

Learning Disabilities in Herefordshire Needs Assessment – Summary Report

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Herefordshire Council Intelligence Unit

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DRAFT

INTRODUCTION

'Learning disabilities' is currently a poorly defined term. It can have different meanings in different contexts (such as in education or medical settings) and have different interpretations by different professionals and the general public. The introduction of newer terminology such as 'intellectual disabilities' and 'specific learning disorder' which refer to a subset of learning disabilities further makes it difficult to define a clear workable definition of learning disabilities. Overall, "learning disabilities", can be considered an umbrella term that covers a range of neurological disorders in learning with varying degrees of severity that leads to impairment in social, intellectual and practical skills. Predecessor terms include: minimal brain damage and minimal brain dysfunction, and mental retardation. The most widely used term in the UK is, 'learning disability' and can be considered interchangeable with 'intellectual disability'.

Definitions provided by Diagnostic and Statistical Manual of Mental Disorders – V (DSM-V), British Psychological Society (BPS), National Institute for Health and Care Excellence (NICE), and the government white paper on learning disabilities, 'Valuing People' have common core features which can be used to define learning disabilities:

- *Impaired Intelligence* - lower intellectual ability (usually an IQ of less than 70) which can significantly reduce ability to understand new or complex information in learning new skills;
- *Impaired Social Functioning* - significant impairment of social or adaptive functioning which can reduce ability to cope independently;
- *Neurodevelopmental* - onset in childhood, before the age of 18 years.

Impairment in social, intellectual and practical skills can be highly varied among individual cases. Underlying neurological conditions also plays a role in the severity of disability and how functional an individual will be. Some people with learning disabilities live independently without much support, but others may require 24 hour care to perform most daily living skills due to complex needs.

This Adult Learning Disability Integrated Needs Assessment was commissioned by Herefordshire Council to provide an overview of health and wellbeing issues affecting adults (i.e. individuals aged 18 and over) with learning disabilities living or registered in Herefordshire and to outline levels of care and services currently provided. This document will inform the Learning Disability Strategy.

LEGISLATION

Mental Capacity Act 2005

The primary purpose of the Mental Capacity Act 2005 is to promote and safeguard decision making within a legal framework by empowering people to make decisions for themselves wherever possible, and by protecting people who lack capacity by providing a flexible framework that places individuals at the heart of the decision-making process.

Disability and Equality Act 2010

Under the Disability and Equality Act 2010, service providers are obliged to make reasonable adjustments to premises or to the way they provide services to ensure disabled people have equal rights of access. This is not only about physical access, it is about making services easier to use for everybody, for example longer appointment times and more accessible health promotion information.

The Care Act 2014

The Care Act 2014 came into effect on 1st April 2015 and represents the single biggest reform of social care legislation since the National Assistance Act 1948. It integrates and improves upon all previous legislation and incorporates accepted good practice as part of the legal framework and guidelines.

Our Health, Our Care, Our Say (2006)

The 2006 'Our Health, Our Care, Our Say' white paper set out a new direction for the whole of the health and social care system, building on the 'Independence, Wellbeing and Choice' green paper. Although much of this was concerned with healthcare, there was a strong emphasis on choice and control through personalised services, self-assessment and people planning and managing their own services.

'Valuing People' (2001) and 'Valuing People Now' (2009)

The 2001 'Valuing People' white paper formed the basis of the subsequent government paper 'Valuing People Now: A new three-year strategy for people with learning disabilities' (published in 2009). Both represent key benchmark documents for the principles underpinning the provision of services for people with a learning disability foreshadowing, as they do, the era of personalisation, empowerment and choice. 'Valuing People Now' set out the then Government's strategy for people with LD and responded to the main recommendations in 'Healthcare for All', which was report of an independent inquiry into access to healthcare for people with LD.

Transforming Care

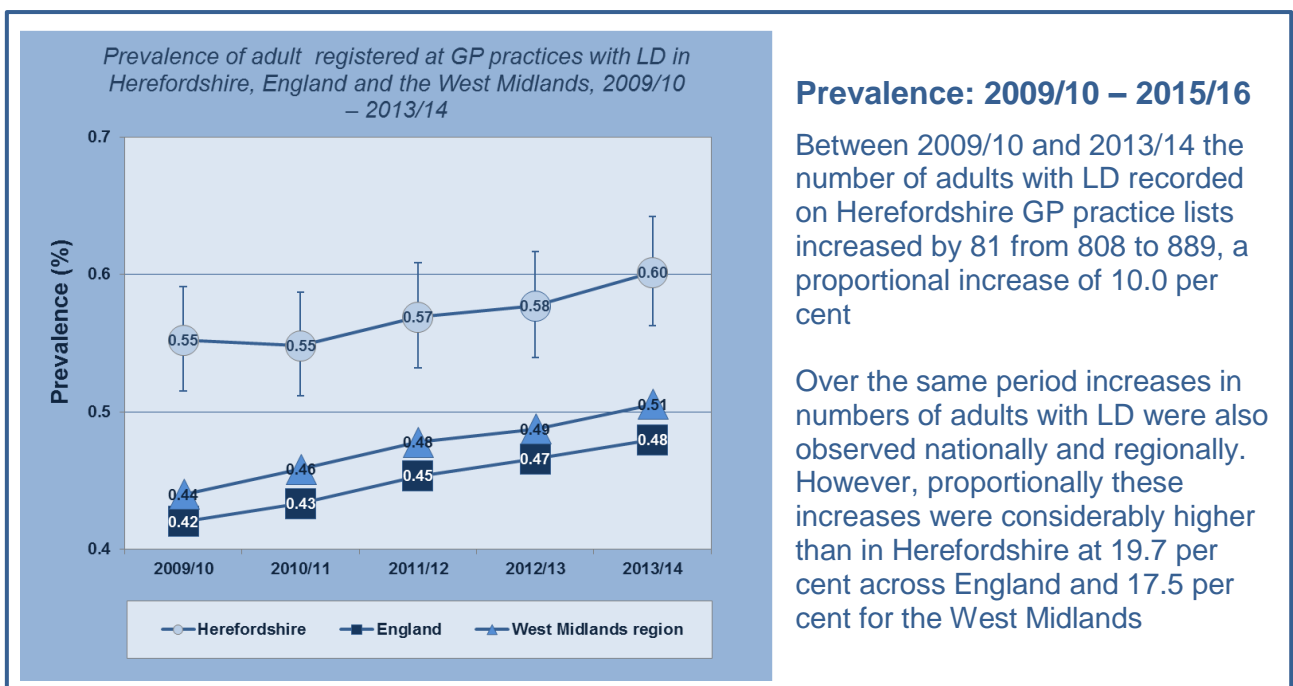
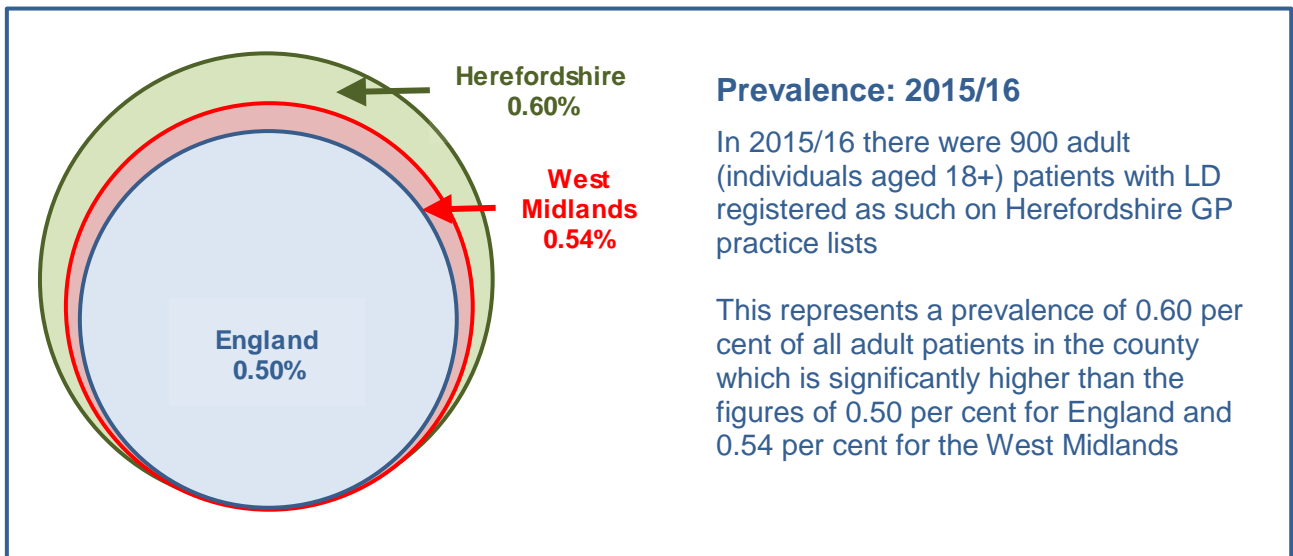
Following the 2011 BBC Panorama programme showed residents/patients with learning disability being tortured and abused by the people who were employed to care for them in Winterbourne View private hospital for specialist medical help for people with learning disability the government initiated a nationwide programme of measures to ensure the safety and wellbeing of people with LD placed in Assessment and Treatment Units. This programme was updated as recently as June 2015 and the plan re-vitalised as the 'Transforming Care Programme' which is designed to drive system-wide change and enable more people to live in the community, with the right support, and close to home.

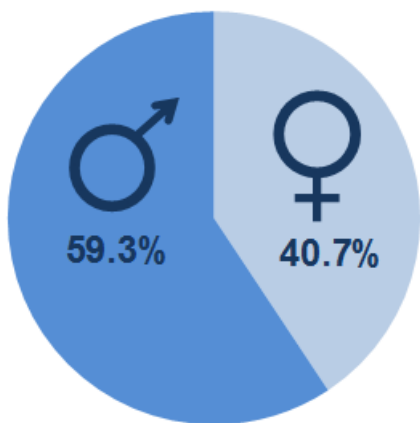
PREVALENCE OF LEARNING DISABILITIES

The discussions concerning prevalence/numbers of individuals with LD are based on two measures:

1. Registered Patients – the number of patients recorded on their general practice’s LD register;
2. Whole Population - Estimates and predictions of whole population LD prevalence provided by DoH population estimation websites “Projected Adults Needs Services Information” – PANSI and “Projecting Older People Population Information” – POPPI (it has been estimated that the numbers on the GP registers represent only 23 per cent of adults with LD)

RECENT PATTERNS – REGISTERED PATIENTS

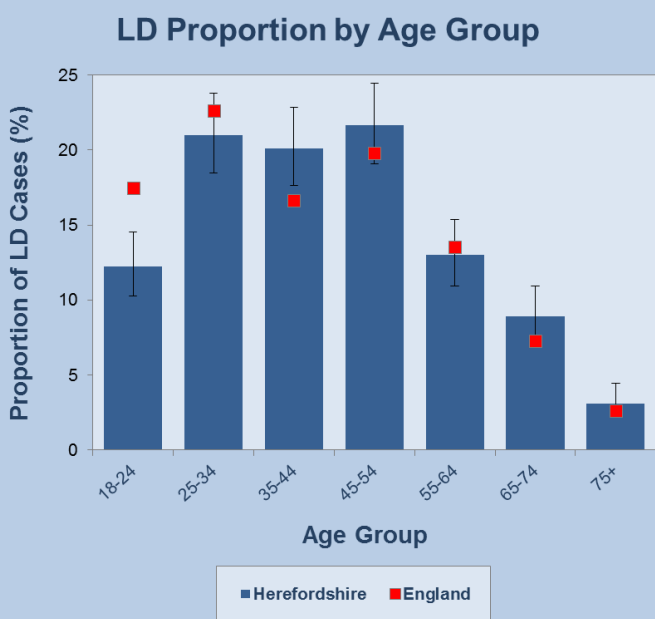




Prevalence by Gender

In 2015/16 the number of adult male on GP LD registers in Herefordshire (534) represented 59.3 per cent of all cases, with females (366) representing 40.7 per cent.

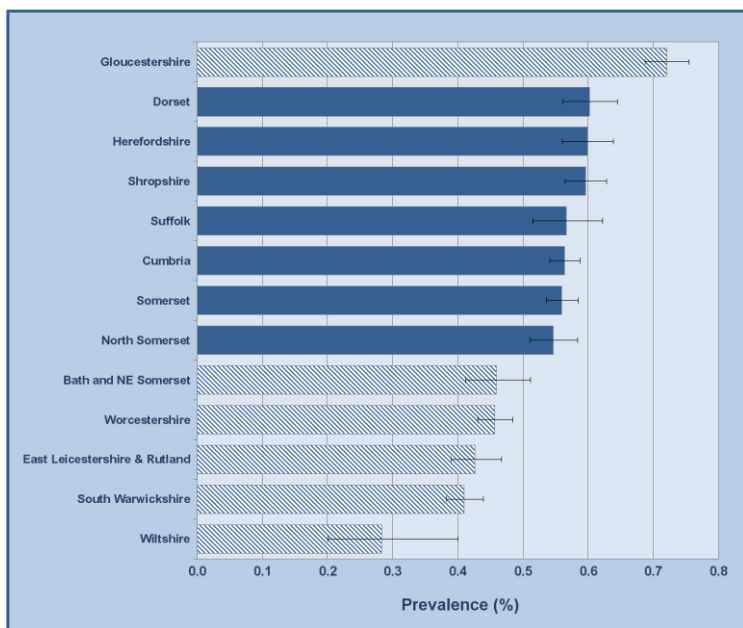
Similar gender proportions were observed both nationally and regionally.



Proportion of LD cases by Age

Locally, the number of LD cases shows some variability by age with the highest number of individuals between the ages of 25 and 54, which represented 63 per cent of all adults with LD in 2015/16.

A broadly similar pattern was evident nationally, although the proportion of adults with LD in Herefordshire in the <24 years cohort was significantly lower than reported nationally, while the local proportion for cases in the 35 to 44 cohort was significantly higher than those across for England.

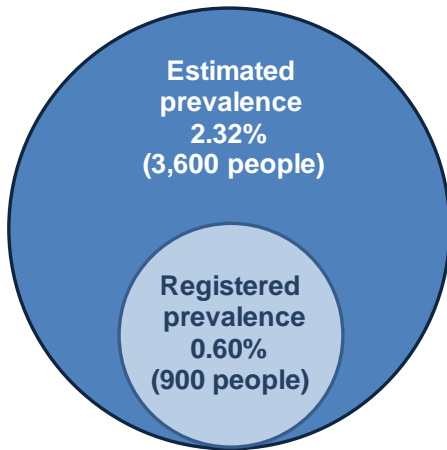


Nearest Neighbour Comparison

Comparison of 2015/16 adult LD prevalence data for Herefordshire with a comparator group of 12 nearest statistical neighbours indicates that the local prevalence (0.60 per cent) was significantly higher than that recorded in 5 out of the 12 nearest neighbours

The local figure was also significantly higher than the national and regional figures.

WHOLE POPULATION ESTIMATES

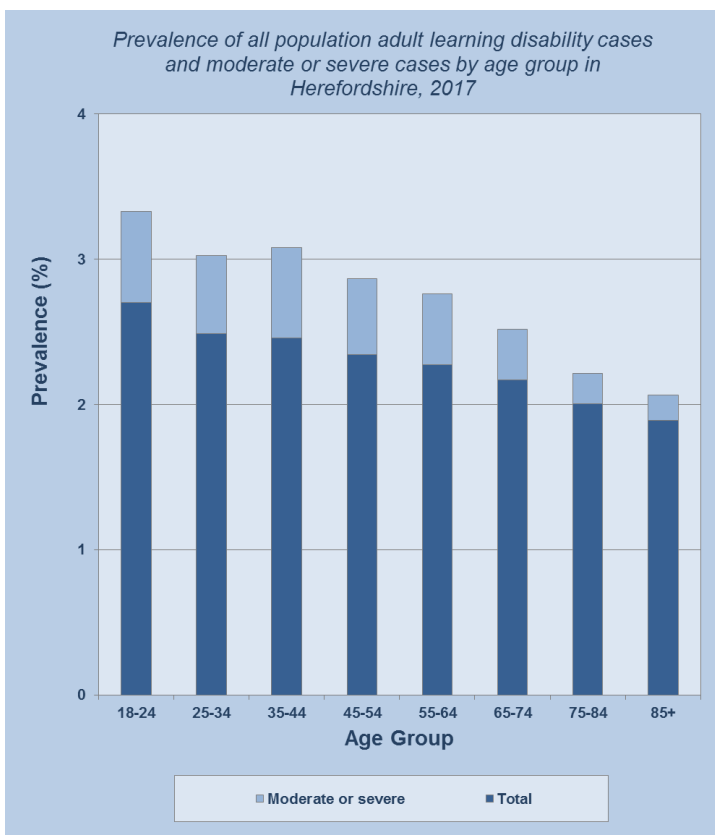


Prevalence

There are no reliable statistics characterising accurately how many people there are with learning disabilities across the UK.

It has been estimated that the numbers on the GP registers represent only 23 per cent of adults with LD.

There are estimated to be 3,600 adults with LD in Herefordshire in 2017, which represents of 2.32 per cent of the total adult population in the count.



Moderate and Severe LD

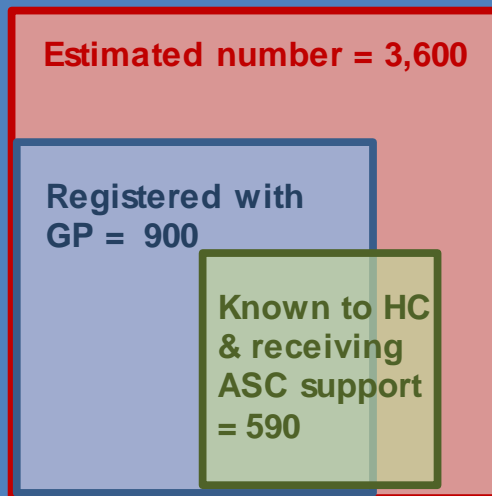
The estimated number of adult LD cases varies by age with a general increase with age evident with numbers rising from 343 in the 18 – 24 cohort to 639 in the 45 – 54 cohort; the numbers then fall with age with the lowest figure of 119 observed in the 85+ cohort.

This pattern is also evident in the number of moderate and severe cases.

When examining the prevalence for each age group there is a steady decline for total cases with age from 2.70 per cent in the 18 – 24 cohort to 1.89 per cent in the 85+ group; a similar pattern is evident for moderate and severe cases. This declining trend in prevalence reflects the lower life expectancy in the LD community.

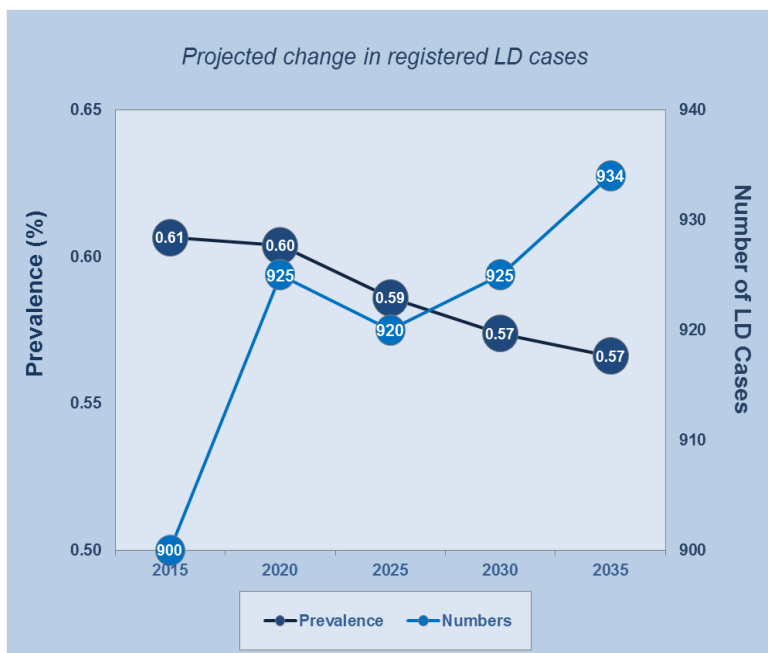
Observations

The identification of adults as having LD is poor in Herefordshire, reflecting both national and regional patterns. Better identification could be facilitated by all relevant clinicians, health workers and carers becoming more aware of LD, with a particular aim of improving the recording of adults with mild LD. An improvement in enumerating the number of adults with LD would aid accurate assessment of future demand and ensure that relevant services will be provided at the required level. Furthermore, future identification of those adults with LD who are not currently known to the Local Authority will aid the successful targeting of low level interventions which could help maintain their continued independence from statutory services.



In addition, There is currently no indication as to whether those recorded on GP LD registers correspond to those known to the local authority, and vice versa, resulting possible ambiguity in the data. Clear cross-referencing of these data between all relevant organisations would clarify this and provide a clearer picture of Herefordshire's adult LD community.

PROJECTED TRENDS

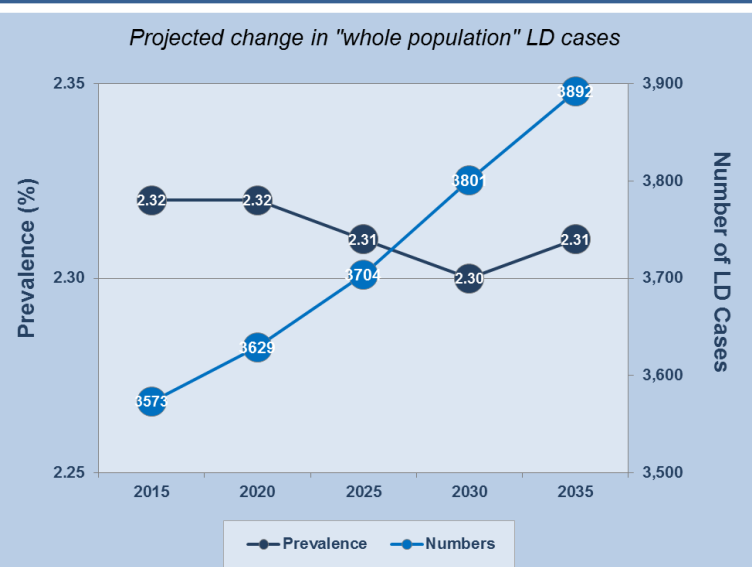


Registered Cases

Between 2015 and 2035 it is estimated that the number of registered adult LD cases in Herefordshire will increase marginally from 900 to 934, a proportional increase rise of 3.8 per cent.

While it is estimated that by 2035 the numbers of LD cases in the majority of age groups will increase this will be most evident in those aged 70 and over where a rise of 50 per cent from 60 to 90 individuals is predicted.

Although the number of adult LD cases are predicted to rise over this 20 year period the overall prevalence is predicted to fall from 0.61 to 0.57 per cent.



Whole Population

A similar pattern is projected for the number of "whole population" adults with LD in Herefordshire with numbers rising steadily from the 2017 estimate of 3,600 to 3,900 in 2035 – an 8 per cent increase. Over this period the number of adults aged 65+ is predicted to rise from 950 to 1,350, an increase of 41 per cent.

However, over this period the whole population adult LD prevalence is expected to show little change.

Observations

While the number of adult LD cases in Herefordshire is predicted to rise relatively slowly, the proportion of these individuals represented by those aged 65+ is going to increase more rapidly. As the care of these older individuals is likely represent greater complexity of need it is evident that a concomitant increase in the capacity across all relevant services will be required to ensure that future provision of support is at an adequate level to meet the needs of the county's adult LD community and its changing age profile.

HEALTH ISSUES

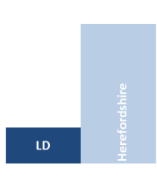
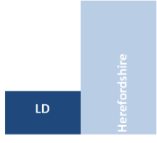
MORBIDITY

Although people with LD have the same needs as those without, it is recognised that they have specific health needs and that have significantly poorer health and a shorter life expectancy compared to the rest of the population.

For adults with LD in Herefordshire the prevalence of most conditions is broadly similar to those observed nationally and regionally. The exception to this were epilepsy where the Herefordshire figure was significantly higher than that for England as a whole, while the local prevalence of depression and dementia in adults with LD was significantly lower than that reported nationally; similarly, the local prevalence of dementia in adults with LD and a diagnosis of Down's Syndrome was lower than the national figure (see table below).

Compared to the Herefordshire adult population there was a lower prevalence of cancer, CHD, heart failure, hypertension and COPD in those with LD. Conversely, the prevalence of obesity, diabetes, epilepsy, depression and dementia in those with a diagnosis of Down's Syndrome were higher in those with LD than the population as a whole. These patterns generally reflect those observed nationally.

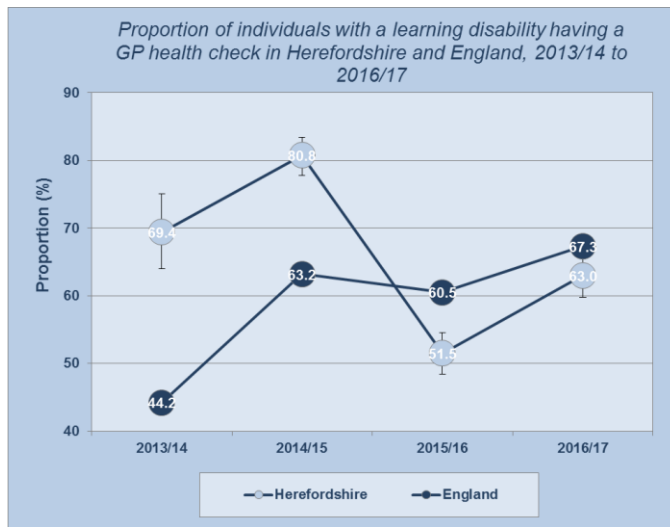
Prevalence (%) of major conditions in learning disability communities in Herefordshire, England and the West Midlands, 2015/16. (Compared with England ■ lower ■ similar ■ higher)

Condition	England	West Midlands	Herefordshire LD prevalence	Herefordshire whole population prevalence	
Cancer	0.97	0.80	0.82	3.19	
Coronary Heart Disease (CHD)	1.14	0.95	1.13	3.49	

Condition	England	West Midlands	Herefordshire LD prevalence	Herefordshire whole population prevalence	
Heart Failure	0.89	0.84	0.82	1.18	
Hypertension (High Blood Pressure)	9.79	9.55	11.8	16.1	
Chronic Obstructive Pulmonary Disease (COPD)	1.03	0.92	0.92	2.15	
Obese	22.0	21.4	23.9	9.09	
Underweight	3.55	3.59	2.77	1.27	
Type 1 Diabetes	0.66	0.75	0.71	0.39	

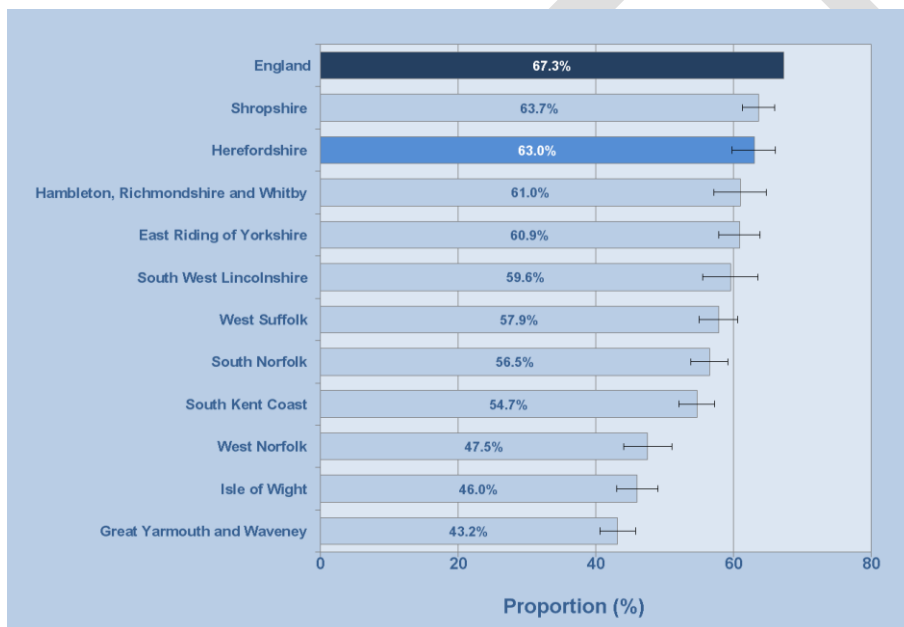
Condition	England	West Midlands	Herefordshire LD prevalence	Herefordshire whole population prevalence	
Non-type 1 Diabetes	6.81	7.28	8.20	5.02	
Gastro Oesophageal Reflux Disease (GORD)	7.34	7.04	8.40	-	-
Epilepsy	17.9	17.5	23.4	0.90	
Dementia	1.41	-	0.92	0.94	
Dementia (individuals with LD and Down's Syndrome)	7.24	-	5.32	0.94	
Depression	12.8	12.2	9.53	7.40	

HEALTH CHECK



Since 2013/14 the proportion of LD patients in Herefordshire receiving an annual health check has shown considerable variability, ranging between 51.5 per cent in 2015/16 and 80.8 per cent in 2014/15.

Over this period the national proportion has shown a general increase with the 2016/17 figure of 67.3 per cent being significantly higher than that recorded locally (63.0 per cent).



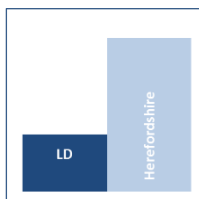
When comparing the local proportion of LD cases receiving an annual health check with nearest neighbour CCGs it is evident that, with the exception of Shropshire, the Herefordshire figure is higher than all those in the CCGs considered, although the difference is only significant in five cases. It should be noted that all nearest neighbour figures were significantly lower than the national figure.

Observations

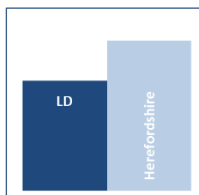
While the local proportion of LD cases receiving an annual health check is comparatively high compared to comparators since 2015/16 it has fallen below that reported nationally. It may be interesting to note that the West Midlands Quality Review Service (MWQRS) were told that the number of annual health checks had reduced since funding for the Directed Enhanced Services (DES) had ceased.

While the checks are being undertaken there are no readily available documented results outlining any subsequent treatment plans are being adopted. NICE states that a care plan for managing any physical health and mental health problems should be developed as appropriate. However, information recording of any such plans is not readily available. Consequently, it is recommended that results of health checks are made readily available to support services so that requirements are made known to and clearly understood by support providers.

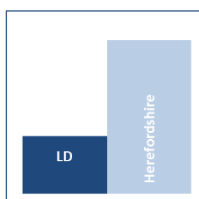
CANCER SCREENING



In 2015/16 the local uptake for **cervical cancer screening** in females with LD who were eligible was 26.4 per cent, a figure just over one third of that for the county population as a whole (71.3 per cent). The local proportion was similar to those recorded both nationally and regionally.



In Herefordshire the uptake of **breast cancer screening** in eligible female LD patients aged 50 to 69 was 50.9 per cent which was approximately three quarters of that for the county as a whole (69.6 per cent). While the local proportion was higher than both the national and regional figures the differences were not statistically significant.



In 2015/16 the local proportion of LD patients aged 60 to 69 who were eligible for **colorectal cancer** screening was 83.5 per cent which was lower than the figure for the county as a whole (86.0 per cent). Although higher than the national proportion the local figure was not statistically higher than that for the West Midlands.

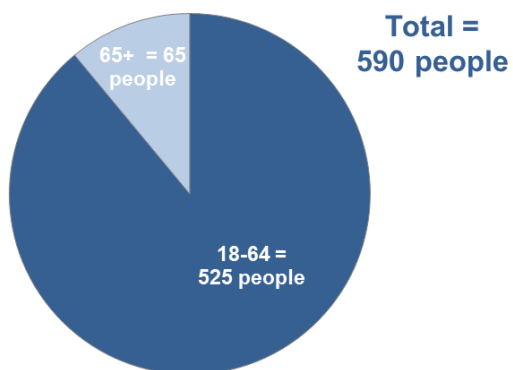
Observation

It is clear that in Herefordshire the cancer screening rates for eligible individuals with LD is appreciably lower than for the population as a whole. This is an important factor which can lead to late and missed diagnosis as indicated by the local prevalence of cancer in individuals with LD is approximately one third of that in the population as a whole. As a result outcomes are likely to be poorer and premature mortality from cancer more likely.

Currently, the availability of health data relating to adults with LD in Herefordshire is poor. Improved sharing of data concerning all aspects of health care (health check, screening, diagnosis, stage of presentation, outcomes, etc.) would facilitate the assessment of the health of the individual and of the LD community as a whole across the county. All such information should be made readily available to all relevant services and should apply equally to all aspects of health care of adults with LD to encompass all co-morbidities and risk factors.

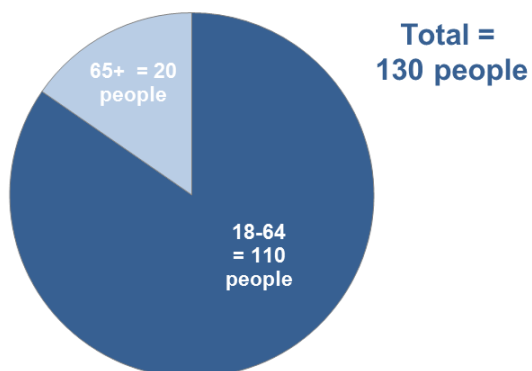
LIVING

Data in this section relates to those adults with LD who are known to Herefordshire Council and are receiving support which equates to a total of 590 individuals.



Data on social services activity indicate that of those adults with LD known to Herefordshire Council eligible for support throughout 2015/16 a total of 590 received long term LD support from Herefordshire Social Services, of which 525 were aged between 18 and 64 and 65 were 65 and over.

The total figure for 2015/16 represents a 9.4 per cent increase on the number of adults receiving support from Herefordshire Social Services in 2009/10 (480).

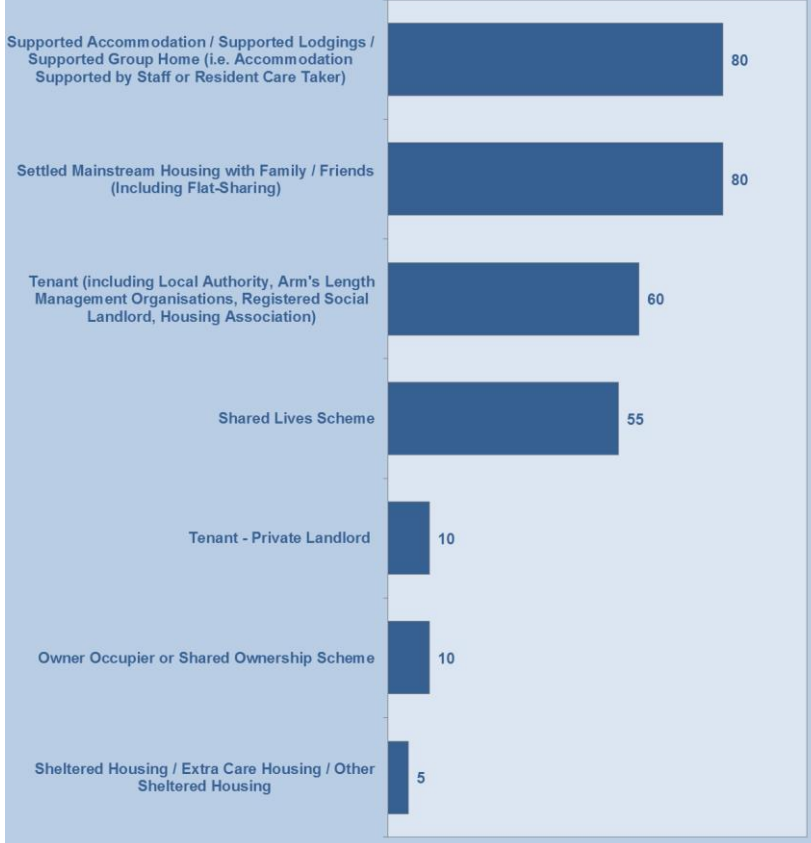


SUPPORTED RESIDENTS IN RESIDENTIAL AND NURSING ACCOMMODATION

At the end of March 2016 of those supported by Herefordshire Council 130 adults with LD were in residential accommodation, 110 of which were aged between 18 and 64 and 20 aged 65 and over

Of these individuals 125 had been in care for more than 12 months (105 aged 18-64; 25 aged 65+).

SETTLED ACCOMMODATION

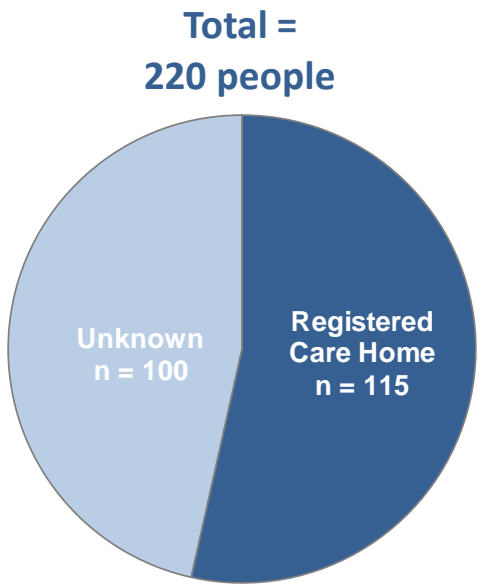


'Settled' accommodation refers to accommodation arrangements where the occupier has medium to long term security of residence, or is part of a household whose head holds such security.

Of the 525 people aged 18-64 with LD who received long term care in Herefordshire in 2015/16 305 (58 per cent) were recorded as living in settled accommodation.

The most common types of settled accommodation Supported Accommodation and Living with Family/Friends both of which represented 26 per cent of those in settled accommodation; other important accommodation types are Shared Living Schemes and Tenant (private landlord) which between them represent 38 per cent of those in settled accommodation.

UNSETTLED ACCOMMODATION

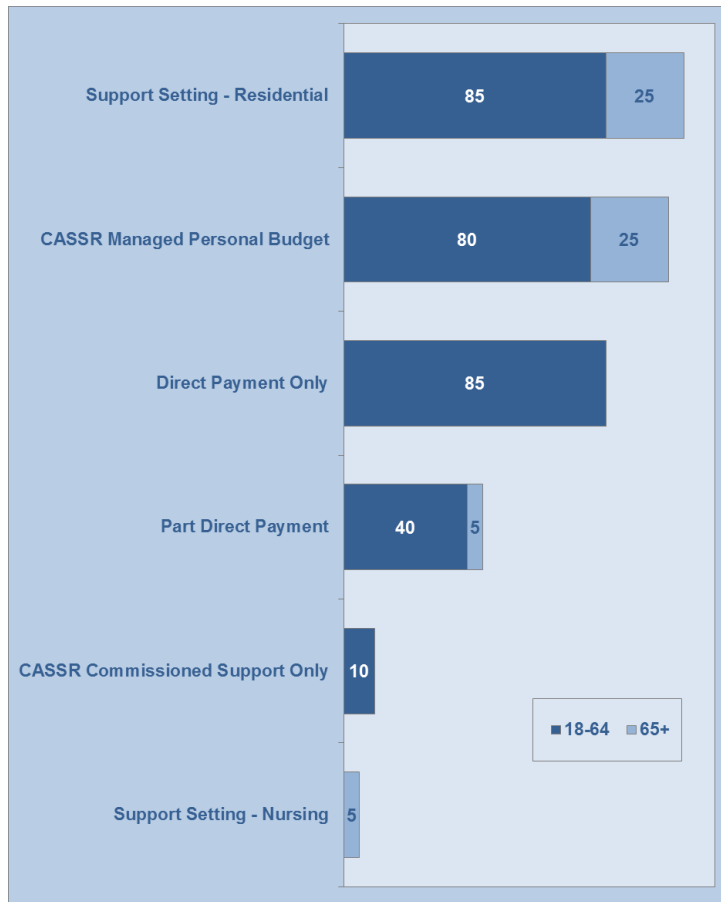


'Unsettled' accommodation refers to accommodation arrangements which is either unsatisfactory or, where, like in residential care homes, residents do not have security of tenure.

In 2015/16 across Herefordshire there were 220 supported adults aged 18 to 64 with learning disability living in unsettled accommodation, which represents 37 per cent of those receiving long term LD support.

Of these 115 were in Registered Care Homes and the residence of 100 were unknown; this latter figure represents 19 per cent of those receiving long term care in Herefordshire.

PAYMENTS



In 2015/16 of a total of 365 adults with LD receiving long term support payments in Herefordshire 305 were of working age (18 – 64) and 60 were aged 65 and over. The most prevalent payment type was to individuals in residential accommodation with a total of 110 individuals receiving support.

Of those in the community the most common all age support setting was CASSR managed personal budget while direct payments only were also important.

For those of working age the most common payment pathway for those in the community were direct payment only and CASSR managed personal budget; for those aged 64 and over CASSR managed personal budget was the most common. personal budget; for those aged 64 and over CASSR managed personal budget was the most common.

SUPPORTING CARERS

In 2015/16 there were 75 adults with LD in Herefordshire whose carer received direct support throughout the year, while a further 30 carers received no direct support. Of those receiving support 15 received direct payment 5 received part direct payment, 10 CASSR (Council with Adult Social Services Responsibility) commissioned support, while 15 received Information, advice and other universal services / signposting; a further 30 received respite or other forms of carer support delivered to the cared for person.

EMPLOYMENT

Locally in 2015/16 there were 60 individuals with LD of working age (18-64) in paid employment, which is twice that recorded in 2014/15. The 2015/16 figure represents 11.4 per cent (compared to 5.8 per cent in 2014/15) of the registered working age LD population in Herefordshire, a proportion considerably higher than the figures reported for both England (5.8 per cent) and the West Midlands (4.5 per cent). Of those individuals in paid employment in Herefordshire in 2015/16 ten were employed for 16 hours or more per week and 50 for less than 16 hours a week; males represented two thirds of those individuals in paid employment.

CURRENT PROVISION OF SERVICES



GOVERNANCE

Herefordshire Learning Disability Partnership Board (HLDPB) aims to bring together all the relevant local agencies and stakeholders and to give a voice to people with learning disabilities and their family carers. The board is established within the overall governance accountability arrangements for Herefordshire Council and CCG with the overall accountability resting with the Director of Adult Social Services and the CCG Chief Executive.

PROVIDERS – COMMUNITY SERVICES

²Gether NHS Foundation Trust



Currently, community services are commissioned from ²Gether NHS Foundation Trust through the Community Learning Disability Team (CLDT).

Currently the community mental health services for people with learning disabilities or autism delivered by ²Gether have a Care Quality Commission (CQC) rating of 'Good'

Echo



Echo is an independent Herefordshire-based charity which runs a range of activities primarily for people with moderate or severe learning disabilities in a variety of community venues.

Aspire



Aspire is a registered charity based in Hereford which provides support to individuals with LD. Services provided include residential care, support at home helping people to live independently and also helping individuals to undertake tasks such as shopping, volunteer and leisure activities. Aspire have a CQC rating of 'Good'.

Ategi



Ategi operates a Shared Lives Scheme in Herefordshire providing personal care for people who live in their homes. Ategi have a CQC rating of 'Good'.

Affinity Trust



Affinity Trust (known as Score Community Opportunities in Herefordshire) is a registered charity providing support for people with learning disabilities providing day opportunities on weekdays.

Salters Hill



Salters Hill provide accommodation for people with LD, support people with LD to live in their own homes and encourage creative learning and encourage involvement in the community. Salters Hill have a CQC rating of 'Good'.

Providers – Residential Services

- There are 36 establishments across Herefordshire which provide residential accommodation for adults with LD.
- Over a third of these establishments are located in and around Hereford with others near Ross and in Leominster; there is only one located in the west of the county at Kington.
- Of these all but one have a CQC rating of 'Good', with a single establishment rated as 'Requires Improvement'.

Day Opportunities

- Currently, around 150 people with LD supported by Herefordshire Council are provided with day opportunities at seven locations across the county.
- Individuals using the services are primarily resident in Hereford and Leominster and Ross-on-Wye with very few living in rural and semi-rural areas.
- Aspire run the St. Owens Centre and also provide other services in the city at the Aspire Community Hub and also at Widemarsh.
- ECHO delivers the day opportunities in Leominster at the Priory Centre, Eaton Barn and Bridge Street Workshop .
- Salter's Hill provide day opportunities in south and east Herefordshire.
- A range of other opportunities and support are offered across the different locations across the county by various appropriate social care providers operating in these areas.
- In the 12 months up to the end of August 2017 a total of 141 adult clients were provided with day opportunities at a weekly cost of £21,800, which equates to an annual cost of £1.05 million.

It should be noted that according to CQC reports that Herefordshire is providing some of the best care for adults in the West Midlands. The latest CQC inspection report shows that Herefordshire has the highest proportion of 'Good' or 'Outstanding' care homes and the second highest proportion of home care providers in the region. Furthermore, across the West Midlands Herefordshire has the highest proportion of nursing homes providing specialist care for medical conditions rated as 'Good' and the second highest proportion of providers delivering home care services helping people live independently in their own home rated as 'Good' or 'Outstanding'.

EXPENDITURE

AGES 18 - 64



Long Term Care

In 2015/16 the weekly unit cost of long term care for those with LD **aged 18 – 64** in Herefordshire was £1,162 per week compared to £1,359 per week in England and £1,375 in the West Midlands.

AGES 65+



For individuals **aged 65 and over** the long term weekly unit cost for Herefordshire was £622 per week while the weekly figures for England and the West Midlands were £868 and £898 respectively.

AGES 18 - 64



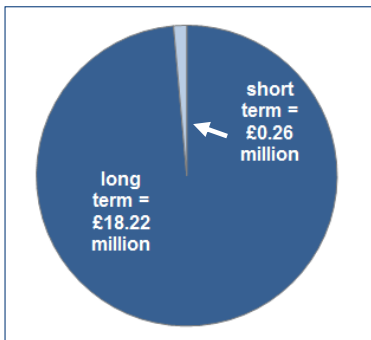
Short Term Care

The weekly unit cost of short term care for those with LD **aged 18 – 64** in Herefordshire was £214 per week compared to the national figure of £494 and the regional figure of £531.

AGES 65+

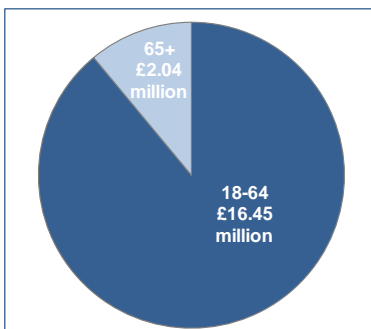


For individuals **aged 65 and over** the short term weekly unit cost for Herefordshire was £77 per week, while the weekly figures for England and the West Midlands were £381 and £584 respectively.

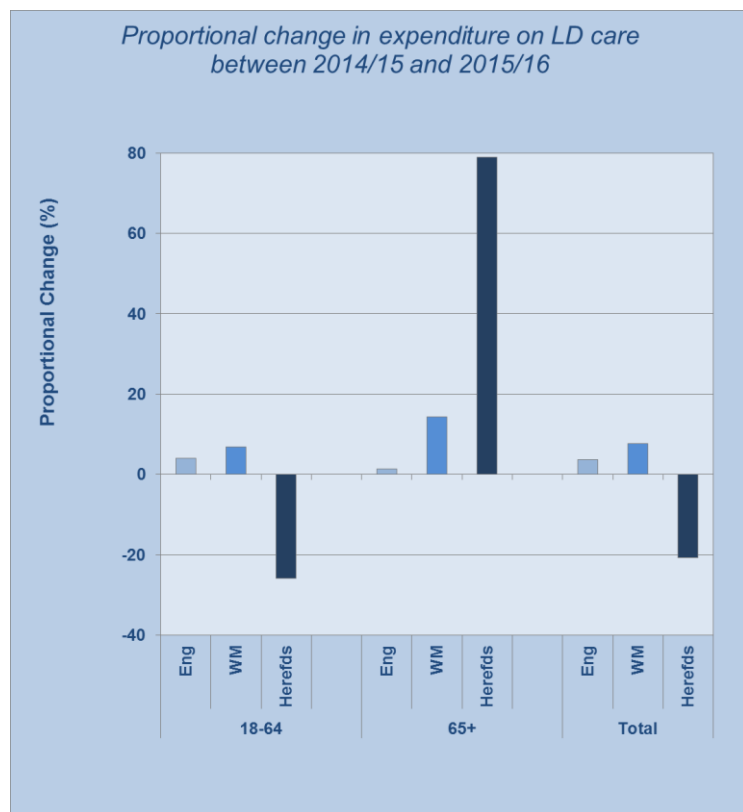


Total Expenditure

In 2015/16 the total expenditure in Herefordshire for long and short term care combined was £18.48 million, which was made up of £18.22 million for long term care and £0.26 million for short term care.



Of the total expenditure in 2015/16 £16.45 million was for those aged 18-64 and £2.04 million for those aged 65+.



Change in Expenditure

The 2015/16 overall expenditure on LD care for Herefordshire Council represented a 20.7 per cent fall on the figure for 2014/15 whilst the overall national (Eng) and regional (WM) expenditure increased by 3.7 and 7.6 per cent respectively.

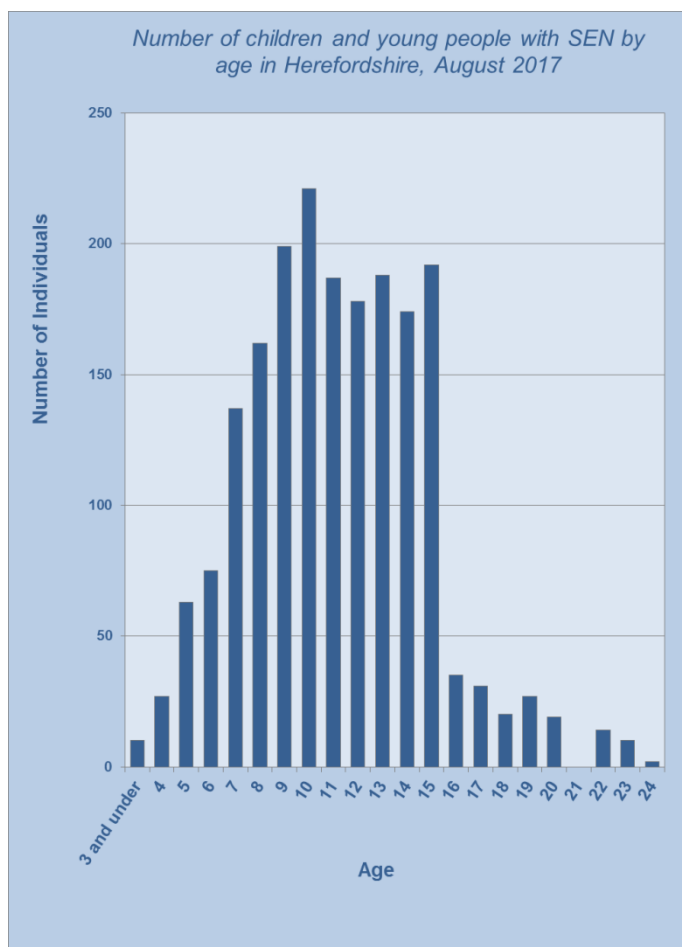
For 18-64 year olds the local expenditure fell proportionally by 25.6 per cent over this period compared to 4.0 and 6.8 per cent increases seen nationally and regionally.

Conversely, for those aged 65+ the Herefordshire expenditure increased proportionally by 78.9 per cent compared to increases of 1.3 and 14.3 per cent observed across England and the West Midlands respectively.

Observation

It is evident that the expenditure in Herefordshire on the care of adults with LD is lower than across the rest of the West Midlands and England. This, allied with the good quality of services provided, as indicated by CQC reports, highlights the good value for money currently obtained for services supporting adults with LD in the county.

Transition into adult services



Examining at the prevalence of special educational needs (SEN) among children and young people (CYP) indicates that the proportion of children with SEN increases with age up until the age of 10 and then plateaus before declining at the age of 16 where children are likely to be leaving full time education.

Although numbers with SEN aged 16+ are small this still suggests that a proportion of people leaving education will need to transition from child to adult services.

The evident difference in the number teenagers with SEN aged up to 15 years and those older (as indicated in the graph) does not correspond with the number of registered LD cases at that age which show an increase between the 10-17 and 18-24 cohorts. This would indicate that the educational needs of these young people with LD are currently under catered for and that greater attention should be concentrated on this cohort as they move from an education setting to possible employment.

Observation

Currently there is no available data monitoring what is happening to young people with LD when they leave full-time education. Collection of such information could be used to monitor the progress of such individuals which would facilitate the identification of any support requirements and could also be used to monitor the success of current support initiatives.

It is evident that in Herefordshire (along with the rest of the country) that LD cases are being under diagnosed, a fact that can lead to individuals not being able to access support and services from which they would benefit. It is possible that this is related to the number of adult cases not being documented which may be due to a missed childhood diagnosis, or an individual "dropping off the radar". Such a pattern may be ameliorated if that throughout an individual's lifetime contact with health professionals any indicators of LD are recorded and acted upon appropriately collaboratively by all relevant practitioners and

West Midlands Quality Review Service

- In September 2015 a review of the care of people with learning disabilities in Herefordshire was undertaken by the West Midlands Quality Review Service (WMQRS).
- Of the 73 applicable quality standards which related to primary care, specialist LD services and commissioning 32 were met, which represents a proportion of 44 per cent. Of these primary care met three out of eight standards (38 per cent), specialist LD services 23 out of 48 (48 per cent) and commissioning 6 out of 17 (35 per cent).
- Generally, the review found staff to be highly committed to providing good care for people with LD and it was noted that day opportunities service provided a good range of opportunities and that links with social workers were working well, including social care assessments being undertaken on the premises.
- However, there were some concerns about the services available for a combination of reasons with the issues relating to:
 - the Partnership Board – the board was deemed not to be working effectively, having no clear work plan and no sub-groups or other mechanisms for implementing a work plan and there was no evidence that the Partnership Board was effectively planning and driving improvements in services for people with learning disabilities;
 - Commissioning of services, and the leadership and governance of the health specialist team - the number of people with learning disabilities for whom services were needed was not clear, access criteria for the services were not clearly defined, both health and social care services were commissioned by the Local Authority without effective mechanisms for the involvement of health commissioners, and health funding for the services was set at an historic level, and arrangements for the review of funding levels were not evident.
 - The leadership and governance of the health specialist team - several aspects of the governance of the team were of concern to reviewers: some members of the team were working alone without effective cover for absence; the physiotherapy assistant was working without clear arrangements for professional supervision; there was limited evidence of a competence framework or training plan; several of the policies and procedures were out of date.
- In relation to primary care reviewers were told that the number of annual health checks and Health Action Plans had reduced since funding for the Directed Enhanced Services (DES) had ceased. Reviewers did not see monitoring of numbers of annual health checks or examples of Health Action Plans. It was concluded that further work in this area may be helpful.

Adult Social Care Outcomes Framework (ASCOF)

- Adult Social Care Outcomes Framework (ASCOF) draws on data from a number of data collections which give a measure of how well care and support services achieve the outcomes

that matter most to clients. Although the information is related to adult social care in general, it also represents a measure of how LD services are perceived and how these perceptions have changed over time.

- The overall social care-related quality of life (SCRQoL) score is derived from the responses to eight questions with a maximum possible score of 24. In 2015/16 the SCRQoL reported for Herefordshire in was 19.8, a figure higher than both those recorded for England (19.1) and the West Midlands (19.0). The local figure has risen steadily since 2012/13 (proportionally by 7 per cent), while nationally and regionally the increase has been more gradual (both proportionally by 2 per cent).
- In 2015-16, 80.5 per cent of service users in Herefordshire reported they have control over their daily lives, compared to 76.6 per cent across England and 75.0 per cent in the West Midlands.
- In Herefordshire, 69.7 per cent of service users reported they were extremely or very satisfied with their care and support in 2015-16, a figure higher than both the national (64.4) and regional (64.2) proportions. The local figure has increased by approximately 6 percentage points since 2013/14 while figures for England or the West Midlands showed marginal falls over this period.
- The proportion of service users and carers who find it easy to find information about services in 2015/16 locally, nationally and regionally were similar, ranging between 72.2 and 73.5 per cent. While the latest Herefordshire figure is proportionally 10 per cent lower than that recorded in 2011/12 the proportions for England and the West Midlands in 2015/16 were broadly similar to those reported for 2011/12.
- While 71.5 per cent of service users in Herefordshire reported feeling safe in 2015-16, the national and regional figures were both below 69 per cent.
- Since 2011/12 the proportions of service users in Herefordshire and across England and the West Midlands have increased with an increase of 13 percentage points observed locally compared to 9 per cent nationally and 12 percent regionally. In 2015/16 the figure for Herefordshire of 88.0 per cent was marginally higher than those recorded both nationally (84.5) and regionally (86.7).

Observation

Although services provided for adults with LD are generally performing well as evidenced by WMQRS and ASCOF improvements can still be made. It would appear appropriate that all relevant services work closely with adults with LD and their carers/support workers to understand their particular needs and experiences within the Health and Social Care system. This should include:

- *consultation with individuals who currently access services to identify areas that require improvement;*
- *as life expectancy increases there should be special emphasis on working with older adults with LD in order to determine requirements of this group and inform the design of service to that will best meet these needs.*