe and complex disabilities and reduced mortality among older adults with learning disabilities).

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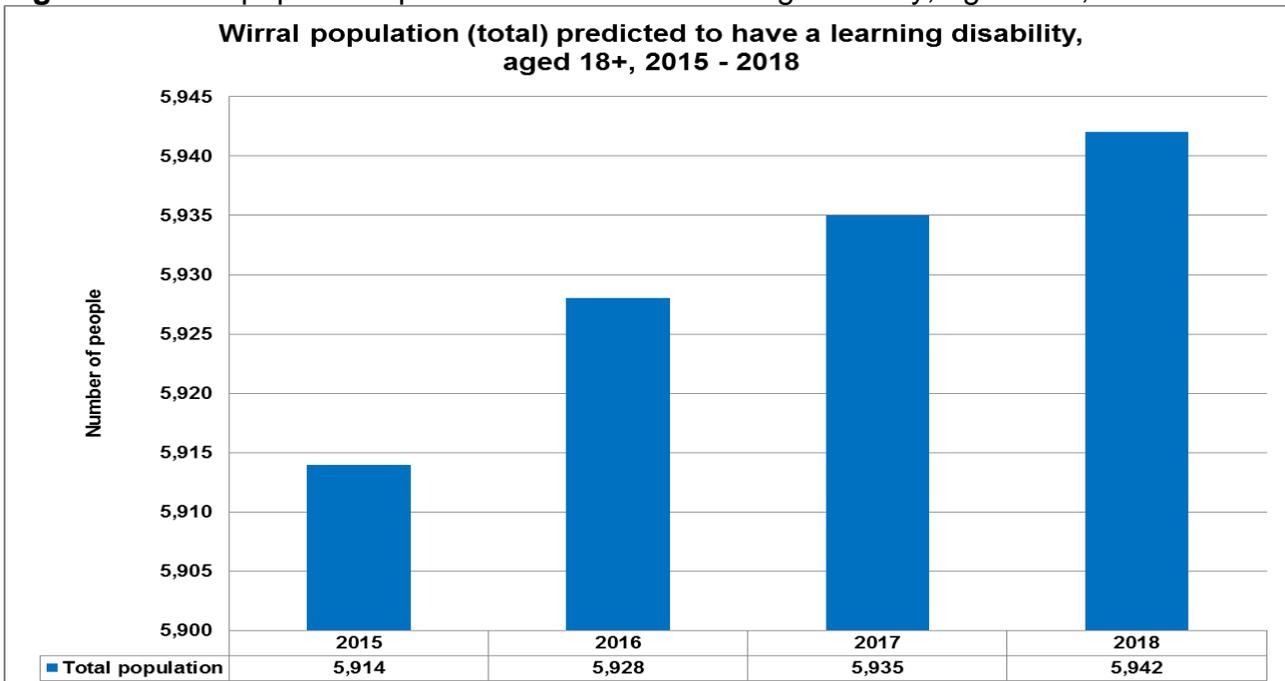
Predictions of the number of people with a learning disability for 2011 and 2021 are as follows

Prediction rates have been applied to ONS population projections of the 18 and over population in the years 2011 and 2021 and linear trends projected to give estimated numbers predicted to have a mild, moderate or severe learning disability, to 2030. Figures may not sum due to rounding. Crown copyright 2014

Wirral

Using national modelling through the Projecting Adult Needs and Information System (PANSI) it is estimated that in 2015 there are 5,914 adults in Wirral who have a learning disability and this is thought to rise to 5,942 by 2018.

Figure 2: Wirral population predicted to have a learning disability, aged 18+, 2015-2018

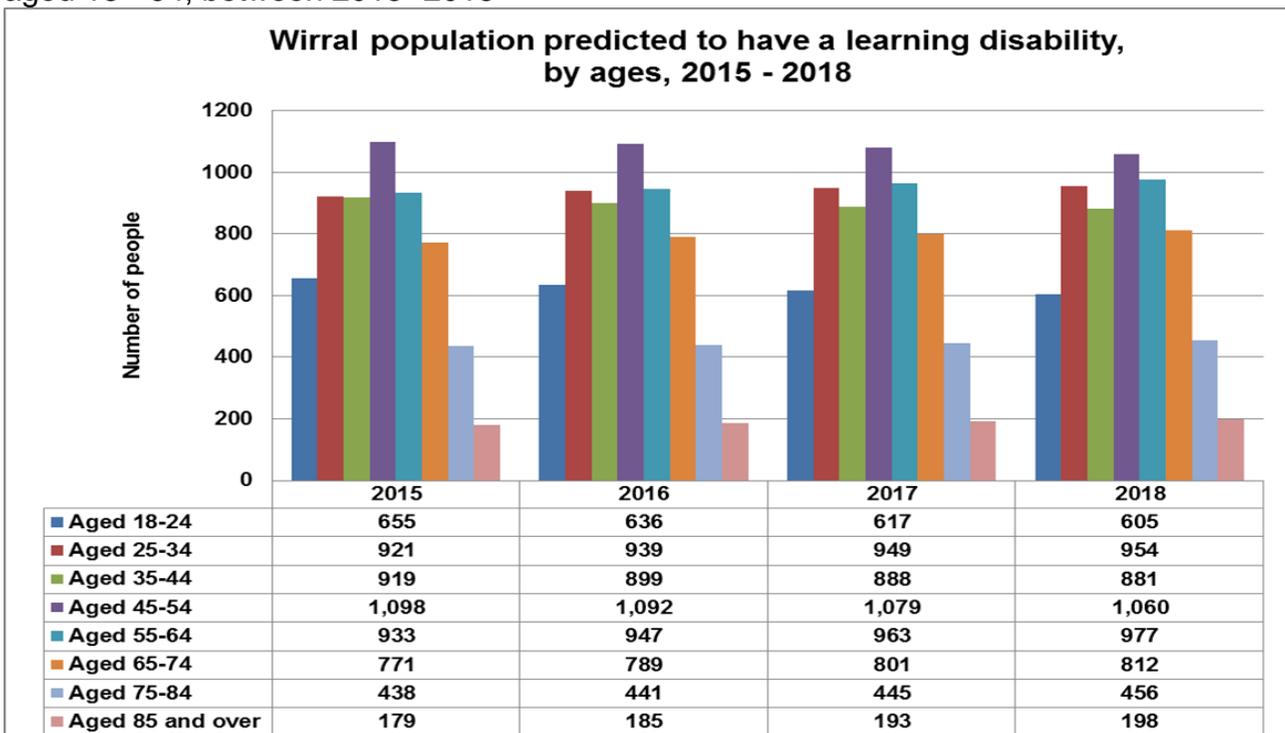


Source: [PANSI & POPPI 2015](#)

Notes: see above* and ** in notes of figure 1

In figure 3 the age banded Learning Disability numbers for Wirral suggests minimal changes across ages which reflect the overall population remaining relatively stable.

Figure 3: Wirral and statistical neighbour population predicted to have a learning disability, aged 18 - 64, between 2015 -2018



Source: [PANSI & POPPI 2015](#)

Notes: see above* and ** in notes of figure 1

Using the same 2015 PANSI data in table 3 it implies that there are 1,217 residents who have a learning disability which could be described as a moderate or severe. This is estimated to reduce slightly to 1,214 by 2018.

Table 3: Wirral population aged 18+ predicted to have a moderate or severe learning disability

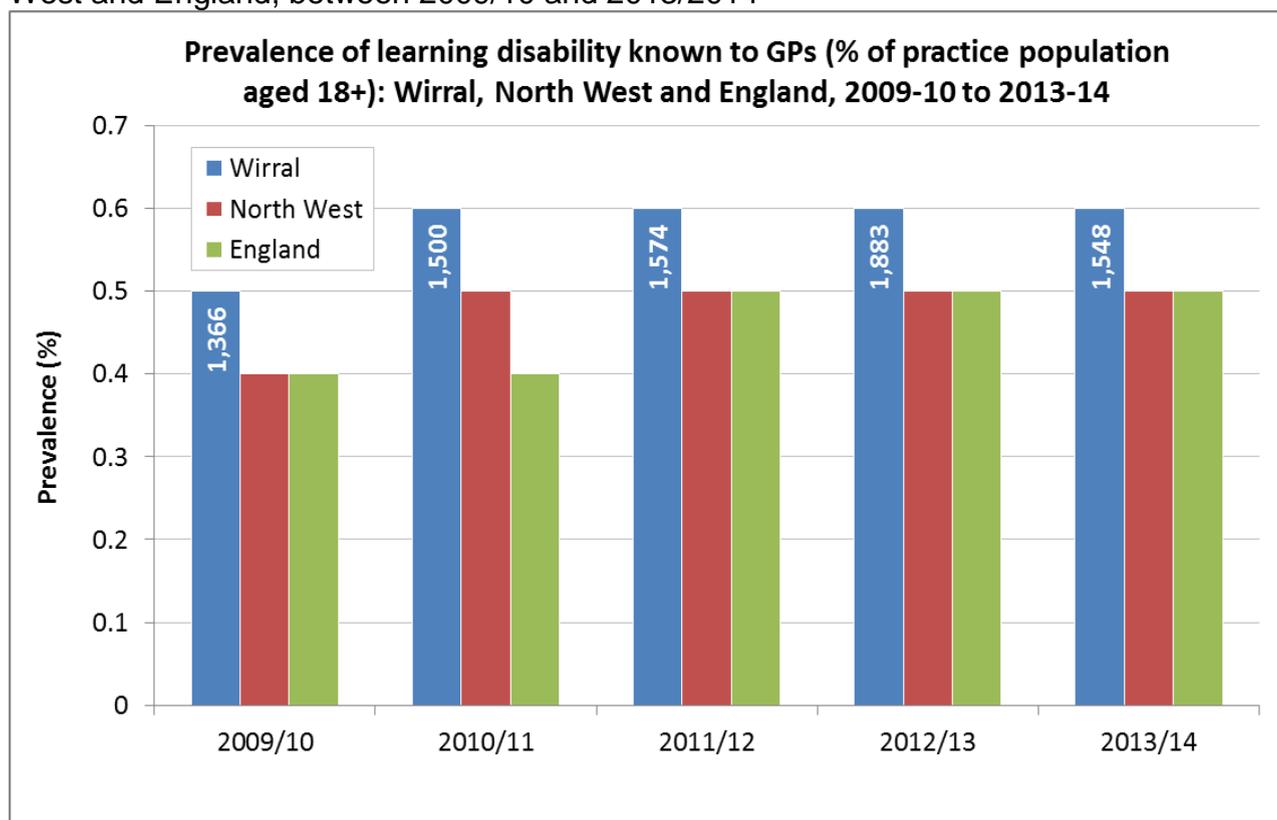
Age range	2015	2016	2017	2018
Aged 18-24	151	147	143	141
Aged 25-34	198	202	204	205
Aged 35-44	231	226	223	221
Aged 45-54	246	245	242	237
Aged 55-64	202	206	209	213
Aged 65-74	126	129	130	131
Aged 75-84	46	46	46	47
Aged 85 and over	17	17	18	19
Total	1,217	1,217	1,215	1,214

Source: [PANSI & POPPI 2015](#)

Notes: see above* and ** in notes of figure 1

As see in figure 4 below the prevalence rate for those with a learning disability known to local GPs has remained constant since 2009/10 and is at a higher level, at 0.6%, than both the North West and England (both 0.5%) reported prevalence up to and including 2013/14.

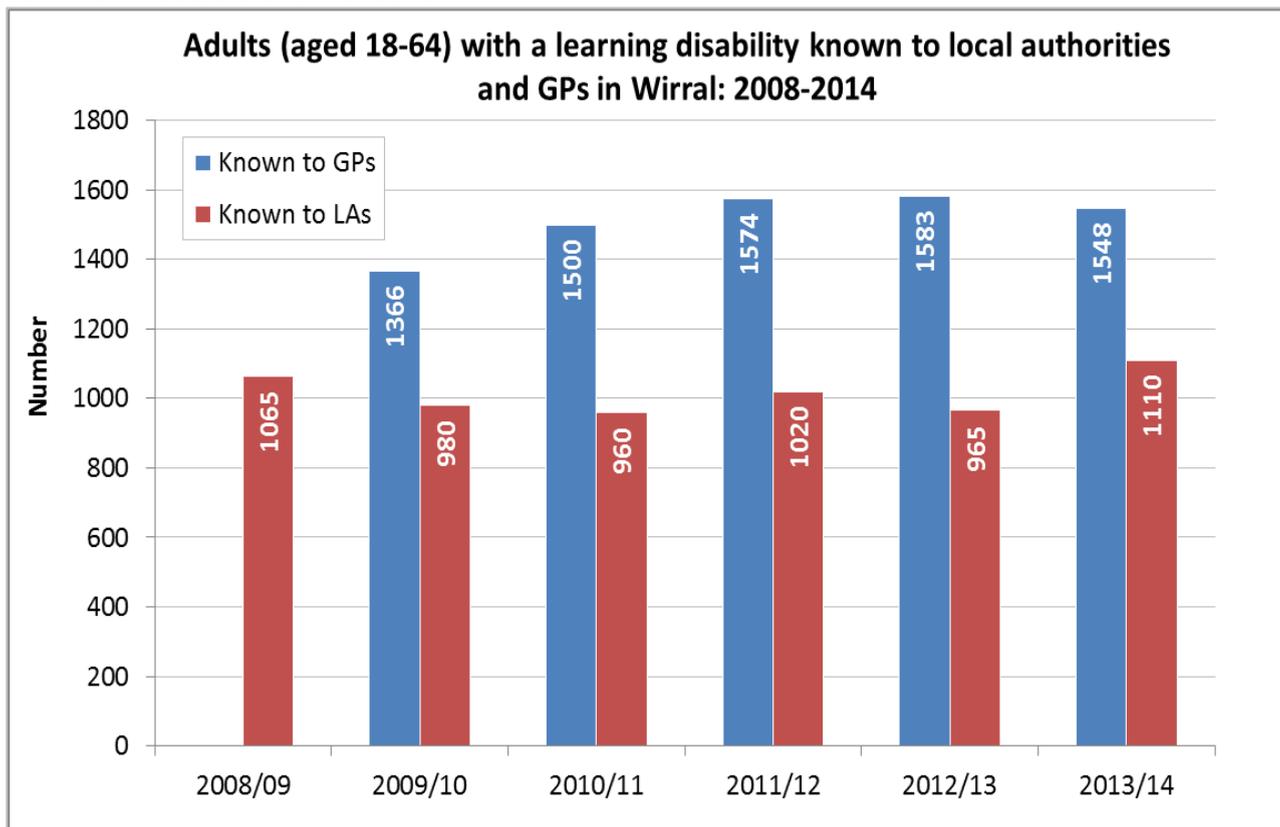
Figure 4: Wirral prevalence of patients with learning disability known to GPs, Wirral, North West and England, between 2009/10 and 2013/2014



Source: From Public Health Outcomes Framework Trends 2015, Wirral Public Health Intelligence Team

In figure 5 and table 4 we see a comparison of those Wirral residents known to both GPs and Local Authority. In both cases numbers are in excess of 1,000, with practices being above 1,500 and Local Authority over 1,100. These figures have remained relatively constant since 2009/10.

Figure 5: Patients with learning disability known to Local Authorities and GPs, Wirral, between 2008/09 and 2013/2014



Source: From Public Health Outcomes Framework Trends 2015, Wirral Public Health Intelligence Team

Table 4: Number of Adults (18 to 64) with learning disability known to Local Authorities and GPs for Wirral, by year

Period	Known to GPs	LA Social Care
2008/09	no figures available	1065
2009/10	1366	980
2010/11	1500	960
2011/12	1574	1020
2012/13	1583	965
2013/14	1548	1110

Source: From Public Health Outcomes Framework Trends in CCG Quality Outcomes Framework (QOF) 2015, Wirral Public Health Intelligence Team

Notes: These figures do not match those provided by CCG data, discrepancy could relate to figures being rechecked at a later day

Table 5 provides a direct comparison for Wirral Local Authority with North West council counterparts and England in relation to known numbers per 1,000 population. Wirral has a relatively higher proportion of residents with LD accessing and so known to services.

Table 5: Adults (18 to 64) with learning disability known to Local Authorities per 1,000 population for Wirral, by year

Period	Count (Wirral)	Comparison per 1,000 population		
		Wirral	North West	England
2008/09	1,065	5.6	4.4	4.1
2009/10	980	5.2	4.6	4.2
2010/11	960	5.0	4.7	4.2
2011/12	1,020	5.3	4.6	4.2
2012/13	965	5.1	4.6	4.2
2013/14	1,110	5.9	4.6	4.3

Source: From Public Health Outcomes Framework Trends 2015, Wirral Public Health Intelligence Team

Children and Young People (Wirral)

Estimating the number of children and young people (*Reception to Year 11 for the purposes of this analysis) who have a learning disability is undertaken using the Wirral Schools Census data for 2015.

This Special Education Need (SEN) information source in table 6 suggests that there are 3,942 children and young people with a primary or secondary learning disability diagnosis which would include: moderate learning difficulty; profound and multiple learning difficulty; severe leaning difficulty and specific learning difficulty. Of those 3,942, there are 3,375 who have a primary diagnosis and 567 a secondary diagnosis of a learning disability.

The overall number of Wirral based children and young people receiving support for a special education need is just under 8,000 at 7,957 which suggests that almost 50% of that SEN school population receives support for a learning disability.

This in turn equates to a figure of almost 10% (9.1%) of children and young people receiving support for a special education need from within the overall Wirral School population*.

In table 7 it describes the overall numbers of children and young people by their key stage of study and the type of support provision offered. The proportion of pupils* with a recorded special education need and receiving support is at 18.4% of the overall pupil numbers for Wirral (not including Nursery and post 16 education) in 2015.

Table 6: Wirral school pupil numbers with Special Education Need, Primary and Secondary diagnosis of learning disability, from School Census 2015

Wirral pupil numbers with SEN by primary & secondary Learning Disability diagnosis (2015)						
Pupils with primary diagnosis for LD		MLD	PMLD	SLD	SPLD	Total
	School Action Plus	177	~	~	334	514
	Statement	227	48	341	159	775
	Education, Health & Care Plan*	~	~	9	~	16
	SEN Support	596	~	9	1465	2070
	Total	1000	53	361	1961	3375
Pupils with secondary diagnosis for LD		MLD	PMLD	SLD	SPLD	Total
	School Action Plus	36	~	~	77	116
	Statement	102	~	18	72	194
	Education, Health & Care Plan*	~	~	~	~	4
	SEN Support	79	~	~	174	253
	Total	217	5	22	323	567
Total number of pupils with LD diagnosis (primary or secondary**)		1217	58	383	2284	3942
Total number of pupils School Action Plus, Statemented, EHC and SEN support (2015)						7957
Percentage of pupils with LD diagnosis in School Action Plus, Statemented, EHC and SEN support population						49.5%
Total school population** (2015) (Reception to Year 11)						43,252
Percentage of pupils with LD diagnosis compared to total Wirral school population (2015)						9.1%

Source: Wirral Children and Young People Department, October 2015

Notes: ~ numbers less than 5 have been suppressed

*Change in 2015 to include new categories for Education, Health & Care Plan and SEN support – not available up to 2014

** Numbers of pupils with LD diagnosis includes only Reception to Year 11 - numbers not included from Nursery and Post - 16

Pupil SEN Type	Description
ASD	Autistic Spectrum Disorder
HI	Hearing Impairment
MLD	Moderate Learning Difficulty
MSI	Multi-Sensory Impairment
NSA	SEN but no specialist support
OTH	Other Difficulty / Disability
PD	Physical Disability
PMLD	Profound & Multiple Learning Difficulty
SEMH	Social, emotional and mental health
SLCN	Speech, Language and Communication Needs
SLD	Severe Learning Difficulty
SPLD	Specific Learning Difficulty
VI	Visual Impairment

Source: Wirral Children and Young People Department, January 2015

Notes:

School Action may be further assessment, additional or different teaching materials, different teaching methods and sometimes additional adult support. Individual Education Plans (IEPs) are used record the differential provision required. School Action Plus is the level of intervention for a child where the school requires external support (e.g. from an educational psychologist or speech and language therapist) to meet the needs of the child.

A statement is the level of intervention where a child's needs require that the local authority sets out the support required and the local authority is required by law to ensure this support is then provided.

Education, Health and Care Plans are for children and young people aged up to 25 who need more support than is available through special educational needs support. <https://www.gov.uk/children-with-special-educational-needs/extra-SEN-help>

SEN support encompasses see guidance [here](#) – item 6.44

Table 7: Wirral school pupil numbers with Special Education Need at Key Stage and level of support provision, Wirral School Census 2015

Wirral pupil numbers with SEN by Key Stage and provision (2015)					
SEN provision	Reception/KS1	KS2	KS3	KS4	Totals
No SEN	9764	11744	8140	5647	35295
School Action**	254	413	555	410	1632
School Action Plus***	186	389	429	203	1207
Statement****	152	409	385	296	1242
Education, Health & Care Plan*****	11	17	*	*	33
SEN Support*****	811	1541	973	518	3843
Total	11178	14513	10485	7076	43252
No. of pupils noted as SEN	1414	2769	2345	1429	7957
Proportion of SEN (2015)	12.6%	19.1%	22.4%	20.2%	18.4%
Proportion of SEN (2014)	13.9%	22.0%	25.9%	22.9%	21.0%

Source: Wirral Children and Young People Department, January 2015

Notes: see Table 6 above

According to [Public Health Outcomes Framework Trend](#) analysis (2015) and produced in table 8 below, Wirral has had a steadily reducing number of children with moderate learning difficulties since 2009/10. The 2013/14 comparison (per 1,000 pupil) figures suggest Wirral is now below both North West and England due to this substantial fall from a recorded 1,062 in 2009/10 to 675 in 2013/14.

Table 8: Children with Moderate Learning Difficulties known to schools per 1,000 pupils Wirral, North West and England, by year

Period	Count	Comparison per 1,000 population		
		Wirral	North West	England
2009/10	1,062	20.7	22.3	20.9
2010/11	1,004	19.6	20.9	19.8
2011/12	901	17.8	18.9	18.3
2012/13	843	16.6	17.5	16.8
2013/14	675	13.3	16.0	15.6

Source: From Public Health Outcomes Framework Trends 2015, Wirral Public Health Intelligence Team

Future estimates for learning disability population

North West

Estimates in table 9 for North West residents with some form of learning disability suggest that there will be a slight increase from almost 133,000 in 2015 to almost 140,000 by 2030.

Table 9: North West population aged 18+ predicted to have a learning disability, by age, 2015 - 2030

Age range	2015	2020	2025	2030
Aged 18-24	17,863	16,269	15,896	17,315
Aged 25-34	23,451	24,019	23,282	21,788
Aged 35-44	21,596	21,492	22,917	23,577
Aged 45-54	23,853	22,490	20,292	20,244
Aged 55-64	19,000	21,076	22,177	20,873
Aged 65-74	15,429	16,328	16,253	18,151
Aged 75-84	8,463	9,428	11,336	12,002
Aged 85 and over	3,162	3,748	4,593	5,603
Total	132,817	134,850	136,745	139,553

Source: [PANSI & POPPI 2015](#)

Notes: see above* and ** in notes of figure 1

Table 10 and figure 6 highlight that the proportion of 140,000 North West residents living with a learning disability in 2030 approximately 28,500 are estimated to have a moderate to severe learning disability. Figure 6 goes onto highlight those slight increases across most North West local authorities.

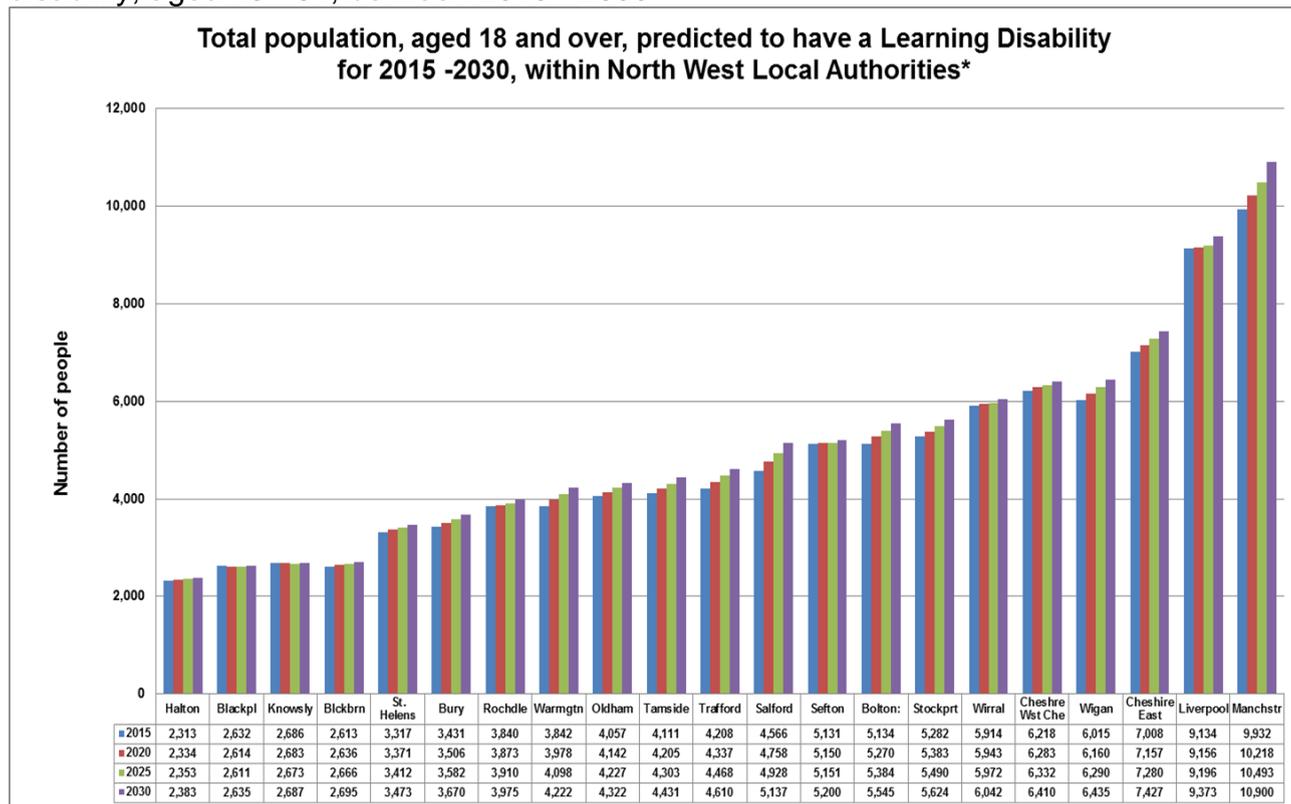
Table 10: North West population aged 18+ predicted to have a moderate or severe learning disability, by age, 2015 - 2030

Age range	2015	2020	2025	2030
Aged 18-24	4,120	3,779	3,739	4,101
Aged 25-34	5,038	5,160	5,004	4,683
Aged 35-44	5,428	5,401	5,766	5,939
Aged 45-54	5,352	5,044	4,573	4,619
Aged 55-64	4,130	4,586	4,788	4,477
Aged 65-74	2,520	2,625	2,636	2,949
Aged 75-84	883	977	1,174	1,219
Aged 85 and over	299	350	425	513
Total	27,770	27,924	28,104	28,500

Source: [PANSI & POPPI 2015](#)

Notes: see above* and ** in notes of figure 1

Figure 6: Wirral and North West Local Authority population predicted to have a learning disability, aged 18 - 64, between 2015 - 2030



Source: [PANSI & POPPI 2015](#)

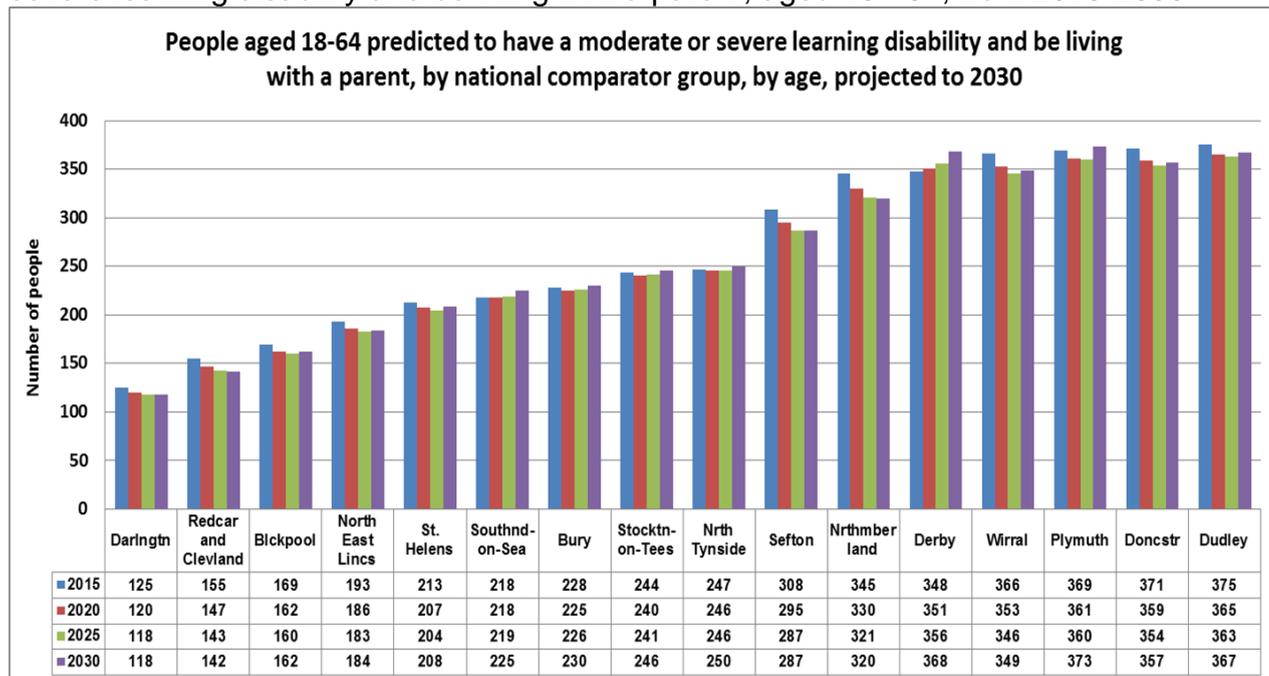
Notes: see below

*Not including County Councils for Cumbria and Lancashire

** Full List of North West Authorities [here](#)

Below in Figure 7 it describes the comparison in learning disability projected prevalence, this time across Wirral statistical neighbours (those with closest population and other similarities according to [CIPFA](#)) for those adult residents with moderate or severe learning disability and living with a parent.

Figure 7: Wirral and statistical neighbour population predicted to have a moderate or severe learning disability and be living with a parent, aged 18 - 64, from 2015-2030



Source: PANSI & POPPI**, 2015 <http://www.pansi.org.uk/> and <http://www.poppi.org.uk/>

Notes: *Statistical Neighbours - developed to aid local authorities in comparative and benchmarking exercises, the Chartered Institute of Public Finance & Accountancy (CIPFA) Nearest Neighbours Model adopts a scientific approach to measuring the similarity between authorities. The model can be obtained from www.cipfastats.net

**PANSI and POPPI predictions are based on prevalence rates in a report by Eric Emerson and Chris Hatton of the Institute for Health Research, Lancaster University, entitled Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England, June 2004. The authors take the prevalence base rates and adjust these rates to take account of ethnicity (i.e. the increased prevalence of learning disabilities in South Asian communities) and of mortality (i.e. both increased survival rates of young people with severe and complex disabilities and reduced mortality among older adults with learning disabilities).

Therefore, figures are based on an estimate of prevalence across the national population; locally this will produce an over-estimate in communities with a low South Asian community, and an under-estimate in communities with a high South Asian community.

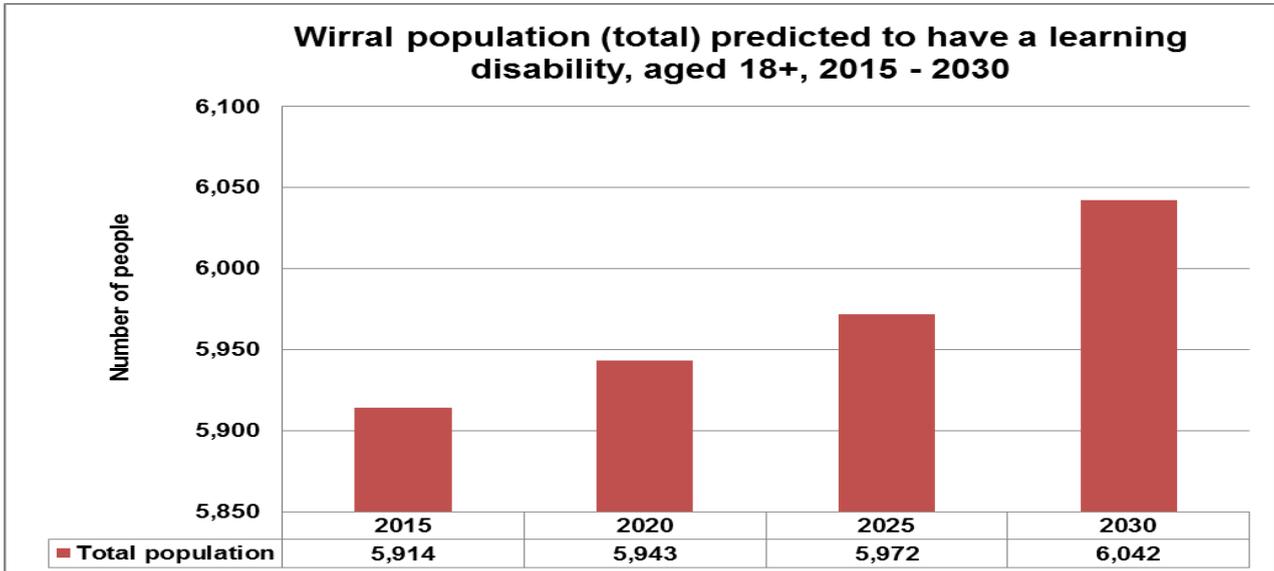
Predictions of the number of people with a learning disability for 2011 and 2021 are as follows

Prediction rates have been applied to ONS population projections of the 18 and over population in the years 2011 and 2021 and linear trends projected to give estimated numbers predicted to have a mild, moderate or severe learning disability, to 2030

Wirral

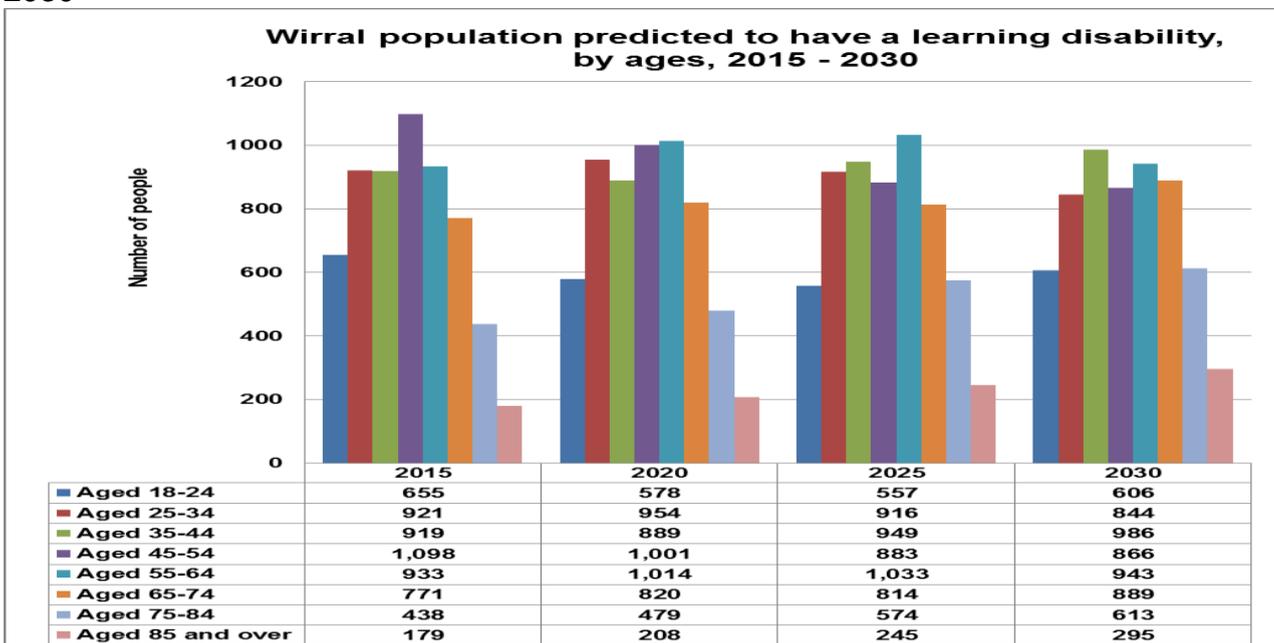
National modelling, again using the Projecting Adult Needs and Information System (PANSI) for 2015 (Figure 8 below) estimates that there are 5,914 adults in Wirral who have a learning disability with this rising slightly overall reaching just over 6,000 by 2030

Figure 8: Wirral Population predicted to have a learning disability, aged 18+, from 2015-2030



Source: PANSI & POPPI, 2015 <http://www.pansi.org.uk/> and <http://www.poppi.org.uk/>

Figure 9: Wirral population predicted to have a learning disability, by age, from 2015 to 2030



Source: PANSI & POPPI, 2015 <http://www.pansi.org.uk/> and <http://www.poppi.org.uk/>

Figure 9 takes that projected increases and divides into age bands over that same period. The suggested increase looks to be occurring for those aged 65+ with residents with a learning disability living longer.

Using the same 2015 PANSI data there are estimated to be 1,217 residents who have a learning disability which could be described as a moderate or severe. This is estimated to reduce slightly to 1,207 by 2030.

Table 11: Wirral population aged 18+ predicted to have a moderate or severe learning disability by age, 2015 - 2030

Age range	2015	2020	2025	2030
Aged 18-24	151	135	131	144
Aged 25-34	198	205	197	181
Aged 35-44	231	224	239	249
Aged 45-54	246	224	199	197
Aged 55-64	202	220	222	202
Aged 65-74	126	132	132	144
Aged 75-84	46	50	59	62
Aged 85 and over	17	19	23	27
Total	1,217	1,209	1,202	1,207

Source: [PANSI & POPPI 2015](#)

Notes: see above* and ** in notes of figure 1

Local, Community and Stakeholder views

[Cheshire and Wirral Partnership NHS Foundation Trust People with Learning Disabilities in Wirral: Engagement Feedback Report \(2015\)](#)

During 2015 the health facilitators from CWP ran 4 engagement events at 4 different day centres for people with learning disabilities in Wirral. These events were attended by people with learning disabilities and family members. The report details the information taken from an easy read questionnaire that was developed by the health facilitators specifically for these events. Access summary report [here](#)

What are we expecting to achieve? (Targets)

The following information has been sourced from Wirral Clinical Commissioning Group as it represents their information in contributing to Wirral's submission to the Learning Disabilities Self-Assessment process (LDSAF). This is a national approach that continues with the emphasis on local areas understanding their local Learning Disability population and supporting accordingly.

- [Joint Health and Social Care Learning Disability Self-Assessment Framework 2013/14 Guidance](#)
- [Joint Health and Social Care Learning Disability Self-Assessment Framework 2014/15 Easy Read](#) (view at the bottom of the page)

The previous and current LDSAF target and Red-Amber-Green (RAG) ratings are [here](#).

What are we achieving? (Performance)

The following overarching content reflects the data held on GP systems in December 2015 so it will not match prevalence and other data outlined earlier in this section.

Table 12: Demographics of Wirral GP Learning Disability population, 2013/14 – 2014/15

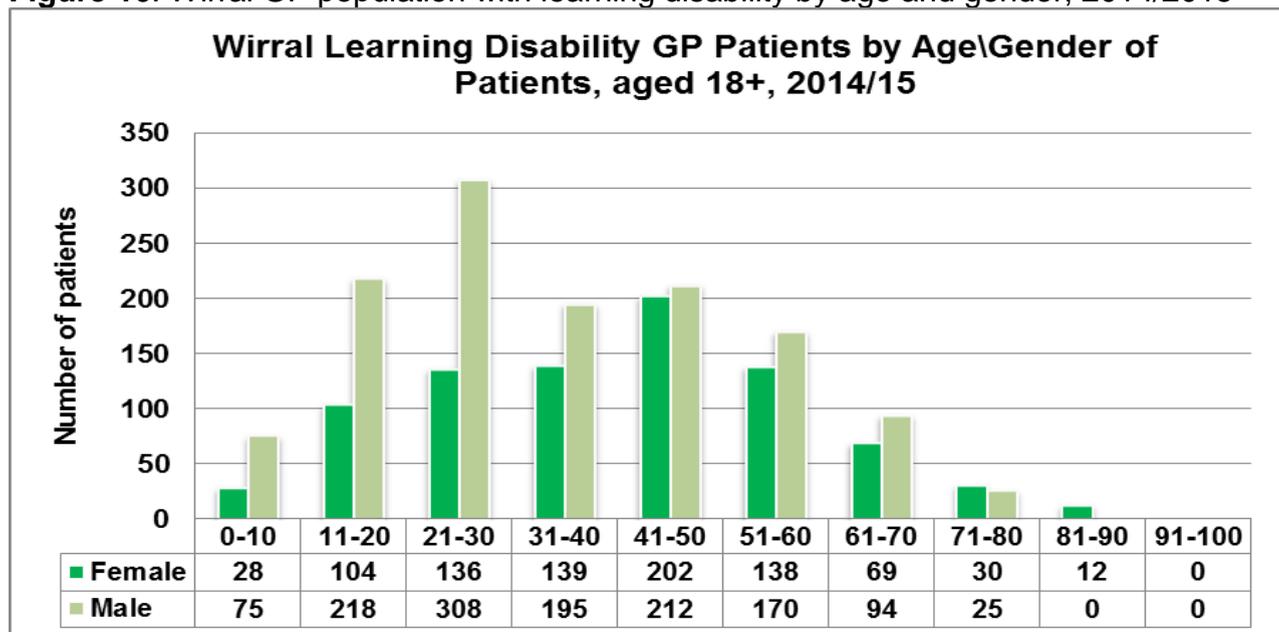
Category	Number of people with a Learning Disability		Number of LD patients with complex or profound LD		Number of LD patients with Autistic Spectrum Disorder	
	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15
0-13 inclusive	144	180	23	32	16	21
14-17 inclusive	90	113	13	34	18	30
18-34 inclusive	563	706	90	290	66	188
35-64 inclusive	907	999	173	436	23	146
65+	148	163	54	73	~	~
TOTAL	1852	2161	353	865	123	385
0-17 inclusive and recorded as being from an ethnic minority	~	~	~	~	~	~
18 and above and recorded as being from an ethnic minority	13	19	~	~	~	~

Source: Wirral Clinical Commissioning Group, 2015

Notes: * Data not returned in 5 practices in 2013-14, 1 practice missing from 2014-15 collection,
~ Less than 5 - numbers suppressed

The key information highlighted in Table 12 relates to the age profile of the Wirral Learning Disability (LD) population known to GPs. This suggests there are LD patients across age groups and recorded ethnicity suggests there are very low numbers of Wirral people with LD from minority ethnic groups. Figure 10 goes onto describe the age and gender profile of this GP population. It highlights the higher number of males known at practices and a younger age profile for these male LD patients compared to female LD patients.

Figure 10: Wirral GP population with learning disability by age and gender, 2014/2015



Source: Wirral Clinical Commissioning Group, 2015

In table 13 below the overall health check data is compared for last two years (2013/14 – 2014/15) and this shows an increase in completed health assessments, from 68% to 70% and an even greater increase from 38% to 52% where post Health Check action plans have been completed within last 5 years.

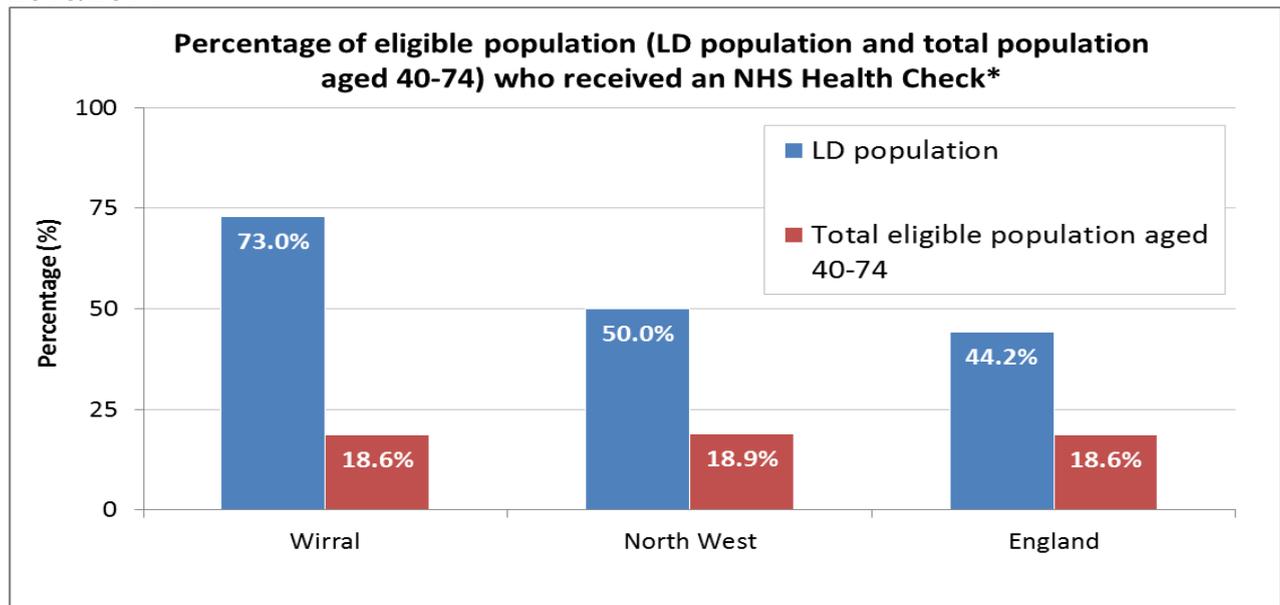
Table 13: Health Check data for Wirral GP Learning Disability population, 2013/14 and 2014/15

Category	2013/14		2014/15	
	Activity	%	Activity	%
Number of LD patients	1852		2161	
Number with LD Health Assessment Completed within the last 5 years	1252	68%	1513	70%
Number with LD Health Action Plan Completed within the last 5 years	696	38%	1130	52%

Source: Wirral Clinical Commissioning Group, 2015

Notes: * Data not returned in 5 practices in 2013-14, 1 practice missing from 2014-15 collection

Figure 11: Eligible Wirral population (LD and total) who received an NHS Health Check, 2013/2014



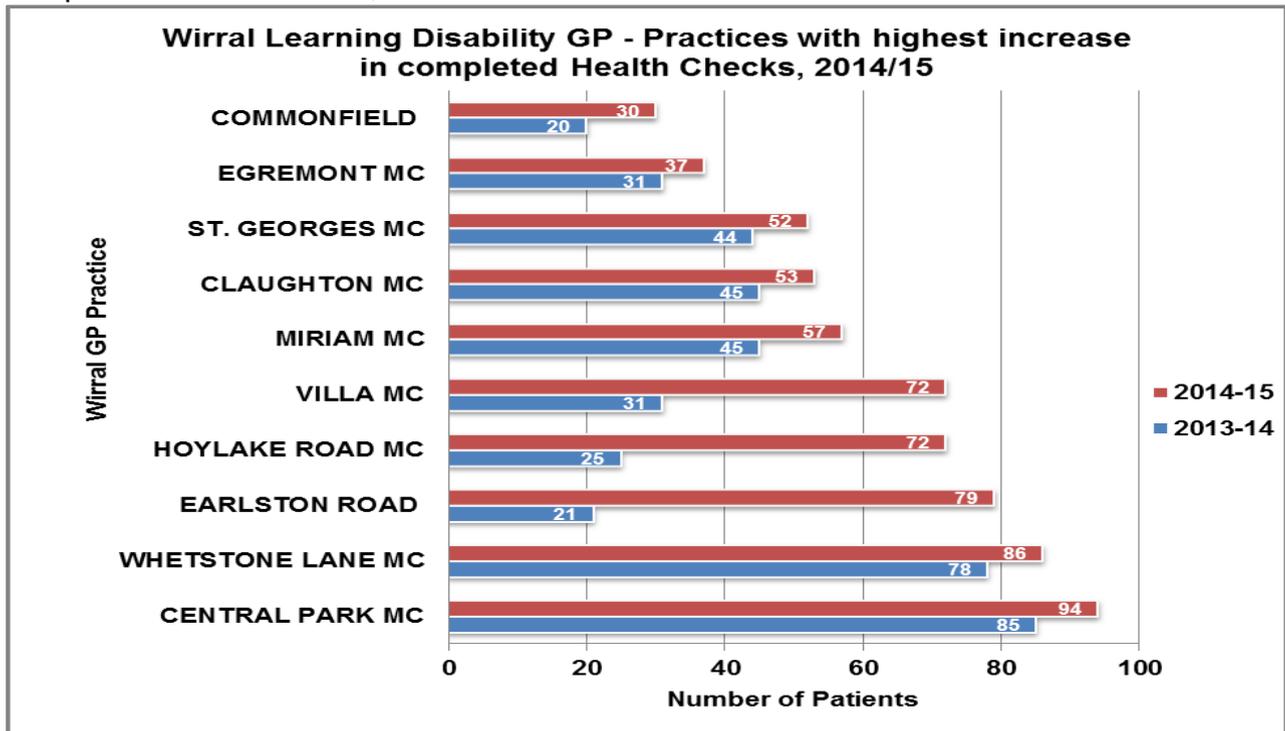
Source: Wirral Clinical Commissioning Group, 2015

Note: * NHS Health Check information [here](#)

Figure 11 above provides detail when comparing the completion of LD Health Checks to the Population NHS Health Checks for those aged 40-74. Wirral has a relative high number compared to North West and England for LD Health Checks at 73% compared to 50% and 44.2% respectively. The percentages for the general population Health Checks are very similar at close to 19% for each of Wirral, North West and England.

In achieving these increased GP Health Check result of 73% in 2014/15 some practices had to increase their LD Patient engagement and figure 12 highlights those practices that made the highest increases in that period.

Figure 12: Wirral GP population with learning disability Practices with highest increase in completed Health Checks, 2014/2015



Source: Wirral Clinical Commissioning Group, 2015

Below Table 14 describes the health issues affecting LD patients throughout the 2014/15 LD Health Check process. Asthma numbers known at practice have increased substantially in 2014/15 alongside an overall increase in recorded BMI (previous 5 years)

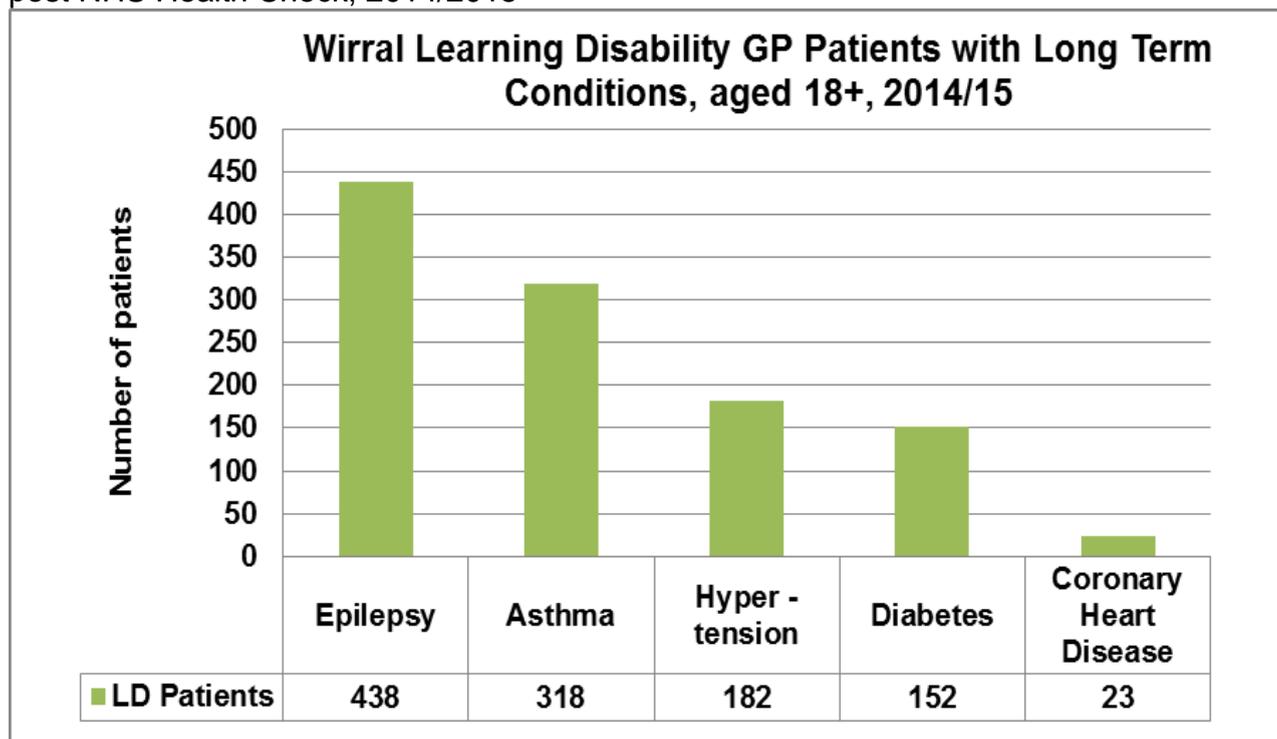
Table 14 - Wider Health issues of Wirral GP learning disability population, 2013/14 – 2014/15

Category	2013/14	2014/15
Aged 18+ and a BMI record in previous 5 years	1478	1630
Aged 18+ and a BMI record in obese range (30+)	500	595
Aged 18+ and a BMI record in underweight range (18.5 or lower)	70	92
Aged 18+ with Coronary Heart Disease	19	23
All Ages with Diabetes	116	152
All Ages with Asthma	220	318
All ages with Dysphagia	126	119
All Ages with Epilepsy	405	438

Source: Wirral Clinical Commissioning Group, 2015

Further health issues are detailed in figure 13 with again high numbers of Asthma sufferers but with higher again numbers of LD patients with recorded epilepsy. Coronary related conditions, as lifestyle issues, are comparatively high and these should be featuring in specific health action plans.

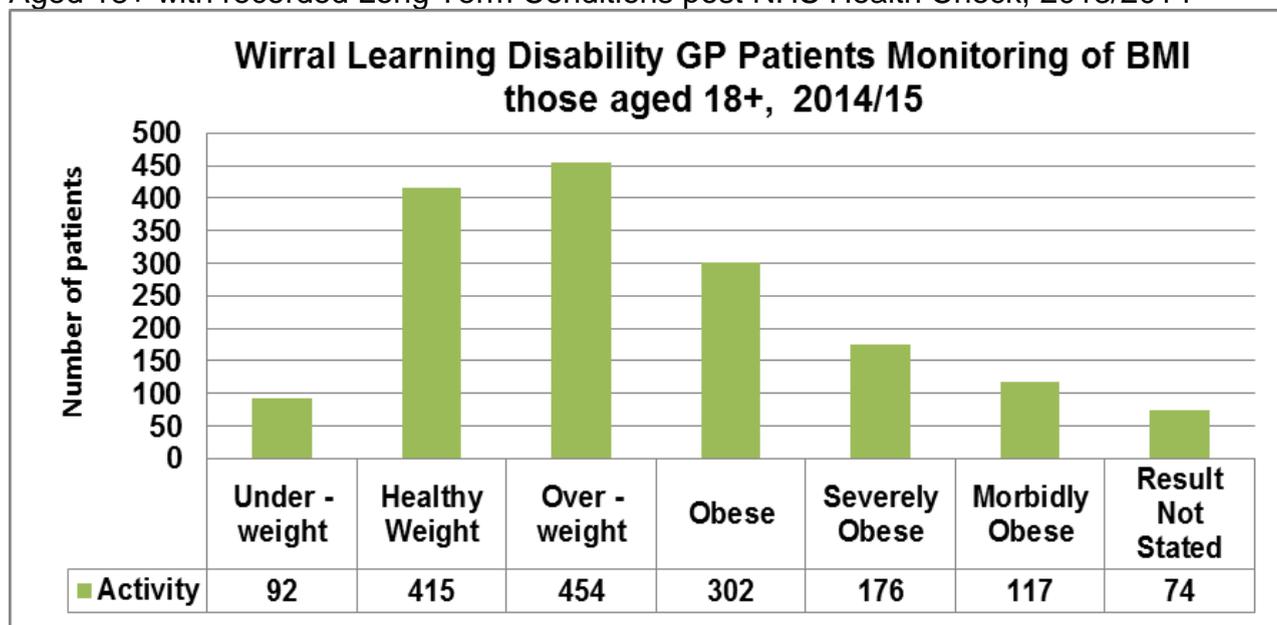
Figure 13: Wirral GP population learning disability with recorded Long Term Conditions post NHS Health Check, 2014/2015



Source: Wirral Clinical Commissioning Group, 2015

The Body Mass Index (BMI) results in figure 14 for those LD Patients receiving a health check in 2014/15 highlights the high numbers having an unhealthy BMI with only 415 having a healthy BMI, or just 25% of the 1,630 people with a recorded BMI.

Figure 14: Wirral GP population learning disability and monitoring of Body Mass Index, Aged 18+ with recorded Long Term Conditions post NHS Health Check, 2013/2014



Source: Wirral Clinical Commissioning Group, 2015

In table 15 we see the cancer screening results for attendance by whole population and specifically by LD population. Generally LD screening far under performs the comparative general population results with the exception of breast cancer screening where figures are comparable.

Table 15: Cancer Screening Information for learning disability Patients and Whole Population, 2013/14 and 2014/2015

Cervical Cancer Screening	Whole Eligible Population (includes women with and without LD)		NUMBER of the whole Eligible population who have had a cervical smear test in last 3 years		% of the whole Eligible population who have had a cervical smear test in last 3 years		NUMBER of women with LD who are eligible		NUMBER of women with LD who had a cervical smear test		% of the whole Eligible population who have had a cervical smear test in last 3 years	
	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15
How many women are there in the age range 25-49 inclusive and who have not had a hysterectomy (ie eligible for cervical cancer screening)	48,662	64,588	29,246	41,513	60%	64%	388	391	119	140	31%	36%
Cervical Cancer Screening	Whole Eligible Population (includes women with and without LD)		NUMBER of the whole Eligible population who have had a cervical smear test in last 5 years		% of the whole Eligible population who have had a cervical smear test in last 5 years		NUMBER of women with LD who are eligible		NUMBER of women with LD who had a cervical smear test		% of women with LD who had a cervical smear test	
	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15
How many women are there in the age range 50-64 inclusive and who have not had a hysterectomy (ie eligible for cervical cancer screening)	26,704	35,219	18,851	25,429	71%	72%	137	184	29	54	21%	29%
Breast Cancer Screening	Whole Population (includes with and without LD)		NUMBER of the whole Eligible population who had mammographic screening in last 3 years		% of the whole Eligible population who had mammographic screening in last 3 years		NUMBER of women with LD who are eligible		NUMBER of women with LD who had mammographic screening in last 3 years		% of women with LD who had mammographic screening in last 3 years	
	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15
How many women are there in the age range 50-69 inclusive (eligible for Breast Cancer screening)	41,222	54,327	14,203	19,561	34%	36%	182	235	61	78	34%	33%
Bowel Cancer Screening	Whole Population (with and without LD)		NUMBER of the whole Eligible population who satisfactorily completed bowel cancer screening in last 2 years		% of the whole Eligible population who satisfactorily completed bowel cancer screening in last 2 years		NUMBER of LD patients who are eligible for bowel cancer screening		NUMBER of LD patients who had bowel cancer screening in last 2 years		% of LD patients who had bowel cancer screening in last 2 years	
	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15
How many people are there in the age range 60-69 inclusive (ie eligible for bowel cancer screening)	37,817	49,755	18,536	26,559	49%	53%	155	168	61	62	39%	37%
Bowel Cancer Screening	Male Population (includes with and without LD)		NUMBER of the male population completed bowel cancer screening in last 2 years		% of the male population completed bowel cancer screening in last 2 years		NUMBER of men with LD who are eligible		NUMBER of men with LD completed bowel cancer screening in last 2 years		% of men with LD completed bowel cancer screening in last 2 years	
	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15
How many people are there in the age range 60-69 inclusive (ie eligible for bowel cancer screening)	18,440	24,009	8,867	12,281	48%	51%	87	96	39	40	45%	42%
Bowel Cancer Screening	Female Population (includes with and without LD)		NUMBER of the female population completed bowel cancer screening in last 2 years		% of the female population completed bowel cancer screening in last 2 years		NUMBER of women with LD who are eligible		NUMBER of women with LD completed bowel cancer screening in last 2 years		% of women with LD completed bowel cancer screening in last 2 years	
	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15
How many people are there in the age range 60-69 inclusive (ie eligible for bowel cancer screening)	19,377	25,746	9,769	14,278	50%	55%	68	72	22	22	32%	31%

Source: Wirral Clinical Commissioning Group, 2015 (Clinical Systems, using Cumbria Miquet Query Extraction Set)

Notes: - Data for Bowel Cancer Screening in 2013/14 submissions only considered males. This latest version shows all population for both years and also split by males and females

- All Wirral data except All Day Health Centre

In table 16 and table 17 we see further evidence of the large differences between whole population and LD population in the uptake of cancer screening. Even though screening rates for LD population are increasing (table 17) they still fall far behind whole population results.

Table 16: Summary of monitoring - Cancer Screening Information for Wirral Population, whole, 2013/14 and 2014/2015

LD SAF - Summary of Monitoring	2013/14		2014/15		Screening Variance
	Eligible population	Screening	Eligible population	Screening	
Cervical Cancer Screening. Number of women aged 25-49, without hysterectomy and with cervical smear test in last 3 years	48,662	60%	64,588	64%	4%
Cervical Cancer Screening. Number of women aged 50-64, without hysterectomy and with cervical smear test in last 5 years	26,704	71%	35,219	72%	2%
Breast Cancer Screening. Number of women aged 50-69 with mammographic screening in last 3 years	41,222	34%	54,327	36%	2%
Bowel Cancer Screening. Number of people aged 60-69 with bowel screening in last 2 years	37,817	49%	49,755	53%	4%

Source: Wirral Clinical Commissioning Group, 2015 (Clinical Systems, using Cumbria Miquet Query Extraction Set)

Notes: - Data for Bowel Cancer Screening in 2013/14 submissions only considered males. This latest version shows all population for both years and also split by males and females, - All Wirral data except All Day Health Centre

The LD population results are in general substantially inferior with exception of breast cancer where they are comparable albeit with a much smaller population base.

Table 17: Summary of monitoring - Cancer Screening Information for Wirral Learning Disability Population, 2013/14 and 2014/2015

LD SAF - Summary of Monitoring	2013/14		2014/15		Screening Variance
	Eligible population	Screening	Eligible population	Screening	
Learning Disability Patients					
Cervical Cancer Screening. Number of women with LD, aged 25-49 without hysterectomy, with cervical screening in last 3 years	388	31%	391	36%	5%
Cervical Cancer Screening. Number of women with LD aged 50-64 without hysterectomy and cervical smear test in last 5 years	137	21%	184	29%	8%
Breast Cancer Screening. How many women with LD are there in the age range 50-69 inclusive with mammographic screening in last 3 years	182	34%	235	33%	0%
Bowel Cancer Screening. Number of people with LD aged 60-69, with bowel screening in last 2 years	155	39%	168	37%	-2%

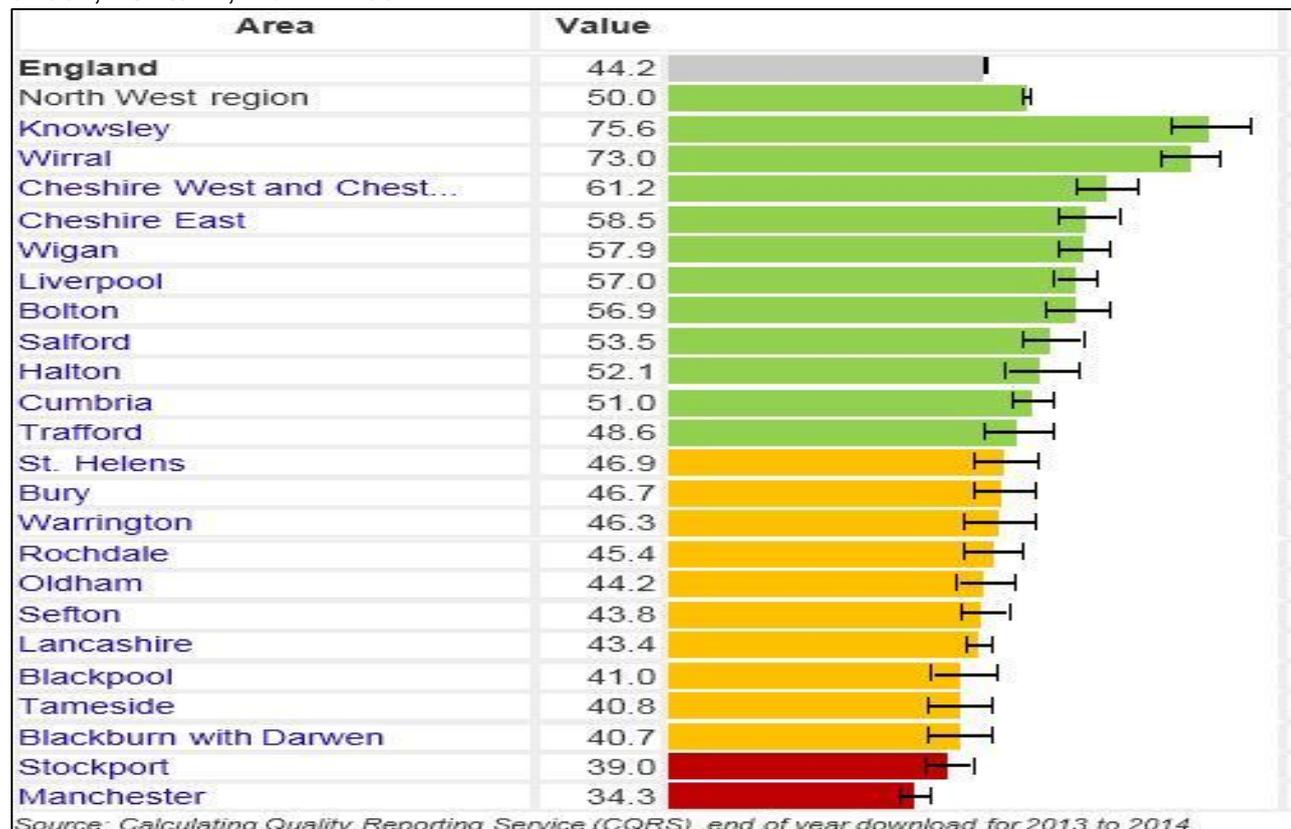
Source: Wirral Clinical Commissioning Group, 2015 (Clinical Systems, using Cumbria Miquet Query Extraction Set)

Notes: - Data for Bowel Cancer Screening in 2013/14 submissions only considered males. This latest version shows all population for both years and also split by males and females

- All Wirral data except All Day Health Centre

Figure 15 provides a comparison to other North West areas and England in terms of the number of eligible adults having a health check in 2013/14. Wirral out performs all but one other North West area, and England value, in achieving a 73% result.

Figure 15: Proportion (%) of eligible adults with a learning disability having a GP health check, 2013/14, North West



Notes: Link to definition in Public Health England Learning Disability Profile [here](#) and overall profile [here](#)

What is this telling us?

Wirral residents who have a learning disability are living more fulfilling, rewarding lives but inequalities continue in terms of health and social outcomes. Although improvements in service provision and support continue to be instigated there will be instances where people with a learning disability will experience a negative outcome. The next section highlights some of those issues.

Key inequalities

Health inequalities are differences in health status between different groups of the population. A report by IHAL1 on health inequalities noted that the poorer health status of people with learning disabilities compared to the general population has been widely recognised (Emerson et al, 2012).

These differences in health status are acknowledged to be often avoidable, representing health inequalities, which those with learning disability face from an early age. Emerson et al (2012) suggest that the inequalities often result from barriers faced in accessing health care. Patterns of healthcare provision for people with learning disabilities are likely to be in contravention of legal requirements under various acts of parliament, including the Disability and Equality Act 2010.

Mortality

A study by Tyrer and McGrother (2009) found mortality rates amongst people with moderate to severe learning disabilities to be almost three times higher than in the general population. They noted that it is not possible to say how many of these deaths would be unexpected, as people with learning disabilities often have significant comorbidity, such as physical impairments, congenital heart malformations and mental disorders, which all incur a greater risk of death. However, this would not explain all the difference.

Morbidity

A report by Emerson et al (2012) summarised the literature on inequalities in health status faced by those with learning disabilities. Some examples are as follows:

- Amongst children with learning disabilities, 36% have psychiatric disorders, compared to 8% amongst children with no learning disability.
- Between 10%-15% of people with learning disabilities have challenging behaviours (including aggression, destruction and self-injury).
- The risk of epilepsy is at least 20 times higher amongst those with learning disabilities than for the general population. The NHS Information Centre study into access to healthcare found that, of all people with epilepsy, those with learning disability had higher rates of seizures (NHS IC, 2010). It was noted that patients with learning disability and epilepsy often have many different seizure types, which may be more difficult to treat.

Social determinants and individual lifestyle factors

The Marmot (2010) review recognised that health inequalities are the result of an interaction of a range of different factors, including housing, poverty, employment, education, social isolation and disability, all of which are strongly affected by economic and social status.

These social determinants of health can influence lifestyle factors (for example leading to poor diet) and are related to other factors such as stigma and bullying, all of which can have a negative impact on health and wellbeing. People with learning disabilities are at increased risk of disadvantage relating to the social determinants of health.

Across England, there are significant variations in total NHS expenditure and expenditure per person on specialist services for those with learning disabilities, indicating health care inequalities between areas (Emerson et al, 2012).

Health issues

The report by Emerson et al (2012) summarised the literature on inequalities in health status faced by those with learning disabilities. Key facts include the following:

- Amongst those aged 65+, the prevalence of dementia is higher amongst those with learning disabilities (22%) compared to the general population (6%). Amongst those with Down's syndrome, the risk of dementia is high and the age of onset is 30-40 years younger than the general population.
- The risk of epilepsy is at least 20 times higher amongst those with learning disabilities than for the general population. The NHS Information Centre study into access to healthcare found that, of all people with epilepsy, those with learning disability had higher rates of seizures (NHSIC, 2010). It was noted that patients with learning disability and epilepsy often have many different seizure types, which may be more difficult to treat.
- Around 40% of people with learning disabilities have a hearing impairment (47% of those with Down's syndrome).
- Visual impairments are between 8 to 200 times more likely amongst those with learning disabilities compared to the general population. Pain was reported by 67% of people with learning disabilities when asked about their health and 18% said they did not tell people when they were in pain. (See Eye Health section)
- The estimated prevalence rates of sleep problems in adults with learning disabilities range from 9% to 34%, (9% for significant sleep problems).

Contraception and Relationships

Lower rates of contraceptive advice and smear tests amongst those with learning disabilities have been reported in the NHS Information Centre study into access to healthcare (NHSIC, 2010). The NHS IC suggested that this is possibly due to an assumption that patients with learning disability are not likely to be sexually active; or that they are not able to make choices relating to contraception; or GPs may not feel able to raise sexual health issues with patients who have learning disabilities.

Contraceptive use for women with learning disabilities involves much greater use of long term methods such as depot injection, oral contraceptive, intrauterine device or sterilisation and significantly less use of barrier methods compared to the general population. They may be prescribed contraception or even sterilised even when they are not sexually active or are past child bearing age (Emerson et al, 2012).

Sex and relationships education

The University of Ulster and Family Planning Association (2006) noted that a lack of acknowledgement of the sexuality of people with learning disabilities means their needs are being fundamentally ignored. The importance of addressing the sex education needs of young people with learning disabilities was highlighted by an NSPCC study which revealed a higher level of sexual abuse and exploitation among children and young people with learning disabilities (NSPCC, 2006).

There is an obvious need for relationships education and contraceptive advice, but this need can be hard to meet.

Mental Health

Emerson et al (2012) suggest that between 25% and 40% of people with learning disabilities also suffer from mental health problems.

Amongst children with learning disabilities, 36% have psychiatric disorders; compared to 8% amongst children with no learning disability of children with autism, National Autistic Society (2011) imply that 71% have at least one co-occurring mental health problem, while 40% have two or more.

As noted by the [Foundation for People with Learning Disabilities](#) children and young people with learning disabilities are much more likely than others to live in poverty, to have few friends and to have additional long term health problems and disabilities such as epilepsy and sensory impairments.

Of adults with autism in England, nearly two-thirds do not have enough support to meet their needs. At least one in three adults with autism experience severe mental health difficulties due to a lack of support (National Autistic Society, 2013).

It can be difficult to identify the prevalence of depression and anxiety among people with learning disabilities as reported by Department of Health (2009a). Many people with learning disabilities are not able to express their feelings easily in words, which can mask the clinical presentation of a mental health problem and cause difficulty in making an accurate diagnosis. They go on to note that over recent years, more mainstream assessment tools for mental health have been adapted for people with a learning disability and specialist tools have also been developed. Estimated or actual figures for the number of Wirral residents with a learning disability or difficulty with a diagnosed or undiagnosed mental health condition are not available at this time.

Figure 19: Percentage of adults (18-64 years) with a learning disability known to the local authorities that are living in non-settled accommodation (%)

Area	Value	Lower CI	Upper CI
England	21.7	21.5	21.9
North West region	10.3	9.9	10.7
Sefton	16.1	13.8	18.9
Cumbria	15.0	13.2	17.0
Wirral	14.4	12.5	16.6
Bury	14.0	11.0	17.5
Trafford	13.4	10.9	16.4
Cheshire East	11.4	9.6	13.6
Warrington	11.4	9.0	14.4
Liverpool	11.2	9.7	13.0
Blackpool	11.0	8.3	14.4
Stockport	10.8	8.8	13.3
Manchester	10.7	9.2	12.5
Rochdale	10.3	8.3	12.7
Cheshire West and Chest...	9.4	7.8	11.3
Lancashire	8.8	7.8	9.9
Salford	7.8	6.0	10.2
Halton	7.5	5.5	10.3
Knowsley	7.4	5.6	9.6
Blackburn with Darwen	6.0	4.1	8.7
Wigan	5.9	4.4	7.8
Tameside	5.7	4.2	7.7
Bolton	5.6	4.2	7.6
Oldham	5.1	3.6	7.2
St. Helens	5.0	3.6	6.9

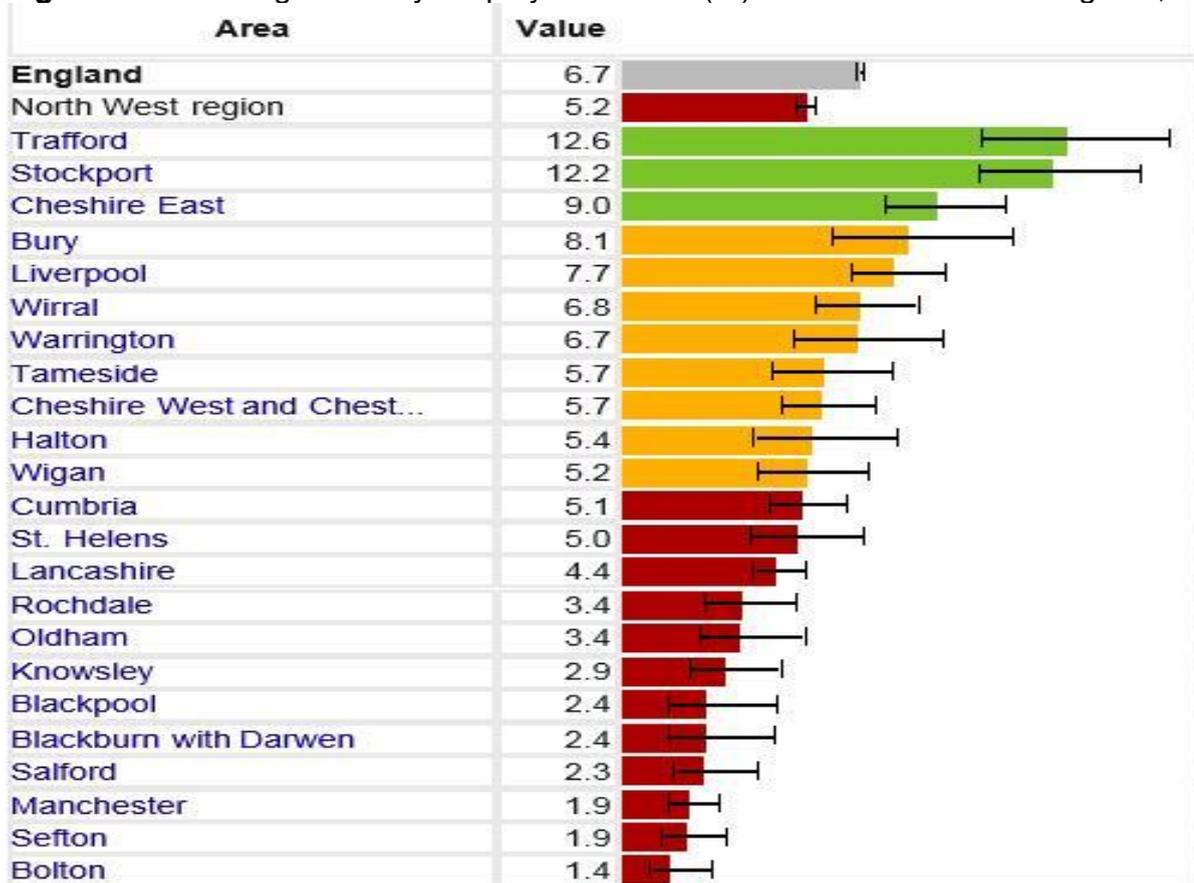
Source: Health and Social Care Information Centre; NASCIS Online analytic processor

Notes: taken from [Learning Disability Profiles \(2015\)](#)

Employment

Levels of employment amongst people with learning disabilities are generally a lot lower than amongst the general population (Ubido et al, 2013). Data from 2013/14 presented in figure 21 below, shows 6.8% of working age Wirral adults with learning disabilities being in any form of paid employment, part time or full time. However, this does compare favourably with both North West, at only 5.2%, and England at 6.7%.

Figure 21: Learning Disability Employment Rate (%) for North West and England, 2013/14



Source: Information Centre for Health and Social Care

Notes: taken from [Learning Disability Profiles \(2015\)](#)

Bancroft et al (2013) highlights the National Autistic Society survey that found that only 15% of adults with autism were in full-time paid employment. Of those aged 16-24, one third was not in education, employment or training (NEET). Of those aged over 55, 41% had spent ten years or more with no paid job and 43% had left or lost a job because of their condition. Only 10% received employment support, whereas 53% would like such support.

Approaches to employment for those with learning disability should continually be reviewed. Ongoing changes to the benefits system mean that individuals may not always be better off in work. The paid employment landscape has become much more challenging with greater expectations for people to look for work.

Risks, Issues and Barriers

Challenging Behaviour

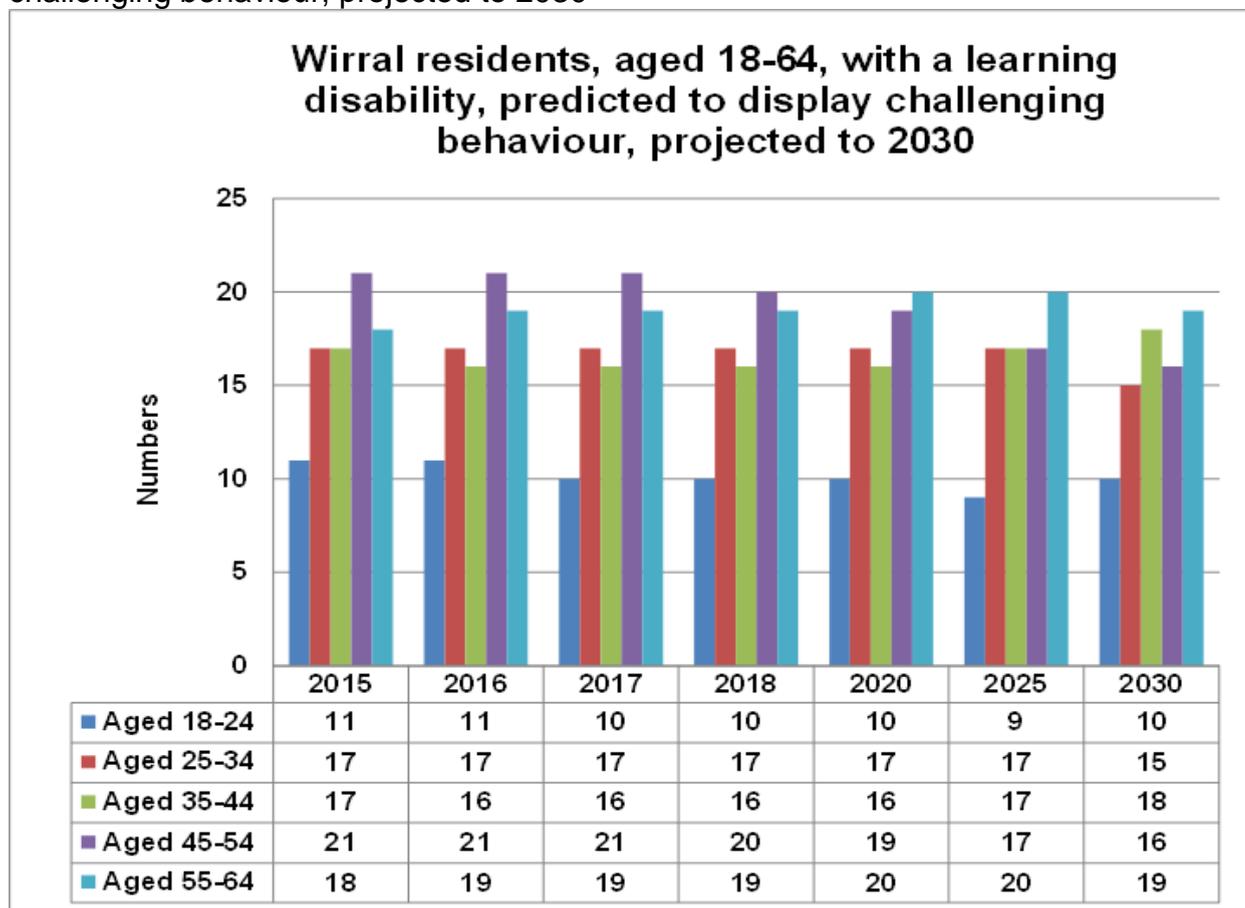
People with learning disability and challenging behaviour are part of a group with complex needs. The NICE (2013) scoping document on challenging behaviour and learning disability noted that the transition from child to adult services is often badly managed, and that services for adults with a mild learning disability who may have significant challenging behaviour but are otherwise relatively able are often poorly organised.

If challenging behaviour is not dealt with properly, it can result in high commissioning costs, with some individuals for example having to be cared for in secure units. Early identification and intervention and the provision of adequate services to meet individual needs is crucial. Inappropriate or inadequate care can result in escalating the challenging behaviour. In children, individuals might be flagged as *'had contact with the police'* or *'had an ASBO (anti-social behaviour order)'*. It is necessary to consider how these individuals can be targeted for the support they need.

Providing the right support for people held in secure commissioning to return back to community placements (where appropriate) in their home borough is important. Although numbers may be small, the cost to the NHS can be huge.

Figure 17 below suggests the numbers of Wirral residents projected to have challenging behaviour to 2030. Although numbers are comparatively low this can in turn require substantial resources to support the individual and the services in place to deal with the challenging behaviour.

Figure 17: Wirral residents, aged 18-64, with a learning disability, predicted to display challenging behaviour, projected to 2030



Source: [PANSI, 2015](#)

Keeping safe

A vulnerable adult is someone who is aged over 18, but may not have the ability to not only look after themselves, but may also be at risk because they can't protect themselves from harm or exploitation and as such people with learning disabilities may be classed as vulnerable. They may be at risk in their own homes, in their local communities or whilst using public transport. They are at increased risk of becoming victims of sexual abuse, bullying, and are less able to defend themselves against violence.

Factors which place people with disabilities at higher risk of violence include stigma, discrimination, and ignorance about disability, as well as a lack of social support for those who care for them.

The then Minister for Care Services mandated that data be collected in 2010/11 on the number of alerts and referrals to adult social care safeguarding teams. The information presented in figure 20 below shows the number of completed referrals regarding concerns about alleged abuse of vulnerable adults; for the purpose of the [LD health profiles](#) this is only looking at persons known to have learning disabilities. In 2012/13 (latest data available) Wirral had over 176 referrals per 1,000 adults with LD known to the local authority and this was considerably worse than North West and England averages.

Figure 20: Crude rates of referral for abuse of vulnerable person per 1,000, North West, 2012/13

Area	Value	Lower CI	Upper CI
England	109.3	107.6	111.1
North West region	118.2	113.5	123.1
Blackburn with Darwen	430.4	368.1	500.2
Cheshire East	276.4	244.7	311.1
Warrington	222.2	180.8	270.3
Wirral	176.2	150.7	204.7
Sefton	176.1	148.1	207.8
Liverpool	171.8	151.2	194.5
St. Helens	164.2	134.9	197.9
Bolton	151.5	123.3	184.3
Oldham	134.5	106.6	167.3
Manchester	129.5	111.3	149.9
Halton	108.4	79.1	145.1
Knowsley	107.9	84.9	135.3
Salford	98.5	76.0	125.5
Tameside	94.3	74.2	118.3
Wigan	73.3	55.2	95.5
Lancashire	70.0	61.0	80.0
Cheshire West and Chest...	65.2	49.8	83.9
Stockport	62.1	45.3	83.1
Cumbria	52.6	41.0	66.5
Bury	50.0	32.4	73.8
Trafford	44.6	28.9	65.9
Rochdale	28.8	17.6	44.4
Blackpool	23.0	11.0	42.3

Source: Health and Social Care Information Centre; NASCIS online analytical processor tool, from AVA table 1 completed referrals selecting age and client type to be 18-64 and learning disability.

Notes: taken from [Learning Disability Profiles \(2015\)](#)

Criminal Justice System

The Bradley Report (Department of Health, 2009) highlighted the disproportionately high number of people with learning disabilities and mental health problems in the criminal justice system (CJS). It has been estimated that the proportion of people in prison who have learning disabilities or learning difficulties that interfere with their ability to cope with the criminal justice system is around 20-30% (Loucks, 2007, Talbot, 2008). There are potentially high numbers of offenders with unidentified learning difficulties or learning disabilities.

The Prison Reform Trust (2012) found that information accompanying people into prison is unlikely to show that the presence of learning disabilities or difficulties had been identified prior to their arrival.

Young people with learning disabilities are over-represented in the youth justice system (YJS), which is the system for dealing with offending by those aged 10-18. It is estimated that 25 to 30 per cent of children and young people in the YJS (i.e. not necessarily in custody) have learning disabilities, and that around 50 per cent of those in custody have learning difficulties (HM Government, 2009). Estimated or actual figures for the number of Wirral residents with a learning disability or difficulty within the criminal justice system (CJS) are not available at this time.

Social Isolation

Isolation can make people more vulnerable. The survey found that barriers to social contact for those with learning disability included living too far away; no time; no money; unable to get out; or afraid of going out (Emerson 2005).

In the 2012 survey of people with autism, 22% of young people said they had no friends at all and half said they would like more friends (Bancroft et al, 2013). Amongst adults, 1 in 4 (24%) said they had no friends, with 66% saying that their main friend was a family member or their carer and 65% saying they would like more friends. For those adults with autism who also had a learning disability, the proportion who said they had no friends was higher, at one-third. ([See JSNA Social Isolation & Loneliness section](#))

Transport

People with learning disability rely greatly on public transport, as most do not drive. Public transport is important for independence, but many face problems such as bullying or stigma.

Housing

An important barrier to independence for people with learning disabilities is a lack of appropriate housing. In 2012 Mencap reported that almost two-thirds (61%) of local authorities believe that local housing arrangements do not meet the needs of people with a learning disability. This has led to long waiting lists, large numbers of people living far away from family and friends, and a high number of people living in arrangements that may not promote independent living.

Ongoing benefit reforms have introduced another potential barrier. Mencap note that changes to the benefits system under the [Welfare Reform Act 2012](#) change the way many housing options are funded, which could affect the ability of local authorities to support independent living for people with a learning disability. With very few people with a learning disability in paid employment there is widespread reliance on benefits to support living arrangements. Mencap suggest that changes in the Act place a greater focus on those with high-level needs, reducing the availability of benefits for those with low and moderate needs (Mencap, 2012).

IHAL (2013) suggest that local authority social service departments often become involved in helping people with learning disabilities to arrange where they live. Types of accommodation can be divided into settled accommodation, where the person can reasonably expect to stay as long as they want and unsettled accommodation which is either unsatisfactory or, where, as in residential care homes, residents do not have security of tenure.

Wirral data suggests satisfactory performance in terms of adults having settled accommodation. These figures are based on reviews undertaken by the local authority with those known to local authority services. Figure 18 highlights Wirral achieving 85% adults with a learning disability in settled accommodation and figure 19 showing just 15% in non-settled accommodation

Figure 18: Percentage of adults (18-64 years) with a learning disability known to the local authority that are living in settled accommodation (%)

Area	Value	Lower CI	Upper CI
England	74.9	74.7	75.1
North West region	87.9	87.4	88.3
Bolton	94.4	92.4	95.8
Oldham	94.1	91.9	95.7
Tameside	93.6	91.5	95.2
Knowsley	92.6	90.4	94.4
Salford	92.2	89.8	94.0
Wigan	92.2	90.0	93.9
Lancashire	91.2	90.1	92.2
Stockport	89.2	86.7	91.2
Liverpool	88.8	87.0	90.3
Manchester	88.5	86.7	90.1
St. Helens	87.9	85.2	90.1
Blackburn with Darwen	86.7	83.1	89.7
Blackpool	86.6	82.9	89.5
Bury	86.0	82.5	89.0
Cheshire West and Chest...	85.8	83.6	87.8
Trafford	85.7	82.7	88.3
Wirral	85.6	83.4	87.5
Cheshire East	85.6	83.3	87.6
Sefton	83.2	80.5	85.7
Cumbria	82.8	80.7	84.7
Halton	80.6	76.8	84.0
Warrington	79.0	75.4	82.3
Rochdale	78.1	74.9	80.9

Source: Information Centre for Health and Social Care

Notes: taken from [Learning Disability Profiles \(2015\)](#)

What are we doing and why?

Current activity and services

There are a number of activities that are available to access. Cheshire & Wirral Partnership NHS Foundation Trust have provided a list of some options that could be accessed [here](#).

Partners will be asked to provide any and all information that might inform this section of the JSNA

It is our Intention to link to the new Marketplace and Service User Social Care web portals to this document and the JSNA website as this is where the most comprehensive and up to date information will be available in the future (Autumn 2016)

What are the challenges?

Key gaps in knowledge and services

- To be completed by members of the LD Group and others in the near future

What is coming on the horizon?

The following reports and guidance are key areas of work for people with a learning disability, their parents and carers, service providers and commissioners to consider as the contents influence current and future service provision

Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges

NICE guideline: Published: 29 May 2015: <https://www.nice.org.uk/guidance/ng11>

Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition

Service model for commissioners of health and social care services: October 2015

<https://www.england.nhs.uk/wp-content/uploads/2015/10/service-model-291015.pdf>

Meeting the health needs of people with learning disabilities

RCN guidance for nursing staff: November 2015

<https://www.rcn.org.uk/professional-development/publications/pub-003024>

Dignity in health care for people with learning disabilities

RCN guidance (second edition) June 2013

https://www2.rcn.org.uk/_data/assets/pdf_file/0010/296209/004439.pdf

What does the research suggest as further actions?

- To be completed by members of the LD Group and others in the near future

Key Content

Links

[Learning disabilities made clear toolkit](#)

This website shares a toolkit that brings together a range of resources to promote understanding about what it's like to live with a learning disability, allowing healthcare professionals to adjust the care they deliver and helping people with a learning disability access the services they need. Access toolkit [here](#)

[Mencap](#)

Mencap website has good resources especially the GP toolkit that has video clips discussing communication, mental capacity and what is a learning disability. Access website [here](#)

[Easyhealth](#)

This website has downloadable easy read information that professionals can use to support the information they are given the person with a learning disability. Access website [here](#)

[National Autistic Society](#)

This website has lots of information on it about autism and resources to help understand autism. Access website [here](#)

[Foundation for people with learning disabilities](#)

This website has downloadable fact sheets and information regarding people with learning disabilities. Access FPLD [here](#)

[British Institute of Learning Disabilities \(BILD\)](#)

This website has website downloadable information and resources and easy read information. Access website [here](#)

[Down's Syndrome Association](#)

This website has information for families and for professionals. Access website [here](#)

[Improving Health and Lives](#)

This website has information regarding the health of people with learning disabilities; reports to support reasonable adjustments and public health data. Access website [here](#)

Also

NHS England - [here](#)

NICE - [here](#)

Wirral Clinical Commissioning Group - [here](#)

Relevant and related National and local strategies

- [Transforming Care for People with Learning Disabilities – Next Steps](#)

The Transforming Care programme is now changing how we deliver and commission services, so that more people with learning disabilities and/ or autism, with behaviour that challenges – including those with a mental health condition – can live in the community, closer to home. This will reduce the reliance on in-patient beds and close some facilities.

The Transforming Care agenda has been led by NHS England, the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) who set up six partnerships in June 2015 (called Fast Tracks) bringing together commissioners across health and care.

The six areas are now part of the 48 Transforming Care Partnerships, outlined in Building the right support that are driving service redesign across England.

Access that strategy [here](#)

As stated above – the following sections will be further populated – Autumn 2016

What are we doing and why?

- Current activity and services

What are the challenges?

- Key gaps in knowledge and services
- What does the research suggest as further actions?

References

Bancroft K, Batten A, Lambert S, Madders T (2013) The way we are: autism in 2012. The National Autistic Society. London.

<http://www.autism.org.uk/get-involved/50th-birthday/survey-report.aspx>

Brandon Trust (2012) 100 Voices On Transport. A report on transport - related issues, by people with learning disabilities and autism. The Brandon Trust

http://www.brandontrust.org/Data/Sites/1/downloads/100voices_transport_report.pdf

Department of Health (Bradley Report) (2009) Lord Bradley's Review of people with mental health problems and learning disabilities in the criminal justice system. April 2009. Department of Health.

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098694

Department of Health (2009a). *IAPT. Learning Disabilities: Positive Practice Guide.*

London. Department of Health. <http://www.iapt.nhs.uk/silo/files/learning-disabilities-positive-practice-guide.pdf>

Department of Health Review (2012) Winterbourne View Hospital: Interim Report.

HMSO. London.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/141591/Department-of-Health-Review-Winterbourne-View-Hospital-Interim-Report1.pdf

Department of Health (2012) Transforming care: A national response to Winterbourne View Hospital. Department of Health Review: Final Report. HMSO. London

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf

Emerson, C. (1995). Challenging Behaviour. Analysis and Intervention in People with Learning Difficulties. Cambridge University Press. Cambridge

Emerson, E. and Hatton, C. (2004). Estimating the current need/demand for supports for people with learning disabilities in England. Institute for Health Research, Lancaster University.

http://www.improvinghealthandlives.org.uk/uploads/doc/vid_7008_Estimating_Current_Need_Emerson_and_Hatton_2004.pdf

Emerson, E., Malam, S., Davies, I. and Spencer, K. (2005). Adults with learning difficulties in England 2003/04. Department of Health.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_4120033

Emerson, E. and Robertson, J. (2008). Commissioning person-centred, cost-effective, local support for people with learning difficulties. Social Care Institute for Excellence.

www.scie.org.uk/publications/knowledgereviews/kr20.asp

Emerson E (2009) Estimating future numbers of adults with profound multiple learning disabilities in England. Centre for Disability Research, Lancaster.

http://www.lincs2life.org.uk/Libraries/Local/825/Docs/News/Estimating_PMLD.pdf

Emerson E, Baines S (2010) The Estimated Prevalence of Autism among Adults with Learning Disabilities in England: Improving Health and Lives, Learning Disabilities Observatory. http://www.improvinghealthandlives.org.uk/publications_2010

Emerson E (2011) Health status and health risks of the 'hidden majority' of adults with intellectual disability. *Intellectual & Developmental Disabilities* ;49:155-65
<http://www.aiddjournals.org/doi/abs/10.1352/1934-9556-49.3.155>

Emerson, E., Baines, S., Allerton, L. and Welch, V. (2012). Health Inequalities & People with Learning Disabilities in the UK: 2012. IHAL, Improving Health and Lives: Learning Disabilities Observatory.
[http://www.improvinghealthandlives.org.uk/publications/1165/Health Inequalities & People with Learning Disabilities in the UK: 2012](http://www.improvinghealthandlives.org.uk/publications/1165/Health_Inequalities_&_People_with_Learning_Disabilities_in_the_UK:_2012)

IHAL (2013). About the indicators: Learning Disabilities Profile 2012. IHAL, Improving Health and Lives: Learning Disabilities Observatory
<http://www.improvinghealthandlives.org.uk/profiles/index.php?view=E06000006/>

Her Majestys' Government (2009) Healthy Children, Safer Communities. A strategy to promote the health and wellbeing of children and young people in contact with the youth justice system. DH, DCSF, MOJ, HO. London.
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_109772.pdf

Loucks, N. (2007). No One Knows, briefing, Offenders with learning difficulties and learning disabilities: the prevalence and associated needs of offenders. London: The Prison Reform Trust. <http://www.prisonreformtrust.org.uk/uploads/documents/NOKNL.pdf>

Marmot, M. (2010). Fair Society, Healthy Lives: A Strategic Review of Inequalities in England. London: University College London.
<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

Mencap (2012). *Housing for people with a learning disability.* Mencap, the voice of learning disability.
http://www.mencap.org.uk/sites/default/files/documents/2012.108%20Housing%20report_V7.pdf

National Autistic Society (2011). NICE publishes draft guidelines for children and young people with autism. Website accessed 03/03/2016
<http://www.autism.org.uk/news-and-events/news-from-the-nas/nice-publishes-draft-guidelines.aspx>

National Autistic Society (2013). *Statistics: how many people have autism spectrum disorders?* Website accessed 2/3/16 <http://www.autism.org.uk/about/what-is/myths-facts-stats.aspx>

NICE (2013). Challenging behaviour: prevention and interventions for people with learning disability and challenging behaviour. Scoping document. National Institute for Health and Care Excellence. http://apps.bps.org.uk/publicationfiles/consultation-responses/NICE_Challenging_behaviour.pdf

NHS Information Centre (2010). Access to Healthcare for People with Learning Disabilities. Analysis of Primary Care Data to Support the Work of the Independent Inquiry into Access to Healthcare for People with Learning Disabilities. The NHS Information Centre, Prescribing Support and Primary Care Services.
<https://catalogue.ic.nhs.uk/publications/social-care/vulnerable-adults/anly-prim-care-data-supp-work-ind-enq-acc-ld/acc-heal-care-peop-lear-disa-rep.pdf>

NSPCC (2006). “It doesn’t happen to disabled children”. Child Protection and Disabled Children. London: NSPCC.

<http://www.nspcc.org.uk/Inform/publications/downloads/itdoesnthappentodisabledchildrenwdf48044.pdf>

Prison Reform Trust (2012). Fair access to justice. Prison Reform Trust.

<http://www.prisonreformtrust.org.uk/Portals/0/Documents/FairAccessToJustice.pdf>

Talbot, J. (2008). Prisoners’ Voices: Experiences of the criminal justice system by prisoners with learning disabilities and difficulties, London: Prison Reform Trust.

<http://www.mandbf.org/resources/research-and-project-evaluation-directory/no-one-knows-prisoners-voices-experiences-of-the-criminal-justice-system-by-prisoners-with-learning-disabilities-and-difficulties>

Tyrer, F. and McGrother, C. (2009). Cause-specific mortality and death certificate reporting in adults with moderate to profound intellectual disabilities. Journal of Intellectual Disability Research. 53: p. 898-904. <http://www.ncbi.nlm.nih.gov/pubmed/19694898>

Ubido, J., McAteer, S., Kelly, S., Lewis, C., and Scott-Samuel, A. (2013) Learning disabilities and autism: A health needs assessment for children and adults in Merseyside and North Cheshire. Liverpool Public Health Observatory. Report series number 94, September 2013. Accessed 11/03/2016

http://info.wirral.nhs.uk/document_uploads/JSNA2013/CheshireMerseysideHNAlearning%20disabilitiesFULLREPORTSept13.pdf

University of Ulster, Family Planning Association (2006) *Out of the Shadows*. Ulster: University of Ulster.

<http://www.fpa.org.uk/media/uploads/professionals/publications/out-of-the-shadows-look-inside.pdf>

Contact us

For further details please contact

- Norma Currie, Service Commissioner, Wirral CCG
- John Highton, JSNA Programme Lead at johnhighton@wirral.gov.uk

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