

Joint Strategic Needs Assessment for Adults with Learning Disabilities in Brighton and Hove 2011

Executive Summary

NHS Brighton & Hove and Brighton & Hove City Council have worked together to develop this joint strategic needs assessment (JSNA), which identifies the current and future health and wellbeing needs of adults with learning disabilities in Brighton and Hove. The document focuses on the adult population but also includes a section related to transition between children's and adult services. The aim of the document is to provide a snapshot of local need, and highlight local issues and priorities for action.

Information from both national and local sources has been used within the needs assessment. As well as numerical data relating to local services and national research, the report takes into account the views of people with learning disabilities, their carers and service staff.

The JSNA shows that:

1. 798 adults with learning disabilities received social care services in Brighton & Hove in 2009/10. National research suggests that approximately 5,000 local people will have a learning disability, of whom 4,000 will have a mild disability. Most people in the latter group will be living lives with little specialist support from health or social care.
2. People with learning disabilities are living longer than in the past, which will result in the numbers of people requiring support and services increasing over time. National research predicts that the local population who are eligible for these services will increase to between 852 and 933 in the next five years, and to between 887 and 1,042 by 2020. It is predicted that the highest proportional increase will be in those with complex need and in older people. This highlights the importance of effective service planning for the future.
3. Services estimate that seven in ten people receiving social care have significant health or social care needs in addition to their learning disability. These include physical disabilities, sensory problems, challenging behaviour, substance misuse, mental health problems and dementia. Approximately one in ten is from a black and minority ethnic group. The service pathways for some groups need to be improved. In particular, locally there are not established pathways in place for parents with learning disabilities, or offenders.
4. Commissioners are improving their understanding of service costs and outcomes to ensure that funding is used in the most effective and efficient way. Good information is essential to inform the effective commissioning and delivery of services and support. The JSNA found that while there had been some improvements in this area there are limited systems in place to collect,

share and update information on need, costs and outcomes of services for people with learning disabilities and their carers.

5. The information available to help people with learning disabilities and their carers to identify the services and support available locally should be improved.
6. People with learning disabilities do not have the same housing choices that most other people have. Access to mainstream housing and supported living options for people with learning disabilities should be improved. This will require commissioners to establish clear service pathways and address barriers in the system. Approximately 70% of the local social care budget is spent on accommodation and support, including 62% on residential care and 8% on supported living. There should be more options available to people in residential care that are ready to move on. People with complex needs are currently often placed outside of Sussex, at higher cost and with varying quality of care, indicating a need to create more specialist options locally.
7. Supporting people with learning disabilities into employment increases their independence and can reduce their need for additional support. Locally, 15% of adults with learning disabilities known to social services were in paid employment in 2009/10, which is better than the national average. A wider range of employers and settings will need to be engaged to make progress towards the national target of 40% being in employment by 2025.
8. Support has been made available to help local mainstream health services make reasonable adjustments to meet the needs of people with learning disabilities. Examples include the community health facilitator, community mental health lead nurse and hospital liaison team. These developments are producing benefits for people with learning disabilities, for example, 376 people had received a GP health check by 2009/10 (which is better than the average performance for England and the South East).
9. As people with learning disabilities are living longer, they will experience the same risks to their health as the general population, for example long term conditions including diabetes, and cancer. Of those measured by their GP, more than one in five adults with LD locally was obese. It is important to ensure that people with learning disabilities have equitable access to support to improve their health. This JSNA has found that there are limited opportunities for accessing weight management services and physical activity initiatives. It also shows that the uptake of health screening, such as cancer screening, is lower than the general population.

Next steps

This JSNA should now be used to inform plans to address these needs. To enable this to happen it makes recommendations for consideration by service commissioners. This report should also be used by the Learning Disability Partnership Board to inform the action it oversees.

Recommendations for Commissioning

Commissioning and service planning

1. Revise the learning disability commissioning strategy to provide a clear plan to reshape services, including accommodation and support options, to meet the current and future needs of local people.
2. Design a better system for how information on needs is collected.
3. Devise a protocol to ensure that local needs are shared between services and commissioners to inform planning and commissioning.
4. Monitoring data provided by services should include costs and outcomes so that their cost effectiveness can be evaluated by commissioners.
5. Commissioners should involve people with learning disabilities and their carers to inform service planning of both mainstream and specialist learning disability services.

Information

6. Design an easy read information leaflet covering main service contact points and review how to make it easy accessible for users, carers and staff across services.
7. Improve local arrangements to simplify how people are sign posted to services and to ensure the information that is offered is accessible.

Housing and social care

8. Develop a clear pathway for people with learning disabilities to improve access to mainstream housing and supported accommodation options, in particular for those placed in residential care.
9. A detailed assessment of future accommodation and support needs, and the types of housing and services required, should be carried out to inform future commissioning.

10. There should be a disinvestment in residential care services that fail to deliver good outcomes for people with learning disabilities so that resources can be reinvested in supported living models.
11. Expand the range of supported living options to meet the needs of people with mild learning disabilities who have additional needs, such as mental health and substance misuse problems, and to enable people in residential care to move on to greater independence.
12. To reduce the number of out of area placements, expand the range of specialist accommodation services for those with complex and challenging needs, seeking agreements with other authorities where appropriate.
13. Explore housing and accommodation options within mainstream older people's services in response to the increasing number of older people with learning disabilities.
14. Continue the expansion of personalised budgets so that people have more choice in how they live.

Employment

15. Engage more employers and increase expectations that people with learning disabilities can work in a variety of settings.
16. Offer training on basic skills needed for employment to increase people's ability to work.
17. Review equity of access to supported employment for men and women.

Community Learning Disability Team

18. Modify the work of the transitions team to focus on those with the most complex needs.
19. There is a need to improve the coordination of referrals to supported living schemes to maximise use of local vacancies.
20. Identify care management resources to support move on to greater independence.

21. Individuals' support needs should be robustly reviewed on an annual basis so that the support provided is at the right level and cost to meet people's needs.
22. Clear service pathways should be established for parents with learning disabilities and people with learning disabilities who are offenders.
23. Make better use of the knowledge and expertise of the challenging behaviour team to improve commissioning and the dissemination of best practice to services.
24. Information on needs identified within carer's reviews should be collated and regularly reviewed to inform service commissioning.
25. Review practical support and short breaks for carers to ensure fair and appropriate allocation of respite resources.

Good health

26. Continue to raise awareness of learning disability amongst healthcare staff across services.
27. Continue to work with GP practices that have fewer than expected people with learning disabilities registered to ensure they are identifying and supporting people appropriately.
28. Continue to deliver action to increase the uptake of health screening.
29. Increase the proportion of people receiving regular learning disability annual health checks and continue to support practices to develop effective health action plans.
30. Ensure healthy living services are accessible for people with learning disabilities, including healthy eating, physical activity and weight management services.
31. Ensure that where appropriate adults with learning disability have good access to community services for chronic lung conditions and fall prevention in order to reduce risk of hospital admission.

Mental health support

32. Continue to train mental health, primary care and specialist learning disability staff in how to care for people with learning disabilities and mental health problems.
33. Improve links between mental health and learning disability teams and assess the impact of the new community mental health nurse post.
34. Review how young people with learning disabilities and mental health problems are identified and supported to reduce the risk of mental health problems in adulthood.
35. Review the quality and costs of specialist health placements for people with learning disabilities and mental health problems and consider options for more local alternatives.

Hospitals

36. Continue to deliver action underway to support meeting the requirements of the Mental Capacity Act.
37. Review how hospitals record details of adults with learning disabilities to ensure good access to the support offered by the learning disability liaison team.