

Health Needs Assessment for Adults with Learning Disabilities



Hampshire
County Council

March 2018- Public Health, Adults'
Health and Care, Hampshire County
Council

Why conduct a health needs assessment?

- Adults with learning disabilities are considered to be one of the most vulnerable groups in society.
- Improving the lives of adults with learning disabilities has become a national priority.
- Life expectancy has increased but is still significantly lower than the general population.

Purpose

- Set out the prevalence of learning disability in adults in Hampshire
- Investigate the risk factors that contribute to premature death
- Understand the access to care and support for adults with learning disabilities

Scope

- ✓ Adults with learning disabilities (aged 18 and over)
- ✓ Resident or registered with a GP within Hampshire
- ✓ Living in the community or in residential care
- ✗ Adults with learning difficulties
- ✗ Adults with only autism

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- Health and Wellbeing
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National Context

Definition of a learning disability

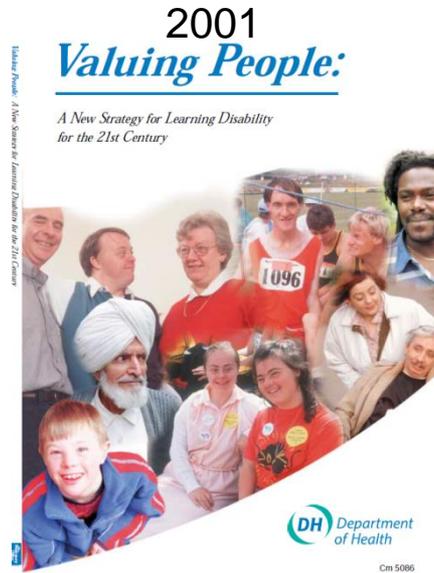
There is not a universally accepted definition of a learning disability. The NHS and the national Valuing People strategy of 2001 stated a learning disability includes the presence of:

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

National Context

Strategies and programmes

National Strategies:



2009-2012
HM Government

Valuing People Now:
a new three-year strategy
for people with learning
disabilities

'Making it happen for everyone'



National programmes:

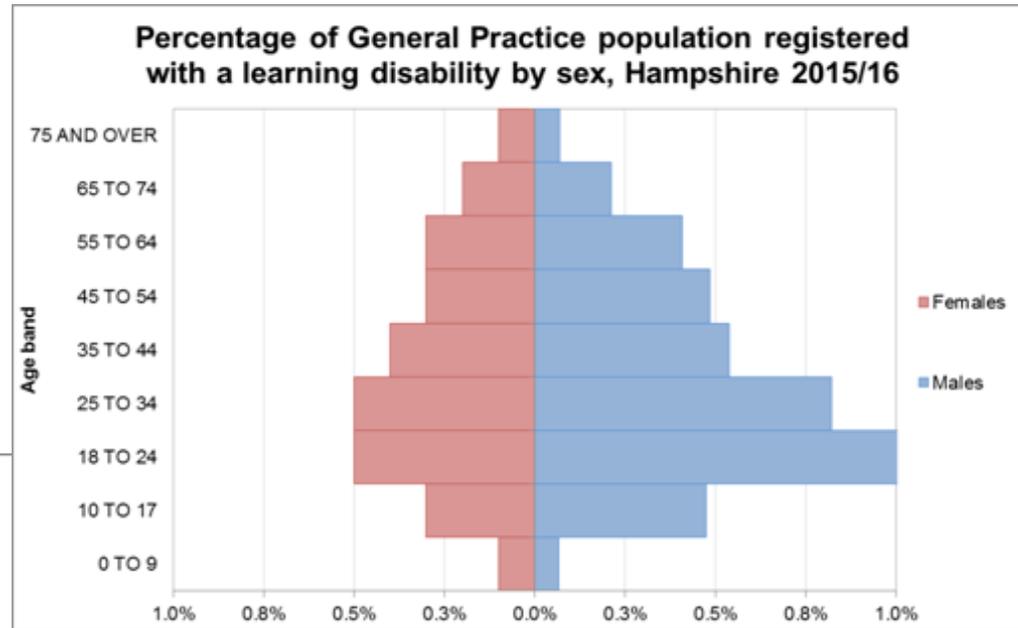
- **Learning Disability Mortality Review (LeDeR)** Identifies potentially modifiable causes of death to help prevent them in the future
- **Transforming Care Partnership** (delivered locally by NHS England: Southampton, Hampshire, Isle of Wight and Portsmouth to improve the care and support available to people with learning disabilities)

Demographics

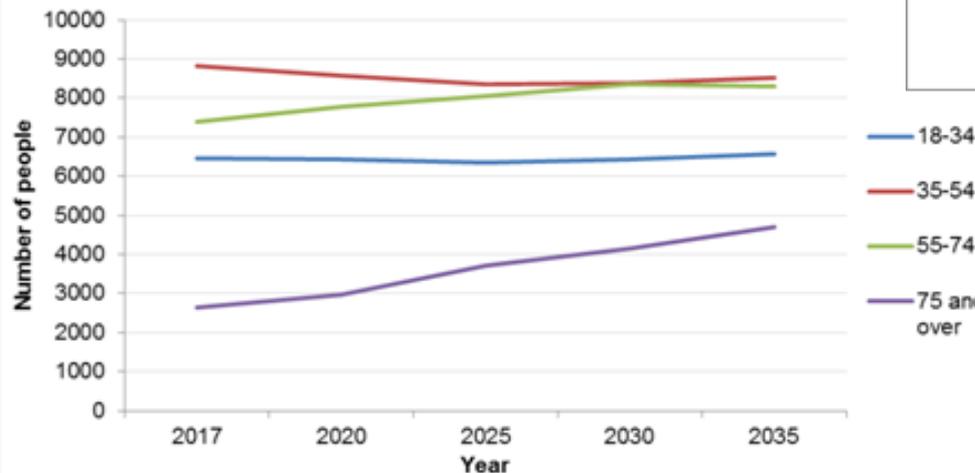
Population forecasts

There is not one single source of data. The most reliable health databased is the GP Learning Disability Register.

In 2015/16, 3,922 people were registered with their GP as having a learning disability.



Predicted prevalence and forecast of people with learning disabilities in Hampshire, by age band.



Large predicted increase in >75s. It is recommended strategies are in place to cater for the growing level of need.

Demographics

Ethnicity

A study found that Black and Minority Ethnic (BME) status was generally associated with lower rates of learning disability, with two exceptions.

Percentage of residents from BME Groups associated with higher prevalence of LD by Hampshire District. Source: Census 2011

Area name	Persons (%)				
	Asian/ Asian British: Indian	Asian/ Asian British: Pakistani	Asian/ Asian British: Bangladeshi	Asian/ Asian British: Other Asian	White: Gypsy or Irish Traveller
Basingstoke and Deane	1.5	0.2	0.2	1.4	0.1
East Hampshire	0.4	0.0	0.1	0.7	0.2
Eastleigh	1.6	0.1	0.2	0.6	0.2
Fareham	0.6	0.1	0.1	0.3	0.1
Gosport	0.5	0.0	0.2	0.3	0.0
Hart	1.0	0.2	0.1	0.9	0.3
Havant	0.4	0.1	0.1	0.3	0.1
New Forest	0.3	0.0	0.1	0.4	0.2
Rushmoor	1.4	0.7	0.2	7.6	0.2
Test Valley	0.8	0.1	0.1	0.6	0.1
Winchester	0.6	0.1	0.2	0.8	0.2
Hampshire	0.8	0.1	0.2	1.1	0.2
South East	1.8	1.1	0.3	1.4	0.2
England	2.6	2.1	0.8	1.5	0.1

Mild learning disabilities were higher in people of Gypsy/Romany and Traveller origin.

Severe learning disabilities were higher in children of South Asian origin.

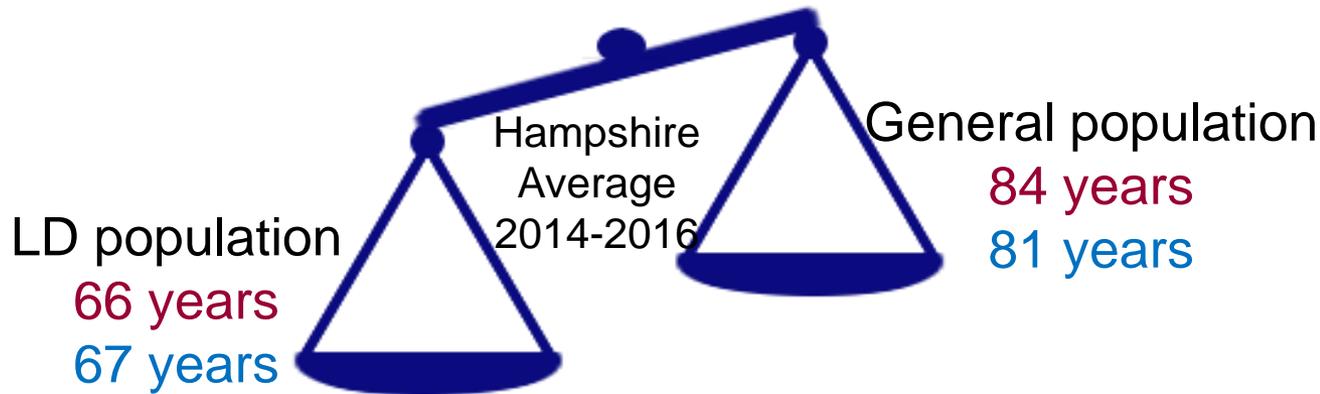
Demographics

Life expectancy

Nationally, between 2001 and 2014 life expectancy has increased in people with learning disabilities.



But there are still large inequalities in life expectancy between people with LD and the general population.



Health and Wellbeing

Mortality

A study on the mortality of 664 people with learning disabilities (England, 2010-2014) identified the three most common causes of death were:

- circulatory diseases (22.9% of deaths) **2.8 times** the expected number.
- respiratory diseases (17.1%) **4.9 times** the expected number.
- Cancers (13.1%) **similar to** the expected number but distinctly difference profile of cancers (higher rate of colorectal cancer).

Other causes of death that are potentially preventable included epilepsy (3.9% of deaths) and aspiration pneumonitis (3.6% of deaths).

Health and Wellbeing

Cardiovascular disease

Percentage of Hampshire patients who have a diagnosis in 2015/16:
Stroke or transient ischaemic attack



Heart Failure



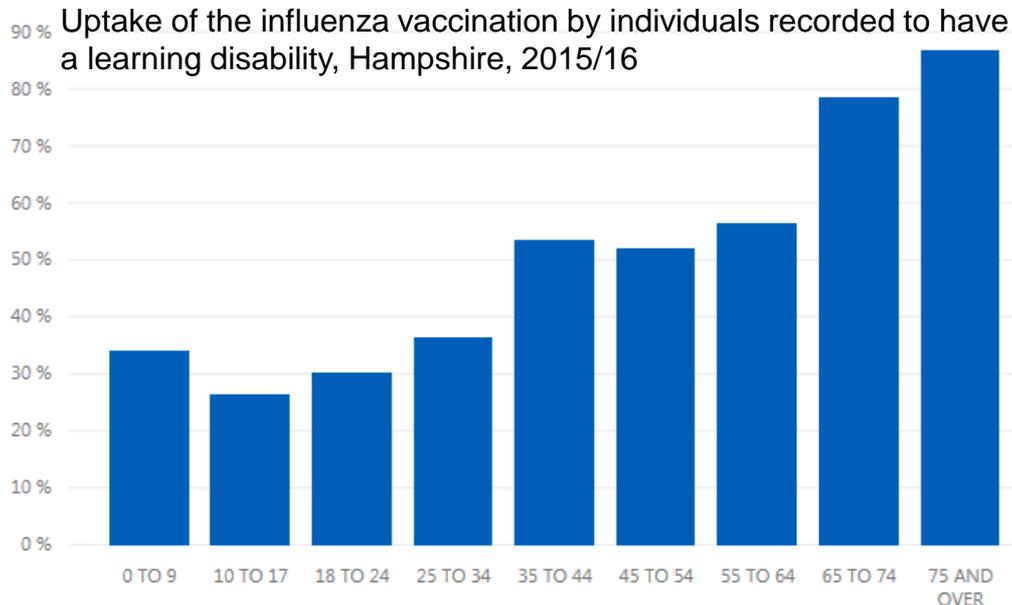
Overall, prevalence is similar between the populations with and without learning disabilities. However, the increased prevalence during early adulthood may be due to an accumulation of lifestyle factors, such as poor diet and lack of physical activity. It is important to combat these lifestyle factors to reduce the risk of circulatory disease.

Health and Wellbeing

Respiratory disease

Major causes of respiratory disease mortality in people with learning disabilities:

- Chronic Obstructive Pulmonary Disease (COPD)
- Dysphagia and Aspiration Pneumonia
- Influenza



40% of people with learning disabilities and dysphagia experience recurrent respiratory tract infections.

Health and Wellbeing

Cancer screening

Screening is available for breast, cervical and colorectal cancer. In all three types, screening was lower in people with learning disabilities than the general population.

There is evidence of barriers in access cervical screening because of presumptions being made about sexual history or current sexual activity.

There is an unexpectedly high rate of deaths from colorectal cancer in people with learning disabilities.

A common symptom is a change in bowel habits, including increased constipation, a frequently reported issue in people with learning disabilities.

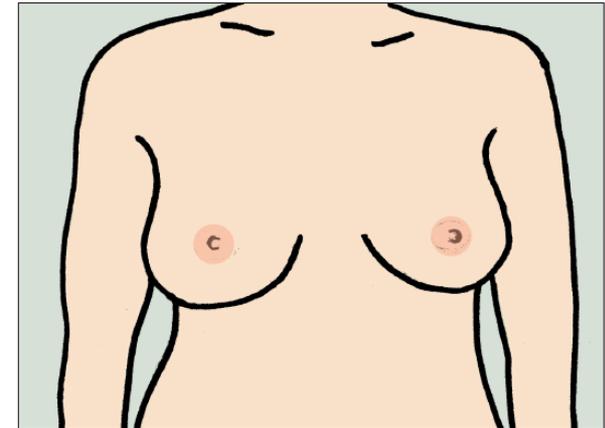
Poor diet, inadequate hydration, lack of exercise and side effects of long-term medications contribute to a person's susceptibility to constipation. This can disguise cancer.

Therefore it is important to prevent constipation and to also identify when it should be investigated further.



Breast screening

An easy guide about a health test for women aged 50 and over



Health and Wellbeing

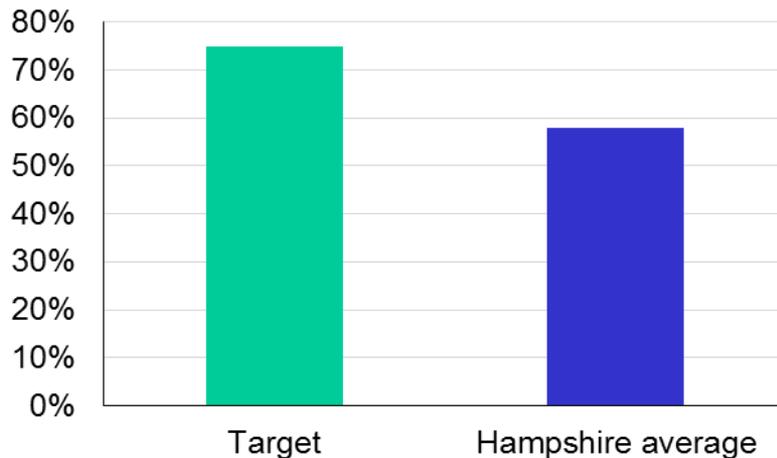
Annual health check

- Available to individuals with learning disabilities aged 14+.
- Provides an opportunity for GPs to provide healthy lifestyle advice to improve health and avoid illness.
- Checks a range of issues for physical and mental health.
- Monitors diagnosed conditions.



Protecting and improving the nation's health

Uptake of Annual Health Check 2015/16



Quality Checking Health Checks for People with Learning Disabilities
A way of finding out what is happening locally

Health and Wellbeing

Weight management

A learning disability can make it difficult to maintain a healthy weight.

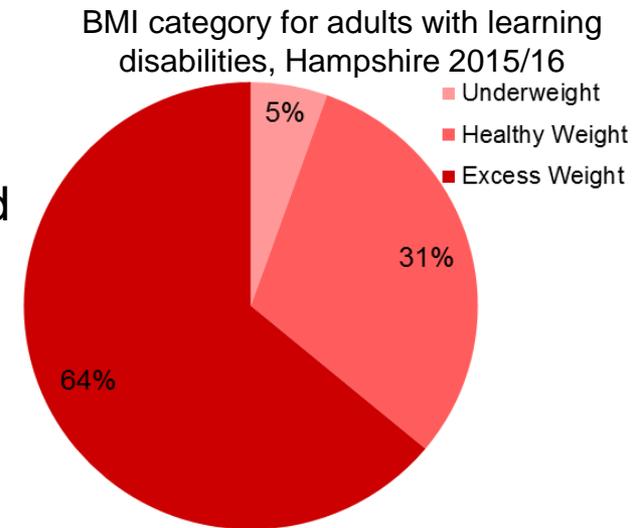
Obesity → cardiovascular disease

Underweight → poor bone growth, a weakened immune system, tiredness and reduced respiratory function

On average 64% of adults with learning disabilities aged 18 and over were of excess weights, compared to 62% of the general population.



It is not known how well weight management services are used by individuals with learning disabilities or whether they are effective.

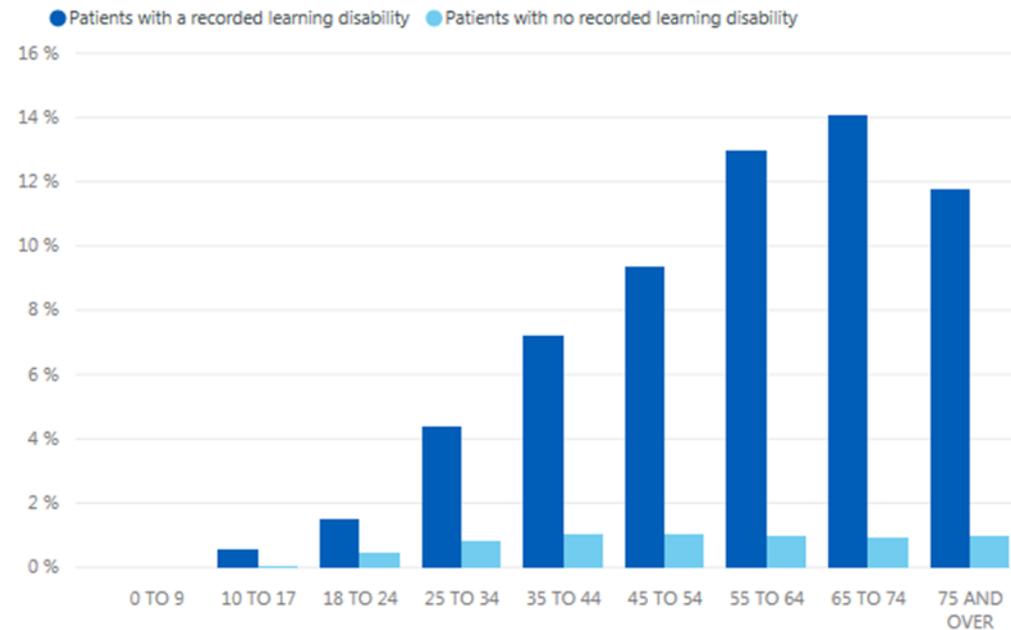


Health and Wellbeing

Mental health and wellbeing

“No good health without mental health.” Duncan Selbie, Chief Executive, Public Health England

Percentage of people with a recorded mental health condition, Hampshire 2015/16



Parity of
Esteem

Department
of Health

The Mandate

A mandate from the Government to NHS England:
April 2014 to March 2015

December 2014

Organisational barriers:

- Lack of services
- Timely diagnosis,
- Physical barriers
- Reasonable adjustments un-met

Health and Wellbeing

Dementia

Nationally, 1 in 14 people are expected to develop dementia over the age of 65.

In people with learning disabilities, this rises to 1 in 5.

Down's syndrome = major risk factor

≥30 years of age- 1 in 50 develop dementia

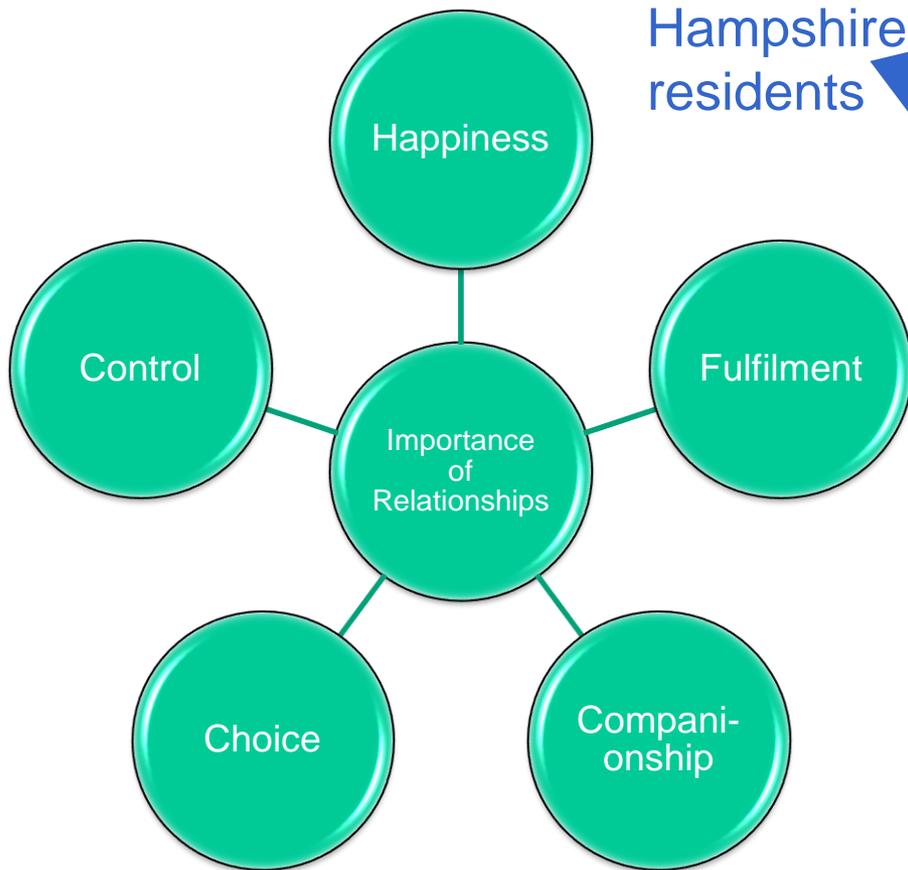
≥60 years of age- 1 in 2 develop dementia.

Development of epileptic seizures later in life can be a sign of dementia in people with Downs Syndrome.

It is important to keep consistent care where possible. Sudden changes can lead to a deterioration in health and can be very confusing.

Health and Wellbeing

Sexual health and relationships



Hampshire residents

- 1) Information in a way we understand.
- 2) To be able to openly discuss sex and relationships.
- 3) Support to access the specialist sexual health service

- 1) More support for unpaid carers.
- 2) Help to understand what is appropriate for each individual.
- 3) Methods to support emotional needs.
- 4) How to have conversations about consent, safe sex and sensitive issues.

Staff

Health and Wellbeing

Epilepsy

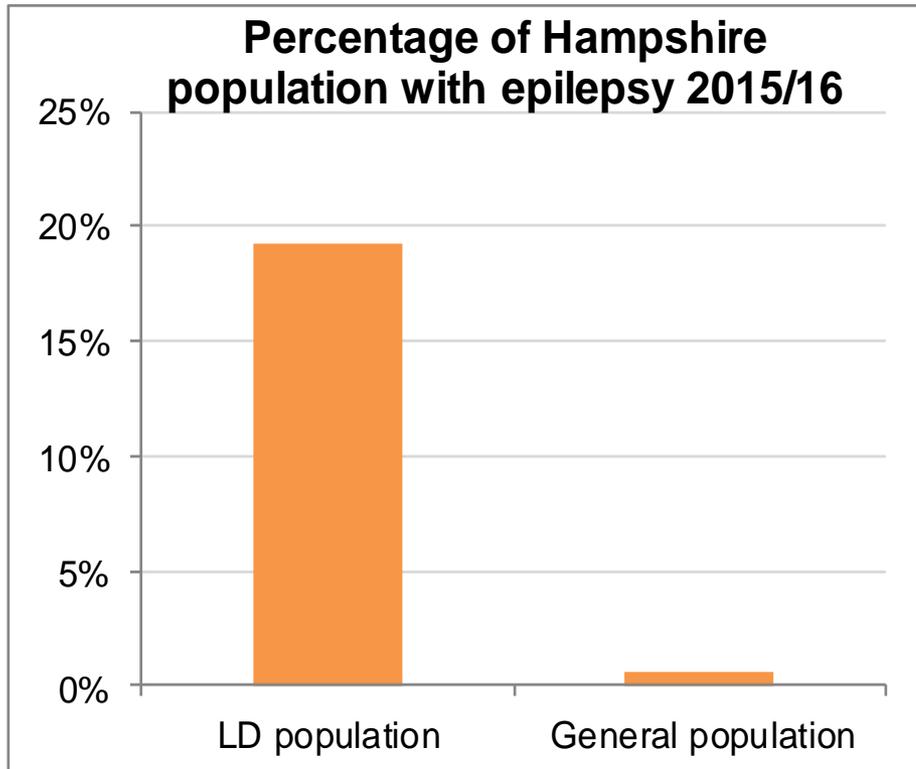
Reported to be the most common long term condition in people with learning disabilities.

Diagnosis is difficult.

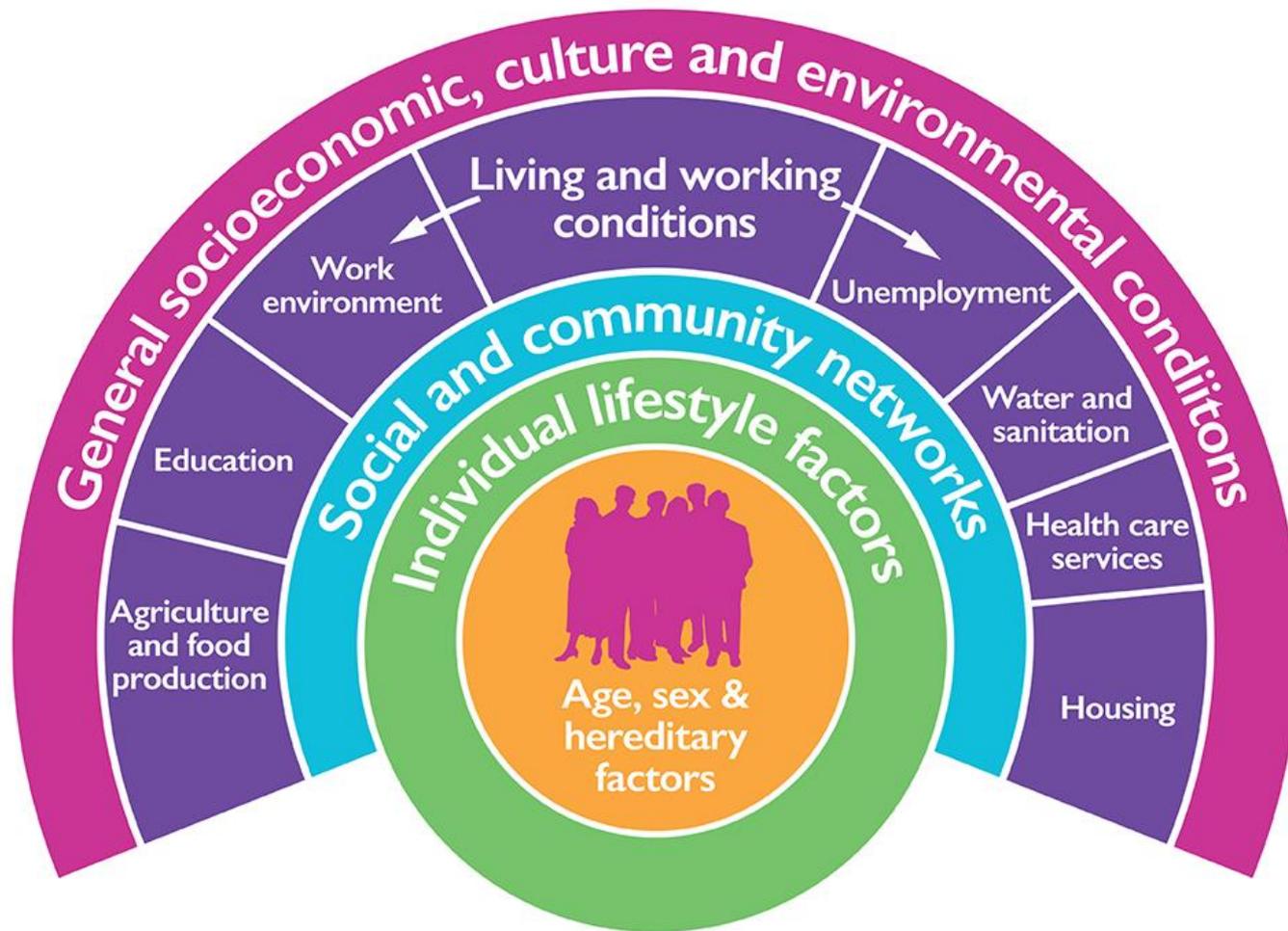
It can be particularly difficult in an individual with a learning disability due to behaviours that can be mistaken as a seizure.

There are additional barriers for a person with a learning disability to communicate how they are feeling.

A report into deaths found NICE guidelines were not always adhered to.



Social Determinants of Health

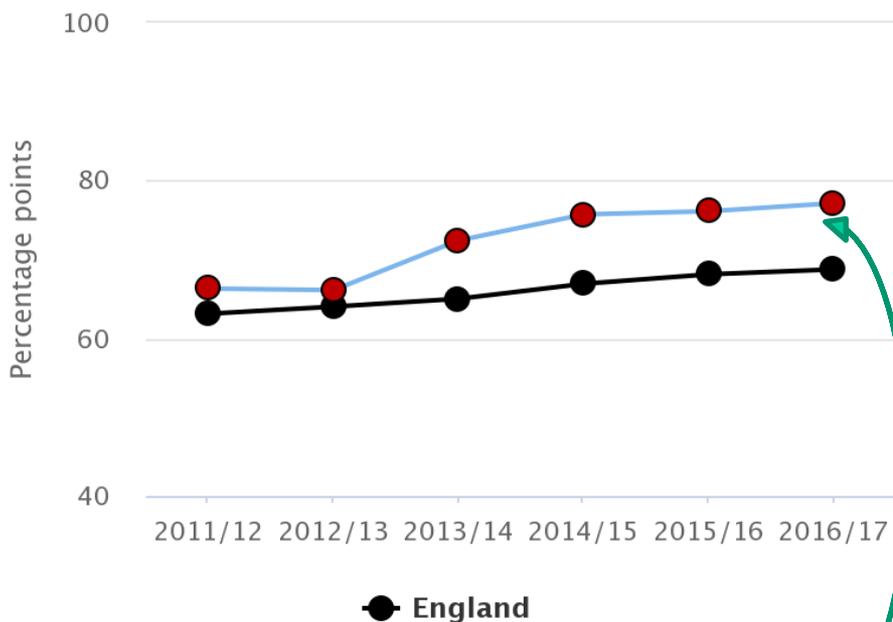


Social Determinants of Health

Employment

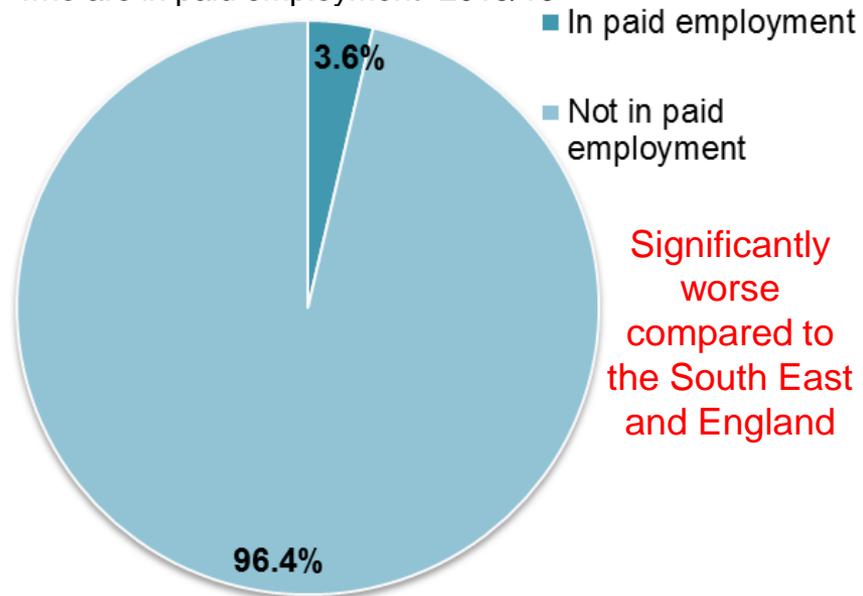
***'Work is the key to a long, happy and healthy life'* Duncan Selbie, Chief Executive, Public Health England.**

Gap in the employment rate between those living with a learning disability and the overall employment rate- Hampshire



There is an 77% difference in the employment rates between people with a learning disability and the overall population- significantly **higher** than England

Percentage of adults a learning disability receiving long term support from their local social services department who are in paid employment- 2015/16



Poverty can disproportionately affect people with learning disabilities

Social Determinants of Health

Housing and accommodation

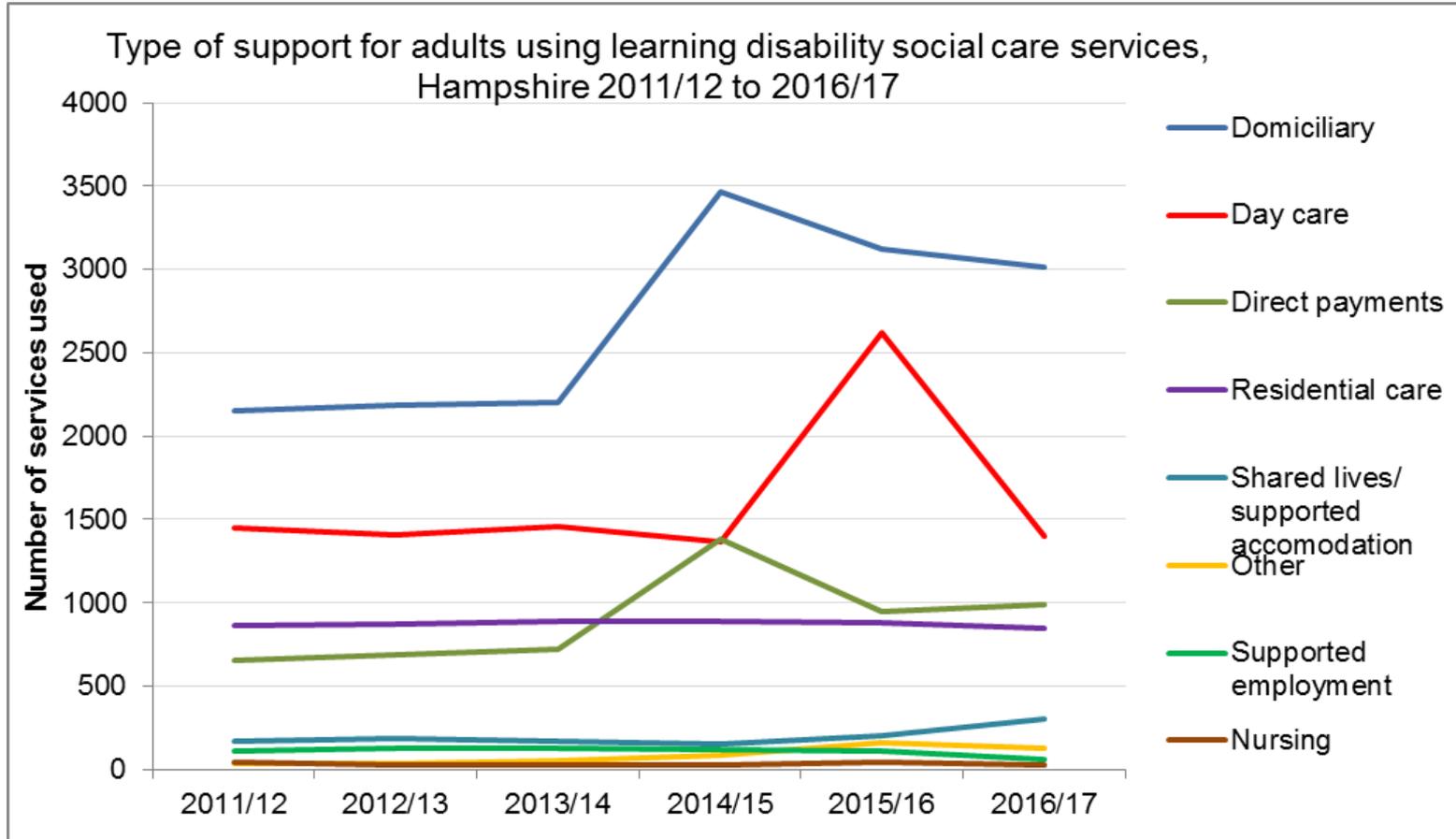
Accommodation status of people with learning disabilities receiving long term support from Local Authority social care, 2015/16

Compared with benchmark		Better	Similar	Worse	Lower	Similar	Higher	Not compared					
Indicator	Period	England	Hampshire	1 - Essex	2 - West Sussex	3 - Kent	4 - Gloucestershire	5 - Warwickshire	6 - Oxfordshire	7 - Buckinghamshire	8 - Worcestershire	9 - Leicestershire	10 - Hertfordshire
Proportion of supported working age adults with learning disability living in settled accommodation (%)	2015/16	75.2	65.9	76.9	56.7	71.8	71.6	71.2	80.1	65.9	75.0	77.6	73.1
Proportion of supported working age adults with learning disability living in unsettled accommodation (%)	2015/16	19.8	30.6	23.1	5.3	20.1	28.4	19.5	19.6	32.4	25.0	22.4	26.7
Proportion of supported working age adults whose accommodation status is not known to LA (%)	2015/16	5.0	3.6	0.0	38.2	8.1	0.0	9.3	0.0	2.2	0.0	0.0	0.0
Proportion of supported working age adults whose accommodation status is severely unsatisfactory (%)	2015/16	0.14	0.00	0.00	0.00	0.14	0.00	0.00	0.00	0.00	0.00	0.00	0.34

The majority (86%) of those who are in unsettled accommodation are in residential social care, which may be the most appropriate accommodation type for that individual based on their needs

Access to Services

Adult Social Care



Access to Services

Mental health services

- Services, such as italk are available.
- They have become more learning disability friendly.
- Still may be more appropriate for people with less severe learning disabilities.



Southern Health
NHS Foundation Trust

- For individuals with more complex needs- GP can refer to the Adult Learning Disability Team or the Adult Mental Health Team.
- Both teams assess case studies of people who have used the services to see what can be learnt or improved.

Access to Services

Community connector pilot

A pilot project in Hampshire to:

- Use community assets to:
 - Work in a person centred, strengths based way to understand client's goals
 - Work with them and family/carers to help them realise their goals
 - Promote sustainable and realistic way through accessing local community assets.
- Proactively engage all stakeholders to understand what their offer is, support development of their service and help build networks and partnership working with community assets.

The health needs that were identified through the service:

- Mental health
- Overweight/obesity and poor food choices
- Sexual health



Access to Services- Health and Social Care

Initiatives that support access to services include:



Health Charter for Social Care Providers

This is my

Hospital Passport

For people with learning disabilities coming into hospital

My name is:

If I have to go to hospital this book needs to go with me, it gives hospital staff important information about me.

It needs to hang on the end of my bed and a copy should be put in my notes.





This passport belongs to me. Please return it when I am discharged.

Nursing and medical staff please look at my passport before you do any interventions with me.



Things you must know about me

Things that are important to me

My likes and dislikes

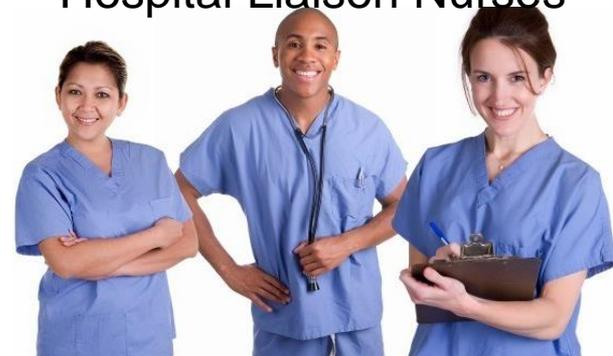
Epsom and St Heller University Hospitals NHS Trust
Kingston Hospital NHS Trust
Mayday Healthcare NHS Trust
St George's Healthcare NHS Trust
Foundation of Nursing Studies

Croydon Community Learning Disability Team
Kingston Community Learning Disability Team
Merton Team for People with Learning Disabilities
Richmond Specialist Healthcare Team (Learning Disabilities)
Sutton Learning Disabilities Team
Wandsworth Community Learning Disability Team



V O D G

Hospital Liaison Nurses



Strategic Health Facilitators

The Hampshire and Southampton Health and Wellbeing Strategies underpin the role of the Learning Disability Health Facilitators.



Access to Services

Telecare

There are a range of devices available to support people to live independently. The most common for people with learning disabilities are the epilepsy bed sensors and the brain in hand app.



Up to 2017- 218 individuals who were in contact with social care were supported to use new technologies.

Case studies have shown how telecare can support individuals to gain confidence, independence and reduce the need for other services.

Summary

- Adults with learning disabilities are living longer but still die considerably younger (18yrs in Females and 14yrs in Males).
- Hampshire has a greater prevalence of individuals from Gypsy and Romany Traveller community than England- associated with higher rates of learning disabilities.
- Top causes of death are circulatory disease, respiratory disease and cancer- particularly colorectal cancer.
- Uptake of the Learning Disability Health Check is lower than the target (58% vs 75%).
- The majority of people with learning disabilities are of an unhealthy weight.

Summary cont.

- There is a much greater recorded prevalence of severe mental health conditions in people with learning disabilities compared to the population without learning disabilities (6.5% vs to 0.7%).
- People with learning disabilities are more likely to develop dementia and at a much younger age.
- There is a need to share appropriate advice and support regarding sex and relationships.
- People with learning disabilities are disproportionately affected by poverty, influenced by fewer employment opportunities.
- There are good initiatives to support access to services, however there is still inequity.

Recommendations

- Organisations to take a multiagency approach to **contribute to the reporting and learning of the Learning Disability Mortality Review Programme.**
- Continually **develop the workforce supporting people with learning disabilities** to recognise the early indication of ill health in adults with learning disabilities and to be able to act on this as appropriate.
- Organisations to **review their workforce development programmes to enable paid and unpaid carers** to help individuals to make healthier lifestyle choices including: diet, exercise, oral health, sexual health and screening uptake, with Making Every Contact Count included.
- Continue to **embed Making Every Contact Count** and the strength-based approach at all ages to promote independence.
- **Review current commissioned behaviour change services** to ensure they meet the needs of people with learning disabilities.
- Organisations to **promote parity of esteem.**
- Ensure adults with learning disabilities and their carers **know where to access support** for timely diagnosis of dementia and onward care.
- Ensure all adult social care providers **sign up to the Health Charter** to advocate for improved care of people with learning disabilities, which includes the provision of hospital passports for those who want it.
- **Conduct the Public Health England Annual Health Check audit** to analyse where support is needed to continually improve the effectiveness of the programme.
- **Explore the use of social care services in the population by ethnic group** to assess if services are meeting the expected level of need in BME communities.
- Ensure strategies are in place across the organisations supporting adults with learning disabilities to **cater for the level of need as the population of adults with learning disabilities ages.**