

Learning Disabilities in Southwark

Southwark's Joint Strategic Needs Assessment

Public Health and Children's & Adult Services

November 2018

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GATEWAY INFORMATION

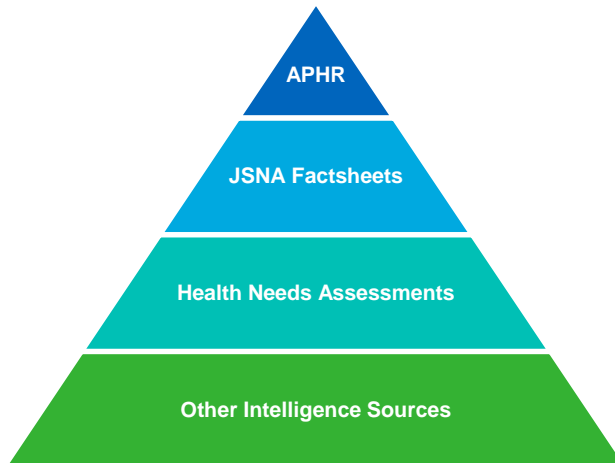
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Health Needs Assessments form part of Southwark's Joint Strategic Needs Assessment process

BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



Tier I: The Annual Public Health Report provides an overview of health and wellbeing in the borough.



Tier II: JSNA Factsheets provide a short overview of health issues in the borough.



Tier III: Health Needs Assessments provide an in-depth review of specific issues.



Tier IV: Other sources of intelligence include Local Health Profiles and national Outcome Frameworks.

- This document forms part of those resources.
- All our resources are available via: www.southwark.gov.uk/JSNA

This health needs assessment provides an overview of the needs of those with learning disabilities in Southwark

AIMS AND OBJECTIVES

This needs assessment forms part of the Joint Strategic Needs Assessment (JSNA) for Southwark, and aims to inform and support the provision of services for adults with learning disabilities by Southwark Council.

The information provided in this needs assessment will inform commissioning decisions made by the Adult Social Services department in Southwark by:

- Establishing the demographics of adults with learning disability requiring service provision by Adult Social Services in Southwark*
- Establishing the scale of current needs, with a view to informing commissioning decisions
- Comparing the cost of commissioning residential care in and out of borough

This slide deck is intended for those involved in the commissioning and provision of services to support adults with learning disabilities including Southwark CCG and local GPs, service providers, service commissioners, public health team and council colleagues.

* This JSNA is focused on adults with learning disabilities whose care provision falls under the remit of Southwark Council Adult Social services. This includes adults with learning disabilities who are housed in placements outside Southwark but remain under the care of Southwark Council Adult Social services. Correspondingly, there may be adults with learning disability residing in Southwark whose care provision falls under the remit of a different borough. It is expected those adults' care needs will be assessed by the responsible borough and thus falls outside the remit of this JSNA.

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The social model of disability, developed by disabled people, encourages society to be more inclusive

WHAT IS A DISABILITY?

The Equality Act 2010 defines disability as a physical or mental impairment which is substantial and long-term and adversely affects a disabled person's ability to perform everyday activities.

In the UK, the social model of disability is increasingly being adopted. Scope, a leading UK-based disability charity, defines the social model of disability as:

“The social model of disability says that disability is caused by the way society is organised, rather than by a person's impairment or difference. It looks at ways of removing barriers that restrict life choices for disabled people. When barriers are removed, disabled people can be independent and equal in society, with choice and control over their own lives.”

This is in contrast to the medical model which characterises physical or mental differences as something to be 'fixed'.

References

1. Equality Act 2010
2. Scope <https://www.scope.org.uk/about-us/our-brand/social-model-of-disability>

Learning disabilities affect someone's ability to perform everyday activities to varying degrees

DESCRIBING LEARNING DISABILITY

A learning disability can be described as a reduced intellectual ability which affects someone's ability to perform everyday activities.

The 2001 White Paper on health and social care of people with learning disabilities, Valuing People, provides a commonly used definition of learning disability:

“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.”

People with learning disabilities tend to take longer to develop new skills and may require support with everyday activities such as personal care, household tasks or managing finances. The extent of the disability is often described as mild, moderate, severe or profound.

In contrast to learning disability, a learning difficulty is a condition that makes specific forms of learning difficult, but does not affect the overall intelligence or ability of an individual.

References

1. Department of Health: Valuing People: A New Strategy for Learning Disability for the 21st Century (2001)
2. Mencap <https://www.mencap.org.uk/learning-disability-explained/what-learning-disability>
3. NHS Choices <https://www.nhs.uk/livewell/childrenwithlearningdisability/pages/whatislearningdisability.aspx>

People with learning disabilities have varying degrees of intellectual, physical and mental health needs

RISK FACTORS AND CO-MORBIDITIES

A learning disability is the result of a person's brain development being affected. Various mechanisms can contribute to this, and sometimes no particular reason can be found.

Some causes of learning disability can include:

- Maternal illness
- Genetic causes(either spontaneous or inherited)
- Complications during birth
- Childhood illness

Many conditions associated with learning disability also impact physical or mental health. When commissioning services to provide support to people with learning disability, it is important to account for other physical or mental health needs. For example, two adults with mild learning disability may have very different needs due to concurrent physical or mental illness.

References

1. Mencap <https://www.mencap.org.uk/learning-disability-explained/what-learning-disability>
2. NHS Choices <https://www.nhs.uk/livewell/childrenwithalearningdisability/pages/whatislearningdisability.aspx>

The support adults with learning disabilities receive varies greatly depending on their individual needs

SUPPORTING ADULTS WITH LEARNING DISABILITIES

An individual with learning disability may require support in one or more of the following areas:

- Personal care: eating, drinking, bathing, toileting etc.
- Domestic support: cooking, cleaning etc.
- Financial support: managing finances, managing property leases etc.
- Behavioural support: for individuals with challenging behaviour
- Support for physical disability: adaptations, aids etc.
- Medical care: accessing, understanding and complying with treatment.
- Communication support

The level of support a person needs can range from requiring prompting to perform a task, to being supervised while performing a task or to have the task performed for them.

Many people with learning disability access more than one type of support, local provisions include:

- Day support / activity
- Supported living
- Residential home
- Nursing home
- Hospital inpatient
- College
- Outreach support
- Floating support
- Employment

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Revelations of abuse at the Winterbourne View Hospital in 2011 exposed the need for reform of services

POLICY CONTEXT

Department of Health: Transforming Care & Winterbourne View Concordat (2012)

- Following revelations of abuse at Winterbourne View Hospital, the Care Quality Commission (CQC) inspected over a 100 similar institutions. The subsequent Department of Health (DH/DHSC) report, Transforming Care, highlighted systemic failings in the design, commissioning and provision of services for people with learning disabilities. A Concordat, which was published alongside the report, sets out shared commitments from key partners required to transform services, including:
 1. Supporting people inappropriately placed in hospital to move to a community setting
 2. Putting in a place locally agreed plans for high quality care and support services for people with challenging behaviour
 3. Improving quality and safety of care, accountability, regulation and monitoring and reporting progress

Care Act (2014)

- New legislation, applicable to all local authorities across England when dealing with someone who needs social care support, came into force in 2015. The key changes include:
 1. Greater emphasis on wellbeing of people in receipt of social care support
 2. New rights for carers, including the right to an assessment
 3. Right for those receiving social care support to request a personal budget

Since 2011, multiple commissions, guidelines and policies focused on improving care have been published

POLICY CONTEXT

NICE Guideline: Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (2015)

Some recommendations include:

- Involve people who have behaviour that challenges in decisions about care.
- Offer an annual health check to all adults with learning disabilities, including a review of behaviour that challenges, a physical health review and medication review.
- Guidance on early identification, assessment and medical management of behaviour that challenges.

NICE Guideline: Mental health problems in people with learning disabilities: prevention, assessment and management (2016)

Some recommendations include:

- Involve people with learning disabilities in mental health assessment and treatment, for example by taking into account the person's communication needs and level of understanding.
- Support family members and carers, for example by advising them about their right to an assessment of their own needs, including physical and mental health needs or short breaks and other respite care.

Since 2011, multiple commissions, guidelines and policies focused on improving care have been published

POLICY CONTEXT

Healthcare for All, Report of the Independent Inquiry into Access to Healthcare for People with Learning Disabilities (2008)

- Concluded that people with learning disabilities have higher levels of unmet health needs and receive less effective treatment than others.

Confidential Inquiry into the Premature Deaths of People with Learning Disabilities (2013)

- Established by the Department of Health in 2010 to investigate avoidable or premature deaths of people with learning disabilities through a retrospective review of deaths.
- Found that people with learning disabilities had poorer outcomes than those without.

Winterbourne View – Time for Change (Sir Stephen Bubb, 2014)

- Report led by Sir Steven Bubb, at the request of NHS England, for a national commissioning framework to support local community based care.
- Recommended a mandatory national framework to support expansion of community provision, the empowerment of people with learning disabilities and/or autism and their families and an expansion of the right to request a personal budget.

Care Services for People with Learning Disabilities and Challenging Behaviour (National Audit Office, February 2015)

- Examines the government's performance against the Winterview Concordat commitment, the challenges faced by the government and barriers to transforming care services, with a focus on inpatients with a learning disability and challenging behaviour.

Since 2011, multiple commissions, guidelines and policies focused on improving care have been published

POLICY CONTEXT

Building the Right Support Plan (October 2015)

- Published by NHS England, Local Government Association (LGA) and Directors of Adult Social Services (ADASS) to shift resources away from inpatient to community services, aims to reduce use of inpatient beds by 35-50% over 3 years.
- NHS England committed to making £30 million to meet this aim, to be matched by CCGs.

Learning Disabilities Mortality Review Programme (2015-2018)

- Led by the University of Bristol and commissioned by Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England.
- Provides a framework for carrying out local reviews of deaths of someone with a learning disability.
- From March 2017, all areas in England are required to carry out a review from a person with a learning disability aged between 4 – 74 years dies.
- The aims of the programme include identifying potentially avoidable contributory factors to deaths of people with learning disabilities, to identify differences in health and social care delivery and ways of improving services to prevent early deaths.

State of Care Report (2017)

- Care Quality Commission's 2016/17 assessment of state of care in England in 2016/17.
- Recommends local collaboration and joined up working between health and care services.

Scrutiny of care provision following Winterbourne View has highlighted the need for reform of services

POLICY CONTEXT

Scrutiny of care provision following Winterbourne View has led to consensus that there are two areas requiring urgent attention:

1. Addressing unacceptable health inequalities
2. Tackling inappropriate institutionalisation and supporting people with learning disabilities to be as independent as possible

Adults with learning disabilities are known to have poorer health outcomes compared to the rest of the population

UNACCEPTABLE HEALTH INEQUALITIES PERSIST

People with learning disabilities have significantly poorer health outcomes compared to the rest of the population, many of which are avoidable.

- Approximately 50% of people with learning disability have at least one significant physical or mental health problem.
- Life expectancy for people with learning disabilities is 66 years for males and 66 years for females, which is significantly less the life expectancy of the general population (80 years for males and 84 years for females).
- The 2013 Confidential Inquiry into the Premature Deaths of People with Learning Disabilities concluded that delays in diagnosis, specialist referral and treatment and problems with identifying appropriate care for changing care needs contributed to premature mortality.

References

1. Learning disabilities: Applying all our health <https://www.gov.uk/government/publications/learning-disability-applying-all-our-health/learning-disabilities-applying-all-our-health>
2. Confidential Inquiry into the Premature Deaths of People with Learning Disabilities (2013) <http://www.bris.ac.uk/media-library/sites/cipold/migrated/documents/fullfinalreport.pdf>
3. Health and Care of People with Learning Disabilities: Experimental Statistics, 2016 to 2017: Summary Report <http://digital.nhs.uk/catalogue/PUB30167>

There is consensus that people with learning disabilities should be supported to live as independently as possible

SUPPORTING INDEPENDENCE

In the ministerial foreword to the Department of Health's Response to Winterbourne View, Transforming care: A national response to Winterbourne View Hospital, the then Minister of State for Care and Support, Rt Hon Norman Lamb noted:

“ There are far too many people with learning disabilities or autism staying too long in hospital or residential homes, and even though many are receiving good care in these settings, many should not be there and could lead happier lives elsewhere. This practice must end.

We should no more tolerate people being placed in inappropriate care settings than we would people receiving the wrong cancer treatment. That is why I am asking councils and clinical commissioning groups to put this right as a matter of urgency.”

In recent years there has been a progressive change in support framework for adults with learning disabilities, with a shift in focus to promoting independence. Services have been redesigned to move away from long term inpatient services and to encourage independent living wherever possible.

References

1. Transforming care: A National response to Winterbourne View Hospital
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf

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Prevalence models suggest there are approximately 5,800 adults in Southwark with learning disabilities

PREVALENCE OF LEARNING DISABILITIES

There is no definitive record of the number of people with learning disabilities at a local or national level. Information is collected by a variety of organisations, such as schools, General Practices and Local Authorities.

- While service data are often used to provide an indication of the prevalence of learning disabilities, it is clear that these substantially underestimate the true prevalence within the population.
- For example the number of people known to services drops significantly with age, particularly between school age and adulthood. It is highly unlikely such reductions can be accounted for by reduced life expectancy or a reduction in the true prevalence of learning disability with age.
- Research commissioned by the Department of Health in 2004 suggested just over 2% of the adult population were likely to have learning disabilities.
- Applying this research to our local population would suggest there are just under 5,800 adults in Southwark with learning disabilities.
- However, the number of people estimated to have moderate or severe learning disabilities is much lower, at approximately 1,300 people.

References

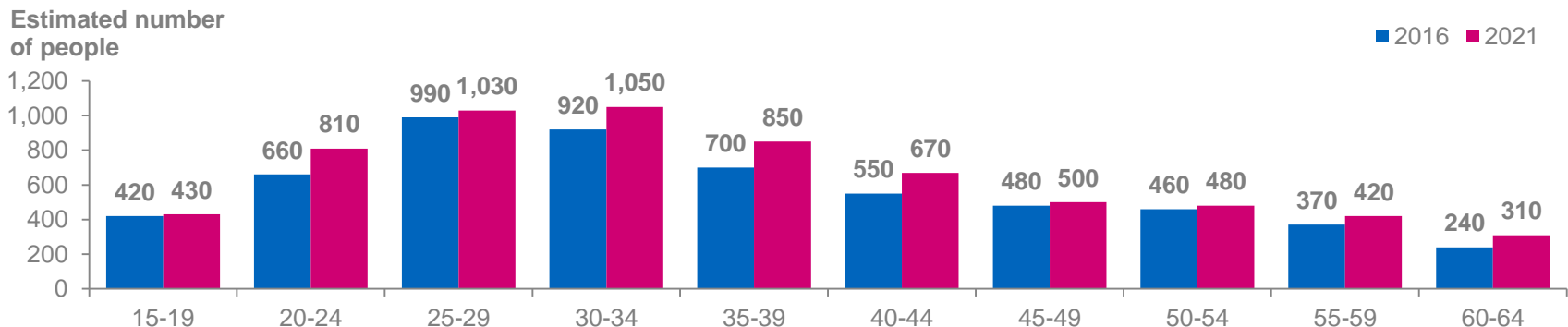
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Projections suggest the number of people with learning disabilities will increase by approximately 700 by 2021

PREVALENCE OF LEARNING DISABILITIES

Prevalence models provide an indication of the number of people in Southwark that we might expect to have learning disabilities by age group. Applying these figures to our population projections allows us to model prevalence into the future.

- Models suggest that there are approximately 5,800 people with learning disabilities in Southwark, and this is projected to increase to 6,500 people by 2021.
- The largest cohort of people with learning disabilities in Southwark are those aged 25-29 years and 30-34 years, both now and in 2021. The 60-64 age group is predicted to have a 34% increase in numbers between 2016 and 2021.
- The projected increase is driven by a range of factors including improved survival in infancy, along with improved health and care for those with learning disabilities leading to increasing numbers living to old age.



References

1. Projecting Adult Needs and Service Information (PANSI). Oxford Brookes University, 2016. www.pansi.org.uk/

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Figures for 2016-17 show 1,076 people with learning disabilities are known to Southwark GPs

NUMBERS KNOWN TO GENERAL PRACTICE

Every General Practice in England maintains a list of people that are registered with their practice who are known to have learning disabilities.

- Learning disability registers for those aged 18 and over were established in 2006-07 as part of the Quality & Outcomes Framework.
- In 2014-15 the scope of the learning disability registers was expanded to include children and young people, as well as adults.
- Results for December 2017 show there are 1,076 people known to have learning disabilities that have been identified by General Practices in Southwark.
- The recorded prevalence of learning disabilities in the borough is 0.3% compared to 0.4% in London and 0.5% in England.
- Within Southwark the recorded prevalence of learning disabilities among General Practices ranges from 0.1% to 0.7%.
- A report on learning disabilities released by Public Health England suggested the lower prevalence figures for London may be partly attributable to London local authorities placing Londoners with learning disabilities in more affordable housing and residential care services outside the capital.

References

1. NHS Digital. Quality & Outcomes Framework 2016-17. <http://digital.nhs.uk/catalogue/PUB30124>
2. PHE. People with Learning Disabilities in England 2015: Main Report. www.gov.uk/government/uploads/system/uploads/attachment_data/file/613182/PWLDIE_2015_main_report_NB090517.pdf

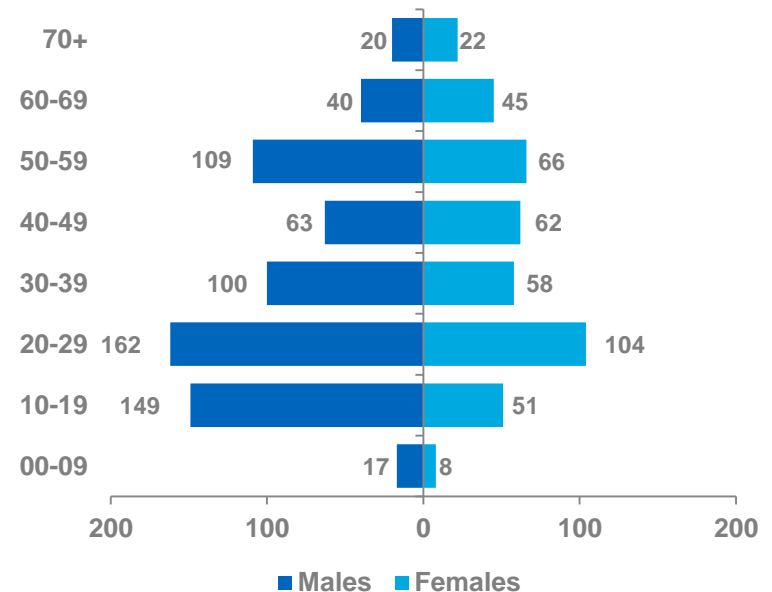
Figures for 2016-17 show 1,076 people with learning disabilities are known to Southwark GPs

NUMBERS KNOWN TO GENERAL PRACTICE

Latest data shows that the diagnosed prevalence of learning disabilities tends to be lower in the north west and south of the borough.

- There is a young demographic profile of those diagnosed with learning disabilities with 46% aged under 30.
- In contrast, only 12% are aged 60 or over.

GP Neighbourhood	Males	Females	Total	Prevalence
Quay Health Solutions				
Bermondsey	32	17	49	0.3%
Borough	21	11	32	0.2%
Rotherhithe	80	43	123	0.3%
Walworth 1	43	19	62	0.2%
Walworth 2	19	20	39	0.3%
Nexus Health Group	154	118	272	0.4%
Improving Health Limited				
Camberwell	53	24	77	0.3%
Dulwich 1	83	51	134	0.3%
Dulwich 2	54	49	103	0.3%
Peckham	121	64	185	0.4%



References

- Southwark CCG Primary Care team, EMIS Web extract 06 December 2017

People with learning disabilities have much poorer health outcomes than the general population

HEALTH NEEDS OF PEOPLE WITH LEARNING DISABILITIES

People with learning disabilities have much poorer health outcomes than the general population. Their outcomes are influenced by a number of factors, including access to health and care services; a higher burden of disease; and social factors such as poverty and poor housing.

- Nationally we know that people with learning disabilities have a significantly lower life expectancy than the general population. Latest figures indicate females with live on average 18years less and males 14years less than their counterparts without learning disabilities.
- When compared to the general population people with learning disabilities are much more likely to have a poor diet, be physically inactive and be overweight or obese. These lifestyle factors have important implications in the development of health conditions later in life, particularly as those with learning disabilities live longer than ever before.
- People with learning disabilities have a higher prevalence of certain long-term conditions, particularly dementia, depression , respiratory illness and diabetes.

References

1. NHS Digital. Health & Care of People with Learning Disabilities: 2016-17.

Poorer health outcomes of people with learning disabilities are partly due to challenges in accessing services

ACCESS TO HEALTH SERVICES

Information on people with and without learning disabilities was collected by NHS Digital from over half of GP practices in England in 2014-15, 2015-16 and 2016-17, to identify potential differences in the treatment, health status, and outcomes of people with learning disabilities compared with the rest of the population.

- Annual learning disability health checks were introduced in 2008-09 for people aged 14 and over. There is evidence that such checks are effective in improving the identification of health conditions among people with learning disabilities. Locally, just over half of patients with a learning disability received their annual health check in 2016-17, mirroring the national picture.
- Uptake of immunisation against seasonal flu is low among those with learning disabilities. Data from 2016-17 shows that in Southwark while uptake is above 70% for those aged over 65, uptake is substantially lower among younger patients and is below 50% for all age groups under 55.
- People with learning disabilities are also much less likely to be screened for cancer than the general population.

References

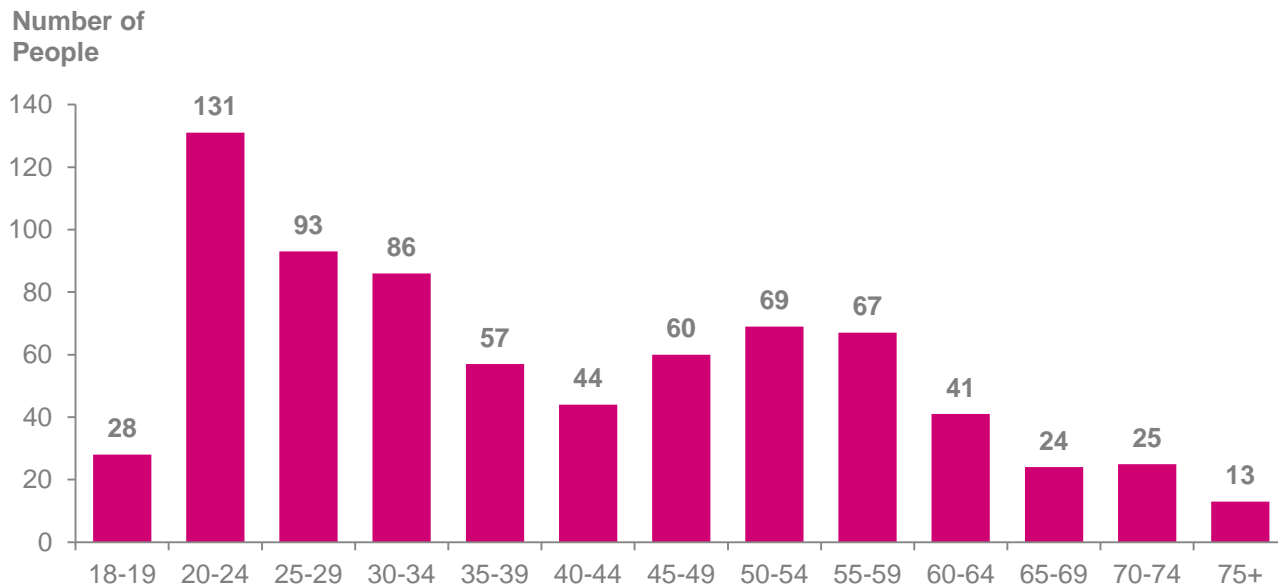
1. NHS Digital. Health & Care of People with Learning Disabilities: 2016-17.

738 adults with learning disabilities receive support from Southwark Adult Services

NUMBERS KNOWN TO ADULT SERVICES

Data from Adult Services provide an indication of the characteristics of those with learning disabilities receiving support from the Council.

- Of the 738 adults receiving support, more than a fifth are under 25 years old.
- Generally, the number of people with learning disabilities receiving support from Adult Services declines with age, however there is a slight increase among those aged 45 to 59 years.



References

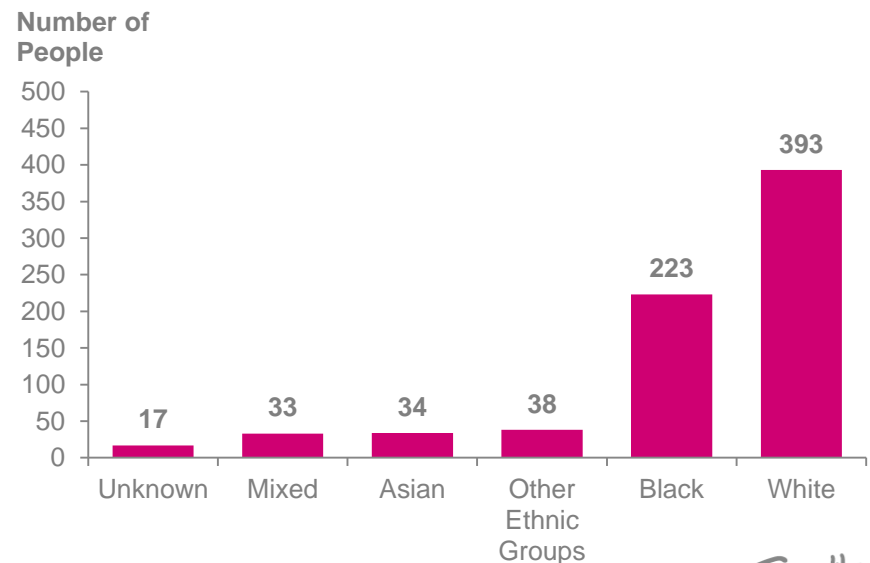
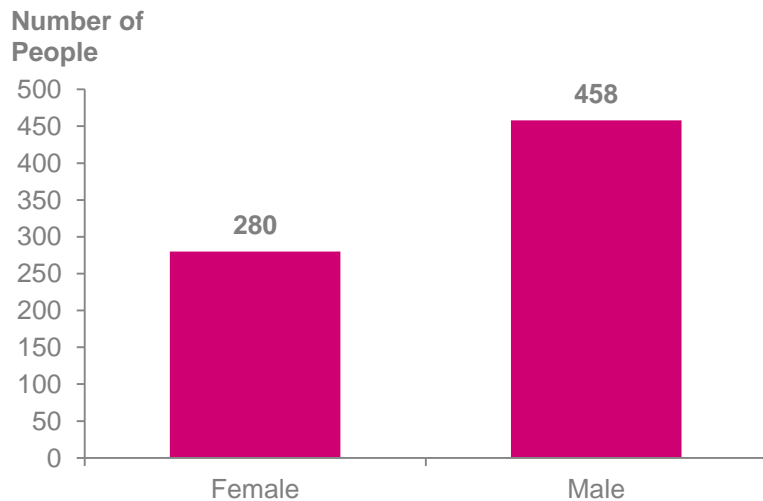
1. MOSAIC system. Adult Services. Southwark Council, 2017.

Majority of people receiving support for learning disabilities in Southwark are in the White ethnic group

NUMBERS KNOWN TO ADULT SERVICES

Data from Adult Services provide an indication of the characteristics of those with learning disabilities receiving support from the Council.

- 53% of people with learning disabilities known to Adult Services in Southwark are white followed by 30% being Black/Black British.
- 62% of those with learning disabilities are male.
- When comparing the two groups, the majority (27.2%) of people in the White ethnic group are in permanent residential care.



References

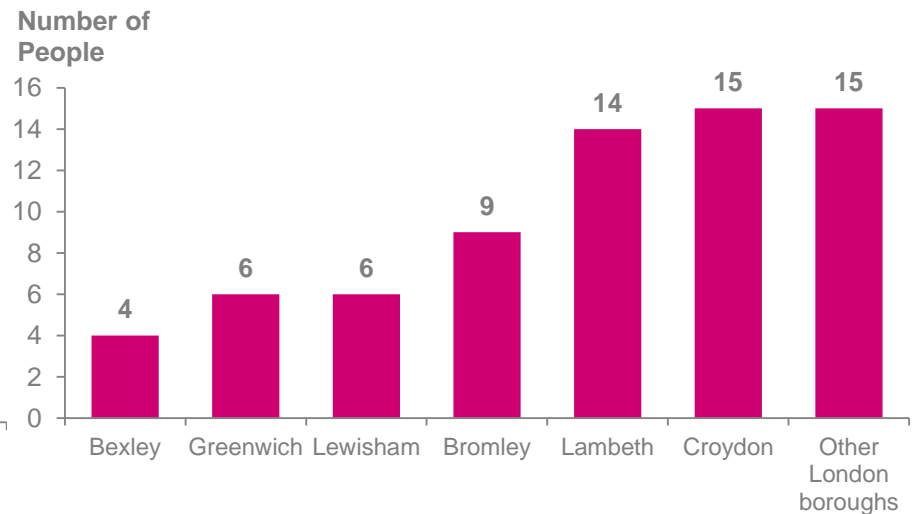
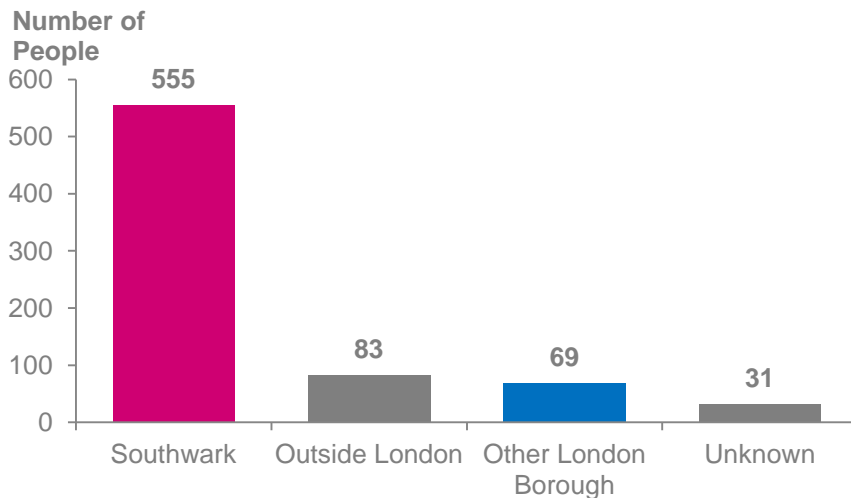
1. MOSAIC system. Adult Services. Southwark Council, 2017.

Approximately 75% of adults with learning disabilities receiving support live inside the borough

LOCATION OF PEOPLE WITH LEARNING DISABILITIES

The majority of people with learning disabilities receiving support from Adult Services are living within Southwark, however approximately 25% of clients live outside the borough.

- 83 clients (11%) with learning disabilities are living outside of London.
- 69 clients (9%) with learning disabilities are living in other London boroughs.
- The local authorities with the highest number of placements are in South London with Croydon being the highest.



References

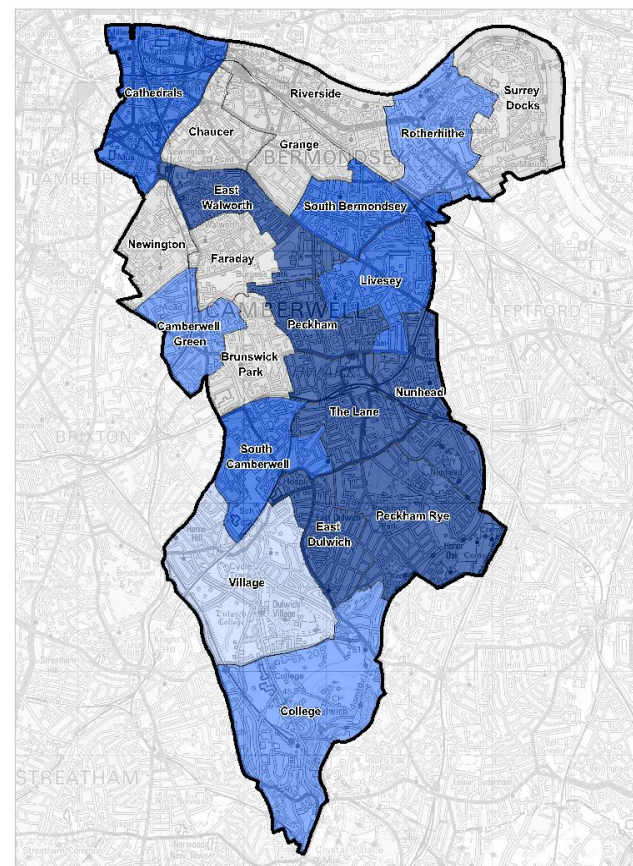
1. MOSAIC system. Adult Services. Southwark Council, 2017.

The proportion of those with learning disabilities receiving support from the social care is highest in the south east

LOCATION OF PEOPLE WITH LEARNING DISABILITIES

Within Southwark there is a substantial variation in the distribution of those with learning disabilities.

- Data shows that East Dulwich has the highest rate of people living with learning disabilities compared to other wards in the borough.
- 26 per 10,000 people in East Dulwich ward have learning disabilities.
- 7 per 10,000 people in Chaucer ward have learning disabilities which is the lowest rate in the borough.
- The variation across Southwark presents a similar picture to the prevalence by General Practice, with higher levels in Peckham and Nunhead.



Number of Residents with Learning Disabilities per 10,000 population

Data source: Office for National Statistics
Southwark Public Health Department | People & Health Intelligence | sabrinakvaas@southwark.gov.uk
October 2017
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References

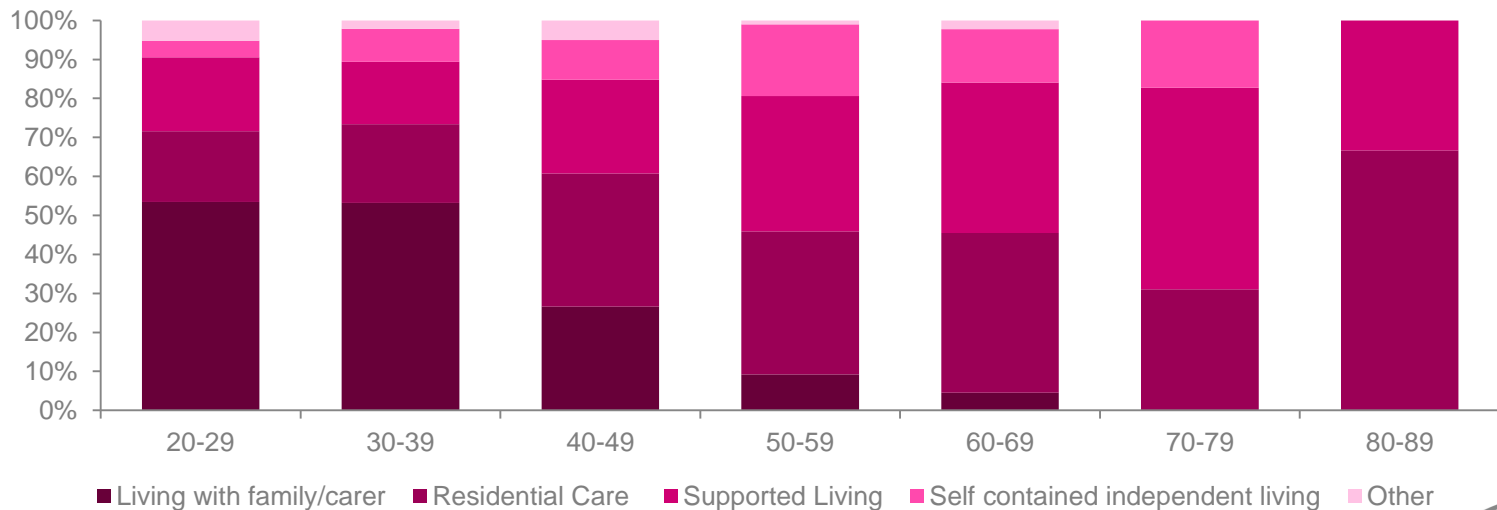
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Those with learning disabilities aged under 30 are more likely to be living with family/carer

PLACEMENT BY AGE

There is a substantial difference in accommodation needs when comparing different age groups.

- The proportion of those living with their family or carer decreases from just over half of those aged 20-29 years to 5% of those aged 80-89 years.
- As may be expected, the proportion of those living in permanent residential care increases with age with two-thirds of those aged 80-89 years in this setting.
- As the life expectancy of those with learning disabilities increases, the potential demand for permanent residential care is likely to increase.



References

1. MOSAIC system. Adult Services. Southwark Council, 2017.

Higher care costs can be found for people under 25 followed by those in their 50s

COSTS

There is a substantial variation in the cost of support for those with learning disabilities when comparing different age groups.

- People under the age of 25 have the highest average cost at £833.14 per person. Further investigation is required to understand the drivers behind the higher costs among those under 25.
- Costs are lowest for those in their late 20s after which costs increase with age up to 50-59 years. This increase in the cost of support with age may in part be due to the onset of diseases and illnesses leading to higher care costs or due to ageing carers.

Age Group	Number of people receiving support	Average cost per person per week
Under 25	159	£833.14
25-29	93	£605.31
30-39	143	£679.01
40-49	104	£783.00
50-59	136	£825.64
60-69	65	£754.91
70+	38	£709.39
Total	738	£752.85

References

1. MOSAIC system. Adult Services. Southwark Council, 2017.

Higher costs for those living outside Southwark may be related to the level of support being received

COSTS

There is a substantial variation in the cost of support for those with learning disabilities between those living within Southwark and those outside the borough.

- Those placed in other London boroughs have a higher average cost per person and this increases further for those living outside London. Compared to those in Southwark, the mean cost per person for those outside London is 2.5 times higher.
- The higher cost of those living outside Southwark may be associated with the level of support in place for these clients, with a greater proportion being placed in permanent residential settings; 78% for those outside London, compared to 9% for those in Southwark.



References

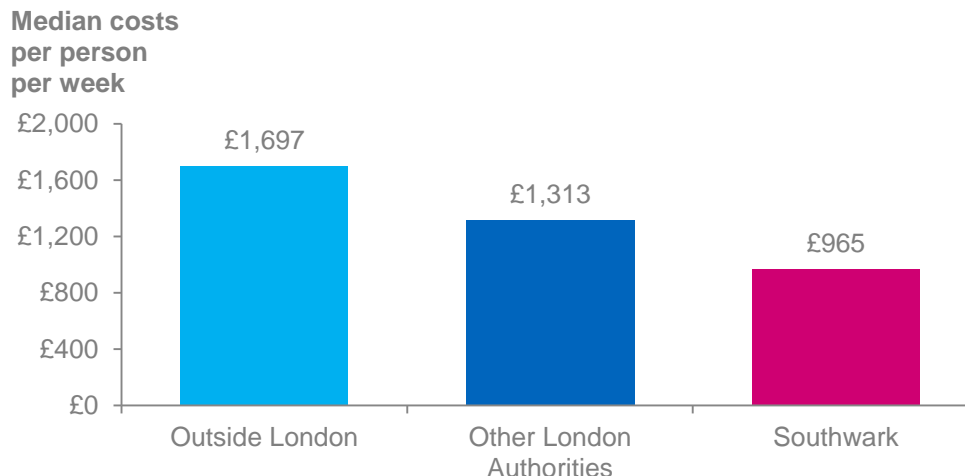
1. MOSAIC system. Adult Services. Southwark Council, 2017.

Data suggest the cost of permanent residential care is substantially higher for those placed outside Southwark

COSTS

The cost per person living in residential care increases with distance away from Southwark suggesting that placement outside the borough incurs higher costs.

- 81% of those placed outside London are in permanent residential care compared to 15% of those in Southwark. The level of need among those in permanent residential care is not specified in the data so it is difficult to discern if the reason for the higher costs outside of London is due to those being placed there needing more support.
- Information from Mosaic and Care First suggest that the average cost of permanent residential cost in Southwark is substantially lower than those placed in other London boroughs and those outside the city.
- However, just over a third of records had incomplete information and further work is required to establish potential reasons behind the difference in costs.



References

1. MOSAIC system. Adult Services. Southwark Council, 2017.

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Approximately 1,300 residents are thought to have moderate/severe LD, with 700 to 1,000 known to services

SUMMARY & KEY FINDINGS

An unacceptable level of inequalities remain for those with learning disabilities, with poorer life chances, access to services and health outcomes.

- In the UK, the social model of disability, which emphasises the need to remove barriers that restrict life choices for disabled people, is increasingly being adopted. There is now a greater emphasis on supporting people in the community, independence and choice.
- Between 700 to 1,000 people with learning disabilities are known to services in Southwark. While this is substantially lower than estimated prevalence of 5,800 people, the figures more closely reflect the numbers estimated to have moderate / severe learning disabilities.
- The discrepancy between those known to services and modelled estimates may be a reflection of people with learning disabilities living independently, being placed out of borough, or having low level needs that do not require additional support of primary care or social services.
- It is important that those who provide health and care services can identify when a person has a learning disability so they can make 'reasonable adjustments' to their care.
- Models suggest that the number of people with learning disabilities in Southwark will increase from 5,800 to 6,500 people by 2021. The 60-64 age group is predicted to increase by a third by 2021. As people with learning disabilities live longer they are likely to develop additional co-morbidities that are associated with older age, and may require additional support.

Those with learning disabilities have wide ranging health and care needs and can face barriers in accessing support

SUMMARY & KEY FINDINGS

- Approximately three quarters of adults with learning disabilities that are known to social services live within the borough. For those living outside Southwark, boroughs in other parts of south east London are the most common authorities of residence, particularly Croydon and Lambeth.
- The higher cost of those living outside Southwark may be associated with the level of support in place for these clients, with a greater proportion being placed in permanent residential settings; 78% for those outside London, compared to 9% for those in Southwark.
- Higher care costs can be found for people under 25 followed by those in their 50s. For the latter, this may be due to co-existing health problems or due to ageing carers who are often the parents. There is a potential service demand implication in the future as these carers become older and potentially unable to offer the same level of support as in the past.
- The proportion of people with learning disabilities living in permanent residential care increases with age, with two-thirds of those aged 80-89 years in this setting. As life expectancy of those with learning disabilities increases, there is potential for demand on permanent residential care to increase.

Almost 40% of records were missing information concerning level of care and type of placement

LIMITATIONS

There are a number of caveats to this analysis due to limitations in available information.

- This needs assessment is based on data extracted from the Mosaic system, however of the 740 records provided, 270 records had incomplete information relating to accommodation setting. The high proportion of incomplete records limits our ability to establish a true picture of the current needs of those receiving support from social care.
- In addition to incomplete information obtained from Mosaic, the system only captures broad information. A review of client case files would be required to assess the level of support provided in more detail.
- Information is based only on records from the Mosaic system. However there are other sources across the council that contain financial information on social care support provided to local residents. These may differ to the findings presented here.
- Formal engagement with people with learning disabilities and their carers was outside of the scope of this work due to staff time constraints. This should be an area for further work.
- In relation to the Public Sector Equality Duty, no data were available on several protected characteristics (sexual orientation, religion, marriage and civil partnerships, gender reassignment or pregnancy and maternity) of people with learning disabilities in Southwark.

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Improving the identification of people with learning disabilities is crucial to improving their health outcomes

NEXT STEPS

Locally and nationally there is a large gap between the number of people known to have learning disabilities and those thought to have learning disabilities. While those known to services are more likely to be those with moderate to severe learning disabilities, it is important that those with milder learning disabilities are also identified.

There are a number of steps that can be taken by General Practices to ensure learning disability registers are as comprehensive as possible:

1. Consider whether individuals with conditions or syndromes known to be associated with learning disabilities, such as Down's Syndrome, should also be on the learning disability register.
2. Regularly auditing General Practice lists using READ codes that may identify individuals as having learning disabilities. Standardised search [criteria](#) can help in this process.
3. Annual reviews of learning disability registers should be undertaken by a named Clinical Lead and Learning Disability Community Nurse, to ensure the appropriate inclusion of patients.

References

1. Diabetes UK. Identifying People with Diabetes and a Learning Disability, 2018.
2. Leeds Clinical Commissioning Group: Learning Disability CQUIN.

Further analysis, stakeholder engagement & collaborative decision-making should inform future services

NEXT STEPS

Commissioning & Service Delivery	Lead
Review the existing governance and partnership arrangements for learning disabilities in Southwark, ensuring robust arrangements are in place to take forward recommendations and drive improvements in health and care outcomes for this population group.	Adult Social Care / CCG
Explore opportunities for closer partnership working between social care and NHS partners to improve the identification of those with learning disabilities, in an effort to reduce the significant gap between those known to local services and our expected prevalence.	Adult Social Care / CCG
Improve early identification of physical and mental ill-health and poor health behaviours through increasing uptake of annual health checks for those with learning disabilities.	CCG
Strengthen training for staff involved in the delivery of services to ensure they are equipped to recognise and cater for people with learning disabilities.	Adult Social Care / CCG
Review and identify opportunities to improve the health literacy of both those with learning disabilities, and their carers, to ensure they have the knowledge and skills to make healthy choices.	Adult Social Care / CCG
Collaborate further to create a more comprehensive local picture on progress on local implementation of national guidelines (supporting people to live independently, ensuring their health needs are met, “reasonable adaptations”)	Adult Social Care
Intelligence	
Conduct an audit of cases of social care provision for clients placed in borough and out of borough to inform opportunities for step down of the level of support and promote more independent living.	Adult Social Care / PH
Consider undertaking an audit of service user experience or in-depth engagement with people who use services to better understand their needs and barriers to accessing universal services in order to refine priorities.	Adult Social Care / PH
Consider undertaking in-depth engagement with service providers to better understand the challenges faced by care providers to improve service provision.	Adult Social Care

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