

Learning Disability

Introduction

A learning disability affects the way a person learns new skills in any area of life. It affects the way they understand information and how they communicate. Learning disability is defined by the Department of Health as:

- the presence of a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence, often defined as an IQ level of 70 or less), with;
- a reduced ability to cope independently (impaired social functioning);
- which started before adulthood, with a lasting effect on development.

People with a learning disability can have difficulty understanding new or complex information, learning new skills and coping independently. A learning disability can be mild, moderate or severe. Learning disabilities are a spectrum - people with a mild learning disability can talk easily and look after themselves, but take a bit longer than usual to learn new skills whilst others may not be able to communicate at all and may have more than one disability.

Adults with learning disabilities are one of the most vulnerable groups in society, experiencing health inequalities, social exclusion and stigmatisation. In general, adults with learning disabilities have greater and more complex health needs than the general population, and often these needs are not identified or treated. Life expectancy of this group is shorter than the general population. Adults with learning disabilities often experience barriers to accessing healthcare services, and poor levels of care. They are more likely to die from a preventable cause than the general population. Health needs amongst adults with a learning disability are different to the general population.

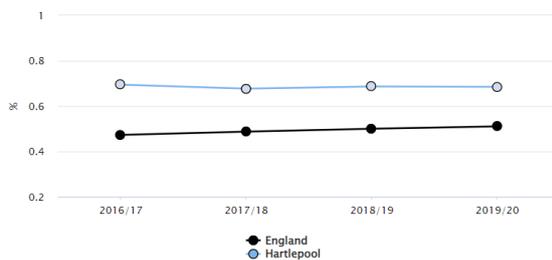
There are about 1.5 million people in the UK with learning disabilities.

Main Issues

The prevalence of learning disability within the adult population of Hartlepool, as captured in the Quality Outcome Framework (QOF), is 0.7% in 2019/20. This has been Hartlepool's rate throughout the four year reporting period. This the 2nd largest rate in the north east and the 3rd largest in England, however, nine of the 12 local authorities in the north east are at 0.7%.

Learning disability: QOF prevalence (all ages)

Proportion - %



Recent trend: Could not be calculated

Period	Count	Value	Hartlepool		North East	England
			95% Lower CI	95% Upper CI		
2016/17	667	0.7%	0.6%	0.7%	0.6%	0.5%
2017/18	652	0.7%	0.6%	0.7%	0.6%	0.5%
2018/19	664	0.7%	0.6%	0.7%	0.7%	0.5%*
2019/20	663	0.7%	0.6%	0.7%	0.7%	0.5%

Source: Quality and Outcomes Framework (QOF), NHS Digital

The range between the highest and lowest rates in the north east is on 0.3 points, and almost two thirds of the authorities in England are between 0.5% and 0.7%.

Learning disability: QOF prevalence (all ages)

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	308,237	0.5	0.5	0.5
North East region	-	19,107	0.7	0.7	0.7
Sunderland	-	2,321	0.8	0.8	0.8
North Tyneside	-	1,579	0.7	0.7	0.8
Middlesbrough	-	1,154	0.7	0.7	0.7
Redcar and Cleveland	-	973	0.7	0.7	0.8
Northumberland	-	2,299	0.7	0.7	0.7
County Durham	-	3,852	0.7	0.7	0.7
Hartlepool	-	663	0.7	0.6	0.7
Darlington	-	741	0.7	0.6	0.7
Newcastle upon Tyne	-	2,179	0.7	0.6	0.7
South Tyneside	-	1,041	0.7	0.6	0.7
Gateshead	-	1,273	0.6	0.6	0.6
Stockton-on-Tees	-	1,032	0.5	0.5	0.5

Source: Quality and Outcomes Framework (QOF), NHS Digital

The proportion of eligible adults with a learning disability receiving a GP health check in 2018/19 was 66.9%. This means that just over 2 in 3 adults with learning disabilities in Hartlepool have a GP health check. This is the third highest rate in the north east and the 10th highest in England. Hartlepool's rate is 30% larger than the England average.

Proportion of eligible adults with a learning disability having a GP health check (%)

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	155,236	52.3	52.0	52.5
North East region	–	11,450	61.8	60.7	63.0
Northumberland	–	1,626	73.8	70.3	77.5
County Durham	–	2,698	73.6	70.9	76.4
Hartlepool	–	444	66.9	60.8	73.4
Gateshead	–	833	66.2	61.7	70.8
Darlington	–	457	63.6	57.9	69.8
South Tyneside	–	599	60.5	55.8	65.6
North Tyneside	–	929	60.1	56.3	64.1
Middlesbrough	–	663	59.0	54.6	63.7
Stockton-on-Tees	–	574	58.3	53.6	63.2
Newcastle upon Tyne	–	1,159	54.2	51.1	57.4
Redcar and Cleveland	–	490	52.9	48.3	57.8
Sunderland	–	978	42.5	39.9	45.3

Source: NHS Digital, Learning Disabilities Health Check Scheme Statistics (numerator) and QOF data (denominator).

The proportion of adults with a learning disability who are living in settled accommodation in Hartlepool has been statistically superior to the England average for the last eight years. In 2021/22 the Hartlepool rate was 91.5%, which is the 4th highest rate in the north east.

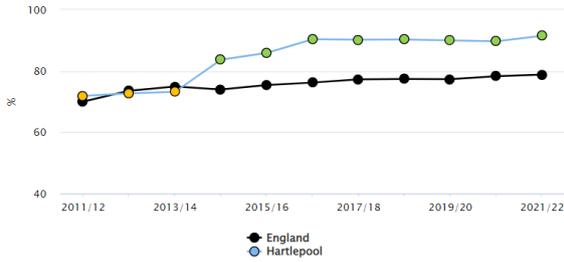
Adults with a learning disability who live in stable and appropriate accommodation

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	104,430	78.8	78.6	79.1
North East region	↑	6,722	86.4	85.6	87.2
Darlington	→	284	95.3	92.3	97.2
North Tyneside	→	623	94.0	91.9	95.5
Sunderland	↑	670	93.7	91.7	95.3
Hartlepool	→	269	91.5	87.7	94.2
Newcastle upon Tyne	↑	821	88.6	86.4	90.5
South Tyneside	→	349	86.4	82.7	89.4
Northumberland	→	772	86.1	83.6	88.2
Redcar and Cleveland	→	440	85.9	82.7	88.7
Gateshead	↑	352	84.2	80.4	87.4
Middlesbrough	→	495	83.5	80.3	86.2
County Durham	↓	1,308	81.3	79.3	83.1
Stockton-on-Tees	→	339	75.7	71.5	79.4

Source: NHS Digital, Measures from the Adult and Social Care Outcomes Framework, table 1G.

Hartlepool's 2021/22 rate is the largest of the 11 year reporting period, and an increase of 2% on the previous year, which ended a two year run of decreases. was the first time that there hadn't been a year on year increase, but this is still statistically superior to both the England and north east averages. Hartlepool's 2017/18 rate is the 3rd best in the north east and the 16th best in England.



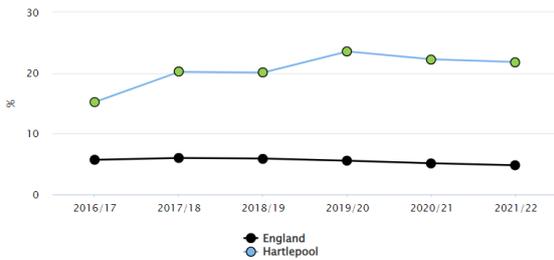
Recent trend: No significant change

Period	Hartlepool				North East	England
	Count	Value	95% Lower CI	95% Upper CI		
2011/12	255	71.8%	66.9%	76.3%	77.9%	70.0%
2012/13	280	72.7%	68.1%	76.9%	79.0%	73.5%
2013/14	300	73.2%	68.7%	77.2%	80.6%	74.9%
2014/15	256	83.7%	79.1%	87.4%	78.1%	74.0%*
2015/16	298	85.9%	81.8%	89.2%	80.4%	75.4%
2016/17	309	90.4%	86.8%	93.0%	81.1%	76.2%
2017/18	295	90.2%	86.5%	93.0%	82.8%	77.2%
2018/19	270	90.3%	86.4%	93.2%	83.2%	77.4%
2019/20	279	90.0%	86.2%	92.9%	86.0%	77.3%
2020/21	262	89.7%	85.7%	92.7%	85.4%	78.3%
2021/22	269	91.5%	87.7%	94.2%	86.4%	78.8%

Source: NHS Digital. Measures from the Adult and Social Care Outcomes Framework, table 1G.

Hartlepool’s proportion of those with long term support for learning disabilities who are in employment is the largest in England in 2021/22.

The percentage of the population who are in receipt of long term support for a learning disability that are in paid employment (aged 18 to 64) Proportion - %



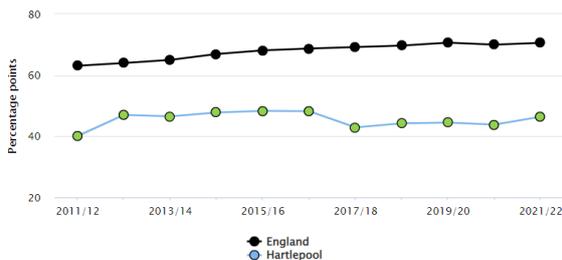
Recent trend: No significant change

Period	Hartlepool				North East	England
	Count	Value	95% Lower CI	95% Upper CI		
2016/17	52	15.2%	11.8%	19.4%	5.3%	5.7%
2017/18	66	20.2%	16.2%	24.9%	5.9%	6.0%
2018/19	60	20.1%	15.9%	25.0%	5.2%	5.9%
2019/20	73	23.5%	19.2%	28.6%	5.1%	5.6%
2020/21	65	22.3%	17.9%	27.4%	4.3%	5.1%
2021/22	64	21.8%	17.4%	26.8%	4.4%	4.8%

Source: NHS Digital. OHID add confidence intervals

Hartlepool’s rate of 21.8% in 2021/22 is 4.5 times the size of the England rate and 5 times the size of the north east rate. Hartlepool’s rate has been significantly larger than the England average for the entirety of the six year reporting period. Hartlepool also has the smallest gap in employment rates between its learning disabled population and the overall employment rate in 2021/22. Here again Hartlepool has been significantly superior to the England average for a sustained period of time.

Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 64) and the overall employment rate Gap - Percentage points



Recent trend: Could not be calculated

Period	Hartlepool				North East	England
	Count	Value	95% Lower CI	95% Upper CI		
2011/12	-	40.1	35.1	45.1	59.4	63.1
2012/13	-	47.0	42.6	51.4	60.8	64.0
2013/14	-	46.5	42.0	51.0	61.6	65.0
2014/15	-	47.8	43.0	52.6	63.9	66.9
2015/16	-	48.3	43.6	53.0	63.9	68.1
2016/17	-	48.2	43.2	53.2	64.5	68.7
2017/18	-	42.9	37.6	48.2	65.1	69.2
2018/19	-	44.2	38.7	49.8	65.9	69.7
2019/20	-	44.5	38.7	50.2	66.0	70.6
2020/21	-	43.8	37.7	49.9	66.9	70.0
2021/22	-	46.4	40.5	52.3	65.6	70.6

Source: OHID, using NHS Digital data and ONS data

Current Services

Adult Learning Disabilities Community Team

The service provides a comprehensive assessment of health needs, personalised care planning and interventions for people whose needs are associated with or additional to a learning disability.

Each person is assisted by the service to access personalised and integrated healthcare support.

Creative and flexible treatments or interventions which meet the individual needs of the person will be designed by members of the multi-disciplinary team, who will focus provision within the person's everyday living/care environment and work flexibly to deliver cohesive and appropriate services.

The service is available to adults:

- 18 years and over
- With a diagnosed learning disability (typically an IQ <70)

A range of individualised, evidence based, safe therapies and interventions will be provided including:

- Family therapy and social and skills training to support carers
- Psychological therapies including counselling or cognitive behavioural therapy
- Psychiatric interventions including medication therapy
- Challenging behaviour intervention programmes
- Specialist therapeutic interventions from physiotherapy, occupational therapy, speech and language therapy or dietetics
- Communication skills training for the service user and/or those supporting them
- Dysphasia treatment
- Seating and postural care, mobility, appliances assessment and provision group therapy sessions around specific areas of need, e.g. dementia, healthy living, men's/women's groups.

Future Intentions

- More people will gain and maintain employment (paid and voluntary) through work placements, education and training.
- More people will have their support needs met by accessing social and leisure groups.
- People will not feel socially isolated.
- People will be supported to live in their own home, either by themselves or with people they have chosen to live with.
- People will have access to innovative community based crisis support.
- People will be able to choose from a range of ways to have a break from their family carers.
- People will access a range of support to set up, develop, implement and update their support plans.
- People will have access to a range of specialised advocacy.
- People will be able to employ their own Personal Assistants who have the specialist knowledge and skills needed to offer support.
- Providers will work together to create support pathways that support people over their life span.
- People will have access to a range of support that is able to meet their cultural and/or spiritual needs.
- Admission to hospital settings will be a last resort and will be guided by good clinical evidence, a supportive treatment plan and linked to best practice.
- Providers will be given opportunities to develop their plans for local investment and will be encouraged to develop services to meet local need.

Community activities –providing recreational, social and leisure opportunities in the local community.

Short Breaks – some people and their carers may wish to take breaks away, stay in a hotel, stay with another family or have assistants to stay in their home rather than use traditional residential models. Carers also need to feel confident that services can respond in the event of an emergency

Personal support – some people may wish to have personal support to support them to gain more independence, rather than receiving traditional care on a day to day basis.

Employment, education, voluntary work and training –providing support and opportunities for people to engage in employment, education, volunteering and training.

Advocacy, support planning and brokerage – some people with personal budgets may need support to make decisions and choices regarding their package of care. You may wish to offer services to help people set up and maintain their support plan or provide different types of advocacy support.

Managing a budget –services to support people and their carers to manage their personal budget.

Back office services – people who choose to have a personal budget may wish to employ a personal assistant to help them manage their support package and finances. This means they may need support recruiting, employing and training people as personal assistants, or help with job descriptions, payroll and CRB checks.

Condition Management support – people with autism and those people with dementia or long term conditions (dual diagnosis) want information to be able to support them to understand how best to maintain and manage their health. Providers may wish to look at how this could be managed as part of a holistic support process.