

# Knowsley Joint Strategic Needs Assessment

## Learning Disabilities

## This report

This report has been prepared jointly by Knowsley Council, the Clinical Commissioning Group (CCG) and partners of the Knowsley Health and Wellbeing Board (HWB).

**The purpose of this report is** to set out current understanding of issues relating to learning disabilities in Knowsley, based on analysis of the latest available data.

**The report is intended to inform** the Strategy for Knowsley, which sets out the Partnership's high level priorities and strategic direction.

This report is one of a substantial series of *Joint Strategic Needs Assessment Reports* that help Knowsley to meet its statutory duty to determine health and wellbeing priorities, based on analysis of needs.

*This report is based on the most recently published formal statistics. Where later data is available but still classed as „provisional“ it will only be referenced if it signals significant change. New data releases will be monitored to ensure that the report can be updated as necessary.*

## Contributors

The majority of this report is based on evidence and analysis from the following organisations:

- Local Authority
- Clinical Commissioning Group

The document has also included wide consultation with various organisations and individuals.

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## Further information

For a PDF copy of this report, and other research intelligence products, visit ***Knowsley Knowledge*** – the website of Knowsley's JSNA.

# Contents

<b>1.</b>	<b>INTRODUCTION</b>	<b>4</b>
1.1	Background	4
1.2	Methodology and Scope of this Needs Assessment	5
1.3	National Policy and Guidance	5
1.4	Local Policy	6
1.5	Easy Read Executive Summary	6
<b>2.</b>	<b>ASSESSING LOCAL NEEDS</b>	<b>11</b>
2.1	Knowsley Population	11
2.2	Population Projections	12
2.3	Groups most at Risk	13
2.4	People with a Learning Disability in Knowlsey	14
2.5	Employment	15
2.6	Accommodation	16
2.7	Social Issues for People with a Learning Disability and Autism	17
2.8	Patterns of Health Need	18
<b>3.</b>	<b>STAKEHOLDER INSIGHT</b>	<b>20</b>
<b>4.</b>	<b>EVIDENCE OF WHAT WORKS</b>	<b>21</b>
4.1	Liverpool Public Health Observatory	21
4.2	Equality and Human Rights Commission	21
4.3	NICE Guidance	21
4.4	Department of Health	22
4.5	Royal College of Nursing	22
4.6	National Learning Disability Board	22
<b>5.</b>	<b>CURRENT SERVICE PROVISION</b>	<b>22</b>
5.1	Care and Support	22
5.2	Employment	23
5.3	Accommodation	23
5.4	Health	24
<b>6.</b>	<b>CHALLENGES AND GAPS</b>	<b>25</b>
<b>7.</b>	<b>SOURCES OF EVIDENCE AND INTELLIGENCE</b>	<b>26</b>

## 1. INTRODUCTION

### 1.1 Background

Learning disability is defined 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.

The term learning disability encompasses a very broad range of functioning. Further classification based on cognitive impairment is described by the ICD-10 diagnosis coding system, though in reality the severity/category of learning disability is rarely used outside of specialist learning disability services:

Table 1

ICD 10 code	Level of Learning Disability	Associated IQ
F70	Mild	50-69
F71	Moderate	35-49
F72	Severe	20-34
F73	Profound	<20

Source: WHO, 2007

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, although this has increased recently.

In addition a number of national reports have highlighted that adults with learning disabilities often experience barriers to accessing healthcare services and poor levels of care.

Indeed, adults with learning disabilities are more likely to die from a preventable cause than the general population. Patterns of health needs amongst adults with a learning disability are different to the general population, and therefore current programmes that target health inequalities may exclude this population group.

Asperger syndrome is a condition on the autistic spectrum most commonly used to describe people with autism with average to above-average intellectual ability. Individuals with Asperger syndrome generally will not be classified as having a learning disability. In the UK, adults with Asperger syndrome are often excluded from accessing statutory health and social care services because they do not fit the perceived remit of having a learning disability or mental health services.

## 1.2 Methodology and Scope of this Needs Assessment

A Needs Assessment is a:

*“Systematic method for reviewing the health and wellbeing needs of a given population, leading to agreed commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities”*

The defined population for this Needs Assessment are residents with a learning disability.

This Needs Assessment was coordinated by the Whole Life Commissioning Team and Policy and Partnership Team, in partnership with a wide range of stakeholders that work with Residents with a learning disability in Knowsley. This Needs Assessment assesses the needs of Residents with a Learning disability using existing reports, surveys, demographic and service data. Key informants provided additional information, especially where existing data provide limited or no information.

The aim of this Learning disability Needs Assessment is to:

- Describe the number of residents with a learning disability in Knowsley and their needs.
- Predict trends in the number of residents with a learning disability in the future and their changing needs to inform service development.
- Review the evidence-base around support for learning disability.
- Review current Learning disability provision in order to identify gaps that can be addressed through the commissioning process.
- Highlight the key challenges for commissioners and providers of learning disability support.

The Needs Assessment is written for commissioners in the Local Authority and Healthcare, as well as stakeholders who provide services for people with a learning disability including: Primary Care, Secondary Care, Community Health and Social Care and Voluntary Groups.

## 1.3 National Policy and Guidance

### 1.3.1 The Care Act 2014

The Care Act has established a new legal framework for Adult Social Care, and seeks to place the wellbeing of individuals at the heart of care and support services. The Government believes that the Act has marked the biggest transformation to care and support law in over 60 years. The Act has replaced over a dozen separate pieces of legislation relating to Adult Social Care with a single modern law. New requirements, duties and responsibilities have been implemented from April 2015.

Specific areas of note are:

- *Prevention, Information and Market shaping*- the Council has new duties to ensure that services are provided to prevent and delay people deteriorating and to provide information to residents about care and support in their area.
- *Changes to eligibility*- there is a new national eligibility criteria for client and carers.
- *Access to services*.
- *Personalised care and support*- this aims to put people in control of their lives and the care and support they receive.
- *Carer's Support*- there is a new obligation for the Council to ensure that the needs of carers are met. This includes carers of people who are not already known to the Council.
- *Transition*- this affects young people from 14-15 years old and concentrates on ensuring continuity of care from childrens to adults services.
- *Safeguarding Framework*- a new safeguarding framework has been established to ensure that all statutory bodies and partners know their responsibilities around safeguarding vulnerable adults.
- *Oversight of market failure*- the Council has an obligation to monitor the market effectively.

## **1.4 Local Policy**

### **1.4.1 Strategy for Knowsley**

The Strategy for Knowsley: the Borough of Choice is the overarching strategy for the Borough. Its primary objective is to outline the Knowsley Partnership's long term vision to make Knowsley a place where people want to live and work. The strategy addresses mental health by focusing on the overall health and wellbeing of people in Knowsley.

All council and partnership strategies, plans, policies and programmes should ultimately support the achievement of this vision. Ten strategic outcomes have been agreed to help the partnership to achieve its vision for Knowsley.

### **1.4.2 Adult Social Care Local Account 2012-13**

The Local Account provides information on how people in Knowsley are supported and where the council and its partners are doing well and where they need to improve. This Local Account is part of a process of jointly improving care and support in Knowsley between the council, partners and the public.

This Local Account has been driven by the views of Knowsley residents. It has been influenced by the people who use adult social care services, their families and carers and includes information about how they view our services. In regard to carers in Knowsley, it identifies what has gone well within the last year, what's changed and what needs to improve.

### 1.4.3 Knowsley Joint Health and Wellbeing Strategy (JHWBS) 2013-2016

The JHWBS aims to improve the health and wellbeing of everybody that lives, works or is registered with a GP in Knowsley.

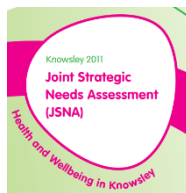
### 1.4.4 Knowsley Clinical Commissioning Group (CCG) Commissioning Plan 2015-16

The CCG has ambitious plans to transform health services for local people which looks to bring services closer to home, providing early intervention that is coordinated across agencies.

## 1.5 Easy read executive summary



This report looks at the needs of people who live in Knowsley who have a learning disability.



This is so that when the Council decides what services to provide, we know which ones are most important.

### Introduction:

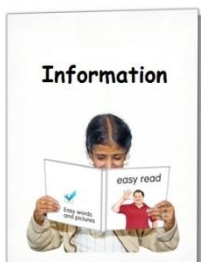


This looks at what people in the whole country with learning disabilities might need to help them live their day to day lives.



There is information from national laws about what the Council has to do to support people. There is also information about plans that the council already has in place to help people.

### Assessing Local Needs



There is information about how many people live in Knowsley, how old people are and how many men and women there are. This is so the Council can think about how many people there might be in Knowsley in the future.



This section also talks about people how might need extra help, including people with Learning Disabilities.

### Stakeholder Engagement



This section is all about what needs people with a learning disability in Knowsley think are the most important things to them about their daily life.





The Council held an event to ask people what was important. This helps the Council pick new services to support people. The main areas that are covered are:



**Health-** how people feel about going to the doctor or going to hospital and what help they need.



**Working-** what problems there are getting jobs and what help the council could give.



**Where people live-** what is good and bad about their homes.



**What to do in the day-** what do people like doing and what do people think about day centres or other activities.



There is a section on what people with autism thought was important, this included being listened to and other people being more understanding.



### Evidence of what works

This section is about what people in national groups have said works well to support people with a learning disability. This includes ideas from experts in health care and self advocate groups including the National Learning Disability Board.



### Current Service provision *Knowsley Council*

This section explains what services the council and other support groups provide and links back to the event where people shared what they thought was important.



### Challenges and gaps

This section explains what the council and the other support groups needs to get better at so that they can help people who have learning disabilities.

Important parts of this were:

- Transition- this is where young people come into adult services. The Council and other groups need to support people better.



- Older Carers- lots of people live with their parents and people need to make plans for when their parents are older.



- Awareness and acceptance- the feedback that we got from the event was that people with a learning disability wanted more understanding from people who did not have a learning disability and the council take this issue very seriously.



## Sources of Evidence and Intelligence



This section explains where we got all of our information from, in case anybody wanted to check or ask for more information.

## **2. ASSESSING LOCAL NEEDS**

### **2.1 Knowsley Population**

#### **2.1.1 Current (total resident) Population and Trend**

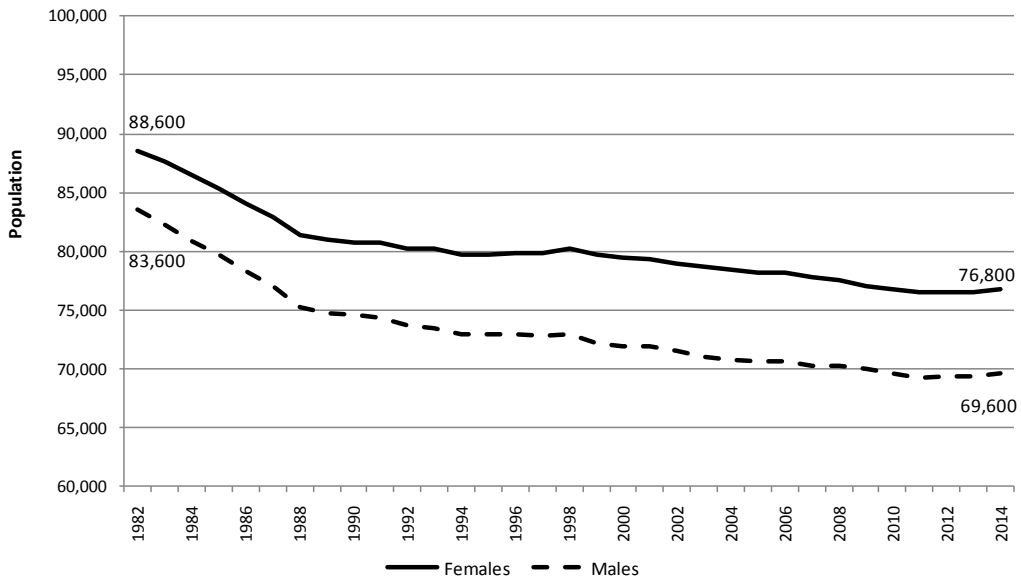
The ONS has estimated Knowsley's mid-2014 population at 146,407. This is an increase of 321 (0.22%) on the Mid-2013 population, and continues the marginal growth in population since the 2011 Census. Prior to 2011, the population had been steadily decreasing, - with a sharper reduction between 1982 and 1988.

#### **2.1.2 Population by Gender and Trend**

According to the ONS 2014 mid-2014 population estimates, there are more females than males living in the Borough, with females comprising 52.5% of the population. This compares with 50.7% nationally, where the gender proportions are more evenly split. However, the gap between the number of

males and females living in the Borough has stabilised since 2012 (prior to which it had been increasing). This is illustrated in Figure 1.

**Figure 1. Knowsley Population Trend – by Gender**



**2.1.3 Population by age (Current Position)**

Knowsley has similar proportions of children (aged 0-15) and working-age residents (aged 16-64) to that of England, although the proportion of residents aged 65 plus is 1% less. This is illustrated in table 2.

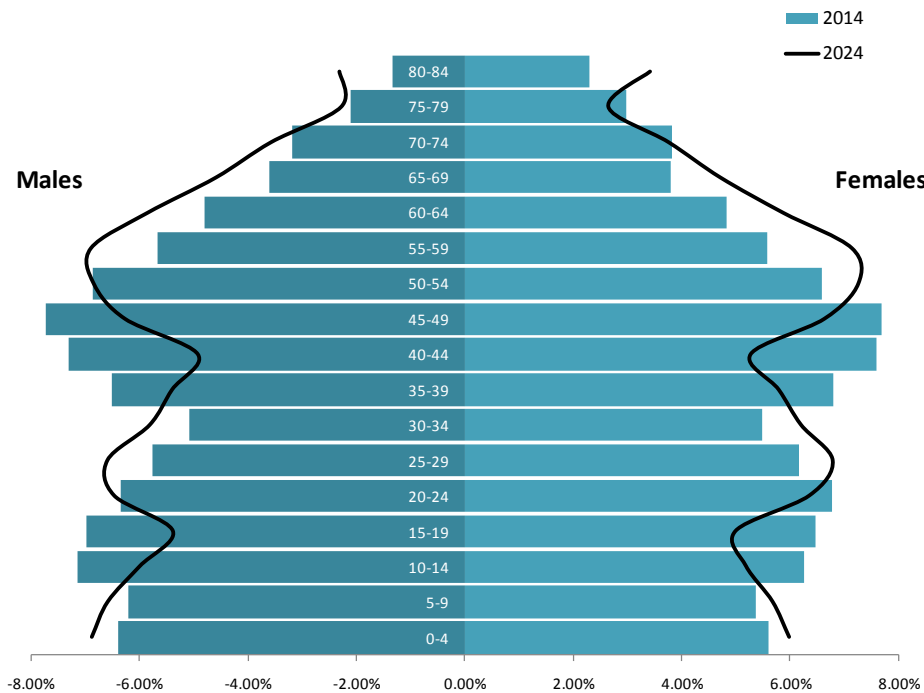
**Table 2**

Age Band	Knowsley (%)	England (%)
0-15	19.4	19.0
16-64	64.0	63.5
65+	16.6	17.6

**2.2 Population Projections**

The population of Knowsley is expected to increase by 0.5% between 2014 and 2024 and 0.8% by 2034. However although this increase appears relatively small, it is anticipated that there will be major impacts for various age groups within Knowsley – particularly the older age groups.

**Figure 2. Population Pyramid showing projected population change in Knowsley, 2014 - 2024**  
 Source: 2012-based Sub-National Population Projections, ONS



The above population pyramid illustrates the distribution of quinary age groups comparing the Knowsley mid-2014 population, with the projected mid-2024 population figure. The notable variations relate to the 10-19 and 35-49 age groups, where the respective % proportions are projected to decrease in 2024 – particularly within the 35-49 age groups. Conversely, the proportion of residents within the 0-9, 25-34, and 55+ age groups is projected to increase in 2024.

The general projected increase in both the elderly population and young children, (0-9), indicates greater pressure on services for the most dependent and potentially vulnerable in the Borough. However, this is countered by an increase in a subset of the working age population (25-34 group).

### 2.3 Groups Most at Risk

Males are more likely than females to have both a mild learning disability and severe learning disability (1.2 males: 1 female and 1.6 males: 1 female respectively), due to some conditions associated with learning disability having a sex-linked genetic cause (Emerson et al 2001). The ratio decreases with age as women typically live longer.

Mild learning disabilities are strongly associated with parental social class and family instability, but no relationship is reported between these factors and severe learning disabilities, suggesting that deprivation may be a contributory factor for mild but not severe learning disabilities (Emerson et al 2001).

Prevalence rates for severe learning disabilities are higher in South Asian groups in the UK, with rates approximately 3 times higher among 5-34 year olds compared to non-Asian communities (Emerson et al 1997). Reasons for this higher prevalence are not clearly understood, but could be due to:

- Inequities in access to maternal healthcare
- Mix-classification due to the confounding effects of language and bi-lingualism
- Higher rates of genetic abnormalities and/or exposure to environmental factors

Government-driven epidemiological research has indicated a prevalence of approximately 1% of adults within the general population with an autistic spectrum disorder, the majority of which will have Asperger syndrome (Brugha et al 2009). Males are three to four times more likely than females to have Asperger syndrome.

Asperger syndrome has been found to have high rates of co-morbidity with other developmental disorders such as attention deficit hyperactivity disorder (Klin et al 2000) and also an increased propensity to psychiatric disorder, particularly when insufficient support related to living with Asperger syndrome is available (Ghazuddin 2005).

## 2.4 People with a Learning Disability in Knowsley

There are no official statistics reporting the number of adults in the UK with a learning disability, and establishing a precise figure is not easy due to the social construct of the condition and its wide spectrum. However estimates suggest that approximately 2% of the UK adult population have a learning disability (Emerson and Hatton 2004). The population of people with learning disabilities increased by 53% between 1960 and 1995, due to improved socio-economic conditions, improved intensive neonatal care and increasing survival rates (Cooper et al 2004).

**Figure 3 Knowsley is the second highest Local Authority for levels of adults with learning disabilities in the North West behind Middlesborough.**

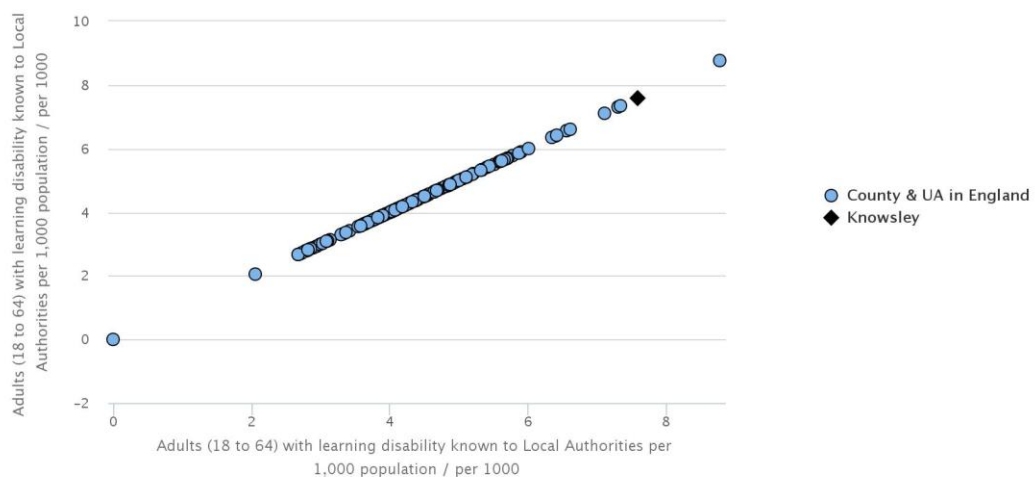


Figure 4 below shows the levels of Adults (18 to 64) with learning disability known to Local Authorities per 1,000 population across the Liverpool City Region. It shows that Knowsley has the highest population adults with learning disabilities known to the Local Authority with almost 8 per 1,000 population.

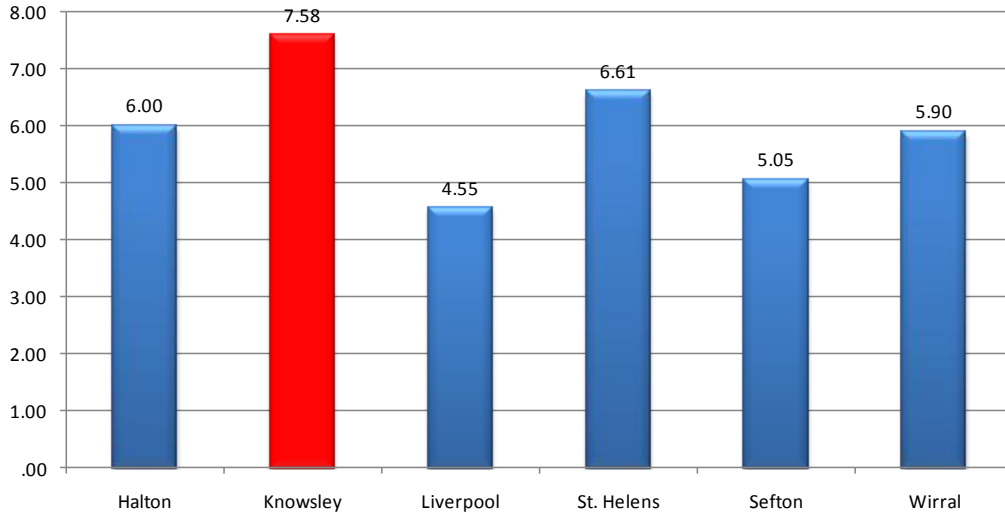
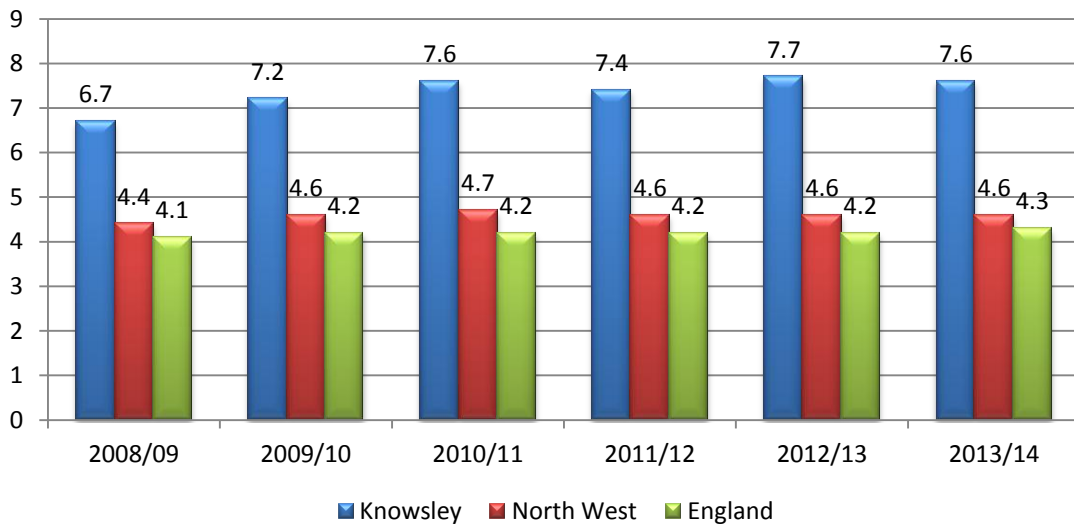


Figure 5 shows levels of Adults (18 to 64) with learning disability per 1,000 population for Knowsley, North west and England and it is clear that Knowsley has much higher levels than the average for both the NW and England.



## 2.5 Employment

In 2012, the Department of Health's [Adult Social Care Outcomes Framework](#) found that 7% of adults with learning disabilities were in some form of paid employment, the (probably vast) majority of which was part-time work. Men were more likely to be working over 30 hours per week than women (1.3% vs.

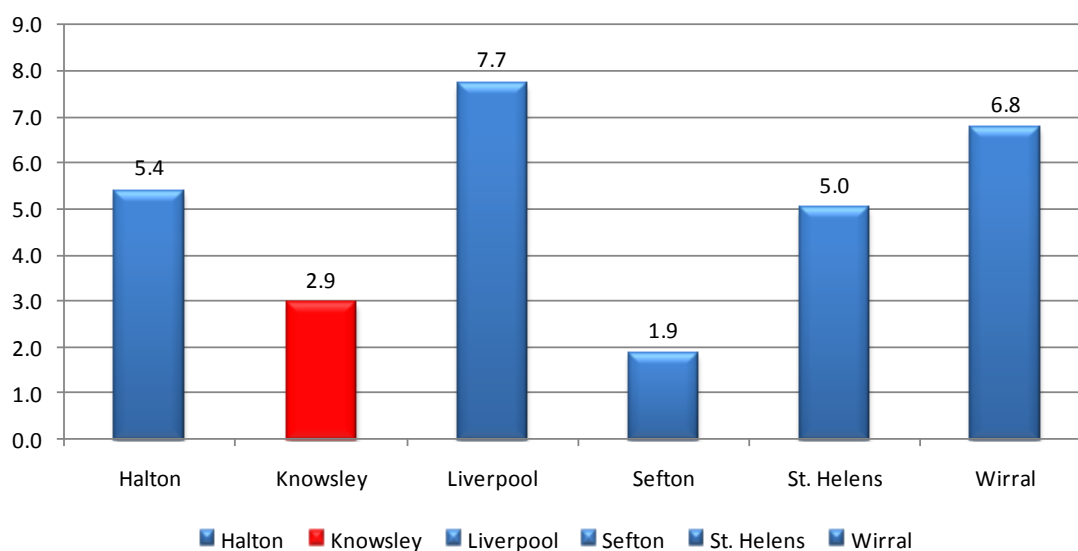
0.4%), and employment rates amongst people with a learning disability varied considerably across Local Authorities, ranging from 0-36%.

It is, however, worth noting that there is some regional variation as to how statistics are generated, and who is counted.

It is estimated that 65% of people with learning disabilities would like a paid job. About 10% of those known to services were thought to be in employment when the Labour Government published [Valuing Employment Now](#) in 2009.

Although around 1 in 10 people in England are self-employed, people with learning disabilities are almost entirely absent from this figure. Research has suggested that this pathway would be particularly beneficial to people with more complex needs as it allows for better flexibility and is usually based on the particular interests and skills of the self-employed person.

Figure 6 shows the rate per 1,000 population for residents with learning disabilities in paid employment and Knowsley shows the second lowest figure with only 2.9 per 1,000 residents in employment.



## 2.6 Accommodation

### 2.6.1 Learning Disabilities and Accommodation

Many people with a learning disability do not get a choice about where they live or who they live with. They are often moved far away from their family and friends, especially if they have complex needs. Many people with a learning disability want to live independently, but in most cases there are too many barriers for this to become a reality.



Figure 7 below shows the percentage of residents with LD in non-settled accommodation with Knowsley coming in 3<sup>rd</sup> behind Sefton and Wirral.

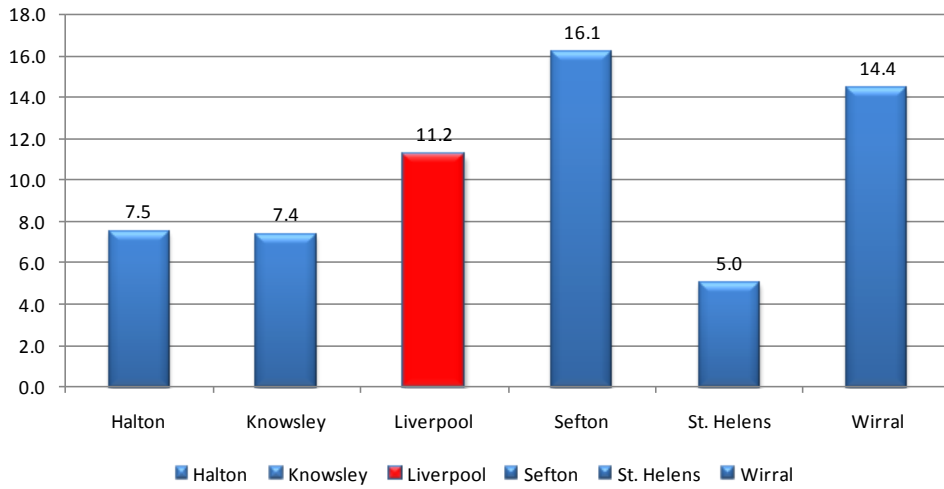
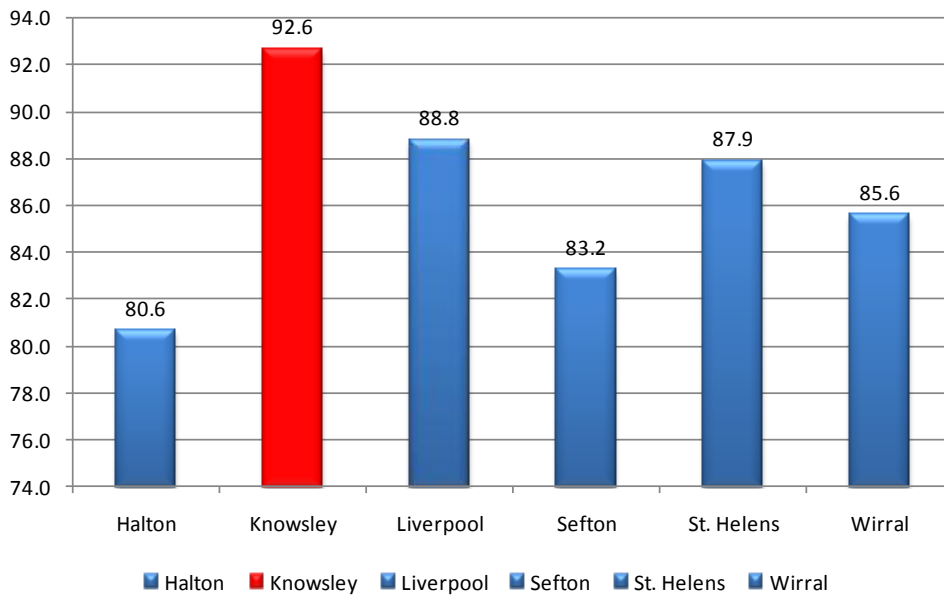


Figure 8 below shows the percentage of residents with LD in settled accommodation and Knowsley has much higher rates than the rest of the LCR.



## 2.7 Social Issues for People with Learning Disabilities and Autism

People with learning disabilities do not just face challenges with healthcare. Many live in poverty and are unable to secure employment. National research suggests only 15% of people with autism are in full-time employment and only 7.1% of people with a learning disability are in either part-time or full-time employment. Locally, all areas apart from Liverpool and Halton, have below the national average levels of employment for people with learning disabilities. The wide variation locally also suggests there may be different definitions of

work being used and even disincentives to count people as having jobs, as they would be removed from local authority registers if this was the case.

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. Although the levels in 'settled accommodation', across Merseyside and North Cheshire are generally high, this does not tell us about the quality and suitability of their accommodation.

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 people with learning disability referred to social services safeguarding teams is higher than the regional and national average in some areas.

The estimated 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%. Many are unidentified.

Many people with learning disabilities and autism have little or no contact with friends. One research study found that 31% of adults with a learning disability having no contact with friends, compared to 3% of adults without a learning disability.

Six out of 10 women with learning disabilities who become a parent have their children taken into care. Numbers of parents are small in each local authority - between 11-16 in each area. However, they are likely to have complex and on-going support needs.

People with learning disabilities rely heavily on public transport. This is an important issue locally. Other issues identified by local people with learning disability include employment and educational opportunities, hate crime, benefits changes as well as housing and support needs.

## 2.8 Patterns of Health Need

Compared to the rest of the population, people with learning disabilities have (Cooper et al 2004):

- **Lower life expectancy** – people with learning disabilities have an increased risk of premature death compared to the general population. There is also a strong correlation between severity of learning disability and life expectancy (median life expectancies of 74.0, 67.6 and 58.6 for people with mild, moderate and severe learning disabilities) (Bittles et al 2002). People with Down's syndrome have a shorter life expectancy than people with learning disabilities generally, though life expectancy in this group is increasing (Puri et al 1995).
- **Different causes of death** – the main cause of death amongst people with a learning disability is respiratory disease (accounting for approximately half of all deaths and related to pneumonia and aspiration pneumonia), followed by cardiovascular disease (related to congenital

heart disease rather than ischemia) (Hollins et al 1998). This compares to cancer, heart disease and cerebrovascular disease being the leading causes of death in the general population. People with a learning disability are more likely to die from a preventable cause than the general population.

- **Higher levels of unrecognised and unmet physical and mental health needs** - Although people with learning disabilities visit their GP with similar frequency to the general population, they are less likely to receive regular health checks. A recent study in Wales undertook health screening for 181 adults with learning disabilities. Over half the sample had health issues newly identified in the health checks, and 9% had newly identified health issues that were deemed to be serious, including breast cancer, suspected dementia, asthma, post-menstrual bleeding, diabetes, hypothyroidism, high blood pressure and haematuria (Baxter et al 2006).
- **Barriers to accessing health services** – people with learning disabilities often experience barriers in accessing health services, which will impact on medical treatment and management. Barriers can include problems with communication, inadequate facilities, rigid procedures, a lack of appropriate interpersonal skills among mainstream health professionals and a lack of accessible information (Alborz et al 2005). Uptake of screening amongst people with learning disabilities is lower than the general population, and people with learning disabilities are less likely to be immunized against tetanus, poliomyelitis and influenza than the general population.
- **Different lifestyle issues** – restrictions and a lack of opportunities to gain appropriate knowledge due to a lack of accessible health promotion services and materials may mean that adults with learning disabilities have limited understanding about health risks and consequently are unable to determine own healthy lifestyle choices. In general adults with learning disabilities (NHS Scotland 2004):
  - have higher levels of obesity than the general population
  - are less likely to participate in the recommended levels of physical activity than the general population
  - are less likely to eat a healthy diet with an insufficient intake of fruit and vegetables than the general population
  - have lower rates of smoking and harmful drinking than the general population

Different patterns of health need and more complex health needs – people with learning disabilities have a different pattern of health need and are more likely to have physical conditions that need medical attention than the general population.

Adults with learning disabilities are more likely to experience epilepsy, gastro-oesophageal reflux disorder, sensory impairments, osteoporosis, schizophrenia, dementia, dysphagia, dental disease, musculoskeletal problems, accidents and nutritional problems than the general population (NHS Scotland 2004). However, as the life expectancy of people with learning disabilities increases, the same age-related illnesses will also be experienced. For example the incidence of cancer amongst people with a learning disability is rising due to an increase in longevity.

### 3. STAKEHOLDER INSIGHT

A consultation event was held on 11 November 2015 to seek the views of people with a learning disability and those who support people with a Learning Disability in Knowsley. The event was hosted by Healthwatch and was attended by Council officers. It was a joint consultation event for the Learning Disability and Physical Disability JSNAs. There were mixed groups of people at the tables. People were asked about key needs that the Council were seeking views on as well as any additional needs that the people considered important. These included:

- **Health** - whilst people were generally happy with their GP, there was particular feedback around support from reception staff for people with a learning disability accessing health care. It was felt that there were not enough reasonable allowances given and that staff could be judgemental and impatient with them. The group felt that more training was required to understand the needs of people with learning disabilities to ensure that they had a suitable health based experience.
- **Employment** - people felt that the current environment meant that it was difficult for anyone to get a job and that they were at a particular disadvantage. People felt that there were not enough people with a learning disability working at the Council and would be interested to see if anyone was. People thought that the Council was supportive of individual ideas. A number of people in the group had just joined a new organisation that aimed to create jobs for people with a learning disability. The people thought that this organisation was good, but it was difficult to know what is available, the smaller projects are not joined up. One person was attending PDSA to learn about dog care with a view to becoming a dog walker.
- **Accommodation** - the people with a learning disability at the engagement event were living with their families and had no issues or concerns with accommodation.
- **Daytime Opportunities** - Similarly to the issues with employment, people were concerned that there were events or clubs happening that they did not know about. The people at the event felt that the best way that the Council could support this is to support the networks and networking. There was some feedback that there was too much "sitting down" activities such as bingo and not enough moving about activities.

Additional needs were identified by the group as important, these included:

- First point of call for benefits advice and access to information. The feedback was that this tended to be unsuitable for people with a learning disability and that where advice was provided from more than one agency, this could be conflicting.
- A piece of feedback was that "the Council needs to realise that wellbeing is more important than money"

During an Autism Services Development Group event in 2015, self-advocates identified the following key priorities:

- “I want to be accepted in my community. I want people and organisations to be able to raise awareness and acceptance of autism”
- “I want my views and goals to be listened to when decisions are made in Knowsley”
- “I want to know how to get in touch with other people. I want to be able to find local autism groups, family groups and support.”
- “I want the everyday services I use to know what reasonable adjustments should be made to include me”
- “I want health and social care staff to understand that I have autism and how this affects”

## **4. EVIDENCE OF WHAT WORKS**

### **4.1 National Evidence and Guidance**

#### **4.1.1 Liverpool Public Health Observatory**

The Liverpool Public Health Observatory provides a regional overview of the needs of people with a learning disability and advice for commissioners for targeted areas of support.

### **4.2 Equality and Human Rights Commission- Barriers to Work**

The Equality and Human Rights Commission has produced evidence on barriers to work for people with a disability and discusses the barriers and opportunities for people with a learning disability to gain employment.

### **4.3 NICE [Guidance](#) and [quality standards](#) for People with a Learning Disability**

The NICE quality standards provide information on for all agencies who support people with a learning disability.

The quality standard is expected to contribute to improvements in the following outcomes:

- quality of life
- experience of care
- patient safety
- safeguarding
- control over daily life
- premature mortality
- physical and mental health and wellbeing
- personal dignity.

#### 4.4 Department of Health Learning Disabilities Good Practice project

The Department of health has provided a good practice project for people with learning disabilities and this includes an easy read summary to support participation.

The Department of Health, with the Learning Disabilities Observatory, have provided information in the national predictors of anticipated need for people with a learning disability up to 2030.

#### 4.5 [Royal College of Nursing Best Practice](#)

The Royal college of Nursing has extensive guidance and information on support for professionals and agencies ranging from legal rights, self-advocate literature, charity and pressure group information and advice on support.

#### 4.6 National Learning Disability Board

The board was set up to monitor the progress of the transformation programme following the Winterbourne View programme for change. Their updates, agendas and minutes can be found [here](#).

### 5. CURRENT SERVICE PROVISION

#### 5.1 Care and support

Following an asset based assessment, a range of care and **support services** are available to ensure that people are safe and supported wherever they live. This can include support workers, care staff, or adaptations to their home as appropriate and agreed with their social worker.

There are activities and centres available for people with a learning disability across the borough, including **day services** provided by the Council. These are located in leisure centres and activity centres around the borough. The day services provide a social and supportive element to a person's care, as well as developing life skills where appropriate.

In addition, there is a programme of activity at Acorn Farm in Kirkby that is well attended.

There is a **respite service** that is provided by the council to eligible people. This is identified in their assessment and care plan. There are a number of respite facilities in the borough, providing choice to the person receiving the care. This supports individual people to take some respite and supports any carers in maintaining their carer role. There is also the provision for people to have short respite sitting services in their own home.

- There is a clear emphasis on supporting people to be as independent as possible and to make as many choices for themselves as possible.

Therefore the Council supports the individual to create personal budgets and **Direct Payments**. This allows the person and their family to control the agreed budget to support the cared for person. This may include the employment of a personal assistant rather than using an agency member of staff through the Council or purchasing alternative daytime activities.

There is a third party support and management facility to support the person and their family through the Direct Payment Process. This is commissioned by the Council to provide independent advice and, for a fee, account management. The third party are also able to provide **information and advice** around finance and the direct payment process.

**Advocacy services** are available to people with Learning Disabilities, where there is concern that the person may not understand the assessment and care planning process. There is a new Care Requirement to promote the use of advocacy services during the assessment process and the Council's current advocacy resource is currently being trained to be Care Act compliant.

## 5.2 Employment

**KITE** (Knowsley Inclusion to Employment) is a group of services including Nugent Care, United Response and Community Integrated Care (CIC). The services include a range of supported employment opportunities such as:

- Job coaching
- Vocational training
- A café with accredited training
- Training for autism awareness – self advocates with autism deliver the training
- Easy read translation facility

Access to these services is through Social Worker referral following an assessment and further panel agreement. There will be a future development of this service and the whole life commissioning team will be considering a framework of providers to deliver a range of services.

## 5.3 Accommodation

There are a range of accommodation and services available to enable people in Knowsley to live independently. These include:

- **Network Homes** - these are properties owned by Registered Providers/Local Authority and are shared properties where people can live independently with support from an internal KMBC support team. There is provision for a support worker to sleep over.
- **24 hour Supported Accommodation** - This can cover a broad spectrum of need that is met by external providers commissioned by the Council. The service supports adults with a learning disability to live as independently as possible. The level of support provided varies in line with the needs of the person. This ranges from sessional support of a few hours, up to 24 hour support including night support. People are



supported with all aspects of daily living including; personal care, social activities, homemaking and support with finances.

- **Field Lane** - this will be a new supported living scheme that will be available from the summer of 2016 that will provide supported accommodation for people with a variety of needs and a range of ages. During regular reviews, people suitable for Field Lane are being identified and advised of the scheme.
- **Roughdale Court** - this is a small unit of 8 flats for people with low to medium support needs with a view to moving to more independent living. There is a commissioned care provider who provided 24/7 on-site care provision.
- **Shared lives** - offer adults with learning disabilities the chance to receive the care and support they need in a different setting to the family home or the supported accommodation, in which they usually live. Placements are arranged in the homes of carers who have been recruited, trained and approved for this purpose. Placements can be short term, lasting anything from one night to several weeks, enabling both the person with learning disabilities and their carers to have a break. Or they can be more long term, providing the opportunity for the person receiving support to live as part of the family. Emergency placements are also available.
- If people with a learning disability present at assessment with a need that cannot be met by the contracted providers, it is possible to commission a service off specification. This is done through a multi-disciplinary team at a High Priority Assessment Panel.
- **Extra Care Housing** - provides independent living and is provided at a number of locations throughout the borough generally for residents aged 55+. Residents with a mix of abilities are assessed with regards to their care needs and where appropriate nominated for a place at their chosen scheme. Extra care housing provides residents with choice and control plus the added benefits of on-site care, security, assistive technology and social and leisure activities.

#### 5.4 Health

Universal health services are available to people with a learning disability. There are “reasonable adjustments” made to help people through the health process, this includes double appointments at GPs to allow for a full consultation.

A key targeted area for development has been the process for **Care Treatment Review** (CTR). This is a process to best support people with a learning disability that are also experiencing mental health issues. The process is intended to support people through the range of challenges. This would go from low level mental health needs and a preventative offer as part of their care package to the route into hospital and specific hospital contracts to meet the requirements.

**Continuing Health Care** - where the primary reason for someone’s learning disability is a health reason and they are receiving care that would otherwise be chargeable by the council, there is no charge and the costs are met by the



NHS. There is a screening tool to establish this criteria and multidisciplinary team establish and agree the needs and support with the person.

People with a learning disability can use a Health Passport. This is a document that the person develops with their nurse or health professional to explain their health conditions and preferred treatments. This document can then be used with to discuss health with other health professionals and in unfamiliar situations.

## 6. CHALLENGES AND GAPS

This report has identified a number of challenges to for people with a learning disability and the services that are provided for them. These include:

- **The Care Act 2014** - The Care Act places a series of new duties and responsibilities on local authorities in relation to care and support for adults. This includes an obligation to review all service users with an open care package to ensure that the right eligibility criteria is being met.
- **Change to asset based approach to care provision** - Knowsley Council has changed its approach to the assessment and provision of care for all people who receive help from Adult Social Care. This approach has shifted the emphasis from council provision to what people can do for themselves and what is available in their community to support them. A consequence of this is that the council may reduce the amount of care and support that it provides. This may prove a challenge for people who have had long standing package of support from the Council.
- **Transport policy** - The Council has implemented a transport policy that, as of 5 October 2015, included transport provided to people as part of their care package and a £3 per journey fee has been applied. This is applied to both transport provided by the council and separately commissioned transport. The majority of people affected by the policy have a learning disability. The feedback from Section 5 above has shown that this has impacted on both the people and their carers. Senior managers have met with Healthwatch to discussed themes from carers and provided a wider context in relation to the council's policies and financial impact. The outcome of the meeting was that increased communication was required. This will be addressed by a series of coffee mornings in the first instance. These will be facilitated and hosted by Healthwatch.
- **ILF changes** - In July 2015 the Independent Living Fund (ILF) closed and the responsibility and funding transferred to the local authority. This affected approximately 70 people in Knowsley. The majority of the people have a learning disability. The ILF and the Council have different eligibility criteria and charging policies. The change affected how much care people were entitled to and how much they were expected to pay towards their care.
- **Cumulative effect of the policies and changes** - There has been a lot of change for people with a learning disability and their families to face in a short space of time. It is possible that this impact may cause carer breakdown or the breakdown of someone's care package.

- **Impact of the spending plans** - This is currently unknown and is a risk to the Council's delivery of services.
- **Aging carers** - There is a separate JSNA for carers what fully develops their requirements. However, there is a risk around aging carers of people with a learning disability. As part of the Carers Strategy there will be an analysis of the current carer population and how future care is agreed and provided.
- **Transition** - The feedback from the Local Account has shown that there is a marked change in support between children and adult services and that young people need better support through this process. There are Learning Disability specific reforms as the Special Education Need Disability as part of the Children & Families Act 2014. Additionally, there is a requirement to have a Memorandum of Understanding between the two local authority services. This work has commenced.
- **Awareness and acceptance** - significant feedback suggested that awareness of autism and learning disabilities by people who support them makes a significant impact on wellbeing.

## 7. SOURCES OF EVIDENCE AND INTELLIGENCE

Office for National Statistics – 2015  
Public Health England – 2015  
Projecting Adult Needs and Service Information (PANSI) – 2015  
Institute of Public Care – 2015  
Oxford Brookes University – 2015  
Care Quality Commission  
Department of Health