Learning Disability Health Needs Assessment

2025

Somerset

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Executive Summary

This health needs assessment is the first of its kind in Somerset and aims to better understand the health needs of people with learning disabilities. People with learning disabilities are some of the most vulnerable people in society and often require support with many aspects of their daily lives. The level of support a person with learning disabilities needs is dependent on the severity of learning disabilities a person has. Some people with milder learning disabilities can live mostly independently, whilst others with more severe learning disabilities need much more extensive help with day to day tasks. It is widely understood that people with learning disabilities experience worse health outcomes than the general population. According to the academic literature, there are many factors which contribute to this including barriers to accessing services, less trust of healthcare staff, and poorer health literacy to name a few. This results in people with learning disabilities experiencing more avoidable deaths and having a considerably lower life expectancy when compared to the general population according to national data. In Somerset, data shows people with learning disabilities access services less frequently and are more likely to live in a Core20 area than Somerset's general population, which will negatively impact their health.

The exact number of people with a learning disability in Somerset is unknown, although, we estimate there are between 3,500-12,350 people with a learning disability in Somerset. This broad range is due to a large number of people, particularly those with mild learning disabilities, not being recorded on their GP's learning disability register. Data suggests reporting of learning disabilities is relatively good in Somerset, with a higher proportion of people recorded on GP learning disability registers than the national average.

Of the known people with learning disabilities in Somerset, 1 in 7 live in a Core20 area compared to 1 in 12 people in Somerset's general population. Living in a Core20 area amplifies the existing health inequalities people with learning disabilities face which will negatively impact their health, quality of life and life expectancy. This means some of our county's most vulnerable people are more likely to live in the areas of highest deprivation in our county, and experience worse health outcomes as a result.

People with learning disabilities in Somerset experience a higher prevalence of most health conditions highlighted in this report compared to Somerset's general population. There are some exceptions, for example, smoking prevalence and COPD prevalence is lower amongst people with learning disabilities. When comparing against national prevalence rates, Somerset performs better for some outcomes (e.g. lower rates of antipsychotic prescribing & higher rates of influenza vaccination) but worse for others (e.g. higher rates of benzodiazepine prescribing & hypothyroidism) in individuals with learning disabilities. For a summary of prevalence rates, see Appendix 1: Summary table of Health Needs.

Under-identification and under-reporting of conditions is likely to affect the prevalence rates for people with learning disabilities, meaning many of the conditions mentioned in this report may be even more prevalent than this report suggests. The most notable example of this is cardiovascular disease. Data suggests people with learning disabilities have lower rates of cardiovascular disease despite them experiencing more cardiovascular disease risk factors than Somerset's general population. Improving data quality is one of the key ways we can better understand the health needs of people with learning disabilities in Somerset.

Based on the data in this report, we have identified nine priority areas for action. These are areas which, if improved, could see significantly better outcomes in the health of people with learning disabilities, and enhance our understanding of how these issues impact these individuals. The priorities for action can be found in the Priorities for Action section below.

Priorities for Action

Based upon the data presented in this report, we suggest the following nine areas as priorities for Somerset in improving the health of people with learning disabilities. These have been ranked based on the impact the authors think they will have on the health of people with learning disabilities if they are addressed.

1. **Learning disability health checks** – Somerset has higher rates of learning disability health checks than the national average and just meets the NHS target of 75% uptake. Despite this, literature shows increasing uptake of health checks will improve weight management, smoking cessation, type-2 diabetes management and under-reporting of health conditions. Therefore, we recommend working to further increase the uptake of learning disability health checks.

2. **Sexual Health** – A 2021 consultation by Somerset Foundation Trust found only 28% of adults with learning disabilities in Somerset felt they had adequate access to sexual health support. NHS Somerset ICB have recently piloted a programme aimed at providing sexual health support to adults with learning disabilities. Whilst this is promising, more should be done to improve people with learning disabilities' access to sexual health services.

3. **STOMP** – Both national and Somerset level data shows overprescribing of psychotropic medication to people with learning disabilities happens at significantly higher rates than for the general population. Somerset has lower rates of antipsychotic prescribing, similar rates of antidepressant and epilepsy medication, and higher rates of benzodiazepine prescribing than national rates for people with learning disabilities. Reducing overprescribing of psychotic medication has been shown to improve the management of GORD & dysphagia and help to prevent respiratory deaths

4. **Reporting** – Around 80% of learning disability deaths in 2023/24 were reported to LeDeR in Somerset. The reported deaths did not include anyone of Asian ethnicity despite there being 5 (rounded) deaths reported by NHS England. Any potential learning from these deaths was missed. Therefore, we recommend raising awareness of how to report deaths to LeDeR amongst health & care staff and family members of people with learning disabilities.

5. **Data Collection –** To the authors' knowledge, there is no published data on suicide or oral health of people with learning disabilities in Somerset. National data shows people with learning disabilities have significantly worse oral health outcomes than the general population which has led to people with learning disabilities being identified as a priority group for oral health support in Somerset. Following the success of the "We need to talk about death" film produced by NHS Somerset ICB, we suggest a similar film be made surrounding suicide to capture the perceptions of suicide amongst people with learning disabilities in Somerset. Additionally, we recommend suicide be classed as a "local priority area" for any death reported to LeDeR.

6. **GORD** – Somerset has significantly higher rates of GORD compared to national prevalence rates for people with learning disabilities and there is little guidance on GORD management available in Somerset. Therefore, we recommend creating a learning brief on effective GORD management, similar to those available for dysphagia.

7. **Cardiovascular disease** – Somerset GP data shows people with learning disabilities in Somerset have significantly lower rates of cardiovascular disease despite

experiencing more risk factors compared to the general population. Following this, a GP fellowship has been established to investigate CVD amongst people with learning disabilities. Additionally, the fellowship aims to address the gap that blood tests are included in NHS health checks, but not learning disability health checks, and people with learning disabilities can't access NHS health checks.

8. **Screening** – Somerset has significantly higher rates of colorectal cancer screening, and similar rates of cervical and breast cancer screening compared to national rates for people with learning disabilities. This is likely due to the excellent work the screening teams have been doing to increase uptake in recent years. However, these rates are still lower than for Somerset's general population suggesting there is a gap in screening access.
9. **Smoking** – Somerset Council's Smokefree Service currently doesn't have any resources for people with learning disabilities accessing their services. We recommend developing a set of easy-read resources aimed at helping people with learning disabilities stop smoking.

1 Scope and Purpose

The purpose of this Health Needs Assessment is to understand and determine the local needs of adults with learning disabilities (aged 18+) in Somerset. This is the first Learning Disability Health Needs Assessment for Somerset and with the aid of local data, aims to highlight the needs of the population, both current and anticipated; to support targeting of resources. The needs of children and young people are acknowledged within this report, but not assessed in detail due to the complexity and diversity of their needs, which are different to the needs of adults.

This report acknowledges that many people, particularly with milder learning disabilities, may not be known to, or their learning disabilities not known to, GPs, the Local Authority or commissioned services. It is therefore much more difficult to obtain or quantify their views, experiences and/or needs for the purpose of this report.

2 Background

Adults with learning disabilities have poorer mental and physical health than the general population, and are one of the most vulnerable groups in society due to the health inequalities, social exclusion, and stigmatisation they face. Adults with learning disabilities therefore often experience barriers to accessing healthcare services and receive worse levels of care[1]. This results in adults with learning disabilities having less trust in the care they receive and may result in them not seeking or utilising healthcare services offered to them; which contributes to a higher number of avoidable deaths in adults with learning disabilities compared to the general population. Many initiatives which aim to reduce inequalities in the healthcare system miss the mark when it comes to adults with learning disabilities. Adults with learning disabilities have more complex health needs than the general population meaning they require more medical care and support; however, these complex needs are often not treated or identified.

2.1 Definition of Learning Disabilities:

In general terms, a learning disability is defined as having a reduced intellectual ability which inhibits learning of new, complex information and having reduced social and adaptive functioning, leading to having a reduced ability to cope independently[2]. These effects commonly start in childhood and have a lasting effect on the individual's development.

How a learning disability affects an individual is unique to each person, although learning disabilities are commonly categorised into four 'levels' of disability. A person's 'level' of learning disability is determined by their needs and reasonable adjustments. IQ can also be used to define the 'level' of learning disability, although this is not commonly used as it can be a bit arbitrary. The four 'levels' of learning disability are described in Table 1 below based upon ICD-11 classification.

Table 1: A table showing the 4 'levels' of learning disabilities and a description of how each 'level' of learning disability may affect an individual. Source: Definition | Background information | Learning disabilities | CKS | NICE

Category of Learning Disabilities	IQ Score	Description
Mild	50-69	This group includes individuals who are mostly able to live independently and communicate their needs with others. However, they need assistance with complex issues and tasks.
Moderate	35-49	This group includes individuals who can communicate with basic language skills and would be able to carry out their day-to-day activities with some support.
Severe	20-34	This group includes individuals who have only very basic language skills and communicate with basic words and hand gestures. They likely have additional medical needs and require more support for day to day living.
Profound and multiple	<20	This group includes individuals who have significant difficulty communicating and have very little understanding. They often express themselves through non-verbal means or with a few words or symbols. They may also exhibit challenging behaviour.

It is important to acknowledge that learning disabilities are different to learning difficulties and mental health problems, as these two terms are often confused with learning disabilities. The main distinction is that learning difficulties and mental health problems do not affect general intelligence, whereas learning disabilities have a direct impact on IQ and cognitive function which impacts an individual for their whole life. A person with a learning disability may also have a learning difficulty or a mental health problem, although these are separate to having a learning disability.

2.2 General needs

One of the main characteristics of adults with learning disabilities is having an impairment in cognitive functioning. This often means adults with learning disabilities take longer and require support, to learn and develop new skills, understand complex information, and interact with others. This affects the daily lives of individuals who may have difficulties with everyday activities, such as household tasks, socialising, and managing money.

The level of support an adult with learning disabilities need depends on numerous factors, including the severity of their learning disability, and other physical or mental health conditions. Support needs range from people with mild learning disabilities being able to cope with day to day living without assistance but needing support for more complex activities such as securing employment or booking a medical appointment, to people with severe or profound learning disabilities needing full-time support in all aspects of their lives.

When determining the level of health and social care needed, the level of intellectual impairment, along with other compounding conditions (such as unemployment, homelessness and poverty) is assessed. Other co-existing conditions may also affect the level of care provided. Examples of co-existing conditions may include: mental health issues, communication difficulties, physical disabilities (e.g. sensory impairment and mobility difficulties), medical conditions (e.g. epilepsy or diabetes), behavioural issues (e.g. self-injury

or inappropriate social behaviours) and preventable health conditions resulting from lifestyle factors (e.g. smoking, obesity and poor oral health).

2.3 Causes of Learning Disabilities

In general terms, a learning disability occurs in an individual when their brain development is affected before they are born, during birth or in early childhood. There are a variety of factors which can affect brain development including the mother becoming ill during pregnancy[3], lack of oxygen to the infant's brain during or after birth[4], inheriting or activating specific genes (e.g. the RNU4-2 gene) or having dominant mutations of specific genes[5] , illnesses in early childhood such as meningitis[6] and iodine deficiency[7]. Whilst all the factors mentioned above affect brain development, it does not guarantee that a person who experiences one or more of the above will have a learning disability.

Sometimes the causes are unknown. However, the known causes of learning disabilities can be separated into four categories:

- **Genetic** – The majority of genetic causes result from either chromosomal abnormalities, such as in Down's syndrome and Turner syndrome[8], or X-linked disorders, such as fragile X syndrome. Secondary neurological damage caused by conditions such as Phenylketonuria can also result in genetic causes of learning disabilities[9].
- **Infective** – infections, such as meningitis, can cause learning disabilities if contracted either antenatally or postnatally.
- **Brain injuries** – Brain injuries (e.g. from a road traffic incident or child abuse) which occur antenatally, during birth or postnatally can cause learning disabilities. Additionally, a low birth weight due to premature birth can also cause learning disabilities[10].
- **Environmental** – A number of environmental factors can cause learning disabilities including nutritional deficiencies, alcohol, drugs, exposure to radiation and lead. Additionally, mothers drinking alcohol whilst pregnant can cause their infant to have a learning disability through conditions such as Foetal Alcohol Syndrome[11].

2.4 National context:

National estimates show that the prevalence of learning disabilities is much higher than what is self-reported and recorded on GP systems. In the UK, 2.16% of adults are believed to have a learning disability[12] meaning that there are an estimated 1.2 million adults with a learning disability in the UK based upon 2024 data. Of these 1.2 million people, an estimated 977,000 people with a learning disability live in England, and 884,000 people are of working age (aged 18-64). The national prevalence from the GP learning disability register is 0.6%[13], however only a small proportion of individuals with a learning disability have this recorded. The GP patient survey reports 1.8% of people in England having a learning disability, which confirms the underreporting on the GP learning disability register[14].

Hospital admissions data for 2023/24 shows there were 2,015 learning disability and/or autism inpatients in England[15]. Of these inpatients, 1,080 (53%) have a total length of stay of over 2 years, and a further 340 (17%) have a total length of stay of over 10 years. Comparatively, national data shows that the average length of stay for the general population in England was 8.3 days in 2022[16] which shows that adults with learning disabilities in England have considerably longer lengths of stay for hospital admissions than the general population. One of the main reasons for this is people with learning disabilities are more likely to be in secure wards which will greatly increase their length of stay in hospital. Figure 1 below shows the

breakdown of inpatients with a learning disability and/or autism by NHS England Commissioning Region; the South West region has the smallest number of inpatients of any commissioning region. Hospitals are generally discharging more patients with learning disabilities and/or autism than are getting admitted to hospital. For example, in April 2024, 160 patients with a learning disability and/or autism were discharged from hospital compared to 90 patients with a learning disability and/or autism who were admitted to hospital. When looking at the age of hospital admissions, the 25-34 years old age group were the largest age group with 605 admissions (30%) and over 65's were the smallest age group with 45 (or 2%) of hospital admissions. One of the main causes of hospital admissions for people with learning disabilities is 'convulsions and epilepsy' accounting for 40% of emergency admissions[17].

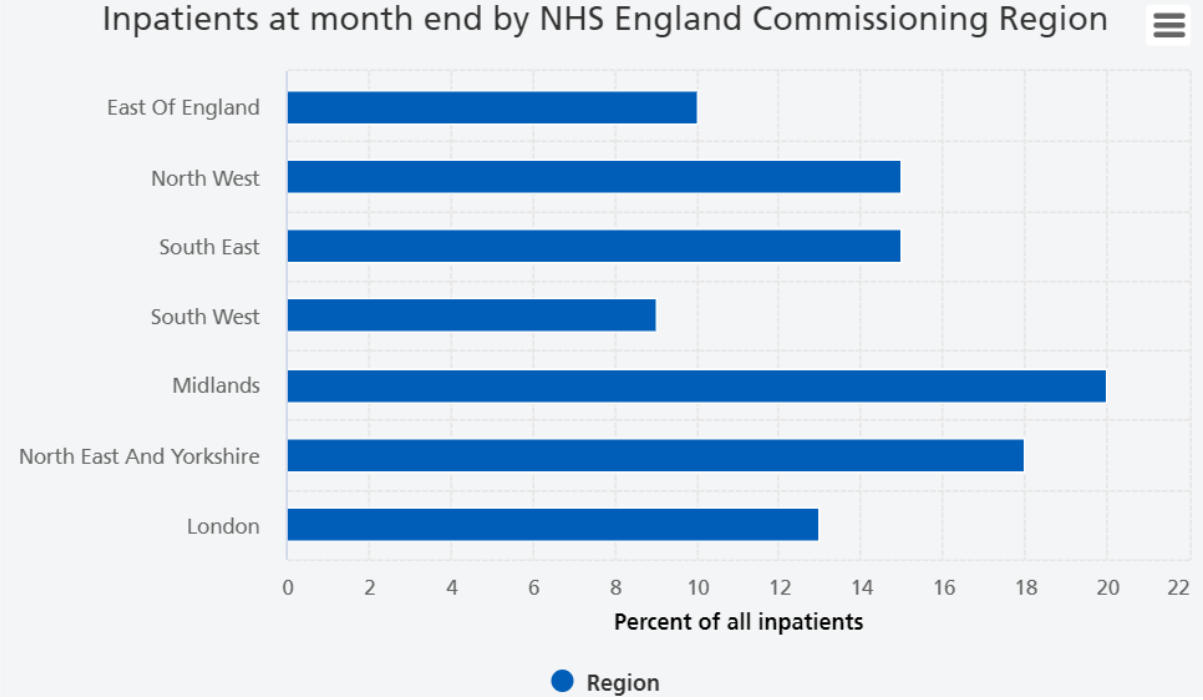

Figure 1: A graph showing the breakdown of all inpatients with learning disabilities and/or autism by NHS England Commissioning region. Source: Summary findings from the AT dataset - NHS England Digital

2.4.1 National Policies

Key national policy and guidance documents produced over the past twenty-five years which impact the health and care of people with learning disabilities in England are highlighted in Appendix 2: National Policies. This section is not designed to be a comprehensive list but designed to give an overview of the key policy and guidance, which have shaped the health and care of people with learning disabilities. . If you would like further information about policy, guidance and research affecting health and care of people with learning disabilities, please see: NHS Learning Disability Evidence Document.

3 Picture of Learning Disability in Somerset

Seven data sources have been identified with figures for the number of people with a learning disability in Somerset. These data sources along with their population estimates are listed in Table 2 below. The range of values stated for the number of people in Somerset with a learning disability varies a lot from just under 3,500 people to almost 12,350 people. This indicates that not a lot is known about the true number of people with a learning disability in Somerset due to the large variation in figures, although this large variation is also seen nationally. The following paragraphs break these figures down in detail to try and better understand which value is closest to the true value. For more information about Somerset's general population, please see Appendix 3: Somerset Population Overview.

Table 2: A table showing population estimates for the number of people with a learning disability in Somerset.

Source	Count
Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024[18] (data coverage: 98.83%)	3,475
Somerset Council Public Health Cardiovascular Disease Dashboard 2025[19] (data coverage: 99.3%)	3,625
Fingertips: QOF prevalence of learning disabilities 2023/24[20]. 0.6% of Somerset population on QOF learning disability register 2023/24.	Number adults with a learning disability = 2,970 Number people with a learning disability = 3,649
Fingertips: GP Patient Survey 2024, percentage of people reporting having a learning disability[21]. 1.4% reporting having a learning disability in GP patient survey 2024.	Number of adults with a learning disability = 6,931 Number of people with a learning disability = 8,514
POPPI & PANSI[22] (Adults only)	10,907 (for 2025)
Population estimate based on South West regional proportion of people on their GP's learning disabilities register (30.39%)[23] applied to QOF figures from fingertips for the number of people on their GP's learning disabilities register.	Between 11,435 & 12,093 people
Population estimate based off Mencap's 2.16% prevalence rate of learning disabilities[24] and Somerset population from 2021 Census	12,347

Three of the sources appear to give a similar estimate for the number of people with a learning disability in Somerset of between 3,475 to 3,649. It is important to note that all three of these sources draw their estimates from the GP learning disabilities register which is why the values are all very similar. Based on population estimates, it is estimated that in the South West region, around 30% of people with a learning disability are on their GP's learning disability register[25]. One of the main reasons for this is that people with learning disabilities experience barriers to accessing medical services through the health inequalities, social exclusion and stigmatisation they experience. This will lead to some people with learning disabilities either not disclosing that they have a learning disability to their GP or choosing not to register with a

GP. Potentially up to 70% of people with a learning disability may not be accounted for on the GP learning disability register meaning the estimates of around 3,475 to 3,649 are likely underestimates of the true figure.

Data from Fingertips (QOF Prevalence) shows that the Somerset GP learning disability register captures a higher proportion of people with learning disabilities than the England average. According to the GP data reported on Fingertips, in Somerset, 0.61% of the population have a learning disability compared to the England average of 0.58%[26], although this is statistically similar. However, the number of people self-reporting having a learning disability in Somerset is 1.4%, which is much lower than the England average of 1.8%[27]. This is shown in Figure 3 below. As Somerset has a slightly higher proportion of people recorded as having a learning disability on GP learning disability registers than the England average, and fewer people are self-reporting having a learning disability in Somerset compared to the England average, it suggests that recording of learning disabilities by GP's is better than average compared to the rest of England.

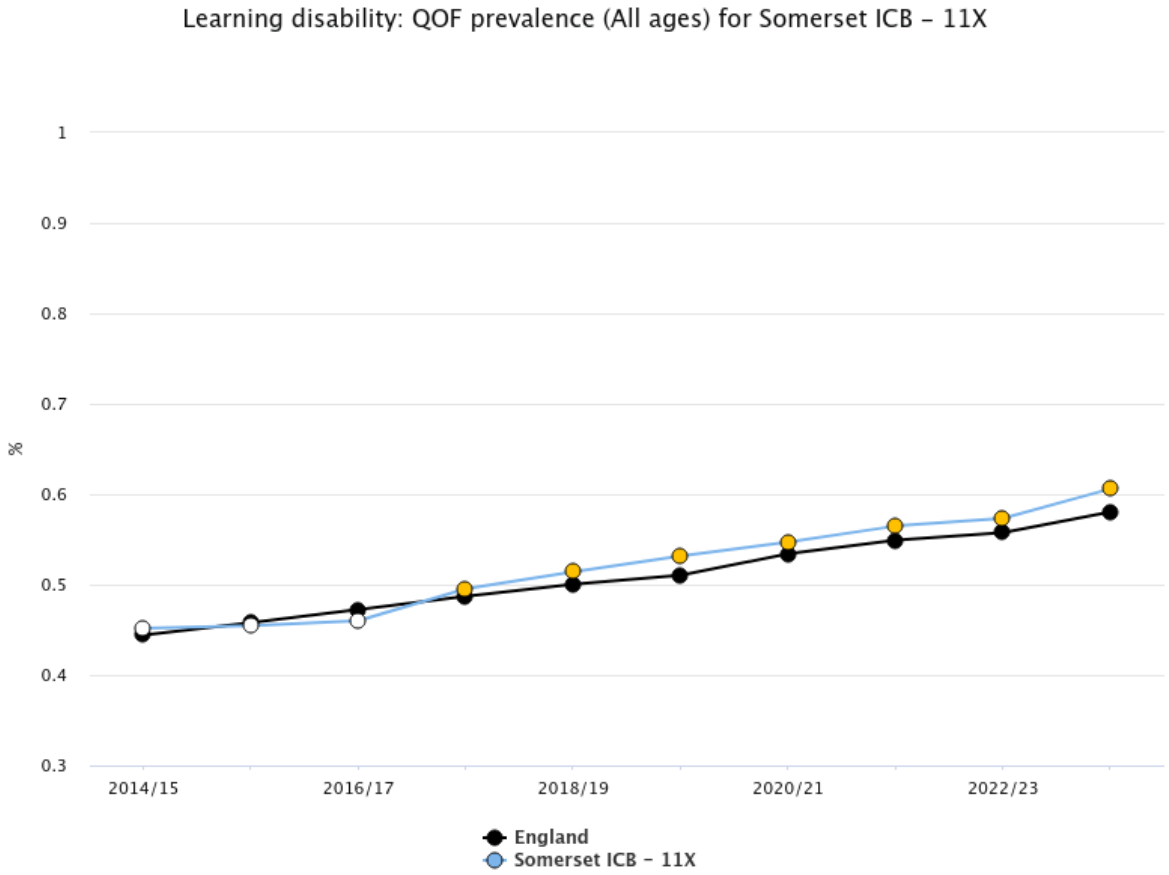

Figure 2: A graph showing the QOF prevalence of learning disabilities in Somerset and England. Source; [National General Practice Profiles - Data | Fingertips | Department of Health and Social Care]

Despite Somerset having better reporting, there is still a difference of 0.8 percentage points in Somerset between the number of people on the GP learning disability register (0.6%) and the number of people self-reporting having a learning disability (1.4%). When applying these figures to the Somerset population, if 1.4% of people self-report having a learning disability, this would equate to 8,514 people with a learning disability in Somerset, of which 6,931 of them would be adults with a learning disability. As these figures come from a self-reported survey, the figures stated could be an overestimation due to self-reporting bias[28]. Although studies do show that people with learning disabilities have less confidence and trust in their

GP than the general population[29]. This may result in some people with learning disabilities not feeling comfortable disclosing their learning disability during the GP survey due to worries about whether their needs will be met if they disclose their learning disability; which would lead to this value being an underestimation. Therefore, the figure of 8,514 people could be an overestimation, or an underestimation based on the current data we have.

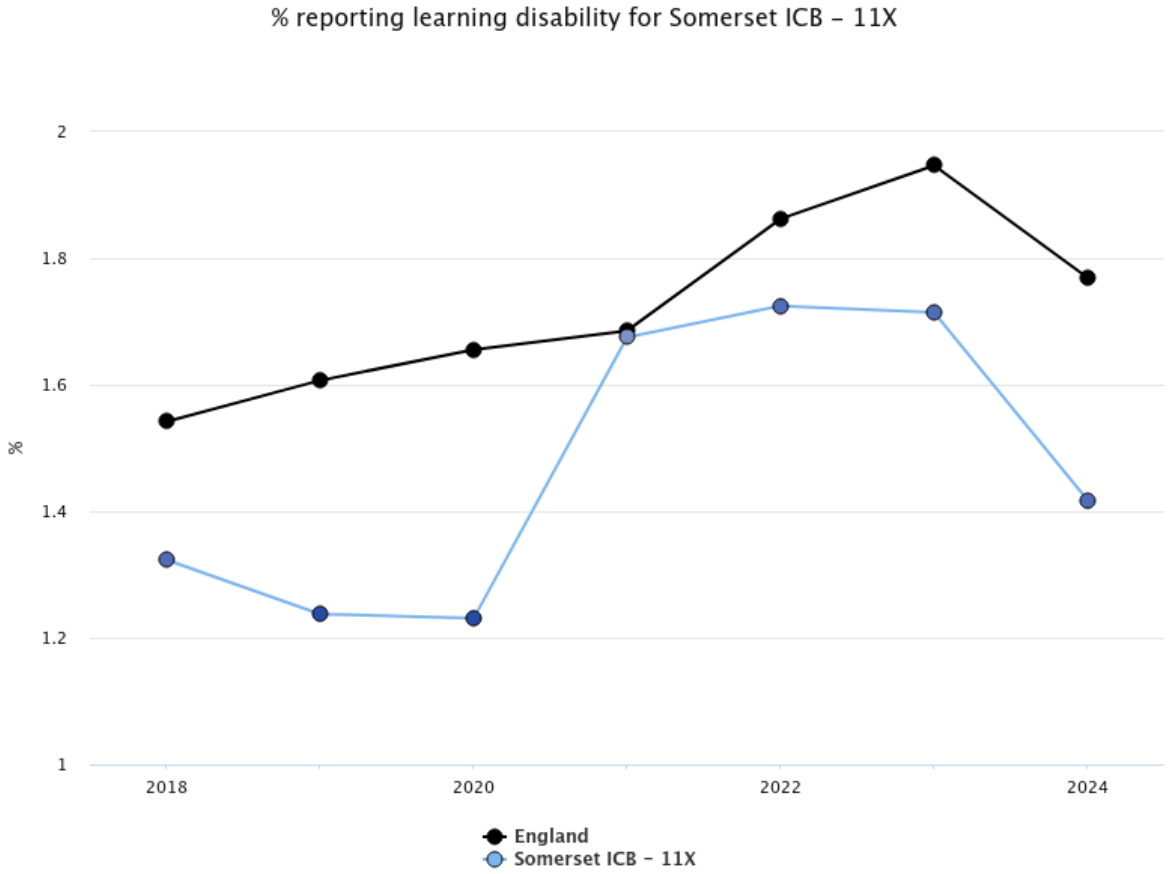

Figure 3: A graph showing the proportion of people self-reporting having a learning disability in Somerset & England on the GP patient survey. Source: National General Practice Profiles - Data | Fingertips | Department of Health and Social Care

POPPI & PANSI predict that there will be 10,907 people with a learning disability in Somerset in 2025[30]. These predictions are based on prevalence rates taken from a report published in June 2004 which were then applied to ONS population projections in the years 2011 and 2021 and linear trends projected to give the estimated numbers. POPPI & PANSI is a prediction is based off prevalence rates from over 20 years ago so may not be completely accurate. However, in the South West region, an estimated 30.39% of people with learning disabilities are recorded on the GP learning disability register[31]. Based on the GP learning disability register figures for Somerset, there are an estimated 11,435 to 12,093 people with a learning disability in Somerset. Additionally, when the 2.16% prevalence rate of learning disabilities reported by Mencap[32] is applied to the Somerset population from the 2021 census, it estimates there are 12,347 people with a learning disability in Somerset. These two estimates are a lot closer to the estimates provided by POPPI & PANSI (despite being predicting between 500 to 1,450 more people with a learning disability) which suggests the actual number of people with learning disabilities may be closer to around 11,000 - 12,000 people.

After considering the values presented from the above data sources, we believe that the true number of people with a learning disability in Somerset is somewhere **between 3,500-12,350**

people. This is still a wide range of values and suggests that a lot is still unknown about the true number of people with learning disabilities in Somerset; despite evidence that Somerset has better recording of learning disabilities on GP's learning disabilities registers. More accurate data is needed to understand the true number people with learning disabilities in Somerset.

3.1 Autism & Down's syndrome

Autism and Down's syndrome are two conditions which are often associated with people with learning disabilities, but are two separate conditions. Many people with learning disabilities are also diagnosed with either autism or Down's syndrome, but not all people diagnosed with autism or Down's syndrome will have a learning disability. Around 1 in 3 people diagnosed with autism also have a diagnosis of a learning disability[33]. One of the key symptoms people with Down's syndrome experience is intellectual impairment, although the extent of this intellectual impairment varies from person to person[34]. People who have learning disabilities and are also diagnosed with either autism or Down's syndrome experience different health needs to people with learning disabilities without autism or Down's syndrome. The health needs for these individuals are not covered in detail in this report due to the complexity and diversity of their needs.

Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 identified 1,120 people with a learning disability who also have a diagnosis of autism in Somerset. This means the prevalence rate of autism amongst people with a learning disability in Somerset is 32.2%, which is in line with national prevalence rates. Additionally, the data shows there are 400 people with a learning disability who also have a diagnosis of Down's syndrome in Somerset. The prevalence of Down's syndrome amongst people with a learning disability in Somerset is 11.5%, which is in line with the national prevalence rate of 11.2%[35]. For more information about autism and Down's syndrome prevalence amongst people with learning disabilities in Somerset, see: NHS Digital.

3.2 LSOA level data

The map (Figure 4) below shows the distribution of people with learning disabilities by LSOA area in Somerset taken from the Somerset Council Public Health Cardiovascular Disease Dashboard 2025. The data used to make this map comes from the GP learning disabilities practice register and is based on the person's home address. This map only includes people registered with a Somerset GP so anyone who lives in Somerset but is registered with a GP outside of Somerset is not included. The LSOA with the highest number of people with a

learning disability is 55 and the lowest number is 0. The darker the area, the higher the number of people with a learning disability.

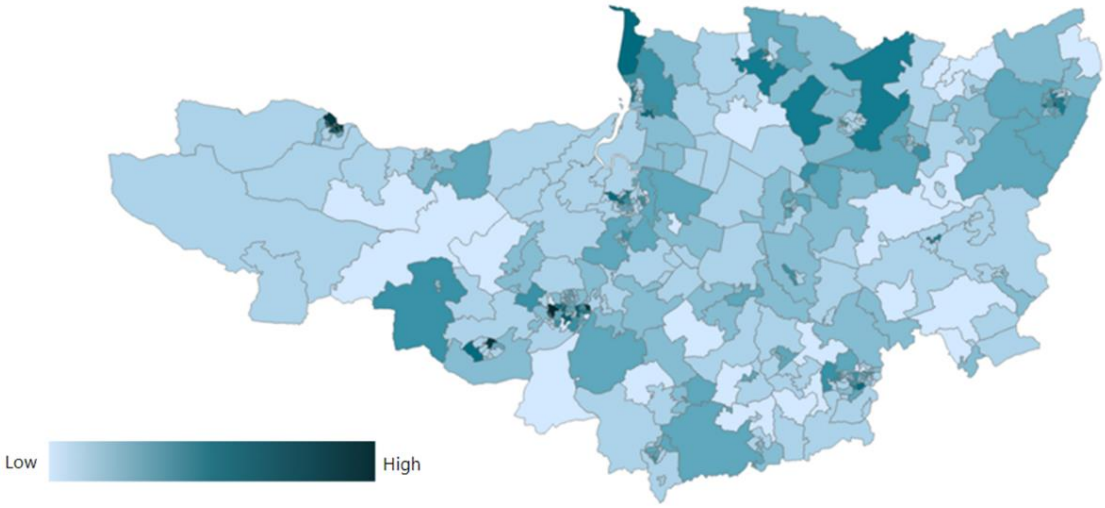

Figure 4: A map showing the number of people with a learning disability in Somerset by LSOA. Source: Somerset Public Health CVD Dashboard

3.3 GP practice level data

Figure 5 below shows the proportion of people registered at each GP practice with a diagnosis of learning disabilities. The darker the colour, the higher the proportion of people with learning disabilities. In Somerset, the GP practice with the highest prevalence of learning disabilities is Taunton Vale Healthcare with 1.69% prevalence of learning disabilities, and the GP practice with the lowest prevalence rate of learning disabilities is Wedmore Surgery with 0.13% prevalence of learning disabilities.

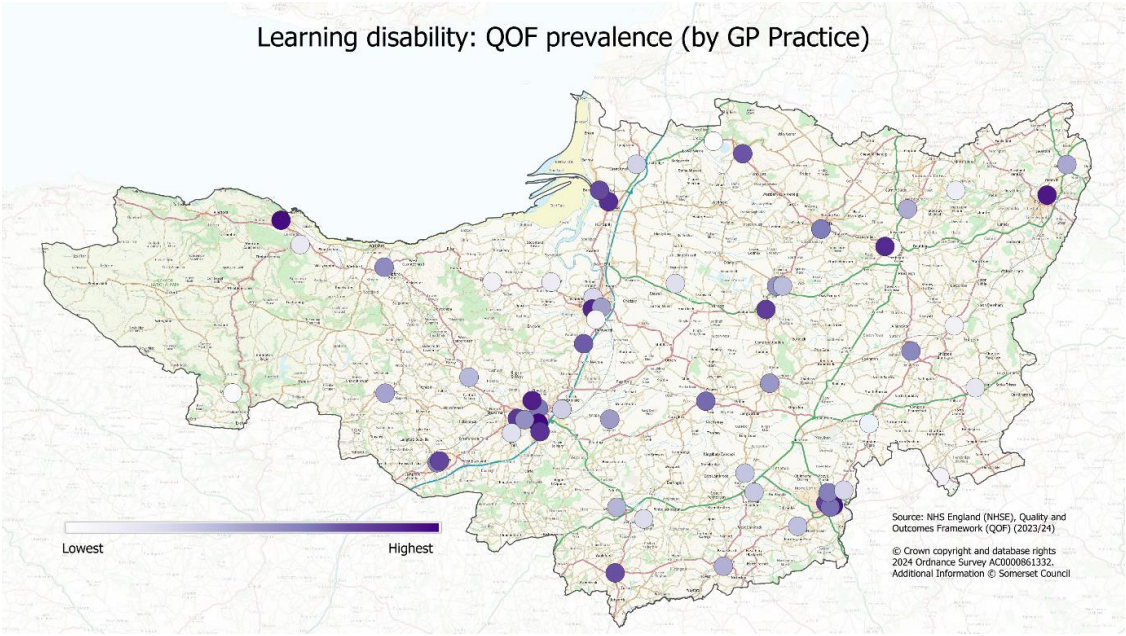

Figure 5: A map showing the proportion of people registered at each GP practice with a diagnosis of learning disabilities. The darker the colour, the higher the proportion of people with learning disabilities. Source: SHAPE

In Somerset, there are ten GP practices which fall in the highest quintile for learning disabilities prevalence nationally. These are mapped in Figure 6 below and includes GP practices with a prevalence of learning disabilities of >0.8%. The green and orange background shows the rural/urban classification of Somerset, with green indicating more rural areas and orange/red indicating more urban areas. All the GP practices with the highest prevalence of learning disabilities fall in Somerset's more urban areas. Also, four out of the ten GP practices with the highest prevalence of learning disabilities are in Taunton. For more information about these locations, see: ShapeAtlas.

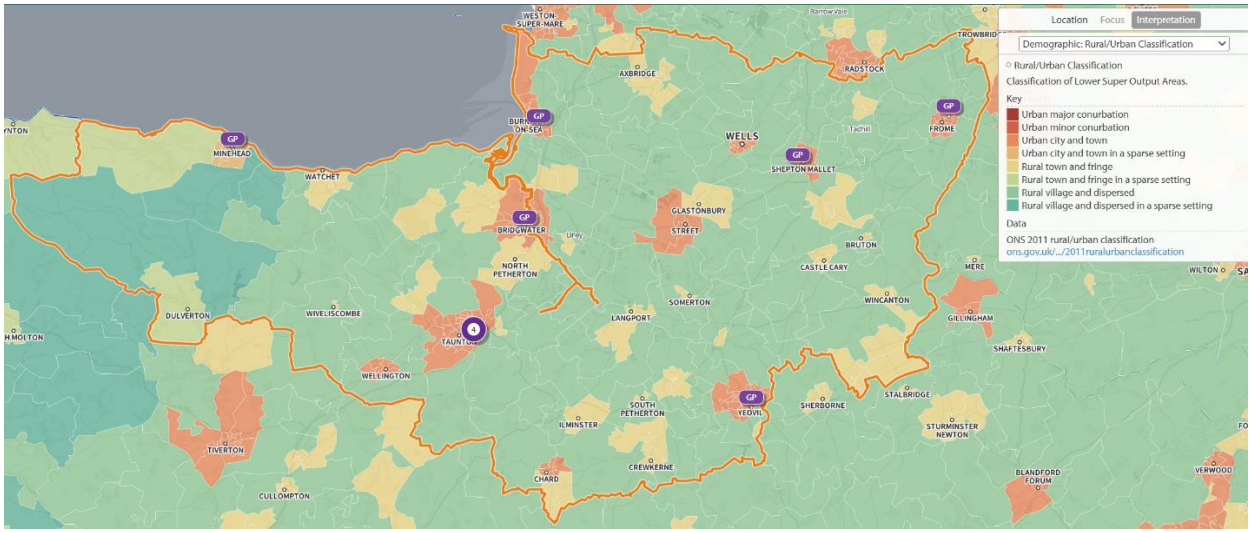

Figure 6: A map showing the locations of the GP Practices with in the highest national quintile for prevalence of learning disabilities and rural/urban classification. Source: SHAPE

3.4 Age & Sex

Figure 7 below shows the age and sex breakdown of people with a learning disability in Somerset taken from the Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 publication by NHS Digital. The age groups with the greatest number and proportion of people with a learning disability in Somerset are 18–24-year-olds, 25–34-year-olds and 35-44-year-olds. The age groups with the lowest number of people with a learning disability are 70–74-year-olds, 75+ year olds and under 18's. These trends generally match England level data.

Across all age groups in Somerset, except over 75's, there are more males with a learning disability than females. Studies show that men are diagnosed with a learning disability at higher rates than women and that the causes of these differences are a result of both genetic and social factors[36]. Data from Health and Care of People with Learning Disabilities shows this trend is replicated across England with 0.65% of men and 0.43% of women having a learning disability.

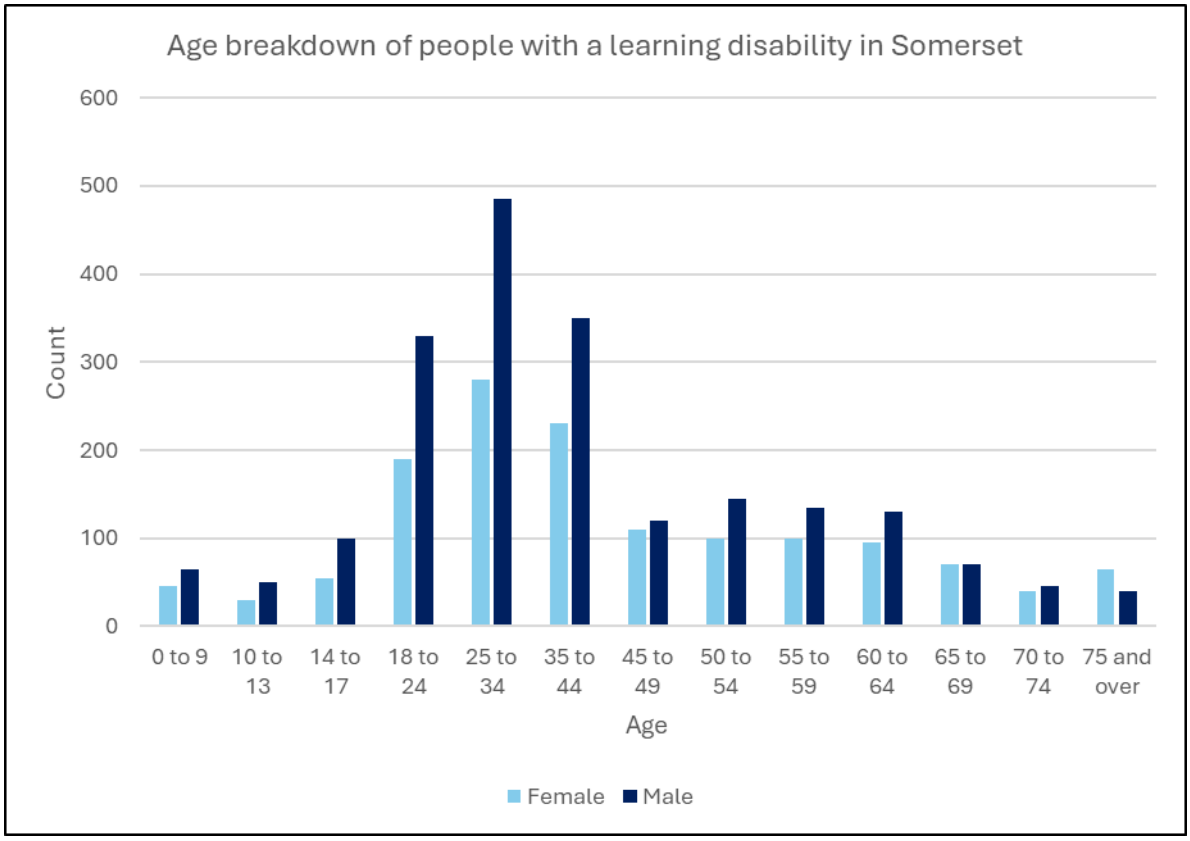

Figure 7: A graph showing the age and sex breakdown of people with learning disabilities in Somerset. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

3.5 Ethnicity

GP data shows that the prevalence of having a learning disability is generally representative of the Somerset population regarding ethnicity. There are two exceptions to this. Firstly, the Asian or Asian British ethnic group have slightly lower rates of learning disabilities accounting for 0.9% of people with a learning disability in Somerset but account for 1.5% of the general population of Somerset. Secondly, the White ethnic group have slightly higher rates of learning disabilities accounting for 97.2% of people with a learning disability in Somerset but account for 96.4% of the general population of Somerset.

Table 3: Breakdown of people with a learning disability by ethnicity in Somerset. Source: Somerset Demographics | Age, Ethnicity, Religion, Wellbeing

Ethnicity	Somerset population breakdown by ethnicity[37]	Percentage of learning disabilities by ethnicity*
Asian or Asian British ethnic group	1.5%	0.9%
Black, African, Caribbean or Black British ethnic group	0.4%	0.5%
Mixed ethnic group or from multiple ethnic groups	1.2%	1.1%
Other ethnic group	0.4%	0.3%
White ethnic group	96.4%	97.2%

*Note: The percentages stated only include GP records where the ethnicity is known. Any records where ethnicity was missing, incomplete or refused are not included. Around 7.5% of learning disability records fall into this category.

3.6 IMD

Data from Somerset Council Public Health CVD Dashboard show that there are 530 people with a learning disability living in a Core20 area in Somerset. A Core20 area is defined as an area which is in the most deprived 20% of the national population as defined by the national index of multiple deprivation based upon 7 indicators spanning the social determinants of health[38]. This equates to roughly 1 in 7 people with a learning disability living in a Core20 are in Somerset which is almost double the rate compared to the general population of Somerset where 1 in 12 people live in a Core20 area. Living in a Core20 area has a negative effect on a person's health and life expectancy, which provides one explanation why people with learning disabilities experience worse health outcomes and life expectancy in Somerset compared to the general population.

4 Key Health Needs

Adults with learning disabilities have been shown to be more likely to have certain health problems, have poorer health, and die younger than the general population. Therefore, having a good understanding of what and how these health conditions affect people with learning disabilities in Somerset is vital to ensuring that the best healthcare and support can be provided to those who need it.

This section provides an overview of the main health conditions affecting adults with learning disabilities in Somerset. The majority of the data comes from Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 dataset which is taken from GP record data, so may not capture everyone with a learning disability in Somerset. This may influence the accuracy of the prevalence rates stated in this report.

Additionally, when interpreting the prevalence rates stated below, it is important to consider that small number suppression has taken place. For counts taken from Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024, counts of 0 are classed as 0, counts of 1-4 are classed as 5, and counts of >4 are rounded to the neared 5. This is likely to impact the prevalence rates of adults with learning disabilities in this study as the population size is small, especially when considering conditions with naturally low prevalence rates and where data has been split by age and sex.

4.1 Mental Health

Studies show that people with learning disabilities are up to two times as likely to suffer from a mental health condition than people without learning disabilities[39]. Biology and genetics, higher incidence of negative life events, worse access to resources and coping skills, and the impact of stigma/discrimination all contribute to people with learning disabilities being more vulnerable to developing a mental health condition. National population estimates predict that 40% (or 28% if problem behaviours are excluded) of adults with learning disabilities experience mental health problems at any point in time[40]. Although research shows that mental health problems are under recognised in people with learning disabilities which can lead to these individuals receiving poorer mental health support or not being identified by mental health services. This subsequently leads to the mental health of people with learning disabilities being left untreated and potentially getting worse.

In Somerset, people with learning disabilities have statistically similar rates to the general population of depression but have significantly higher rates of anxiety and severe mental illness. This replicates the trends shown in national data[41]. A breakdown on these conditions by age and sex is presented in the relevant sections below. Research shows that people with learning disabilities have face barriers to accessing mental health services and have a higher risk of disengagement with mental health services[42], which may lead to underreporting of mental health amongst adults with learning disabilities. Therefore, the prevalence rates stated in this report may be underestimates, although it is unknown whether this is the case in Somerset.

A consultation in 2021 found that accessing mental health support for people with learning disabilities in Somerset was seen as difficult and that support from ‘the mental health team was not happening’[43]. Since this consultation was published, Open Mental Health and Somerset Council have published an easy-read guide to good mental health aimed at helping people with learning disabilities understand and take care of their mental health. This easy-read guide can be found here: OMH Easy Read Guide to Good Mental Health - Open Mental Health

4.1.1 Depression

Adults with and without learning disabilities in Somerset have statistically similar rates of depression (20.8%) (with LD 20.8% [95% CI 19.4%, 22.2%], without LD 21.9% [95% CI 21.8%, 22.0%])[44], although this is not statistically significant. Figure 8 below shows the rates of depression in people with and without learning disabilities split by age and sex. In line with England and Somerset data, women with learning disabilities in Somerset have higher levels of depression than men. However, men with learning disabilities have slightly higher rates of depression than men without learning disabilities (with learning disabilities 17.6% [95% CI 15.9%, 19.4%], without learning disabilities 16.6% [95% CI 16.4%, 16.7%]), although this is not statistically significant. This is the opposite in women with learning disabilities who have slightly lower rates of depression than women without learning disabilities (with learning disabilities 25.4% [95% CI 23.1, 27.8%], without learning disabilities 27.0% [95% CI 26.8%, 27.2%]), although this is also not statistically significant.

Age impacts depression rates for adults with learning disabilities in Somerset as people over 65 with a learning disability have higher rates of depression compared to people without learning disabilities. The difference is largest for people aged over 75 where the prevalence of depression is significantly higher for people with learning disabilities. However, for under 65's adults with learning disabilities have statistically similar lower rates of depression (except for 45–54-year-old men where depression is significantly higher in people with learning disabilities).

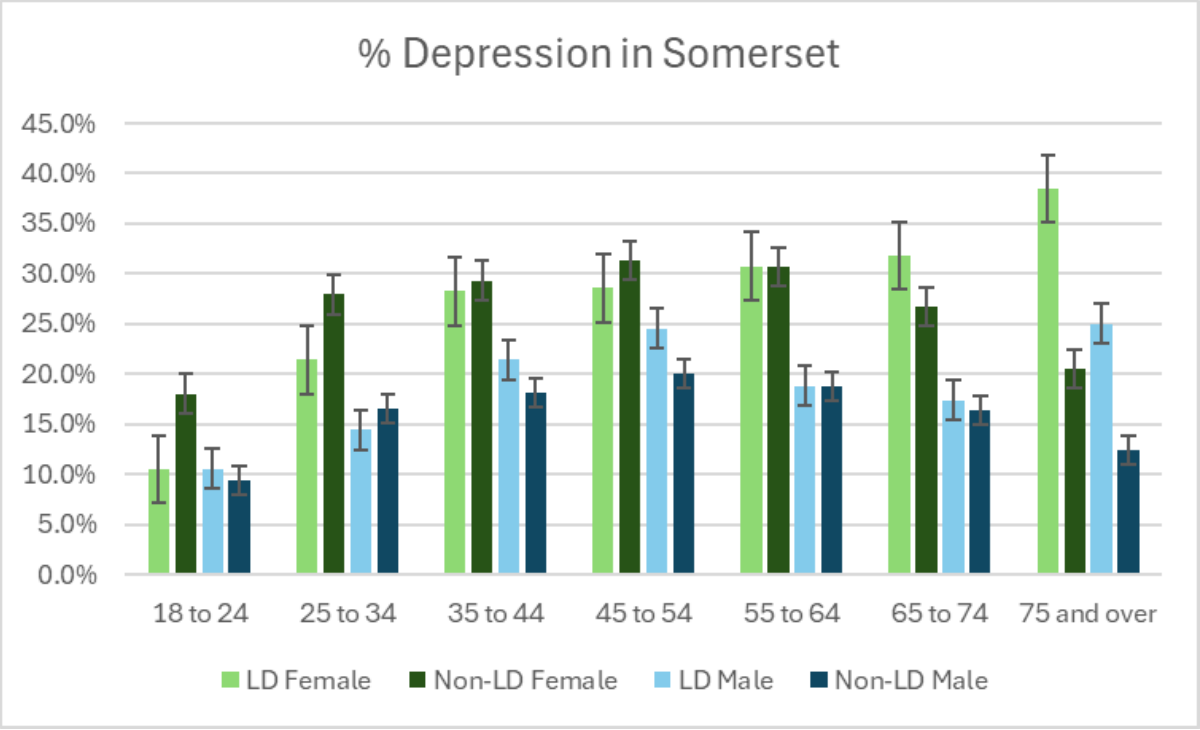

Figure 8: A graph showing the proportion of people with and without learning disabilities in Somerset with an active diagnosis of depression split by age and sex. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

4.1.2 Anxiety

Adults with learning disabilities in Somerset experience significantly higher rates of anxiety compared to adults without learning disabilities (with learning disabilities 11.0% [95% CI 10.0%, 12.2%], without learning disabilities 6.4% [95% CI 6.3%, 6.5%])[45]. Figure 9 below shows the rates of anxiety in people with and without learning disabilities split by age and sex. Across all age groups, men with learning disabilities experience significantly higher levels of anxiety than men without learning disabilities (with learning disabilities 11.1% [95% CI 9.7%, 12.6%], without learning disabilities 4.4% [95% CI 4.3%, 4.5%]). Women with learning disabilities experience statistically similar levels of anxiety aged 18 – 65, and significantly higher rates of anxiety at age 65+. Overall, women with learning disabilities have significantly higher rates of anxiety compared to women without learning disabilities (with learning disabilities 10.9% [95% CI 9.3%, 12.8%], without learning disabilities 8.4% [95% CI 8.2%, 8.5%]), although there is a smaller percentage point increase compared to the percentage point increase men with learning disabilities experience. In the general population of Somerset, women have almost double the rates of anxiety than men, however in adults with learning disability there is no significant gender difference in anxiety rates.

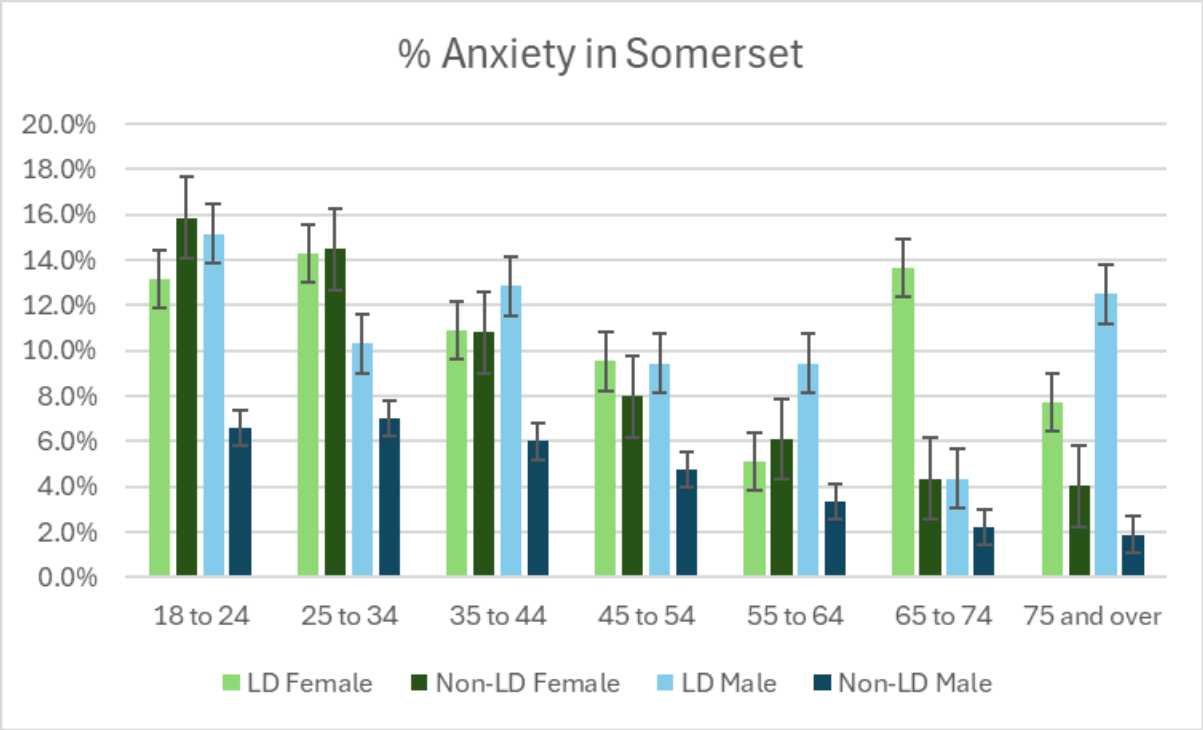

Figure 9: A graph showing the proportion of adults with and without learning disabilities who have an active diagnosis of anxiety split by age and sex. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

4.1.3 Severe Mental Illness (SMI)

Adults with learning disabilities in Somerset have significantly higher rates of Severe Mental Illness compared to adults without SMI (with learning disabilities 6.7% [95% CI 5.9%, 7.6%], without learning disabilities 1.0% [95% CI 1.0%, 1.0%])[46]. National data shows the prevalence of SMI in people with learning disabilities is 7.5%[47], meaning Somerset has statistically similar rates of SMI that the England population. Figure 10 below shows the rates of SMI in people with and without learning disabilities split by age and sex. There is no significant difference between SMI rates in men & women with learning disabilities (men 6.5% [95% CI 5.5%, 7.7%], women 7.0% [95% CI 5.8%, 8.6%]). However, both men and women with learning disabilities

have significantly higher rates of SMI compared to men and women without learning disabilities. Additionally, Figure 10 below shows a clear positive correlation between age and rates of SMI in people with learning disabilities with over 75's having the highest rates of SMI.

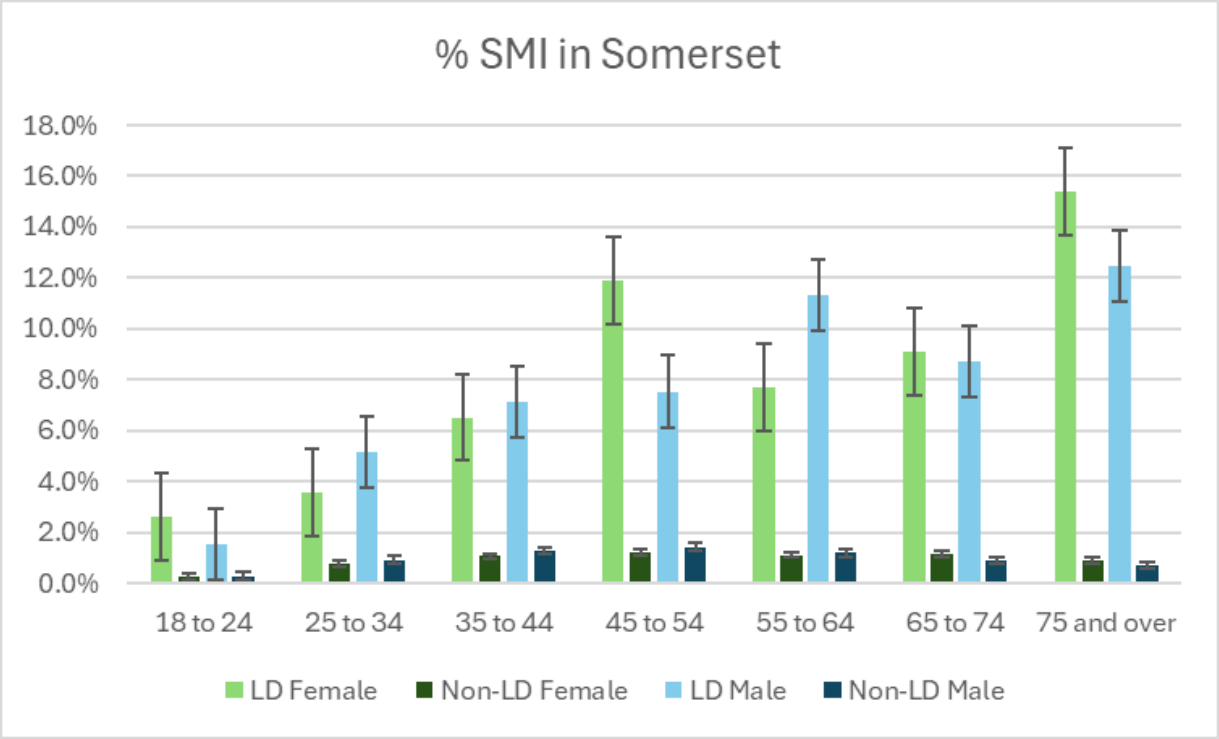

Figure 10: A graph showing the proportion of people in Somerset with and without learning disabilities who have an active diagnosis of Severe Mental Illness (SMI)t, split by age and sex. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

4.2 Stopping over medication of people with a learning disability and autistic people (STOMP)

Stopping over medication of people with a learning disability and autistic people (STOMP) is a national campaign launched by the NHS to reduce the number of people with learning disabilities and autistic people who are inappropriately prescribed psychotropic medication[48]. STOMP was established after national data showed that people with learning disabilities are 16 times more likely to be prescribed antipsychotic medication when compared to the general population. The psychotropic medications STOMP aims to target include antipsychotics, antidepressants, anxiolytics (e.g. benzodiazepines), anti-seizure medication, sedatives and stimulants. These medications can cause a plethora of side effects including (but not limited to) weight gain, dyslipidaemia, increased risk of diabetes, movement disorders, hormonal changes and sexual dysfunction. Over medication commonly occurs in response to perceived challenging behaviour being exhibited by people with learning disabilities, in the eyes of medical professionals. However, NHS guidance states this is a social construct and people with learning disabilities should only be prescribed psychotropic medication in accordance with NICE guidelines[49]. Since the introduction of the STOMP program, prescribing rates of psychotropic medication has slowly been declining, although people with learning disabilities are still prescribed psychotropic medication at considerably higher rates than the general population[50].

In Somerset, prescribing rates of antidepressants and epilepsy medication for people with learning disabilities, without an active diagnosis of depression or epilepsy, are 2 times higher and 1.5 times higher respectively compared to Somerset's general population[51]. Additionally,

people with learning disabilities in Somerset are 12.5 times as likely to be prescribed antipsychotic medication, and 3.5 times as likely to be prescribed benzodiazepines compared to Somerset's general population. Despite this, antidepressants, antipsychotics, and epilepsy medication are prescribed to people with learning disabilities at statistically similar rates to the England average for people with learning disabilities. However, benzodiazepines are prescribed at significantly higher rates in Somerset for people with learning disabilities compared to the England average for people with learning disabilities. Despite the prevalence of prescribing being mostly similar to the England prevalence rates, the rates are still considerably higher than for people without learning disabilities which is a problem.

There are already some existing tools in place in Somerset to address STOMP. Somerset Foundation Trust have created a STOMP pathway within the learning disabilities team which covers all of Somerset. Additionally, Somerset Foundation Trust have employed two full-time Non-Medical Prescribers who are responsible for conducting medication reviews for people with learning disabilities to identify areas where medication can safely be reduced. For more information about either of these interventions, see: Neurodivergence - NHS Somerset ICB. NHS Somerset have a target of <7% of people with learning disabilities being prescribed antipsychotic medication without a diagnosis of psychosis[52]. To the authors' knowledge, there is no publicly available data available on the proportion people with learning disabilities being prescribed antipsychotic medication without a diagnosis of psychosis. The proportion of people with learning disabilities in Somerset who are prescribed antipsychotics is 13.6%; although it is unclear how many of these people have a diagnosis of psychosis. Whilst actions have been taken to address the increased rates of psychotropic medication prescribing in Somerset, there is still progress to be made in preventing over medication of people with learning disabilities in Somerset.

4.2.1 Prescribing of Antidepressants

Adults with learning disabilities in Somerset are significantly more likely to be prescribed antidepressants without an active diagnosis of depression than adults without learning disabilities (with learning disabilities 12.8% [95% CI 11.7%, 14.0%], without learning disabilities 5.9%, [95% CI 5.8%, 6.0%])[53]. Figure 11 below shows the rates of people who are currently treated with antidepressants without an active diagnosis of depression in people with and without learning disabilities split by age and sex. National data shows that the prevalence of antidepressant prescribing for people with learning disabilities and without an active diagnosis of depression is 12.0%[54]. This means that Somerset has statistically similar prevalence rates of antidepressant prescribing compared to the England average.

Both men and women with learning disabilities (women 13.7%, men 12.2%) have significantly higher rates of antidepressant treatment without an active depression diagnosis than men and women without learning disabilities (women 7.4%, men 4.3%). For adults with learning disabilities, there is no significant gender difference between men and women with learning disabilities in terms of prescribing of antidepressants for people without an active diagnosis of depression (women with LD 13.7% [95% CI 11.9%, 15.7%], men with LD 12.2% [95% CI 10.8%, 13.7%]). However, there is clear gender disparity for adults without learning disabilities where women have significantly higher rates treatment with antidepressants without an active diagnosis of depression than men (women without LD 7.4% [95% CI 7.3%, 7.5%], men without LD 4.3% [95% CI 4.2%, 4.4%]). Therefore proportionally, men with learning disabilities have a higher increase in antidepressant treatment rates than women. Across all ages and sexes, except women aged 75+, people with learning disabilities have significantly higher rates of people who are currently treated with antidepressants without an active diagnosis of depression.

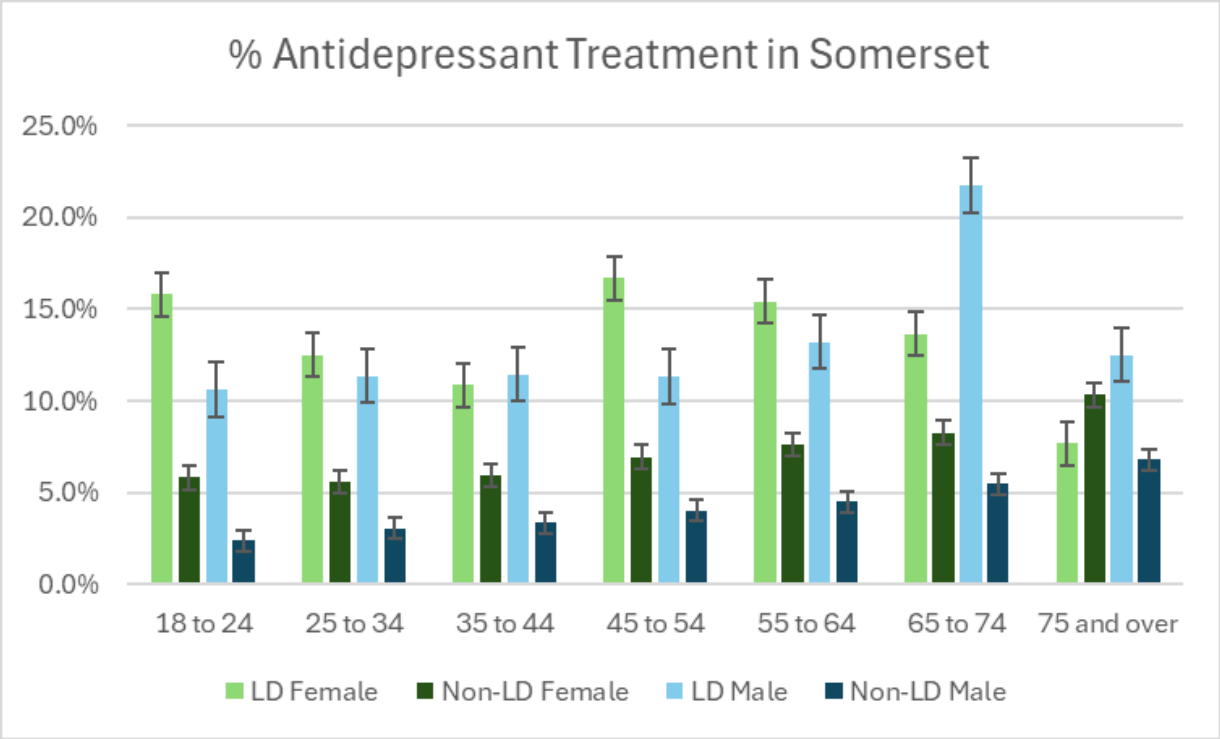

Figure 11: A graph showing the proportion of people in Somerset who are currently treated with antidepressants without an active diagnosis of depression in people with and without learning disabilities split by age and sex. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

4.2.2 Prescribing of Antipsychotics

Adults with learning disabilities in Somerset are significantly more likely to be prescribed anti-psychotic medication than adults without learning disabilities (with learning disabilities 13.6% [95% CI 12.4%, 14.8%], without learning disabilities 1.1% [95% CI 1.0%, 1.1%])[55]. Figure 12 below shows showing the rates of people with and without learning disabilities who are currently treated with antipsychotic medication split by age and sex. National data shows that the prevalence of antipsychotics prescribing for people with learning disabilities is 14.5%[56], Somerset has statistically similar prevalence rates of antipsychotic prescribing compared to the England average. Men with learning disabilities have higher rates of being treated with antipsychotic medication than women with learning disabilities (men with LD 14.9% [95% CI 13.3%, 16.6%], women with LD 11.7% [95% CI 10.1%, 13.6%]), although this difference is not statistically significant. This is the opposite for people without learning disabilities where women are significantly more likely to be prescribed antipsychotic medication than men (women 1.2% [95% CI 1.1%, 1.2%], men 0.9% [95% CI 0.9%, 1.0%]). In terms of age, the 55-64-year-old age group has the highest proportion of people with learning disabilities taking antipsychotic medication. This is followed by the 45-54 & 65-74 age groups. It is also worth noting that 35-44-year-old men with learning disabilities and 75+ year old women with learning disabilities have significantly higher rates of being treated with antipsychotic medication compared to the opposite sex in their age group.

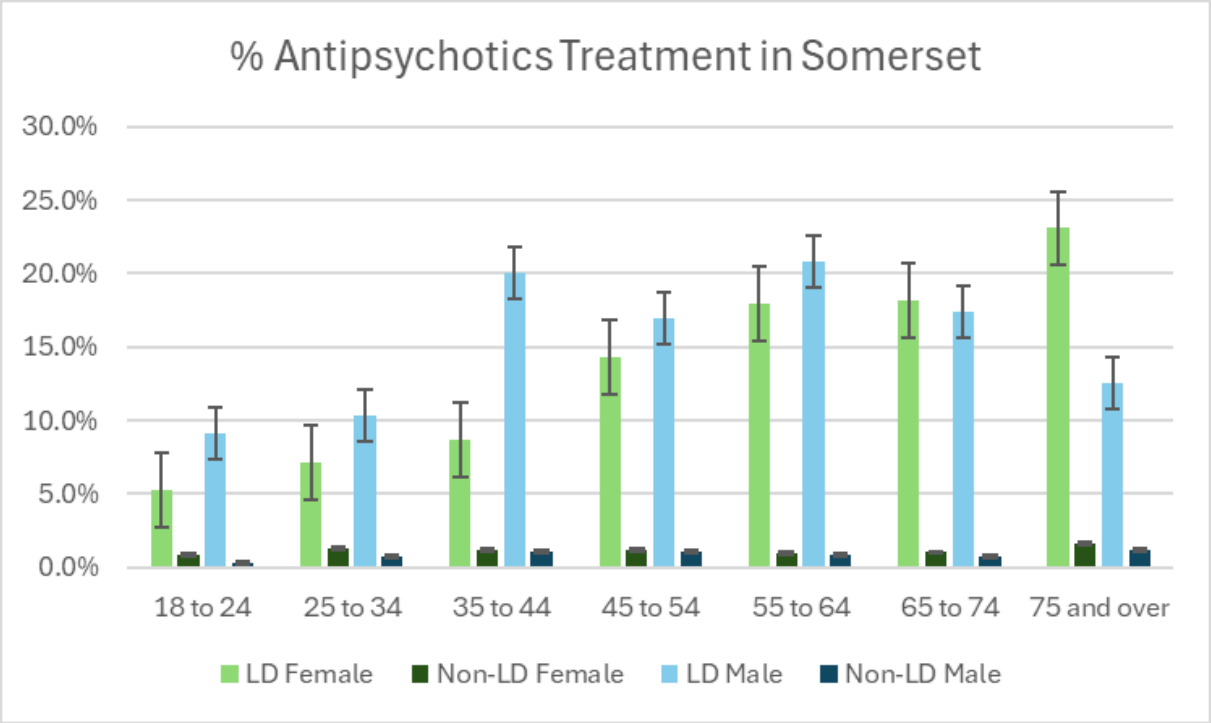

Figure 12: A graph showing the proportion of people in Somerset with and without learning disabilities who are currently treated with antipsychotic medication split by age and sex. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

4.2.3 Prescribing of Epilepsy Medication

Adults with learning disabilities in Somerset are significantly more likely to be prescribed epilepsy medication without an active diagnosis of epilepsy than adults without learning disabilities (with learning disabilities 4.5% [95% CI 3.8%, 5.3%]; without learning disabilities 3.0% [95% CI 2.9%, 3.0%])[57]. Figure 13 below shows the proportion of people with and without learning disabilities who are currently treated with epilepsy drugs without an active diagnosis of epilepsy split by age and sex. National data shows that the prevalence of epilepsy medication prescribing for people with learning disabilities is 4.9%[58], Somerset has statistically similar prevalence rates of epilepsy medication prescribing compared to the England average.

Men with learning disabilities have slightly higher rates of being treated with epilepsy medication (men 4.6%, women 4.3%) although this difference is not statistically significant. However, for people without learning disabilities, women have significantly higher rates of being treated with epilepsy medication than men (men 2.2% [95% CI 2.2%, 2.3%], women 3.7% [95% CI 3.6%, 3.7%]). Therefore, taking epilepsy medication without an active diagnosis of epilepsy is disproportionately affects men with learning disabilities more than women with learning disabilities. As with the general population, the proportion of people taking epilepsy medication is higher in the older age groups in people with learning disabilities. This particularly effects the 55-64 and 75+ age groups where both the rate of being treated with epilepsy medication without an active diagnosis of epilepsy is significantly higher for both men & women with learning disabilities compared to men & women without learning disabilities respectively.

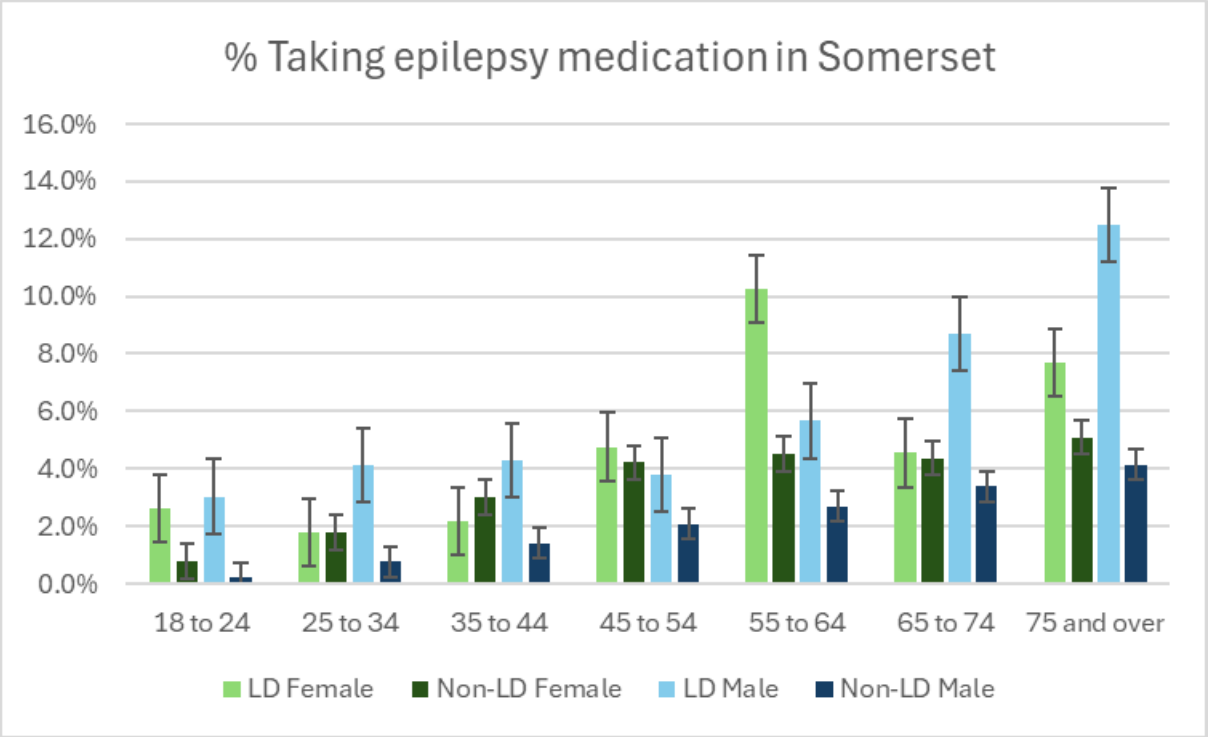

Figure 13: A graph showing the proportion of people in Somerset with and without learning disabilities who are currently treated with epilepsy drugs without an active diagnosis of epilepsy split by age and sex. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

4.2.4 Prescribing of Benzodiazepines

Benzodiazepines are a type of sedative medication. This means they slow down the body and brain's functions. They can be used to help with anxiety and insomnia[59]. Adults with learning disabilities in Somerset are significantly more likely to be prescribed benzodiazepines than adults without learning disabilities (with LD 8.9% [95% CI 8.0%, 10.0%]; without LD 2.4% [95% CI 2.4%, 2.5%])[60]. Figure 14 below shows the proportion of people in Somerset with and without learning disabilities who are currently treated with benzodiazepines, split by age and sex. National data shows that the prevalence of benzodiazepines prescribing for people with learning disabilities is 7.1%[61], Somerset has significantly higher prevalence rates of benzodiazepine prescribing compared to the England average. Across all age groups, adults with learning disabilities significantly more likely to be prescribed benzodiazepines than the general population. Additionally, men and women with learning disabilities have statistically similar proportions of people who are prescribed benzodiazepines (men with LD 8.6% [95% CI 7.5%, 10.0%], women with LD 9.4% [95% CI 7.9%, 11.1%]).

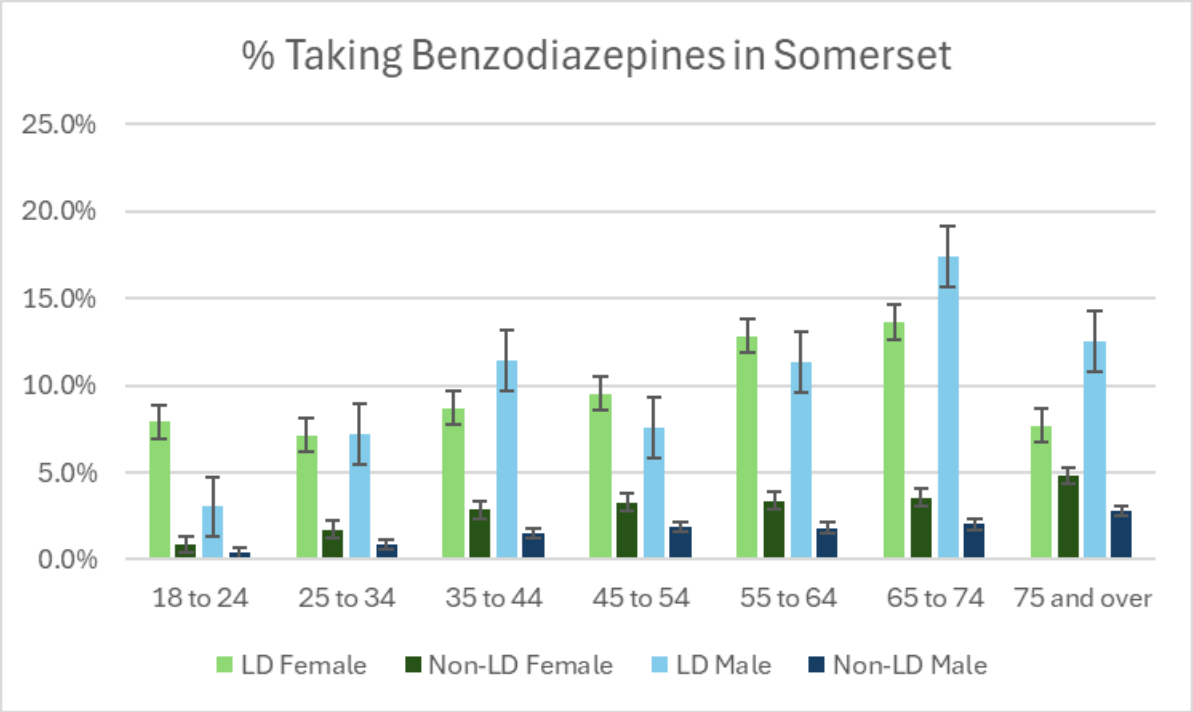

Figure 14: A graph showing the proportion of people in Somerset with and without learning disabilities who are currently treated with benzodiazepines, split by age and sex. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

4.3 Chronic diseases

4.3.1 Diabetes Mellitus

Somerset data shows that people with learning disabilities have significantly higher levels of type-1 diabetes and statistically similar levels of type-2 diabetes as Somerset's general population. National data shows that people with learning disabilities have higher rates of both type-1 and type-2 diabetes[62], which raises the question of why there is no significant difference in the rates of type-2 diabetes in Somerset.

Somerset GP practice data shows that people with learning disabilities and a diagnosis of diabetes in Somerset had significantly higher rates of having an IFCC–HbA1c (a measure of effectiveness of blood sugar control in diabetes) recording in the previous 12 months (with LD 7.83% [95% CI 6.94%, 8.82%], without LD 6.78% [95% CI 6.71%, 6.85%]). This shows that testing for people with learning disabilities for diabetes is good in Somerset. Research shows that for people with learning disabilities, people who also have type-2 diabetes are less likely to have an annual health check than people who also have type-1 diabetes[63]. Therefore, many people with learning disabilities and type-2 diabetes may go undiagnosed due to these people not attending their annual health checks.

4.3.1.1 Type-1 diabetes

Type-1 diabetes is an autoimmune condition where the pancreas stops producing insulin and is inherited genetically[64]. National level GP data shows that adults with learning disabilities have higher rates of type-1 diabetes than the general population (LD 0.8%, general population 0.4%)[65]. This difference is only shown in younger age groups as in older age groups, adults with learning disabilities have similar rates of type-1 diabetes compared to the general population. Diabetes is a condition which requires an understanding of the condition, being able to conduct blood tests, inject insulin regularly and can have serious health consequences

if not properly managed. Therefore, people with learning disabilities may struggle to manage their type-1 diabetes without assistance. Whilst there is no way of mitigating the risk of developing type-1 diabetes, research shows that people who are younger, living independently or at the family home, and who are obese are more likely to have worse glycaemic control.

Adults with learning disabilities in Somerset have significantly higher rates of type-1 diabetes than adults without learning disabilities (with LD 1.3% [95% CI 0.9%, 1.7%], without LD 0.5% [95% CI 0.5%, 0.6%])[66]. However, this difference may be down to rounding and small number suppression because there are only 40 people in Somerset with an active diagnosis of type-1 diabetes and a learning disability as reported on the GP learning disability register. Additionally, when this data was broken down by age and sex, no category had a higher rounded value than 5. Therefore, breakdowns by age and gender haven't been provided in this report. If you would like more information on age and sex breakdown of type-1 diabetes for people with learning disabilities in Somerset, see: Health and Care of people with learning disabilities 2023/24 report.

4.3.1.2 Type-2 diabetes

Type-2 diabetes is a condition where the body either doesn't produce enough insulin or the body's cells do not react properly to insulin[67]. National data shows that people with learning disabilities have higher rates of new onset type-2 diabetes compared to the general population, with people with learning disabilities being diagnosed with type-2 diabetes an average of 10-15 years earlier than the general population[68]. Research shows that people with learning disabilities are 2.46 times as likely to be diagnosed with type-2 diabetes compared to the general population. People with learning disabilities are more likely to be overweight or obese, be male, have a mental health condition, be prescribed antipsychotic medication, live a sedentary lifestyle and have poor quality sleep[69]; which are all risk factors for type-2 diabetes.

Adults with learning disabilities in Somerset have statistically similar rates of type-2 diabetes compared to adults without learning disabilities (with LD 7.5% [95% CI 6.6%, 8.5%], without LD 6.9% [95% CI 6.8%, 6.9%])[70]. This is also statistically similar to national rates of type-2 diabetes (8.5% [95% CI 7.2%, 10.0%])[71]. Figure 15 below shows the proportion of people with and without learning disabilities who have an active diagnosis of type-2 diabetes mellitus split by age and sex. Women with learning disabilities have significantly higher rates of type-2 diabetes compared to women without learning disabilities (women with LD 8.2% [95% CI 6.8%, 9.8%], women without LD 5.8% [95% CI 5.7%, 5.9%]). This is mainly due to significantly higher rates in women aged 45+ with learning disabilities as women under 45 with learning disabilities have statistically similar rates of type-2 diabetes compared to women without learning disabilities. However, men with learning disabilities have statistically similar rates of type-2 diabetes compared to men without learning disabilities (men with LD 7.0% [95% CI 5.9%, 8.3%], men without LD 8.0% [95% CI 7.9%, 8.1%]). Additionally, the older age groups have higher rates of people with type-2 diabetes in both people with and without learning disabilities.

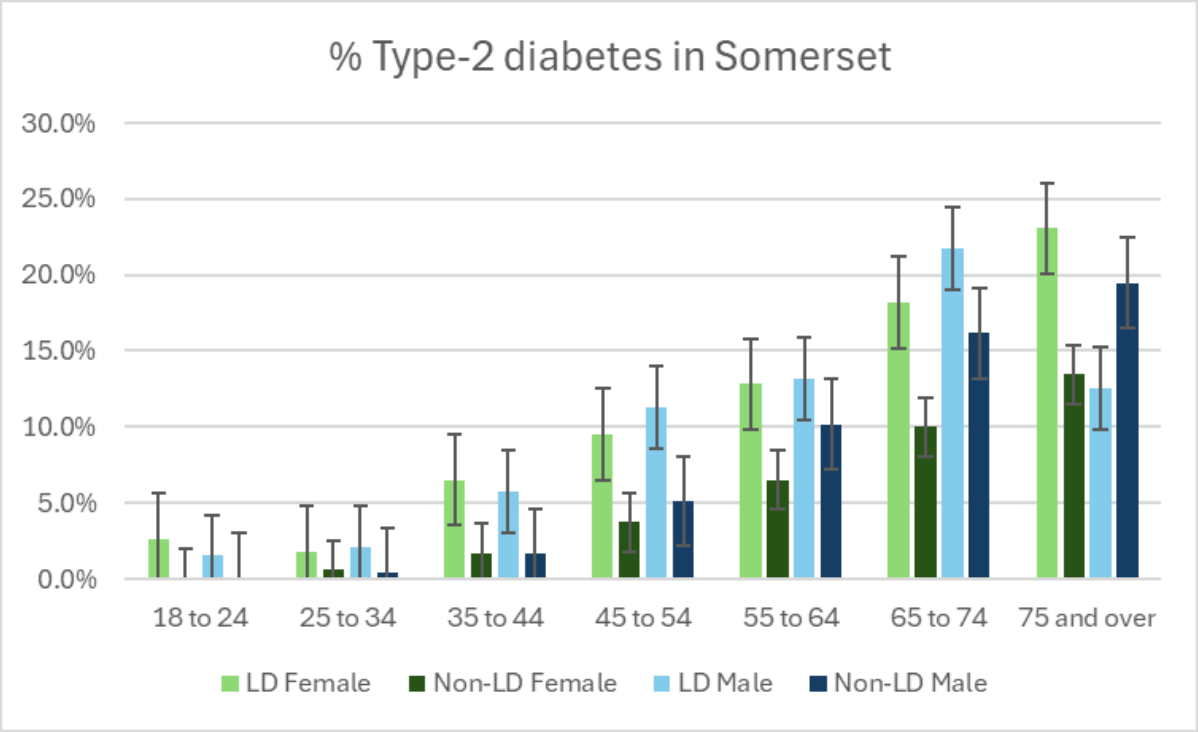

Figure 15: A graph showing the proportion of people with and without learning disabilities who have an active diagnosis of type-2 diabetes mellitus split by age and sex. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

4.3.2 Hypothyroidism

Hypothyroidism (underactive thyroid gland) leads to low production of hormones. National data shows that people with learning disabilities are significantly more likely to have a diagnosis of hypothyroidism compared to the general population, with people with Down's syndrome having even higher prevalence rates of hypothyroidism[72]. Studies show that hypothyroidism can impact the daily lives of people with learning disabilities through causing lethargy and difficulty having blood tests. Additionally, people with learning disabilities may be unaware of their symptoms, have difficulty communicating their symptoms or be less likely to report them to medical staff which may lead to many people with hypothyroidism going undiagnosed. However once diagnosed, people with learning disabilities manage their hypothyroidism similarly to the general population.

Adults with learning disabilities in Somerset have significantly higher rates of hypothyroidism than adults without learning disabilities (with LD 9.6% [95% CI 8.6%, 10.7%], without LD 5.3% [95% CI 5.3%, 5.4%])[73]. Nationally, the prevalence of hypothyroidism amongst people with learning disabilities is 8.4%[74], Somerset has significantly higher prevalence. Figure 16 below shows the proportion of people with and without learning disabilities who have a diagnosis of hypothyroidism split by age and sex. Women with learning disabilities have significantly higher rates of hypothyroidism than men with learning disabilities (women with LD 13.3% [95% CI 11.5%, 15.3%], men with LD 7.0% [95% CI 5.9%, 8.3%]). However, the percentage point increase for both men and women with learning disabilities compared to men and women without learning disabilities is the same (4.9%).

When looking at age, men with learning disabilities have significantly higher rates of hypothyroidism across all age groups compared to men without learning disabilities (See Figure 16). Whereas women with learning disabilities under 64 have significantly higher rates of hypothyroidism than women without learning disabilities. However, at age 65+, women with

learning disabilities have statistically similar rates of hypothyroidism to women without learning disabilities.

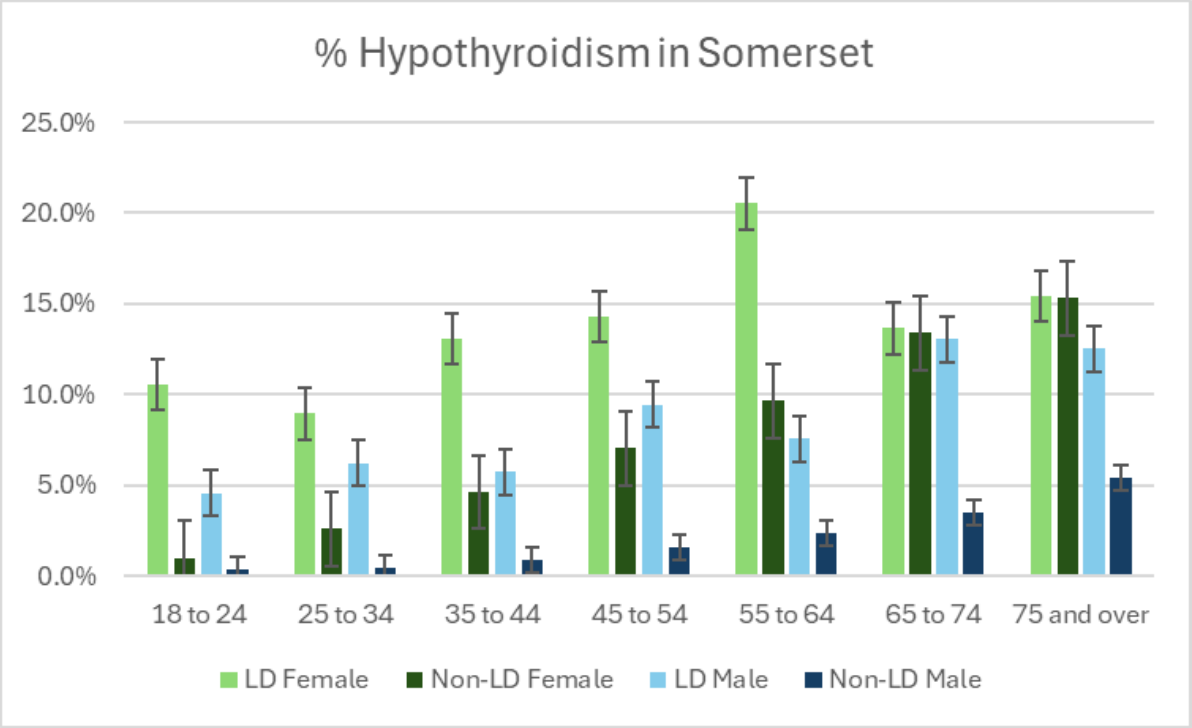

Figure 16: A graph showing the proportion of people with and without learning disabilities in Somerset who have a diagnosis of hypothyroidism split by age and sex. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

4.4 Vaccination and Screening

4.4.1 Influenza vaccination

Both national[75] and local[76] LeDeR reports have highlighted the fact that respiratory deaths are one of the leading causes of deaths for people with learning disabilities. Because of this people with learning disabilities were identified as a "high-risk" group for seasonal influenza vaccination programs in 2014 meaning since 2014 everyone aged 6-months or over with a learning disability can get an influenza vaccination free of charge. Fear of needles is one of the most common reasons why people with learning disabilities may not get their influenza vaccination, with research showing this is the case in up to 35% of people with learning disabilities[77]. For people with learning disabilities who are anxious about needles, a nasal spray flu vaccine is available instead; however, this should only be used when individually prescribed using a Patient Specific Direction. For more information about guidance for healthcare staff, see: Flu vaccinations: supporting people with learning disabilities

Following the high number of respiratory deaths in people with learning disabilities identified in NHS Somerset's 2022/23 LeDeR report, action has been taken to increase the number of influenza and pneumococcal vaccinations for people with learning disabilities in Somerset. This is likely one of the main reasons why influenza vaccination rates in Somerset are higher than the England average.

Data from 2023/2024 shows that 2,110 people with learning disabilities in Somerset received an influenza vaccination, (60.7% uptake)[78]. Nationally, 54.3% uptake (2023/24), Somerset has significantly higher rates of influenza vaccination (Somerset 60.7% [95% CI 59.1%, 62.3%], England 54.3% [95% CI 54.1%, 54.5%]). Figure 17 below shows the proportion of people with

and without learning disabilities in Somerset who had an influenza vaccination in 2023/2024 split by age and sex. Overall, men and women with learning disabilities have statistically similar rates of influenza vaccination (men with LD 60.3% [95% CI 58.0%, 62.5%], women with LD 64.5% [95% CI 61.8%, 67.0%]). This trend is replicated across all age groups where men and women with learning disabilities have statistically similar rates of influenza vaccination uptake.

National data shows that 77.8% of people in the UK aged 65 years or older received an influenza vaccine in 2023/24[79]. When comparing this against influenza vaccination rates for adults with learning disabilities in Somerset, 80.3% of adults with learning disabilities aged 65 years or older had an influenza vaccination in 2023/24 which is slightly higher than the national rate. In Somerset, men with learning disabilities aged over 65 have slightly higher rates of influenza vaccination than women although this difference is not statistically significant (men aged 65+ with LD 83.9% [95% CI 77.3%, 88.8%], women aged 65+ with LD 77.1% [95% CI 70.4%, 82.7%]).

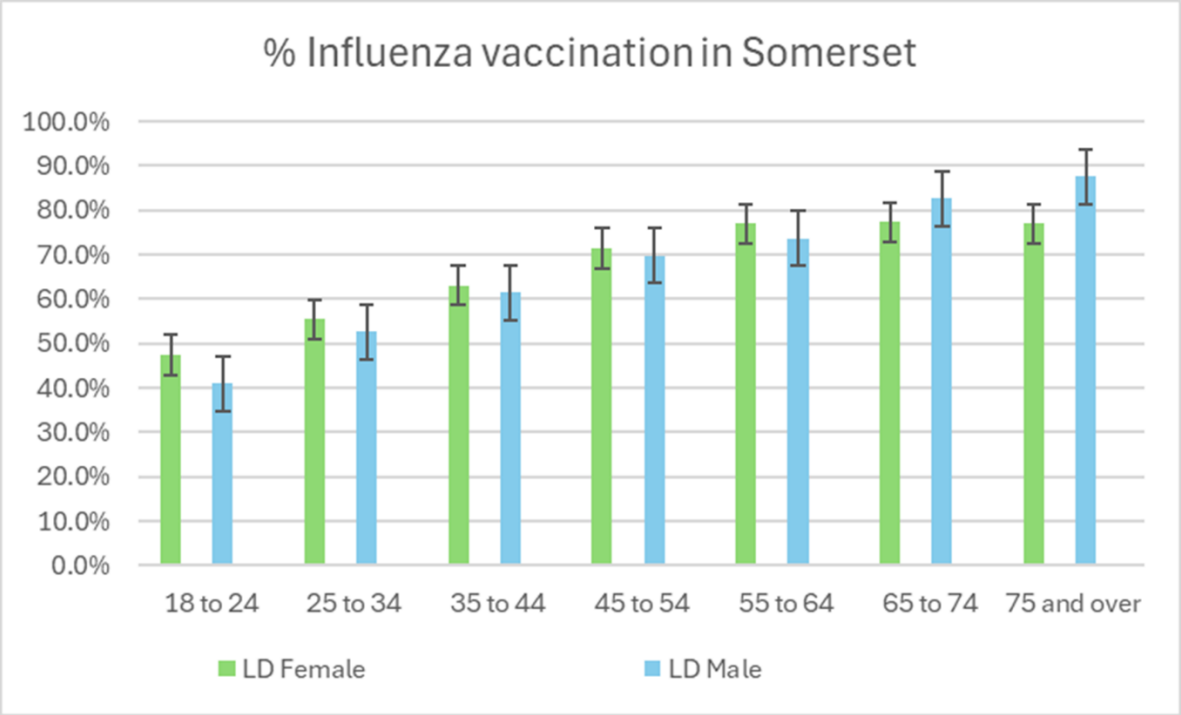

Figure 17: A graph showing the proportion of people with learning disabilities in Somerset who had an influenza vaccination in 2023/2024 split by age and sex. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

When looking at influenza vaccination rates for adults with learning disabilities in Somerset by ethnicity, there is no statistically significant difference between the white ethnic group and all other ethnic group categories (white ethnic group 62.5% [95% CI 60.8%, 64.2%], all other ethnic groups 55.6% [95% CI 45.3%, 65.4%]). However, adults with learning disabilities whose ethnicity data is missing, inconclusive or where they have chosen to not state their ethnicity have significantly lower rates of influenza vaccination than the white ethnic group (missing or inconclusive 33.3% [95% CI 25.9%, 41.6%], ethnicity not stated 50.0% [95% CI 41.5%, 58.5%]).

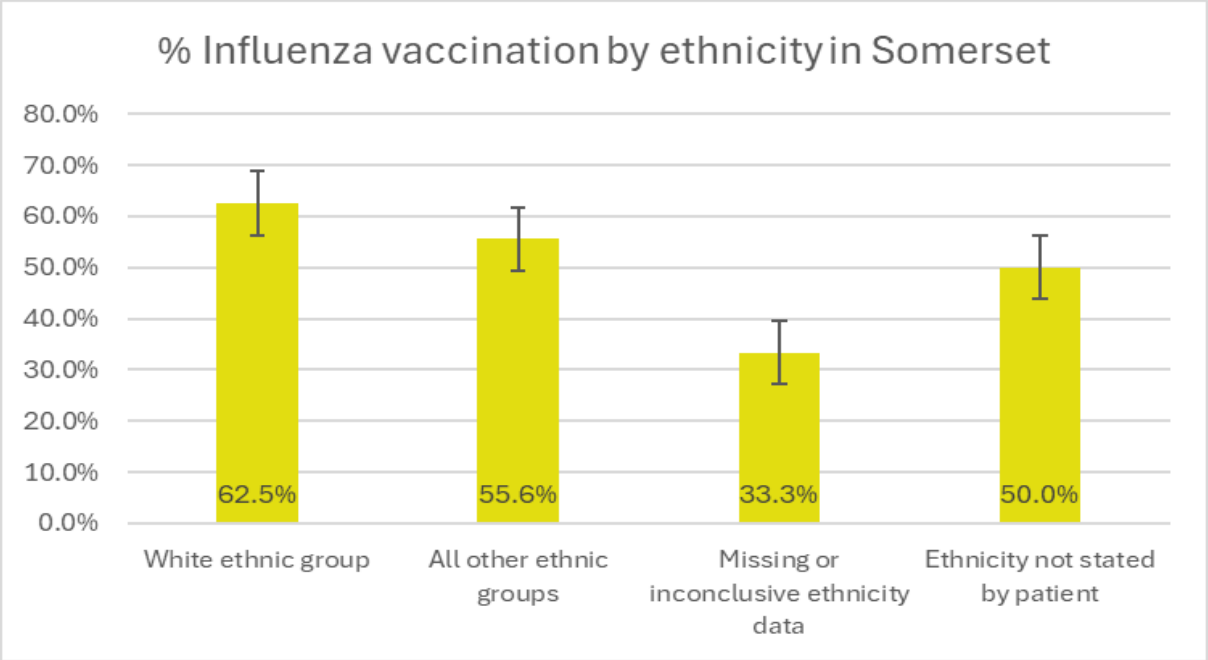

Figure 18: A graph showing the proportion of people with learning disabilities in Somerset who had an influenza vaccination in 2023/2024 split by ethnicity. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

4.4.2 Cervical screening

There is limited research on the rates of cervical cancer amongst women with learning disabilities in the UK. However, data from other countries suggests that the prevalence of cervical cancer is lower in women with learning disabilities compared to women without learning disabilities[80]. Cervical screening is the most effective way of reducing a person's risk of developing cervical cancer. National data shows that women with learning disabilities have a significantly lower uptake of cervical cancer screening[81]. This disparity is predominantly due to: women with learning disabilities being less likely to respond to screening invitations, lack of accessible information, hoist not being available within general practice, fear and anxiety around having the test performed, referral required to women's health if it's deemed clinically necessary, concerns around capacity to consent, lack of understanding of the importance of the test and patient refusal. Additionally, assumptions that women with learning disabilities do not have sex by healthcare staff has also been reported as a reason why some women with learning disabilities have been denied cervical screening. Despite this, there is some evidence that screening liaison nurses for adults with learning disabilities can help to improve cervical cancer screening uptake through prolonged preparation work, helpful clinical behaviours in the primary care context and effective joint working.

Women with learning disabilities in Somerset who are eligible for cervical screening have significantly lower rates of cervical screening compared to adults without learning disabilities who are eligible (with LD 32.4% [95% CI 29.4%, 35.5%], without LD 68.9% [95% CI 68.6%, 69.1%])[82]. Eligibility for cervical screening is defined as anyone aged 25-64, is female and who has no history of a hysterectomy. Nationally, 31% of eligible women with learning disabilities have had an adequate cervical screening test[83]. Therefore, in Somerset cervical screening for eligible women with learning disabilities is statistically similar to the national rate. Table 4 below shows the numbers and proportion of cervical screening in the eligible population in Somerset for adults with and without learning disabilities, split by age groups. Only eligible

people who have had an adequate cervical smear test in the past 3 and a half years for ages 25-49 or in the past 5 and a half years ages 50-64.

In Somerset, work is currently being done with NHSE to develop a benchmark for cervical cancer screening amongst people with learning disabilities. This aims to reduce the inequalities in access to screening (e.g. worse digital access) and address the disparity between people with learning disabilities and the general population in Somerset. Additionally, when a person with learning disabilities does not attend a screening appointment (for cervical, breast or colorectal cancer screening), these are followed up by providing the person, or their parent/carer/advocate, appropriate information and resources around the screening process to support their decision to attend their screening appointment. Somerset's screening providers have been working to provide reasonable adjustments for people with learning disabilities accessing screening such as adapting clinics and room areas to meet the patient's needs and becoming Learning Disability Champions.

Table 4: A table showing the numbers and proportion of cervical screening in the eligible population in Somerset for women with and without learning disabilities, split by age groups. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

	Age	Cervical Screenings Conducted	Cervical Screening Eligible Population	% Cervical Screening conducted
People with a Learning Disability	25 to 34	95	280	34%
	35 to 44	65	225	29%
	45 to 54	70	195	36%
	55 to 64	55	180	31%
People without a learning disability	25 to 34	22190	33865	66%
	35 to 44	24990	36005	69%
	45 to 54	25200	35645	71%
	55 to 64	26470	38055	70%

4.4.3 Breast cancer screening

Breast cancer is the most common type of cancer in the UK with around 1 in 8 women being diagnosed with breast cancer in their lifetime. National data shows that women with learning disabilities have significantly lower levels of breast cancer screening uptake compared to women without learning disabilities[84]. There is limited research on breast cancer in women with learning disabilities, however studies show women with learning disabilities are more likely to die from breast cancer than women without learning disabilities[85]. Genetic factors have been shown to influence the likelihood of women with learning disabilities developing breast cancer. The risk of breast cancer has shown to be lower in women with Fragile X syndrome and Down's syndrome, but higher in women with certain genetic conditions associated with learning disabilities (e.g. neurofibromatosis). Women with learning disabilities face many barriers to breast cancer screening including literacy problems, consent issues, the mammogram machine being rigid, screening may be painful, lack of information, embarrassment, staff attitude and lack of awareness and training for staff. Despite these barriers, the government have provided support documents for healthcare staff to help support people with learning disabilities get breast screening as well as easy-read guides for people with learning disabilities about breast screening (see: Breast screening: reducing inequalities - GOV.UK). Research has shows that one of the best ways to increase uptake of breast screening in women with learning disabilities is through the support and information provided by paid carers. Over the past few years, Somerset Breast Screening Team have adapted how

they identify people who may require extra support at their appointment (e.g. people with learning disabilities), to ensure they are well informed and supported during their screening.

Adults with learning disabilities in Somerset who are eligible for breast cancer screening have a significantly lower proportion of people receiving breast cancer screening compared to the general population (with LD 49.3% [95% CI 44.2%, 54.4%], without LD 66.0% [95% CI 65.7%, 66.3%])[86]. Eligibility is defined as being aged between 50-69 and female. Table 5 below shows the number and proportion of women aged 50-69 who received breast cancer screening from April 2019 to March 2024. National prevalence data shows 47.2% of eligible women with learning disabilities had a breast cancer screening test in the past 5 years[87], which shows the proportion of women with learning disabilities in Somerset attending breast screening is statistically similar to the national rate.

Table 5: A table showing the number and proportion of women aged 50-69 who received breast cancer screening from April 2019 to March 2024. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

	Count of breast cancer screenings (in past 5 years)	% of eligible people receiving breast cancer screening
People with a Learning disability	180	49.3%
People without a learning disability	53940	66.0%

4.4.4 Colorectal cancer screening

Colorectal cancer, also known as bowel cancer, is the 4th most common cancer in the UK and accounts for 11% of new cancer cases[88]. Rates of colorectal cancer amongst people with learning disabilities mirrors national prevalence rates, although research shows men with learning disabilities are more likely to die from colorectal cancer[89]. Colorectal cancer screening has been shown to reduce the risk of developing colorectal cancer by 18%, as well as reducing the chances of dying from colorectal cancer[90]. Therefore, adequate screening is important to detect colorectal cancer early so it can be treated before it develops. National data shows people with learning disabilities are significantly less likely to have an adequate colorectal cancer screening test result than the general population. Several interventions have been tried nationally to increase the uptake of colorectal cancer screening including producing easy-read guides on colorectal cancer screening and the north east of England introducing a pathway to flag people with learning disabilities who are eligible for colorectal cancer screening[91]. In Somerset, the bowel cancer screening hub have adapted how they identify people who may require extra support at their appointment (e.g. people with learning disabilities), to ensure they are well informed and supported during their screening.

Adults with learning disabilities in Somerset who are eligible for colorectal cancer screening have a significantly lower proportion of people who had an adequate colorectal cancer screening test result compared to the general population (with LD 62.2% [95% CI 57.7%, 66.6%], without LD 69.8% [95% CI 69.5%, 70.1%])[92]. Table 6 below shows the number and proportion of people aged 60-74 who received colorectal screening from to September 2021 to March 2024. National data shows that 50.3% of people with learning disabilities who are eligible for colorectal cancer screening had an adequate test[93] showing that Somerset has significantly higher rates of colorectal cancer screening for people with learning disabilities that the national average.

Table 6: A table showing the number and proportion of people aged 60-74 who received colorectal screening from to September 2021 to March 2024. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

	Count of colorectal cancer screenings (in past 2.5 years)	% of eligible people receiving colorectal cancer screening
People with a Learning Disability	280	62.2%
People without a learning disability	76870	69.8%

4.4.5 Learning Disability Health Checks

As people with learning disabilities have poorer physical and mental health compared to the general population, everyone aged 14+ who has a learning disability is entitled to an annual health check with their GP. During these annual health checks, doctors conduct physical checks as well as asking about any medical conditions they have, medications they are taking, and if they need any further support. Somerset Council have a range of resources on their website aimed to provide information about annual health checks. For more information, see: Annual Health Check resources.

The proportion of people with learning disabilities in Somerset who had a learning disability health check under the learning disabilities Enhanced Service within the 2023/24 financial year was 75.0% [95% CI 73.5%, 76.5%][94]. Figure 19 below shows the proportion of people in Somerset with and without learning disabilities who have had a learning disability health check in the past 12 months split by age and sex. In England, 70.9% of patients with a learning disability had a learning disability health check in 2023/24 meaning Somerset has higher rates of learning disability health checks compared to the national average. Additionally, Somerset just meets the national target set by the NHS of 75% of people with learning disabilities receiving an annual health check in the past year[95].

There is no significant difference between the rates of learning disability health checks between men and women with learning disabilities (men with LD 75.4% [95% CI 73.4%, 76.8%], women with LD 74.5% [95% CI 72.1%, 76.8%]). However, the rates of learning disability health checks for women with learning disabilities in Somerset is slightly below the national target of 75%. As shown in Figure 19 below, the age groups where men with learning disabilities have significantly higher rates of learning disability health checks compared to women with learning disabilities are in the 55+ age groups. This is reversed in the 18–24-year-old age group where women with learning disabilities have significantly higher rates of learning disability health checks compared to men with learning disabilities.

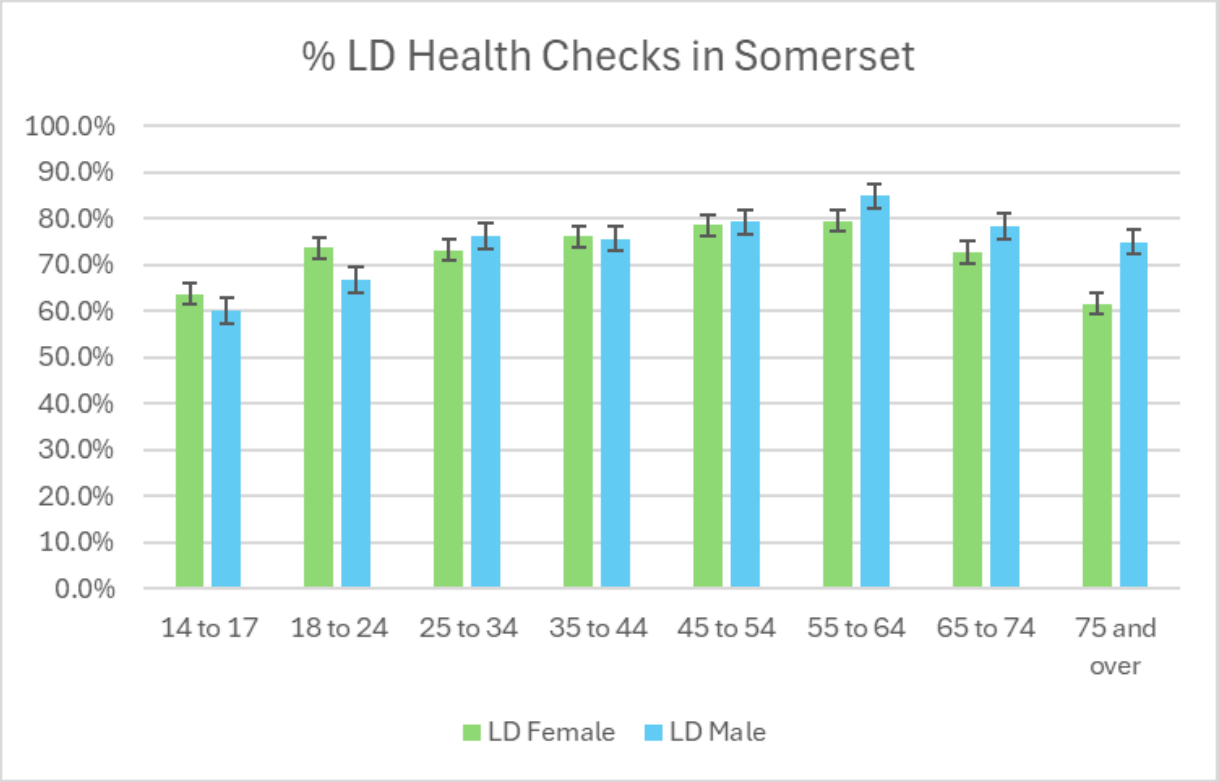

Figure 19: A graph showing the proportion of people in Somerset with learning disabilities who have had a learning disability health check in the past 12 months split by age and sex. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

4.5 Cancer

Cancer is the third most common cause of death amongst people with learning disabilities in England. Research shows people with learning disabilities have similar prevalence and mortality rates form cancer as the general population[96]. Different types of cancer are more or less likely amongst people with learning disabilities compared to the general population. For example, people with learning disabilities are more likely to develop cancers of the digestive system, testicular cancer and leukaemia. People with Down's syndrome are at particular risk of developing testicular cancer and leukaemia. However, people with learning disabilities are less likely to develop oral cancer and cervical cancer. Cancer is often diagnosed later for people with learning disabilities due to communication issues, lack of access to screening and lack of cancer knowledge amongst residential care staff which will affect cancer diagnosis and treatment rates.

Adults with learning disabilities in Somerset have significantly lower rates of cancer than adults without learning disabilities (with LD 2.9% [95% CI 2.3%, 3.5%], without LD 5.8% [95% CI 5.8%, 5.9%])[97]. Figure 20 below shows the proportion of people with and without learning disabilities who have an active diagnosis of cancer, excluding non–melanotic skin cancer, split by age and sex. National data shows the prevalence of cancer amongst people with learning disabilities is 1.8%[98] meaning Somerset has significantly higher rates of cancer. Despite adults with learning disabilities having lower rates of cancer, women with learning disabilities have significantly higher rates of cancer than men with learning disabilities (women with LD 4.3% [95% CI 3.3%, 5.6%], men with LD 1.9% [95% CI 1.4%, 2.6%]), although these rates are both significantly lower than rates for adults without learning disabilities. However, the gender difference for adults with learning disabilities is only significant at ages 55+. This gender disparity is replicated in adults without learning disabilities where women have higher rates of

cancer than men (women without LD 6.0% [95% CI 5.9%, 6.1%], men without LD 5.6% [95% CI 5.5%, 5.7%]).

In terms of age, for both men and women under 64, there is no significant difference in cancer rates when comparing adults with learning disabilities and adults without learning disabilities. However, for men aged 65+, men with learning disabilities have significantly lower cancer rates than men without learning disabilities. For women aged 75+, women with learning disabilities have significantly higher cancer rates than women without learning disabilities.

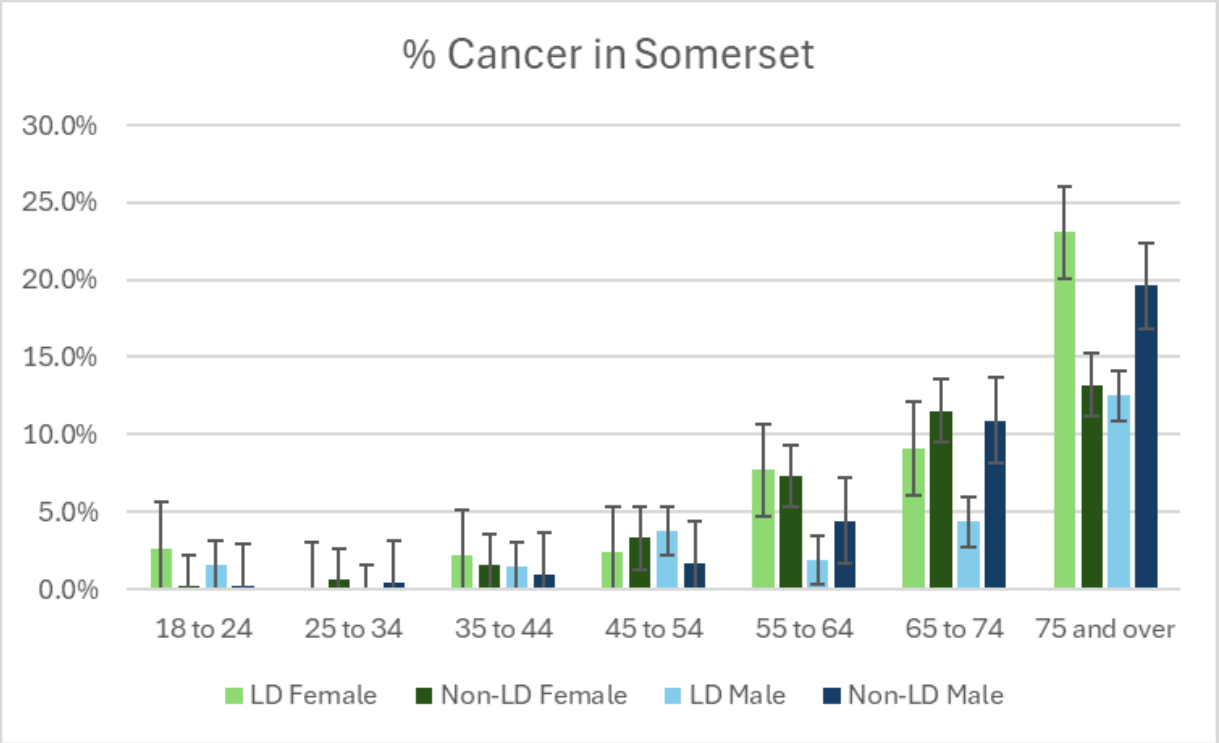

Figure 20: A graph showing the proportion of people with and without learning disabilities who have an active diagnosis of cancer, excluding non–melanotic skin cancer, split by age and sex. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

4.6 Gastrointestinal Diseases

4.6.1 Gastro Oesophageal Reflux Disease (GORD)

Gastro oesophageal reflux disease is a condition where acid from the stomach leaks into the oesophagus. Research suggests that GORD affects between 10-30% of the adult population in developed countries[99]. Several risk factors for GORD are more common amongst people with learning disabilities including stress & anxiety, obesity and taking certain drugs such as benzodiazepines, which make people with learning disabilities more vulnerable to developing GORD. People with learning disabilities who either have more severe or profound learning disabilities, or have behavioural or emotional challenges are at greater risk of developing GORD due to their inability to communicate their symptoms.

Adults with learning disabilities in Somerset have a 15.3% [95% CI 14.1%, 16.6%] prevalence of gastro oesophageal reflux disease (GORD)[100]. Figure 21 below shows the proportion of people in Somerset with and without learning disabilities who have an active diagnosis of GORD, split by age and sex. National data shows the prevalence of GORD in people with

learning disabilities is 11.9%[101], meaning the prevalence of GORD is significantly higher in Somerset. Both men and women with learning disabilities have statistically similar rates of GORD (men with LD 14.9% [95% CI 13.3%, 16.6%], women with LD 16.0% [95% CI 14.1%, 18.1%]), showing there is no significant gender difference in GORD. However, in the 18-24-year-old and 35–44-year-old age groups women with learning disabilities have significantly higher rates of GORD than men with learning disabilities. Additionally, in the 55–64-year-old age groups, men with learning disabilities have significantly higher rates of GORD than women with learning disabilities. In terms of age, older age groups have slightly higher rates of GORD, with the 75+ year old age group having the highest prevalence of GORD.

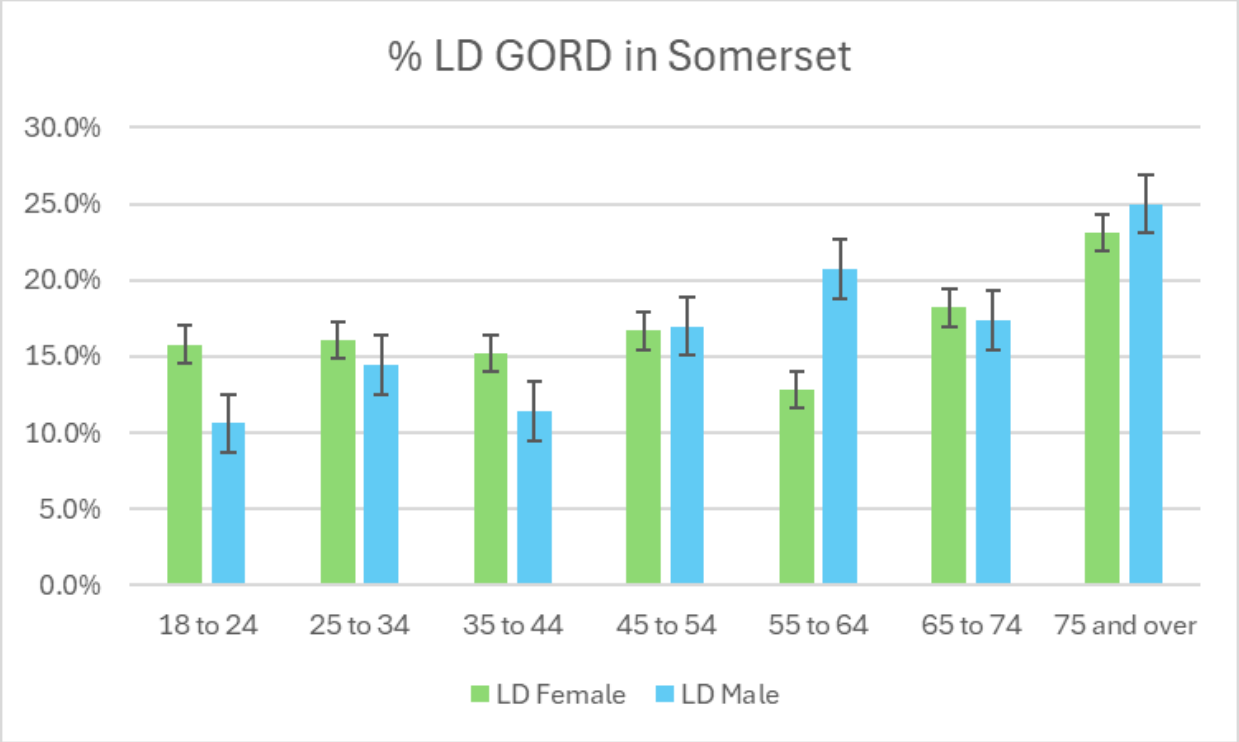

Figure 21: A graph showing the proportion of people in Somerset with learning disabilities who have an active diagnosis of GORD, split by age and sex. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

4.6.2 Dysphagia

Dysphagia is a condition characterised by difficulty in eating drinking or swallowing and is associated with a plethora of health complications. In the general population, studies show the prevalence of dysphagia ranges between 1.7% to 16%, with the prevalence being higher in older people[102]. Dysphagia is linked with increased risk of respiratory infections, specifically bronchopneumonia, which is one of the leading causes of deaths for people with learning disabilities. The 2023/24 Somerset LeDeR report investigating the high number of respiratory deaths highlighted the importance of proper dysphagia management in reducing respiratory deaths[103]. There are many barriers to proper dysphagia management, however improving caregiver's knowledge of dysphagia is one of the key steps to proper dysphagia management. NHS Somerset have produced a learning brief aimed to give dysphagia advice to caregivers and healthcare staff. This brief can be found here: LeDeR Learning Brief 1.1

Adults with learning disabilities in Somerset have a 14.9% [95% CI 13.7%, 16.1%] prevalence of dysphagia[104]. Figure 22 below shows the proportion of people in Somerset with and without learning disabilities who have an active diagnosis of dysphagia, split by age and sex. National data shows the prevalence of dysphagia is 9.2%[105] meaning Somerset has significantly higher

rates of dysphagia. Both men and women with learning disabilities have statistically similar rates of dysphagia (men with LD 13.8% [95% CI 12.3%, 15.4%], women with LD 16.4% [95% CI 14.5%, 18.5%]), showing there is no significant difference in dysphagia. However, in the 18-24 year old, 35-44 year old and 55-64 year old age ranges, women with learning disabilities have significantly higher rates of dysphagia than men with learning disabilities. Additionally, in the 45-54 year-old age range men with learning disabilities have significantly higher rates of dysphagia than women with learning disabilities. Additionally, the older age groups have a higher proportion of dysphagia than younger age groups, with the 75+ age group having the highest proportion of dysphagia.

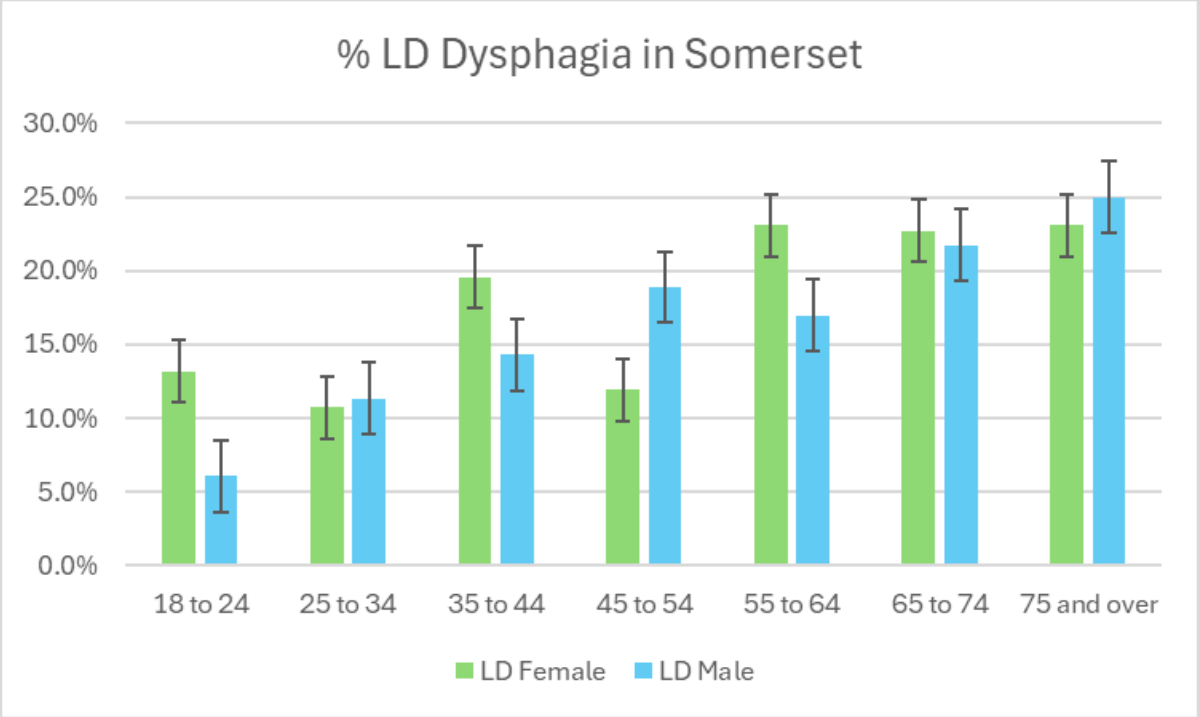

Figure 22: A graph showing the proportion of people in Somerset with learning disabilities who have an active diagnosis of dysphagia, split by age and sex. Source: [Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital]

4.6.3 Constipation

Constipation is defined as difficult or infrequent passage of stool, hardness of stool, or a feeling of incomplete evacuation and is one of the most common causes of emergency admission to hospital for people with learning disabilities[106]. Academic literature reports constipation rates amongst people with learning disabilities of between 33% - 50%. This is significantly higher than what is reported on GP records which may suggest constipation is not well diagnosed and managed for people with learning disabilities. Prescription of constipating medication, poor diet, reduced physical mobility, reduced physical activity and hypothyroidism all contribute to people with learning disabilities having an increased risk of constipation.

Adults with learning disabilities in Somerset have a 12.3% [95% CI 11.2%, 13.5%] prevalence of constipation[107] which is statistically similar to the national rate of 13.1%[108]. The Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 defines constipation as either having a diagnosis of chronic constipation in the five years up to and including March 2024, or two constipation medications in the 12 months up to and including the end of March 2024 that are dated more than 6 months apart. Figure 23 below shows the proportion of people in Somerset with and without learning disabilities who have a diagnosis

of constipation, split by age and sex. Constipation rates are statistically similar for people with learning disabilities in Somerset aged 18-54, although for people aged 55+, the proportion of people with constipation increases. There are no significant gender differences in constipation rates in adults with learning disabilities in Somerset, except in the 18–24-year-old age group where women with learning disabilities have significantly higher rates of constipation than men with learning disabilities.

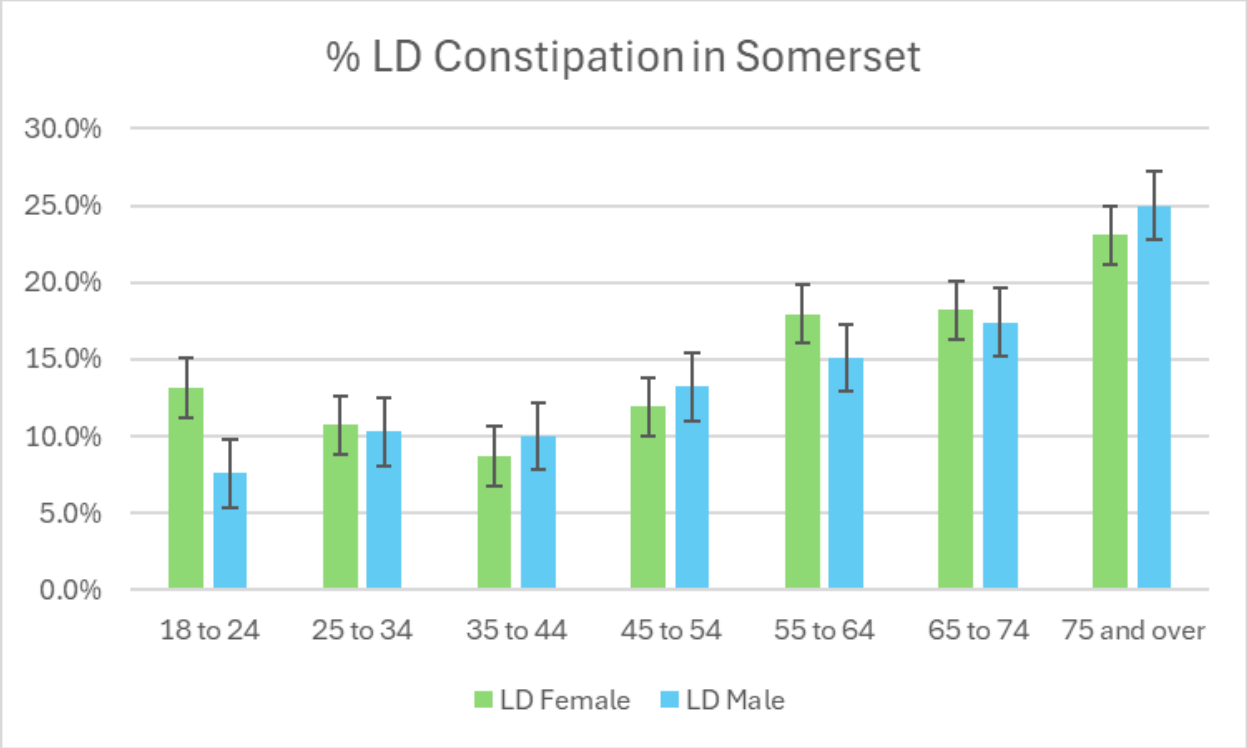

Figure 23: A graph showing the proportion of people in Somerset with learning disabilities who have a diagnosis of constipation, split by age and sex. *Note: see text above for definition of constipation. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital*

4.7 Cardiovascular Disease (CVD)

Cardiovascular disease (CVD) is a term which describes all diseases of the heart and circulatory system[109]. There is limited research on CVD amongst people with learning disabilities. Some studies suggest people with learning disabilities have a greater prevalence of CVD and have earlier diagnoses than the general population, although this is dependent on the type of CVD[110]. CIPLOD found CVD was the most common underlying cause of death amongst people with learning disabilities (22%) and the second most common immediate cause of death (21%)[111]. Multiple risk factors for CVD are more common amongst people with learning disabilities including having poor diets, higher rates of obesity, higher levels of sedentary behaviour, lower physical activity and higher rates of diabetes. Additionally, many genetic factors increase the risk of CVD amongst people with learning disabilities.

GP data from Somerset suggests people with learning disabilities have significantly lower levels of coronary heart disease, heart failure and hypertension and statistically similar rates of stroke. This is surprising considering people with learning disabilities experience more risk factors than the general population[112]. CIPLOD found that only 15% of people with learning disabilities who die from CVD had a recorded CVD risk assessment suggesting diagnosis of CVD is poor amongst people with learning disabilities. Therefore, the lower levels of the CVD conditions presented below are most likely due to under-reporting.

4.7.1 Coronary Heart Disease (CHD)

Coronary heart disease is a condition where fatty material gets deposited in the coronary arteries leading to the arteries getting narrowed. Adults with learning disabilities in Somerset have significantly lower levels of coronary heart disease than adults without learning disabilities (with LD 1.9% [95% CI 1.5%, 2.5%], without LD 4.5% [95% CI 4.5%, 4.6%])[113]. Figure 24 below shows the proportion of people with and without learning disabilities who have a diagnosis of coronary heart disease split by age and sex. National data shows the prevalence of CHD amongst people with learning disabilities is 1.1%[114] meaning Somerset has significantly higher rates of CHD. Men and women with learning disabilities have statistically similar rates of coronary heart disease (men with LD 2.2% [95% CI 1.6%, 2.9%], women with LD 1.6% [95% CI 1.0%, 2.4%]). Men and women with learning disabilities under 75 have statistically similar rates of coronary heart disease compared to men and women without learning disabilities. However, men & women aged 75+ with learning disabilities have significantly lower rates of CHD than men and women without learning disabilities respectively.

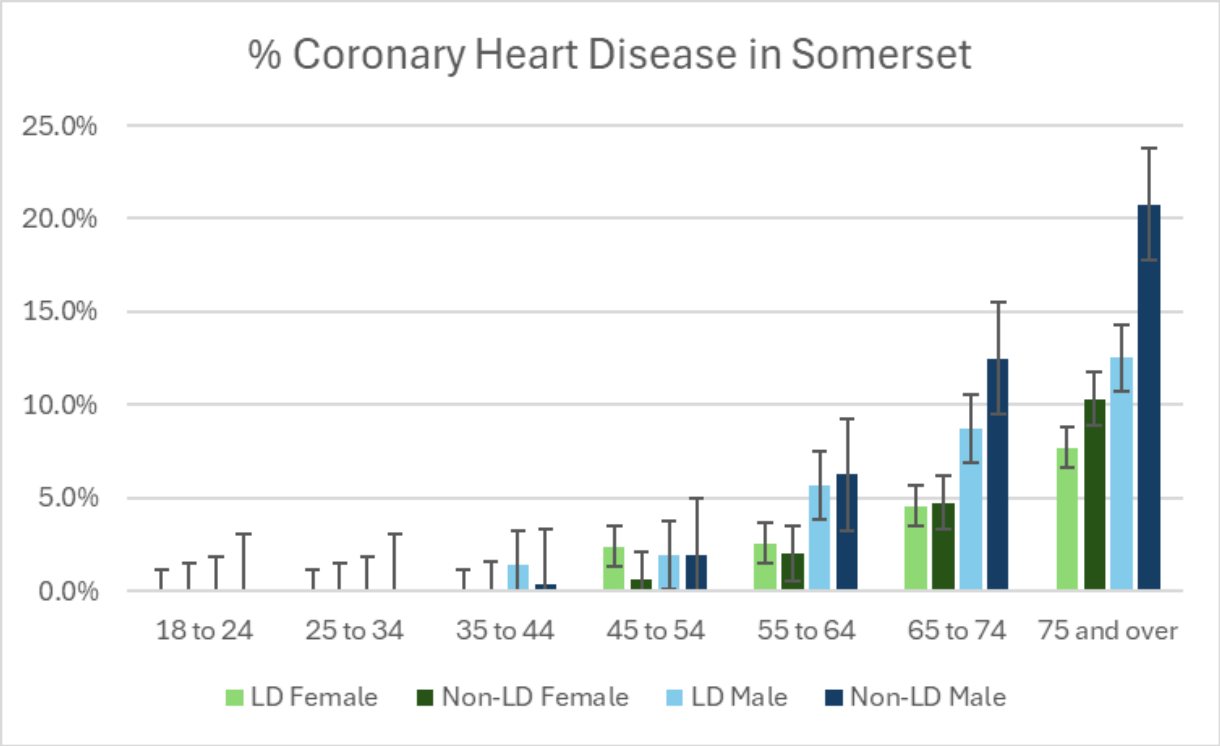

Figure 24: A graph showing the proportion of people with and without learning disabilities who have a diagnosis of coronary heart disease split by age and sex. Source: [Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital]

4.7.2 Heart Failure

Heart failure occurs when the heart has become too weak to pump blood around the body. Adults with learning disabilities in Somerset have significantly lower rates of heart failure than adults with learning disabilities (with LD 2.1% [95% CI 1.6%, 2.6%], without LD 3.8% [95% CI 3.8%, 3.9%])[115]. Figure 25 below shows the proportion of people with and without learning disabilities who have a diagnosis of coronary heart disease split by age and sex. National data shows the prevalence of heart failure amongst people with learning disabilities is 1.1%[116] meaning Somerset has significantly higher rates of heart failure. Women with learning disabilities have significantly higher rates of heart failure than women without learning disabilities (women with LD 2.3% [95% CI 1.65%, 3.33%], women without LD 1.6% [95% CI 1.50%, 1.60%]). However, men with learning disabilities have significantly lower rates of heart

failure compared to men without learning disabilities (men with LD 1.9% [95% CI 1.4%, 2.6%], men without LD 6.2% [95% CI 6.1%, 6.3%]). This difference is due to men and women with learning disabilities having very similar counts of heart failure (men 35, women 30) however the population of women with learning disabilities in Somerset is around 2/3 the size of the population of men with learning disabilities in Somerset.

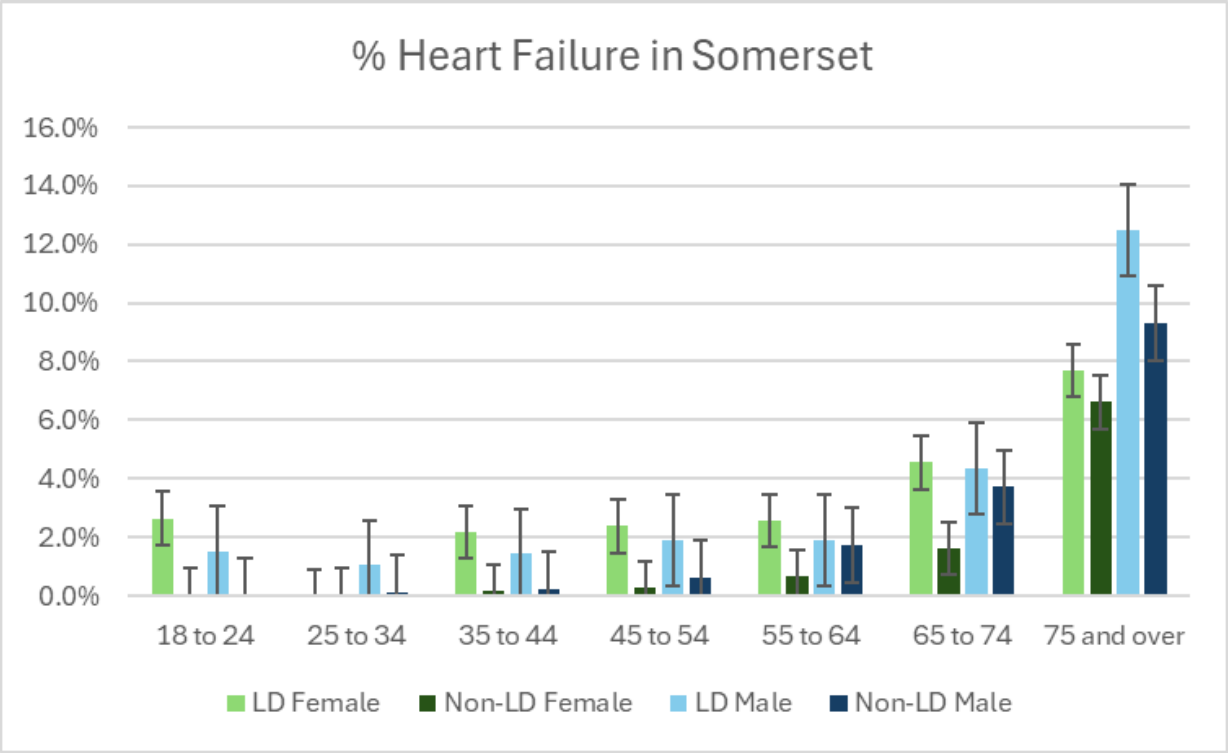

Figure 25: A graph showing the proportion of people with and without learning disabilities who have a diagnosis of heart failure split by age and sex. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

4.7.3 Hypertension

Hypertension is a condition where the blood pressure in the arteries is persistently elevated. Adults with learning disabilities in Somerset have significantly lower rates of hypertension compared to adults without learning disabilities (with LD 13.3% [95% CI 12.1%, 14.5%], without LD 20.4% [95% CI 20.4%, 20.6%])[117]. Figure 26 below shows the proportion of people with and without learning disabilities who have a diagnosis of hypertension split by age and sex. National data shows the prevalence of hypertension amongst people with learning disabilities is 9.7%[118] meaning Somerset has significantly higher rates of hypertension. Both men and women with learning disabilities have statistically similar rates of hypertension to men and women without learning disabilities so there is no age disparity in hypertension rates. There is no gender disparity in hypertension rates between men and women with learning disabilities (women with LD 14.8% [95% CI 13.0%, 16.9%], men with LD 12.2% [95% CI 10.8%, 13.7%]).

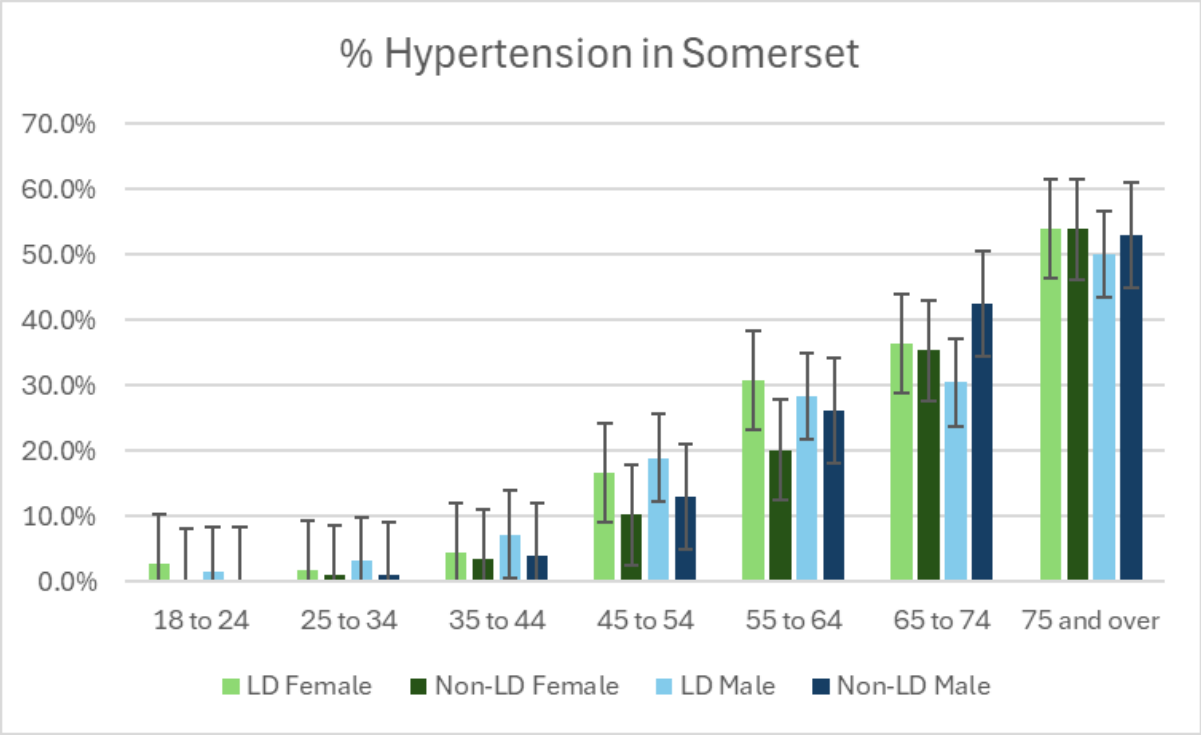

Figure 26: A graph showing the proportion of people with and without learning disabilities who have a diagnosis of hypertension split by age and sex. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

4.7.4 Stroke

Stroke is a condition where either blood flow in the brain is blocked or a blood vessel inside or on the surface of the brain bursts. Adults with learning disabilities in Somerset have statistically similar rates of stroke compared to adults without learning disabilities (with LD 2.7% [95% CI 2.2%, 3.3%], without LD 2.8% [95% CI 2.8%, 2.9%])[119]. Figure 27 below shows the proportion of people with and without learning disabilities who have a diagnosis of stroke or transient ischaemic attack split by age and sex. National data shows the prevalence of stroke amongst people with learning disabilities is 1.7%[120] meaning Somerset has significantly higher rates of stroke. Women with learning disabilities have significantly higher levels of stroke than men with learning disabilities (women with LD 3.9% [95% CI 3.0%, 5.1%], men with LD 1.9% [95% CI 1.4%, 2.6%]), conversely in the population without learning disability men having higher rates of stroke than women (men without LD 3.1% [95% CI 3.0%, 3.2%], women without LD 2.6% [95% CI 2.5%, 2.6%]). Therefore, women with learning disabilities have disproportionately higher rates of stroke compared to both men with learning disabilities and women without learning disabilities. In terms of age, women with learning disabilities aged over 75 have significantly higher rates of stroke than women aged over 75 without learning disabilities. However, all other age groups have statistically similar rates of stroke.

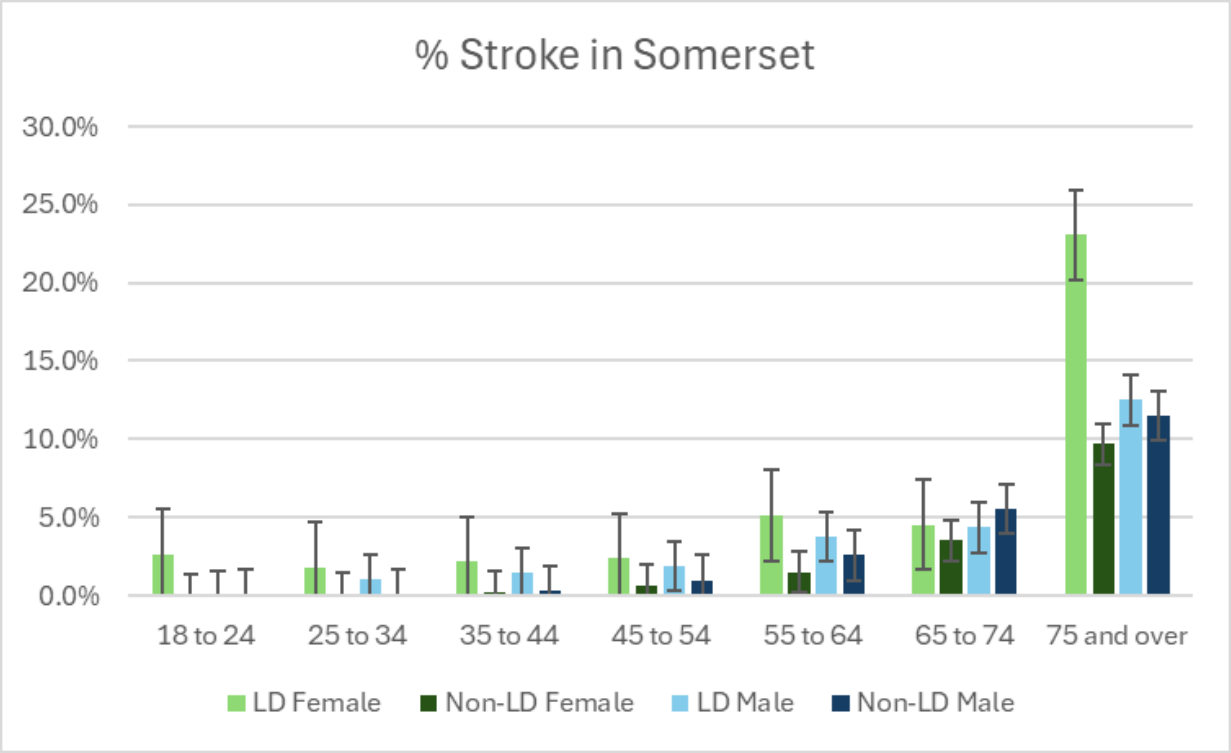

Figure 27: A graph showing the proportion of people with and without learning disabilities who have a diagnosis of stroke or transient ischaemic attack split by age and sex. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

4.8 Neurological conditions

4.8.1 Dementia

Dementia is a term which covers a variety of health conditions including Alzheimer's disease, vascular dementia and other types of dementia. Dementia generally affects people at older ages, although studies show people with learning disabilities develop dementia at much younger ages and are 2 to 3 times as likely to develop dementia compared to the general population[121]. Many of the risk factors for dementia are more common amongst people with learning disabilities including obesity, diabetes, low levels of social connectedness and physical inactivity which make them more vulnerable to developing dementia. Public Health England published guidance which provided advice for caring for people with learning disabilities and dementia such as sensory stories, adaptations to the environment and help for carers in 2018[122].

Adults with learning disabilities in Somerset have significantly higher rates of dementia than adults without learning disabilities (with LD 2.1% [95% CI 1.6%, 2.6%], without LD 1.1% [95% CI 1.1%, 1.1%])[123]. Figure 28 below shows the proportion of people with and without learning disabilities who have a diagnosis of dementia split by age and sex. National data shows 1.3% of people with learning disabilities have dementia[124] meaning people with learning disabilities in Somerset have significantly higher rates of dementia. Adults with learning disabilities aged 65+ have significantly higher rates of dementia than adults without learning disabilities aged 65+. Additionally, men aged between 55-64 have significantly higher rates of dementia than men without learning disabilities of the same age; however, there is no significant difference for women of the same age group. Across all age ranges, there is no significant difference in dementia rates when comparing men with learning disabilities to women with learning

disabilities (men with LD 1.9% [95% CI 1.4%, 2.6%], women with LD 2.3% [95% CI 1.6%, 3.3%]).

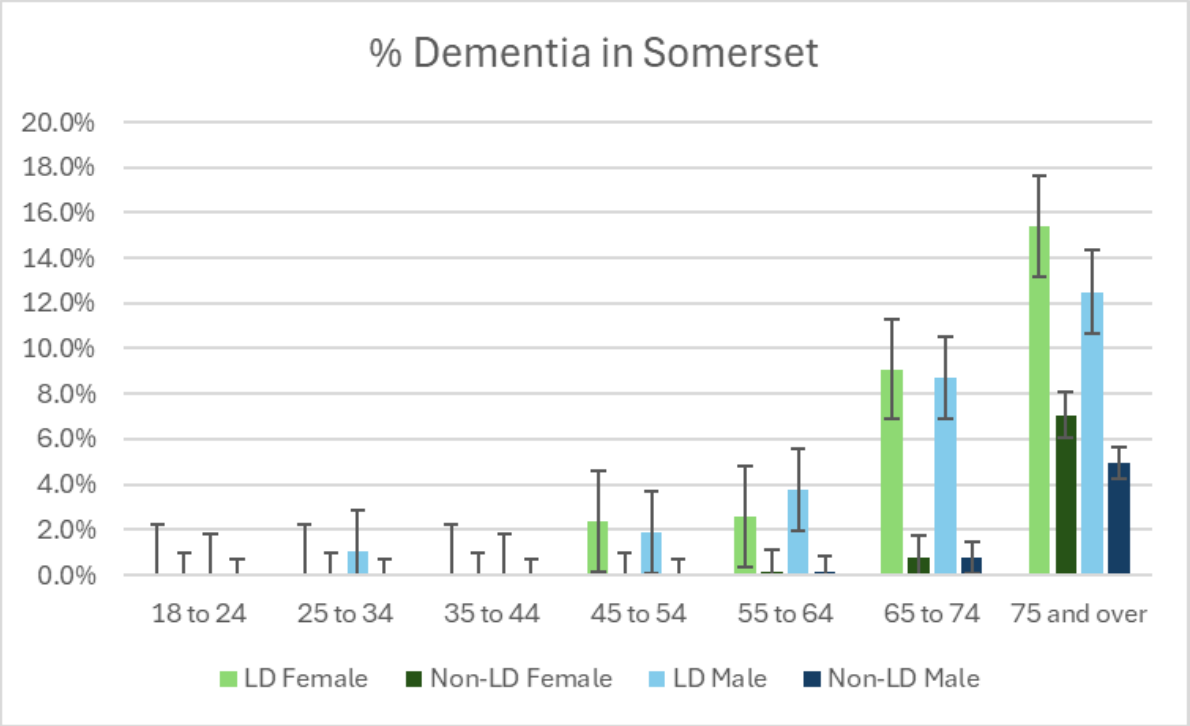

Figure 28: A graph showing the proportion of people with and without learning disabilities who have a diagnosis of dementia split by age and sex. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

4.8.2 Epilepsy

Studies show epilepsy is significantly more common in people with learning disabilities compared to the general population. People with more severe and profound learning disabilities have a greater prevalence of epilepsy, whereas people with Down's syndrome have a lower prevalence of epilepsy compared to people with learning disabilities, but still significantly higher than the general population[125]. Epilepsy can have severe consequences, including increased risk of mortality, account for 40% of hospital admissions and can lead to sudden unexpected death in epilepsy in people with learning disabilities. NICE guidance states epilepsy in people with learning disabilities should be managed the same way as for the general population, although misinterpretation of behavioural, psychological and physiological events may lead to misdiagnosis by parents, paid carers and health professionals. Lack of access to appropriate healthcare and geographical variations in the quality of epilepsy care has been provided as an explanation for the inequality of epilepsy care across the UK.

Adults with learning disabilities in Somerset have significantly higher rates of epilepsy than adults without learning disabilities (with LD 18.8% [95% CI 17.5%, 20.3%], without LD 0.7% [95% CI 0.7%, 0.7%])[126]. Figure 29 below shows the proportion of people with and without learning disabilities who have a diagnosis of epilepsy split by age and sex. National prevalence data shows 16.5% of people with learning disabilities have epilepsy[127], which shows the proportion of people with learning disabilities in Somerset with dementia is significantly higher than the national rate. Across all age ranges, adults with learning disabilities have significantly higher rates of epilepsy than adults without learning disabilities, with the 35-44-, 45-54- and 55–64-year-old age groups having the highest rates of epilepsy for adults with learning disabilities. Both men and women with learning disabilities have statistically similar rates of

epilepsy to each other (men with LD 18.9% [95% CI 17.2%, 20.8%], women with LD 18.8% [95% CI 16.7%, 21.0%]).

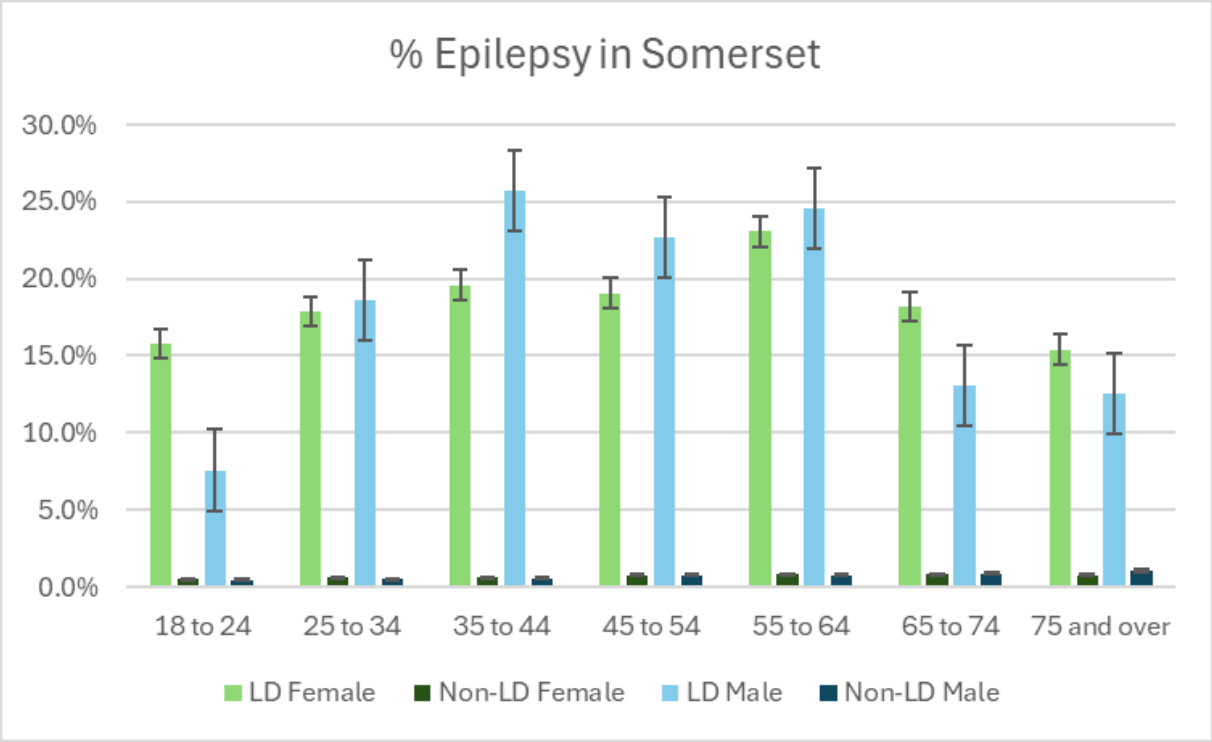

Figure 29: A graph showing the proportion of people with and without learning disabilities who have a diagnosis of epilepsy split by age and sex. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

4.9 Life Expectancy and Mortality

The health inequalities, social exclusion and stigmatisation adults with learning disabilities face not only negatively impact health, but also life expectancy. National data from 2021 shows the median age of death for people with learning disabilities is 61 years old; meaning individuals with learning disability on average die younger, men die 22 years earlier, and women 26 years earlier[128]. One of the key reasons for this is adults with learning disabilities experience much higher rates of avoidable deaths compared to the general population; with 49% of deaths being avoidable in people with learning disabilities compared to only 22% of deaths being avoidable in the general population[129]. Avoidable deaths are classified as any death caused by a condition which can be mainly avoided through effective prevention or treatment.

The 'level' of learning disability a person has also greatly impacts their life expectancy with people who have severe or profound and multiple learning disabilities dying younger than people with mild or moderate learning disabilities. National data from 2018 breaks down the average life expectancy for adults with learning disabilities by 'levels' of learning disability[130]:

- **62** for people with a **mild** learning disability
- **63** for people with a **moderate** learning disability
- **57** for people with a **severe** learning disability
- **40** for people with **profound and multiple** learning disabilities

Due to the significantly reduced life expectancy people with learning disabilities experience, the Learning from the Lives and Deaths of people with Learning Disabilities and Autistic People (LeDeR) program was established nationally in 2017 to improve care, reduce inequalities and prevent early deaths for people with learning disabilities and autistic people. This program ensures that everyone with a learning disability who dies aged 4 and above will be eligible for an initial review. If certain criteria are met (i.e. where the person is from a black, Asian or Minority ethnic group, or where a local priority area is identified), the person is also eligible for a focussed review.

The 2023/24 LeDeR report published by NHS Somerset ICB shows there were 40 reports of deaths to LeDeR in Somerset for people with learning disabilities and/or autism in the 2023/24 financial year[131]. Of these 40 reports, 37 of them were for people with learning disabilities who lived in Somerset. The Health and Care of People with Learning Disabilities 2023/24 data shows that there were 50 deaths for people with learning disabilities in Somerset meaning only around 74% of people with learning disabilities who died were reported to LeDeR in Somerset.

When looking at ethnicity, the 2023/24 LeDeR report shows 38 deaths were White British people, 1 death was from mixed/multiple ethnicities and 2 deaths had an unknown ethnicity. Table 7 below shows counts of deaths in 2023/24 for people with learning disabilities reported in NHS Somerset's LeDeR report and NHS England's Health and Care of People with Learning Disabilities data. **Note: data reported by Health and Care of People with Learning Disabilities is rounded to the nearest 5.*

*Table 7: A table showing counts of deaths in Somerset for people with learning disabilities in 2023/24 taken from NHS Somerset's LeDeR report and NHS England's Health and Care of People with Learning Disabilities data. *Note: data reported by Health and Care of People with Learning Disabilities is rounded to the nearest 5.*

Ethnicity	NHS Somerset ICB LeDeR report 2023/24	Health and Care of People with Learning Disabilities 2023/24 Somerset level data*
Asian or Asian British	0	5
Black, African, Caribbean or Black British	0	0
Mixed or multiple ethnic groups	1	0
Other ethnic groups	0	0
Missing or inconclusive ethnicity data	2	5
Patients who were given an opportunity to state their ethnicity but chose not to do so	0	5
White British	38	45

The most concerning figure from this table is that for the Asian or Asian British ethnic category there were 5 (rounding means the actual number could be anywhere between 1 and 7) deaths reported by Health and Care of People with Learning Disabilities; however, none of these deaths were reported to LeDeR. This is concerning as all deaths reported to LeDeR where

the person is from a black, Asian or Minority ethnic background are required to have a focussed review due to people from these ethnic backgrounds being significantly more likely to die at younger ages compared to their white counterparts[132]. Reporting deaths to LeDeR is not statutory, which is the most likely reason why these deaths were not known to LeDeR. We have reported this finding back to the NHS Somerset LeDeR team for them to investigate.

Additionally, the remaining deaths which were not reported to LeDeR were for people from the White British ethnic background, where the patient refused to give their ethnicity data and where ethnicity data is missing. As the Somerset population is majority White British (91.3% in the 2021 census), the fact that the majority of deaths for people with learning disabilities are from the White British ethnic group does not significantly differ from the general population of Somerset.

The most common cause of death identified by LeDeR in 2023/24 was diseases of the respiratory system where there were 12 deaths. The next most common causes of death were diseases of the circulatory system and infectious & parasitic diseases of which there were 8 deaths for both causes. Of these deaths, 5 were identified as being related to sepsis, which NHS Somerset plans to investigate further. For more information on the specific causes of deaths, see NHS Somerset's LeDeR 2023/24 report.

The 2022/23 NHS Somerset LeDeR report also highlighted diseases of the respiratory system as the top cause of learning disability deaths, with 25 deaths occurring in 2022/23. Following an investigation into these deaths, some of the key areas for improvement include proactive support for weight management, use of patient deterioration tools and increasing influenza and pneumococcal vaccination rates. To see the full list of findings and recommendations, see Appendix 2 of NHS Somerset's LeDeR 2023/24 report.

In recent years, many initiatives have been implemented by NHS Somerset to approach the topic of death meaningful with people with learning disabilities. These include: conducting focus groups with Biggerhouse Film to explore the topics of death and dying with people with learning disabilities, producing a film called "We need to talk about death" sharing people with learning disabilities experiences understanding and experiences of death and conducting a scoping exercise with OpenStoryTellers called "The Remembering Tree" to help people explore death and dying. For more information on these initiatives, see the following links:

- "We need to talk about death" by Biggerhouse Film
- "The Remembering Tree" by OpenStoryTellers (pg.8)

4.9.1 Suicide

Evidence shows that people with learning disabilities are more likely attempt or die by suicide than the general population[133]. Historically it was though that people with learning disabilities were not capable of dying by suicide due to their lower intellectual levels. However, this is not true as recent literature overwhelmingly shows that people with milder learning disabilities are more likely to have the intellectual capability to understand suicide, life and death.

Underreporting of suicides amongst people with learning disabilities is common. This is often due to reluctance to report suicide amongst family members, hesitancy to include people with learning disabilities in studies due to issues obtaining informed consent and people with learning disabilities tending to choose more passive methods of suicide (e.g. jumping from a height) which can lead to some deaths being misclassified as accidents. Therefore, there is still a lot which is unknown about suicide amongst people with learning disabilities.

To the authors' knowledge, there is no available data on the suicide rates amongst people with learning disabilities in Somerset. This is a clear data gap, and means we are currently not able to understand the support needed by people with learning disabilities in Somerset surrounding suicide; although this gap is replicated nationally. Despite this, due to the success of the workshops and film produced by NHS Somerset ICB talking about death with people with learning disabilities, running similar sessions on suicide with people with learning disabilities could be beneficial. Running workshops discussing suicide have proved to be successful in other parts of the UK[134], so conducting similar sessions would be a good first step to understanding the extent of suicide in Somerset for people with learning disabilities.

4.10 Respiratory conditions

Nationally, respiratory disease is the most common form of death for people with learning disabilities accounting for 52% of deaths[135]. Research shows that people with learning disabilities are significantly more likely to have and to die from respiratory conditions such as asthma, COPD and upper respiratory tract infections[136]. Several risk factors for respiratory disease are more common amongst people with learning disabilities including dysphagia (leading to aspirational pneumonia), oral microbial status (leading to pneumonia), poor head and neck posture and severe scoliosis. Hospital admissions for respiratory conditions are more frequent, longer and are more likely to reoccur in people with learning disabilities compared to the general population. This all lead CIPLOD to recommend people with learning disabilities to be a high risk group for respiratory deaths. Additionally, improving dysphagia management, improving oral care and providing regular support for proper inhaler technique have all been shown to reduce the prevalence of respiratory conditions.

The 2022-23 LeDeR report for Somerset highlighted an abnormally high number of respiratory deaths which lead to NHS Somerset ICB carrying out a 'deep dive' into why these deaths occurred.[137] This 'deep dive' found the key factors associated with these deaths were delays in the funding of specialist equipment, Speech and Language Therapy and Physiotherapy care plans not being followed and lack of proactive support around weight management. In eight of the twenty-four deaths, issues were highlighted around treatment escalation plans and a lack of proactive end of life care planning. Following this 'deep dive', work has been done to improve advanced care planning and treatment escalation plans, improve uptake of influenza and pneumococcal vaccinations and sharing information about the risks of respiratory health for people with learning disabilities across the health and care system. For more information, see: LeDeR-Annual-Report-2023-24-Final-1.pdf.

4.10.1 Asthma

Adults with learning disabilities in Somerset have significantly higher rates of asthma than adults without learning disabilities (with LD 9.9% [95% CI 8.9%, 11.0%], without LD 7.2% [95% CI 7.2%, 7.3%])[138]. Figure 30 below shows the proportion of people with and without learning disabilities who have a diagnosis of asthma split by age and sex. National data shows 9.2% of people with learning disabilities have asthma[139] meaning people with learning disabilities in Somerset have statistically similar rates of asthma. The age groups which have the highest rates of asthma for people with learning disabilities are the 25–34-year-olds, 35-44-year-olds and 45-54-year-olds. Whereas the age groups with the highest prevalence in adults without learning disabilities are the 55-64- and 65–74-year-olds. Therefore, in younger age groups, adults with learning disabilities are more disproportionately affected by asthma than at older ages (with the exception of the 18–24-year-old age group). When looking at age, in all age groups except the 55–64-year-old age group, men with learning disabilities have significantly higher rates of asthma compared to men without learning disabilities. Women with learning disabilities have significantly higher rates of asthma compared to women without learning

disabilities for the 25-34-, 35-44- and 45–54-year-old age groups, but have statistically similar rates of asthma in all other age groups. Overall, there is no significant different in the rates of asthma between men with learning disabilities and women with learning disabilities (men with LD 9.2% [95% CI 8.0%, 10.6%], women with LD 10.9% [95% CI 9.3%, 12.8%]).

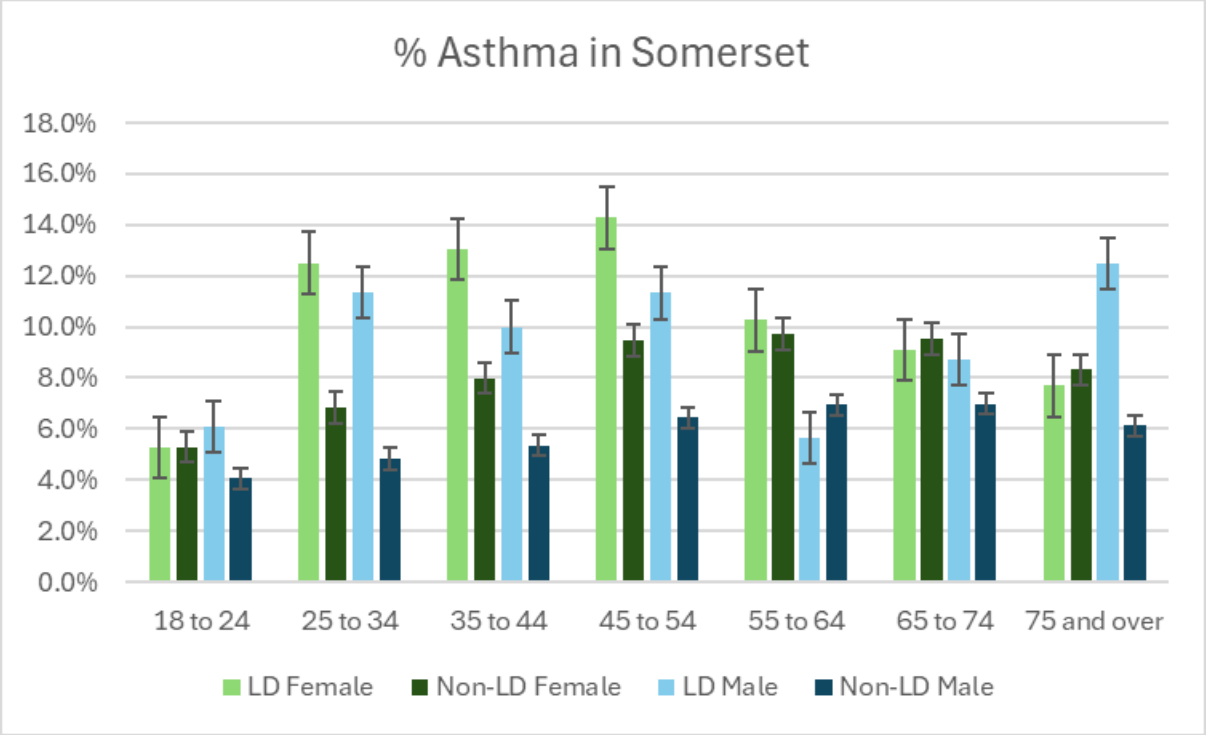

Figure 30: A graph showing the proportion of people with and without learning disabilities who have a diagnosis of asthma split by age and sex. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

4.10.2 Chronic Obstructive Pulmonary Disease (COPD)

Adults with learning disabilities in Somerset have significantly lower rates of COPD than adults without learning disabilities (with LD 1.6% [95% CI 1.2%, 2.1%], without LD 2.6% [95% CI 2.6%, 2.7%])[140]. National data shows 1.2% of people with learning disabilities have COPD[141] meaning people with learning disabilities in Somerset have statistically similar rates of COPD. Despite women with learning disabilities having slightly higher rates of COPD than men with learning disabilities, this difference is not statistically significant (women with LD 2.0% [95% CI 1.3%, 2.9%], men with LD 1.4% [95% CI 0.9%, 2.0%]). Any differences are likely down to rounding and small number suppression because there are only 50 people in Somerset with an active diagnosis of COPD and a learning disability as reported on the GP learning disability register. Additionally, when this data was broken down by age and sex, no category had a higher rounded value than 5. Therefore, breakdowns by age and gender haven't been provided in this report. If you would like more information on age and sex breakdown of COPD for people with learning disabilities in Somerset, please see Health and Care of people with learning disabilities 2023/24 report.

4.11 Exploitation

Exploitation comes in a variety of different forms and can happen to anyone; including those with learning disabilities. Research shows that people with learning disabilities are more vulnerable to exploitation are more likely to be abused in multiple ways simultaneously compared to the general population[142]. Trauma, limited family support, harmful social networks

and isolation are some of the key factors explaining why people with learning disabilities are more vulnerable to exploitation. Nationally, financial exploitation and 'mate crime' (being exploited by someone posing as a friend) are the two most common types of exploitation people with learning disabilities face.

In Somerset, data shows exploitation amongst people with learning disabilities is relatively low with around 1-2% of people with a learning disability experiencing some form of exploitation each year[143]. Table 8 below shows the number of people with learning disabilities who have experienced each type of exploitation, split by financial year. The most common form of exploitation is Financial or Material abuse, followed by Sexual Abuse and Domestic Abuse. Research shows underreporting of exploitation amongst people with learning disabilities is common[144] which may suggest exploitation in Somerset is a bigger problem than suggested in Table 8.

*Table 8: A table showing the number of people with learning disabilities who have experienced each type of exploitation, split by financial year. Source: Somerset Council Adult Social Care team. Values are rounded to the nearest 5 *Note: data for 2024/25 only includes data up to and including January 2025.*

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25*
Sexual Abuse	15	10	5	10	5	15
Financial or Material Abuse	30	25	25	20	25	20
Domestic Abuse	15	5	5	15	5	5
Sexual Exploitation	0	0	0	5	5	0
Modern Slavery	0	0	0	0	0	0

A consultation conducted by Somerset Foundation Trust in 2021 included a case study where an individual with learning disabilities was working at a café[145]. The café did not give the person any financial or other form of reward as payment for their work in the café, despite the café receiving financial recompense from paying customers. Additionally, the person's family had to pay the café for them to work there. This case study is not unique as the consultation found only around 20% of people with learning disabilities were regularly or sometimes being paid for their work. Being unfairly compensated for work through receiving little or no financial recompense is classed as economic exploitation[146]. This suggests that economic exploitation of people with learning disabilities through unfair payment for work is not uncommon in Somerset.

5 Ensuring a healthy standard of living

5.1 Stop smoking services

Research shows that people with learning disabilities generally have similar levels of smoking rates to the general population. However, smoking rates are higher amongst people with learning disabilities who don't access specialist learning disabilities services, are adolescent, live in less restrictive residential settings, live with someone who smokes or who are parents themselves[147]. Some of the main reasons people with learning disabilities take up smoking is to increase their confidence, manage their emotions, to relate to others or cope with boredom. GP data from Somerset Council's CVD dashboard shows there are 345 people with learning disabilities in Somerset who are a current smoker[148]. Therefore, the rate of smoking amongst people with learning disabilities in Somerset is 9.9% [95% CI 9.0%, 11.0%] which is significantly lower than the Somerset general population average of 11.6% [95% CI 11.3%, 12.0%][149]. However, evidence shows that people with learning disabilities are less likely to disclose they are a smoker to a healthcare professional due to fears of being judged, therefore these figures may be an underestimate.

Data from Somerset Council's Smokefree Service shows that the number of people with learning disabilities accessing the service is increasing, although the numbers are still relatively low. Table 9 below shows the number of people accessing the Somerset Smokefree service who have disclosed a learning disability, split by financial year. The increase in numbers in the previous two years is most likely due to lower numbers of people accessing Somerset Smokefree services during the Covid-19 pandemic. The data shown in Table 9 is likely an underestimate due to only including people who have disclosed a learning disability. Research shows people with learning disabilities experience barriers to services due to stigmatisation and inequalities[150]. Therefore, people with learning disabilities may not feel comfortable disclosing that they have learning disabilities due to fears of receiving a worse level of treatment.

*Table 9: A table showing the number of people accessing the Somerset Smokefree service who have disclosed a learning disability, split by financial year. *Note: values are rounded to the nearest 5. Source: Somerset Council Public Health Smokefree Service*

Financial year	Count of people accessing Somerset Council's Smokefree Service who have disclosed a learning disability*
2020/21	0
2021/22	5
2022/23	5
2023/24	15
2024/25 (first 3 quarters only)	15

Despite these low numbers of people with learning disabilities accessing the Somerset Smokefree Service, GP data from Somerset Council's CVD dashboard shows there are 345 people with learning disabilities in Somerset who are current smoker. Therefore, less than 5% of people with learning disabilities in Somerset who are current smokers are accessing Somerset Council's Smokefree service. Data from 2016 shows that around 5% of smokers in Somerset accessed Somerset Smokefree each year[151]; adults with learning disabilities in Somerset contact Somerset Smokefree at similar rates to Somerset's general population.

Somerset Council's CVD dashboard shows there are 265 people with a learning disability who are previous smokers. Due to the low numbers of people with learning disabilities accessing Somerset Council's Smokefree Service, it raises the question of how these people stopped smoking and what support (if any) they had when quitting. At the time of writing, Somerset Council's Smokefree Service doesn't have any specific resources for clients with learning disabilities; although if someone discloses a learning disability to them, they aim to provide support through a face-to-face appointment to improve communication. Studies suggest that one of the best ways to provide stop smoking support is through annual health checks for people with learning disabilities[152].

5.2 Drug & alcohol services

Research shows that people with learning disabilities are less likely to misuse substances than the general population, although as these studies primarily use self-reporting measures or only include people known to learning disability services, the research is likely an underestimation of the true number[153]. When looking at cannabis smoking nationally amongst young people with learning disabilities, 36% of young men and 31% of young women aged 18+ with a learning disability have tried cannabis; which is lower than rates for young men & women without learning disabilities (49% for men, 39% for women)[154]. Additionally, around 10% of young people with learning disabilities have tried other drugs including cocaine, LSD, ecstasy, heroin, crack or speed; which is a lower rate than for young people without learning disabilities (around 20%). Evidence suggests that people with mild learning disabilities are more likely to misuse alcohol or drugs, and are also less likely to be known to learning disability services, which will likely affect national prevalence rates. Additionally, there is some evidence to suggest that when people with learning disabilities do drink alcohol, they have an increased risk of developing a problem with it. One of the main reasons people with learning disabilities give for misusing substances is "self-medicating against life's negative experiences" which includes reasons related to psychological trauma and isolation/loneliness.

Due to large numbers of people with learning disabilities going unidentified by learning disability services, many people with learning disabilities will either not access drug & alcohol services or face barriers when trying to access drug & alcohol services. Barriers faced by people with learning disabilities when accessing drug & alcohol services include: services not recognising someone has a learning disability, lack of protocols or procedures for caring for someone with learning disabilities and health promotion messages being too complex. Research also shows that people with learning disabilities respond much better in personalised one-to-one sessions compared to group sessions due to their confidence in voicing their opinions or being able to communicate in a way others will be able to understand. Therefore, due to the unique needs people with learning disabilities have, appropriate training of staff is vital to ensuring people with learning disabilities receive support which is tailored to their needs.

In Somerset, data from the Somerset Drug and Alcohol Service (SDAS) shows that the number of people contacting SDAS who self-report having a learning disability is increasing. Figure 31 below shows the number of people in contact with Somerset Drug and Alcohol Service (SDAS) split by financial year and rounded to the nearest 5. This means around 2.5% of people with a learning disability are contacting SDAS each financial year when comparing it to the number of people on the GP practices learning disability register. However, the recent trend suggests that this number is increasing and is likely to continue to increase over the next few years.

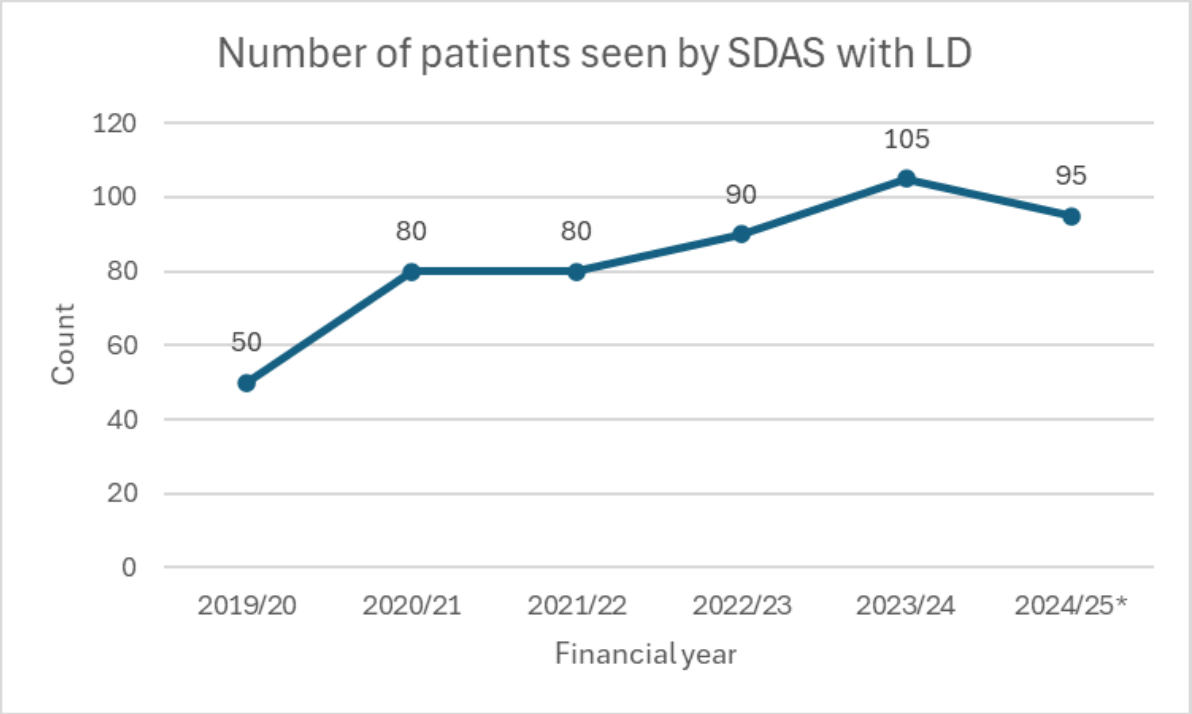

*Figure 31; A graph showing the number of people in contact with Somerset Drug and Alcohol Service (SDAS) split by financial year and rounded to the nearest 5. *Data for the 2024/25 financial year only includes data for the first 3 quarters. Source: SDAS*

5.3 Dental care

Research has consistently shown adults with learning disabilities have significantly poorer dental health and experience barriers to accessing dental services compared to the general population. Adults with learning disabilities are particularly vulnerable to and have higher rates of: gum (periodontal) disease, gingival inflammation, missing teeth, toothlessness (edentulism), plaque levels and more unmet oral health needs[155]. The impact of poorer dental health for adults with learning disabilities has physical, psychological and social consequences; for example, leading to pain & discomfort, and making them more vulnerable to diseases such as diabetes, cardiovascular disease, respiratory disease and stroke. Socially, poor oral health negatively impacts the self-esteem, ability to communicate, enjoyment of food and ability to socialise of adults with learning disabilities. Therefore, poor dental health can have a big impact on the health and wellbeing of people with learning disabilities. Additionally, many adults with learning disabilities are reliant on others for their dental care; many of whom may not have adequate training or see the importance of good dental care and teeth brushing. This increases the risk of poor oral health, and its related health conditions, for adults with learning disabilities.

To the authors' knowledge, there is no available data on the prevalence of dental care or oral health amongst people with learning disabilities in Somerset. However, in April 2023, NHS Somerset produced a learning brief surrounding oral health aimed to provide recommendations on how to improve oral care for adults with learning disabilities and provide guidance for care providers (see Learning-Brief-no-2-Oral-Health.pdf). This report explains how to make a referral for a person with learning disabilities to access dental care, as well as providing resources for healthcare staff and service users on how to ensure top quality oral health for adults with learning disabilities. One of the most important takeaways from this report is the CQC recommend having a care plan in place for mouthcare for every service user[156]. Therefore, one of the key first steps in understanding the quality of dental care in

Somerset is understanding how many people with learning disabilities have a care plan for mouthcare.

Additionally, a consultation for people with learning disabilities in Somerset conducted in 2021 included a quote from a person with learning disabilities about being unable to access their special needs dentist anymore due to the dentist moving 15 miles away[157]. This meant they had to seek out private dental care which means they are incurring increased costs for their dental care.

5.4 Sexual health

In general, there is limited research on sexual health for people with learning disabilities. Although evidence shows that young people with mild to moderate learning disabilities are as likely to have had sexual intercourse by the age of 19/20 as their peers from the general population[158]. However, studies have shown that young people with mild to moderate learning disabilities were more likely to practice unsafe sex, and young women with learning disabilities were more likely to have been pregnant/been a mother, than the general population. Additionally, people with learning disabilities are more likely to face barriers to sexual health education and services due to fears of exploitation & concerns around consent by their family and carers and societal infantilising attitudes towards people with learning disabilities. Stigma is especially prevalent against people with learning disabilities who identify as LGBTQ+ where research shows they face "double discrimination" when accessing appropriate sexual health education and services[159]. Therefore, people with learning disabilities have a greater need for good quality sexual health education and services as they are more likely to practice unsafe sex, and face barriers to accessing sexual health services.

For more information on sexual health, contraception or pregnancy & birth for people with learning disabilities, see:

- Sexual health
- Contraception
- Pregnancy & birth

Data from the Somerset-Wide Integrated Sexual Health (SWISH) service shows that relatively few people with learning disabilities are accessing sexual health services in Somerset[160]. Table 10 below shows counts of appointments and patients with learning disabilities who accessed the SWISH service in Somerset, split by financial year. It is important to note that the 2024/25 financial year only includes data from the first three quarters, and that in some cases, individuals had multiple appointments with SWISH. The data in Table 10 below shows two 'jumps' in the counts of appointments. The first is in the 2021/22 financial year which is likely due to the end of the Covid-19 pandemic which allowed the SWISH service to return to full capacity and conduct a greater number of appointments. The second 'jump' is in the 2024/25 financial year. This is down to the SWISH only starting to record whether an individual has learning disabilities as a warning on their records since the start of 2024. The data from before the 2024/25 financial year only includes appointments from people identified as having a learning disability since the introduction of the learning disability warning on the SWISH records in early 2024. Therefore, the data from the financial years before 2024/25 likely doesn't account for all people with learning disabilities accessing SWISH, and means the increase in 2024/25 is likely down to the improved recording of people with learning disabilities accessing these services.

Table 10: A table showing counts of appointments and patients with learning disabilities who accessed the SWISH service in Somerset, split by financial year. Note: figures are rounded to the nearest 5. Source: SWISH

Financial year	Count appointments	Count patients
2019/20	10	5
2020/21	5	5
2021/22	20	5
2022/23	10	0
2023/24	10	5
2024/25 (first 3 quarters only)	35	10

A consultation in 2021 highlighted that sexual health support for people with learning disabilities in Somerset was inadequate with only 28% of people with learning disabilities feeling like they had support to look after their sexual health needs[161]. The reasons given for this were that people with learning disabilities felt infantilised and that care providers either thought that people with learning disabilities don't have sex or need completely protecting from the risks, so didn't offer sexual health support. The report concluded by recommending 'Help to looking after sexual health' across the whole of Somerset's healthcare system as one of its four main systemwide recommendations. Since this consultation report has been published, RSHE projects surrounding improving sexual health support for children and young people with SEND have been introduced in collaboration with other organisations such as sen.se and NSPCC. These projects included developing a webpage containing specialist RSHE advice for SEND pupils[162] and supporting RSHE leads to deliver RSHE through providing specialist resources for SEND pupils[163]. There are also plans for further training support for RHSE leads surrounding delivering RSHE to SEND children and young people.

For adults with learning disabilities, NHS Somerset ICB have recently piloted a RSHE programme for adults with learning disabilities as part of a quality improvement project. This program had five modules, including one on sexual health. Initial findings from the program was that it was well received, although some parents & carers opted out of the sexual health module initially due to not thinking it was needed. NHS Somerset ICB plan on evaluating the program before any further action is taken with it.

Whilst it is promising that actions have been taken to improve sexual health services for children and young people with learning disabilities in Somerset, the consultation highlights that more needs to be done to improve sexual health services in Somerset for adults with learning disabilities. When the authors of this report approached the commissioner for sexual health services in Somerset, they were not aware of the 2021 Somerset Community Foundation report[164] or its findings, suggesting that the dissatisfaction people with learning disabilities have with sexual health services in Somerset was previously largely unknown. This highlights a clear need to improve sexual health services for people with learning disabilities in Somerset.

5.5 Weight management

Literature overwhelmingly shows that people with learning disabilities are much more likely to be either underweight, overweight or obese than the general population[165]. Being overweight or obese increases the risk of a plethora of health conditions including type-2 diabetes, some cancers and cardiovascular diseases to name a few. Additionally, being underweight also increases the risk of a plethora of health conditions including weakened immunity, nutritional

deficiencies, osteoporosis and digestive issues to name a few[166]. Research shows these health risks have serious health consequences and have been shown to significantly contribute to people with learning disabilities' reduced life expectancy.

Several factors increase the risk of being overweight or obese for people with learning disabilities. The most consistently observed risk factor for being overweight or obese in people with learning disabilities is female gender, especially amongst those who live in more deprived areas. Several other risk factors, namely people with down syndrome, people with milder learning disabilities, people living in less restrictive environments and people living in more deprived areas, have also been identified which significantly increase the risk of being overweight or obese in people with learning disabilities. There is less research on risk factors for people with learning disabilities on being underweight, although studies do show that people with more profound or severe learning disabilities are more likely to be underweight, and that feeding, chewing and swallowing problems, along with general dietary risk, are key reasons for this.

In Somerset, proactive weight management has been identified as a key priority area for people with learning disabilities following the high numbers of deaths from respiratory diseases identified in the 2022/23 LeDeR report. One of the key risk factors for being overweight or obese is living in a more deprived area, and as 1 in 7 people with learning disabilities live in the most deprived national quintile, compared to 1 in 12 for Somerset's general population, this is likely to significantly impact on their weight. For underweight, overweight and obese weight categories, people with learning disabilities in Somerset are significantly more likely to fall into one of these categories than Somerset's general population. However, people with learning disabilities in Somerset have a significantly lower prevalence of being underweight, overweight or obese when compared to national prevalence rates (See sections 5.5.1, 5.5.2, 5.5.3). It is unclear why this is the case, although a consultation with people with learning disabilities in Somerset showed they viewed GP's as being good and supportive around weight management during regular health checks[167]. This suggests increasing the number of people having a learning disability health check each year may have a positive impact on weight management for people with learning disabilities in Somerset.

When interpreting the underweight, overweight and obesity data below, is worth noting that this data only includes people who have a recorded BMI. Research shows that nationally, 61.5% of people with a learning disability and 27.6% of people without a learning disability had a BMI assessment in the prior 15 months. This difference is likely due to the majority of adults with learning disabilities having annual health checks where their weight, height & BMI are recorded. Therefore, the proportions of people underweight, overweight and obese for both people with and without learning disabilities may not be fully representative of the whole population; especially for people without learning disabilities.

5.5.1 Underweight

Adults with learning disabilities in Somerset have a significantly higher proportion of people who are underweight (i.e. have a BMI ≤ 18.4) compared to adults without learning disabilities (with LD 3.8% [95% CI 3.2%, 4.6%], without LD 0.8% [95% CI 0.7%, 0.8%])[168]. Figure 32 below shows the proportion of people in Somerset with and without learning disabilities who are classified as underweight, split by age and sex. National data shows that 6.4% of adults with learning disabilities are underweight[169] meaning that in Somerset, the proportion of people with learning disabilities who are underweight is significantly lower than the national prevalence rate. Across all age ranges, adults with learning disabilities have a significantly higher proportion of people classified as underweight than the general population, although the difference is greatest at the youngest and oldest age groups. Additionally, there is no

gender difference between men and women with learning disabilities in terms of the proportion of people who are underweight (men with LD 4.3% [95% CI 3.5%, 5.3%], women with LD 3.1% [95% CI 2.3%, 4.2%]).

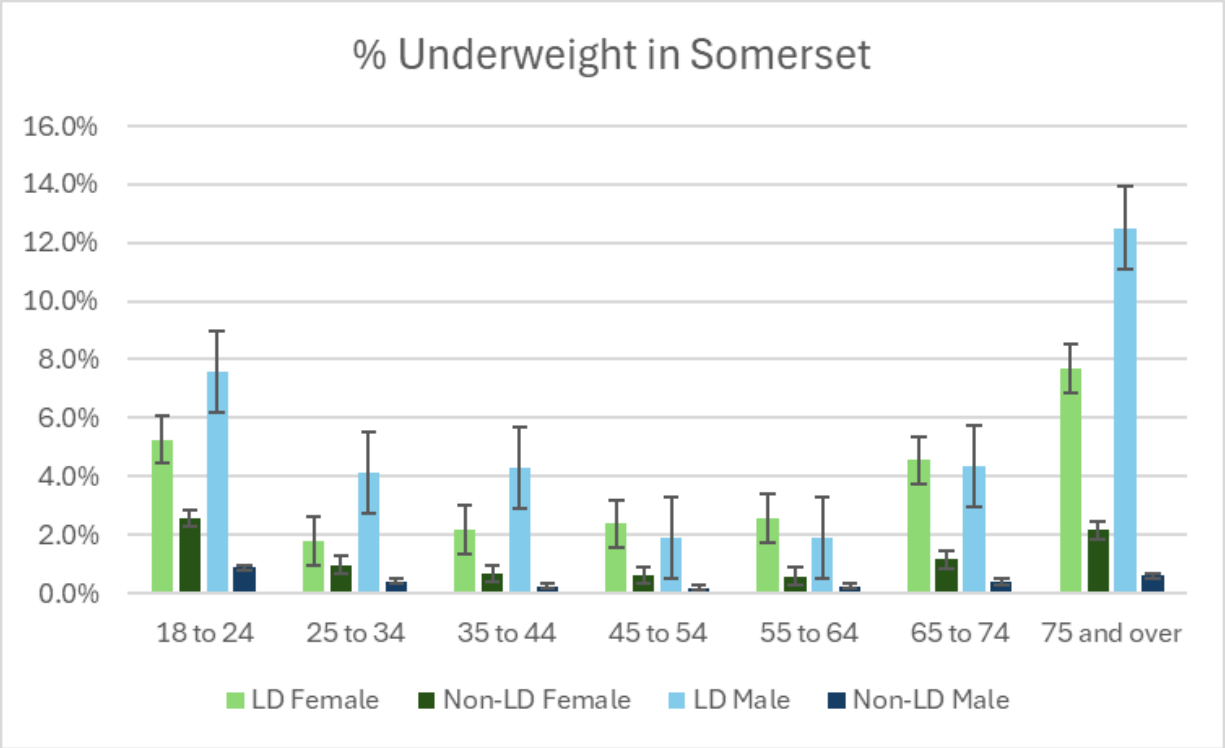

Figure 32: A graph showing the proportion of people in Somerset with and without learning disabilities who are classified as underweight (i.e. have a BMI ≤ 18.4), split by age and sex. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

5.5.2 Overweight

Adults with learning disabilities in Somerset have a significantly higher proportion of people who are overweight (have a BMI ≥ 25.0 & ≤ 29.9) compared to adults without learning disabilities (with LD 20.9% [95% CI 19.5%, 22.4%], without LD 12.3% [95% CI 12.2%, 12.4%])[170]. National data shows that 27.4% of adults with learning disabilities are overweight[171] meaning that in Somerset, the proportion of people with learning disabilities who are overweight is significantly lower than the national prevalence rate. Figure 33 below shows the proportion of people in Somerset with and without learning disabilities who are classified as overweight, split by age and sex. This difference is only for the 18-64 age groups where people with learning disabilities who have a significantly higher proportion of people who are overweight compared to the general population. For over 65's, there is no significant difference in the proportion of people who are overweight when comparing people with learning disabilities and the general population; except for women aged 75+. Additionally, there is no gender difference between men and women with learning disabilities in terms of the proportion of people who are underweight (men with LD 21.1% [95% CI 19.3%, 23.0%], women with LD 20.7% [95% CI 18.6%, 23.0%]).

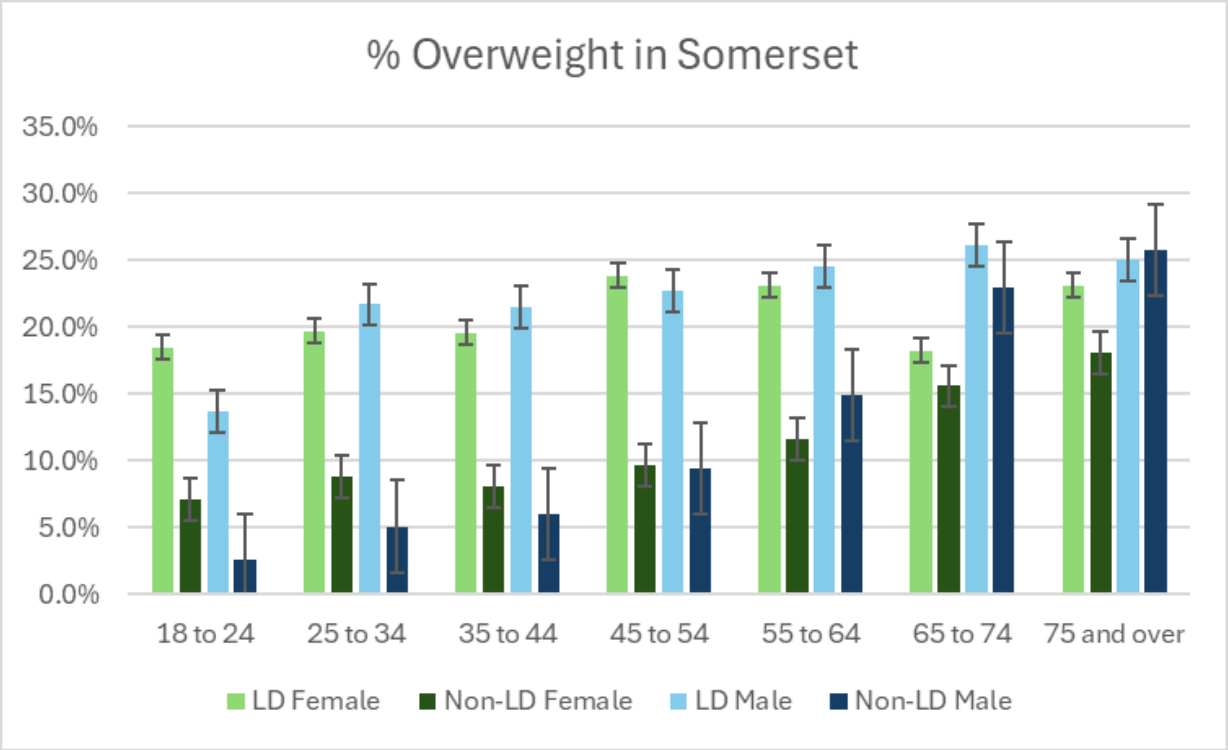

Figure 33: A graph showing the proportion of people in Somerset with and without learning disabilities who are classified as overweight (i.e. have a BMI ≥ 25.0 & ≤ 29.9), split by age and sex. Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital

5.5.3 Obese

Adults with learning disabilities in Somerset have a significantly higher proportion of people who are obese (i.e. have a BMI ≥ 30.0) compared to adults without learning disabilities (with LD 30.4% [95% CI 28.8%, 32.0%], without LD 12.8% [95% CI 12.7%, 12.9%])[172]. National data shows that 37.5% of adults with learning disabilities are obese[173] meaning that in Somerset, the proportion of people with learning disabilities who are obese is significantly lower than the national prevalence rate. Figure 34 below shows the proportion of people in Somerset with and without learning disabilities who are classified as obese, split by age and sex. Additionally, at ages 18-64, both men and women with learning disabilities have significantly higher rates of obesity compared to men and women without learning disabilities respectively. However, at age 65+, only women with learning disabilities have a significantly higher proportion of people who are obese compared to women without learning disabilities. For men aged 65+, there is no significant difference in obesity prevalence between men with learning disabilities and men without learning disabilities.

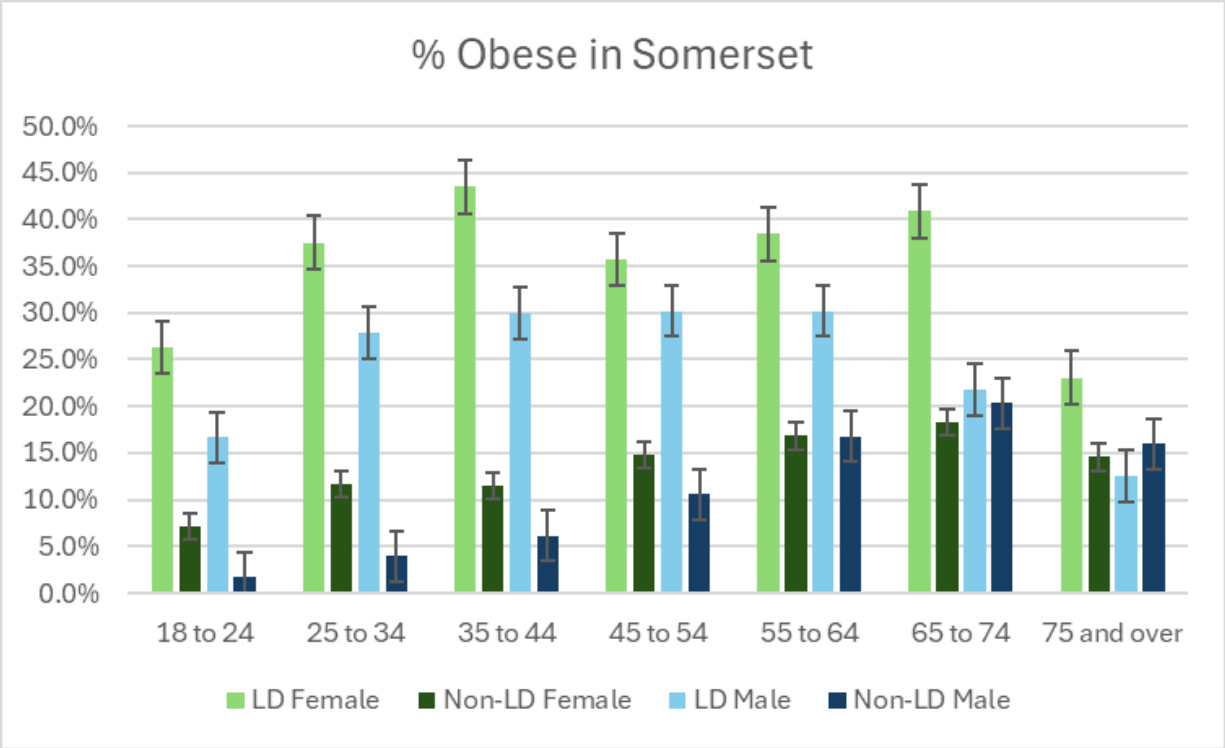

Figure 34: A graph showing the proportion of people in Somerset with and without learning disabilities who are classified as obese (i.e. have a BMI ≥ 30), split by age and sex. Source: [Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital]

6 Services

Whilst this section considers a selection of services provided within Somerset, this is not a comprehensive service mapping. For disability services provided by NHS Somerset see: NHS Learning Disability Services. Additionally for services from Somerset Council see: Somerset Council Learning Disabilities Services, Support for people with learning disabilities.

The different levels of support for individuals with learning disabilities is shown in the figure below; from universal support to support for more complex needs. In many cases good access to services, and preventative health care will support individuals to consistently have less complex support needs.

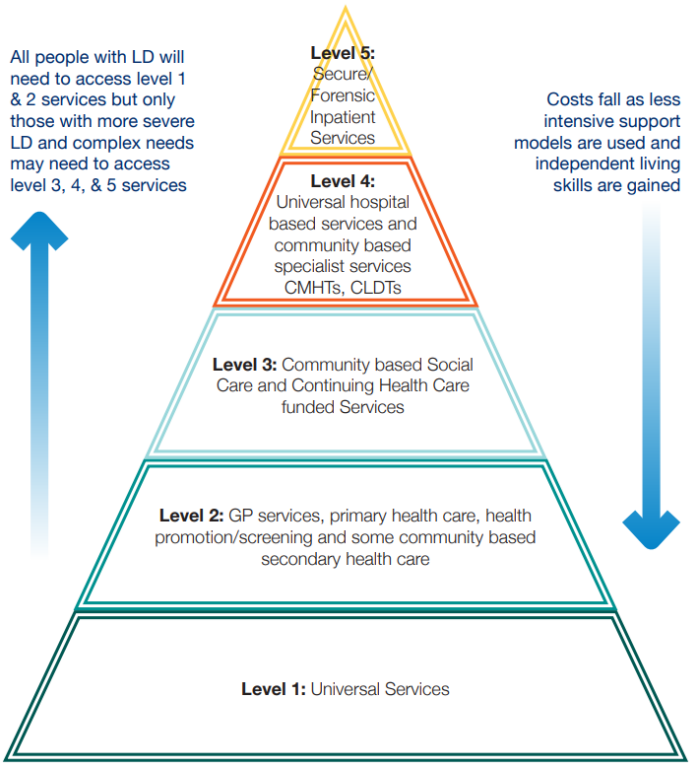

Figure 35 – Support for individuals with learning disabilities. Source: learning-disabilities-needs-assessment-report.pdf

6.1 Primary Care Services

6.1.1 Access to healthcare

A number of barriers stop people with a learning disability from getting good quality healthcare. Reasonable adjustments are a legal requirement under the Equality Act (2010) and meet people's needs through taking account of concerns such as, sensory concerns, offering longer appointment times, or Easy Read appointment letters.

Barriers to healthcare could include[174]:

- a lack of accessible transport links
- patients not being identified as having a learning disability
- staff having little understanding about learning disability
- failure to recognise that a person with a learning disability is unwell

- anxiety or a lack of confidence for people with a learning disability
- lack of joint working from different care providers
- not enough involvement allowed from carers
- inadequate aftercare or follow-up care.

The LeDeR review 2023/24 for Somerset present several key themes relating to the mental capacity act[175], and how access to services can be impacted. For example, the removing an individual from the GP patient list due to non-attendance (when this lack of attendance was due to difficulty getting to appointments, and no reasonable adjustments being made)[176]. Reasonable adjustments can make the experience of seeking healthcare easier, and in turn improve the health of individuals with learning disabilities.

As of August 2016, NHS or publicly funded adults social care are legally required to follow the Accessible Information Standard – this highlights a consistent approach to follow when identifying, recording, flagging sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. For more information see: NHS England » Accessible Information Standard.

The learning disability liaison teams within both Musgrove and Yeovil hospitals are available to help individuals with a learning disability over the age of 18 to access services. They can support with: outpatient appointments, acute admissions, and planned procedures[177].

6.2 Social Care

For information regarding the Somerset Adult Social Care Strategy, and Somerset care provision for individuals with learning disabilities please see: Adult Social Care 2023-26 (pg. 37). Local authorities provide support to people who (or whose representatives) seek it and who they judge eligible. The extent of which long-term support is provided to individuals identified as having a learning disability, based on GP records, helps to understand the level of demand, and plan services accordingly. In Somerset, 54.9 per 100 people on GP learning disability register receive long term support; this is higher than nationally (49.7 per 100) (2019/20)[178].

6.3 Housing

Improving outcomes for adults with learning disabilities in settles accommodation can be done by developing their safety and reducing their risk of social exclusion. Maintaining settled accommodation and providing social care in this environment promotes personalisation and quality of life, prevents the need to readmit people into hospital or more costly residential care and ensures a positive experience of social care. Government policy is that people with a learning disability should lead their lives like any other person, with the same opportunities and responsibilities, and be treated with the same dignity and respect. This means inclusion, particularly for those who are most often excluded, empowering those who receive services to make decisions and shape their own lives. In Somerset 85.3% of adults with a learning disability live in stable and appropriate accommodation, this is better than nationally (81.6%); additionally in Somerset this is showing an improving trend based on the 5 most recent time points (2023/24)[179.]

6.4 Satisfaction with social care protection

Safety is fundamental to the wellbeing and independence of people using social care (and others). There are legal requirements about safety in the context of service quality, including CQC essential standards for registered services. When asked “Do care and support services help you in feeling safe?” as part of the Adults Social Care Survey 85.4% of service users answered “Yes”; this is similar to nationally (86.3%) (2017/18)[180].

Abbreviations

Abbreviation	Meaning
BMI	Body Mass Index
CHD	Coronary Heart Disease
CI	Confidence Interval
CIPLOD	Confidential Inquiry into Premature Deaths of People with Learning Disabilities
COPD	Chronic Obstructive Pulmonary Disease
CVD	Cardiovascular Disease
GORD	Gastroesophageal Reflux Disease
GP	General Practitioner
HLE	Healthy Life Expectancy
HNA	Health Needs Assessment
ICB	Integrated Care Board
ICD-11	International Classification of Diseases version 11
IMD	Index of Multiple Deprivation
IQ	Intelligence Quotient
LD	Learning Disabilities
LE	Life Expectancy
LeDeR	Learning from Lives and deaths of people with a learning disability and autistic people
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning
LSOA	Lower-layer Super Output Areas
NHS	National Health Service
NHSE	National Health Service England
NICE	National Institute for Health and Care Excellence
ONS	Office for National Statistics
PANSI	Projecting Adult Needs and Service Information
POPPI	Projecting Older People Population Information
QOF	Quality and Outcomes Framework
RSHE	Relationships, Sex and Health Education
SDAS	Somerset Drug and Alcohol Service
SEND	Special Educational Needs and Disabilities
SMI	Severe Mental Illness
STOMP	Stopping over medication of people with a learning disability and autistic people
SWISH	Somerset-Wide Integrated Sexual Health Service
UK	United Kingdom

Appendix 1: Summary table of Health Needs

The table below provides a summary of the health needs discussed in this report, and whether prevalence rates for adults with learning disabilities is significantly higher, statistically similar or significantly lower than the Somerset general population for each health need. For a more comprehensive description of each health need, see the relevant section in the report. Some health needs mentioned in the report are not included here due to not fitting with the table format.

Wilson Score confidence intervals were used to determine whether there was a significant difference between the prevalence rate in people with learning disabilities and the prevalence rate in the Somerset general population. RAG (red, amber, green) scores represent whether the difference is positive (green), neutral (amber) or negative (red) in terms of health outcomes for people with learning disabilities.

Note: The health needs marked with the ϕ symbol are suspected to be underreported for people with learning disabilities. The health needs marked with the ɣ symbol are suspected to be underreported in Somerset's general population. This may influence their prevalence rates and significance scores given below.

Table 11: A table showing the prevalence of each health need highlighted in the main report for people with learning disabilities and the general population in Somerset; and whether the prevalence for people with learning disabilities is significantly higher, similar or significantly lower than the Somerset general population.

Health Need	Somerset prevalence of condition amongst adults with LD	Somerset adult general population prevalence	Somerset adult LD population compared to Somerset adult general population	Somerset LD population compared to national LD population (all ages)
Depression	20.8%	21.9%	Similar	Significantly higher
Anxiety	11.0%	6.4%	Significantly higher	-
Severe Mental Illness (SMI)	6.7%	1.0%	Significantly higher	Significantly lower
Antidepressant prescribing without a depression diagnosis	12.8%	5.9%	Significantly higher	Similar
Antipsychotic prescribing	13.6%	1.1%	Significantly higher	Significantly lower
Epilepsy medication prescribing	4.5%	3.0%	Significantly higher	Similar
Benzodiazepines prescribing	8.9%	2.4%	Significantly higher	Significantly higher
Type 1 diabetes	1.3%	0.5%	Significantly higher	Similar
Type-2 diabetes ϕ	7.5%	6.9%	Similar	Significantly lower
Hypothyroidism	9.6%	5.3%	Significantly higher	Significantly higher

Influenza vaccination (all ages)	60.7%	-	-	Significantly higher
Influenza vaccination (age 65+)	80.3%	77.8%	Similar	-
Cervical screening	32.4%	68.9%	Significantly lower	Similar
Breast cancer screening	49.3%	66.0%	Significantly lower	Similar
Colorectal cancer screening	62.2%	69.8%	Significantly lower	Significantly higher
Learning disability health checks	75.0%	-	-	Significantly higher
Gastro oesophageal reflux disease (GORD)	15.3%	14.5% *Note: this is the England rate*	Similar	Significantly higher
Dysphagia	14.9%	-	-	Significantly higher
Constipation ϕ	12.3%	-	-	Similar
Cancer ϕ	2.9%	5.8%	Significantly lower	Significantly higher
Coronary heart disease ϕ	1.9%	4.5%	Significantly lower	Significantly higher
Heart failure ϕ	2.1%	3.8%	Significantly lower	Significantly higher
Hypertension ϕ	13.3%	20.4%	Significantly lower	Significantly higher
Stroke ϕ	2.7%	2.8%	Similar	Significantly higher
Dementia	2.1%	1.1%	Significantly higher	Significantly higher
Epilepsy	18.8%	0.7%	Significantly higher	Significantly higher
Asthma	9.9%	7.2%	Significantly higher	Similar
Chronic Obstructive Pulmonary Disease (COPD) ϕ	1.6%	2.6%	Significantly lower	Similar
Smoking rate ϕ	9.9%	11.6%	Significantly lower	-
Underweight ɣ	3.8%	0.8%	Significantly higher	Significantly lower
Overweight ɣ	20.9%	12.3%	Significantly higher	Significantly lower
Obese ɣ	30.4%	12.8%	Significantly higher	Significantly lower

Appendix 2: National Policies

Valuing People (2001)[181] was one of the first key government strategies which recognised that people with learning disabilities are some of the most vulnerable and socially excluded people in society. ***Valuing People Now: A New Three-Year Strategy for People with Learning Disabilities (2009)***[182] re-iterated the findings of ***Valuing People (2001)*** and called for more rapid implementation of strategies to address the vulnerability and social exclusion people with learning disabilities face in society.

The ***Metal Capacity Act (2005)***[183] was introduced to provide a legal framework to promote and safeguard decision making and to empower people to make decisions for themselves wherever possible. It also protects people who lack capacity by providing a framework which is centred around the individual and puts them at the heart of the decision-making process.

Putting People First (2007)[184] was produced to aid the transformation of social care following the findings of ***Our health, our care, our say: a new direction for community services (2006)***[185]***.*** This report highlighted the need for better health prevention services, increased patient choice, tackling inequalities and increasing support for people with long-term needs.

Healthcare for All, Report of the Independent Inquiry into Access to Healthcare for People with Learning Disabilities (2008)[186] was an independent inquiry which set out 10 recommendations relating to access to healthcare for people with learning disabilities. It concluded that people with learning disabilities face serious inequalities which result in higher levels of unmet need and receive less effective treatment.

Equality Act (2010)[187] gave people legal protection from discrimination in the workplace or in wider society based on nine characteristics including disability. The introduction of this act meant service providers now had a legal responsibility to make reasonable adjustments to premises and services for people who needed them.

Transforming Care: A National Response to Winterbourne View Hospital (2012)[188] was a report produced by the Department of Health following the release of a BBC Panorama documentary which highlighted the widespread abuse and neglect residents with learning disabilities at Winterbourne View care home faced at the hands of care home staff. This documentary led to the closure of Winterbourne View care home and a police investigation which resulted in eleven criminal convictions. The ***Transforming Care: A National Response to Winterbourne View Hospital (2012)*** report set out a programme of action aimed at safeguarding people with learning disabilities, so they no longer receive inappropriate care.

Winterbourne View – Time for Change (2014)[189]***, Winterbourne View: Transforming Care Two Years On (2015)***[190] and ***Winterbourne View – Time is Running Out (2015)***[191] were subsequently produced and highlighted the improvements which had been made in the years following the ***Transforming Care: A National Response to Winterbourne View Hospital (2012)*** report. These three reports also highlighted that, despite improvements, there is still a lot of progress that needs to be made.

Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPLOD) (2013)[192] was conducted to investigate premature and avoidable deaths of 247 people with learning disabilities. It found that delays and problems with diagnosis and treatment, in addition to inadequate health and social care, were some of the key factors in these avoidable deaths.

The ***Care Act (2014)***[193] gave individuals greater control over their choices and wishes of care. The act made it a legal requirement for care, support and personal budget planning to be carried out and gave carers the legal right to assessment and support.

Building the Right Support (2015)[194] set out a national plan to develop and improve community support, and to close inpatient facilities, for people with learning disabilities and/or autism.

No voice unheard, no right ignored – a consultation for people with learning disabilities, autism and mental health conditions (2015)[195] set out four key headings relating to the health and care of people with learning disabilities, autism and mental health conditions. These headings were: putting people in charge of their own support and supported by family and friends, inclusion and independence in their community, the right care in the right place, and, very clear accountability and responsibility throughout the system. This led to a government response in 2015 which acknowledged the views highlighted in original report with the aim of people living as fulfilling and independent lives as possible.

NHS Learning Disability Improvement Standards (2018)[196] were developed with the aim to improve access to NHS services for people with learning disabilities. These standards provide a benchmark for NHS Trusts to compare their performance against and include categories such as respecting and promoting rights, inclusion and engagement, workforce, and specialist learning disabilities services.

The ***NHS Long Term Plan (2019)***[197] highlighted improving care quality and outcomes for people with learning disabilities as one of the NHS' key priority areas. More specifically, this included providing further training to staff and ensuing reasonable adjustments are made to reduce the number of preventable deaths and improve understanding people with learning disabilities' needs.

Right to be Heard (2019)[198] was produced following a consultation with NHS staff on learning disability and autism training and the need for improved training being identified through the LeDeR program. This report played a pivotal role in the introduction of the Oliver McGowan Mandatory Training on Learning Disability and Autism for all NHS healthcare staff.

The ***National Disability Strategy (2021)***[199] set out a vision of transforming the everyday lives of disabled people with the goal of recognising and removing barriers disabled people face every day across all domains of life.

The ***NICE Impact Report – People with a Learning Disability (2021)***[200] identified five priority areas for people with learning disabilities through working with their partners and stakeholders. The five priority areas were: annual health checks, reasonable adjustments and accessible communication, personalised care and supporting people to live independently in the community, integrated local commissioning of health, social care and education services & health and social care workforce development.

The ***Building the Right Support Action Plan (2022)***[201] set out the aim of improving the support people with learning disabilities and autistic people receive so that they are equal citizens in their communities. This plan also aimed to disseminate good practice and improve data quality with the aim of supporting ICS' to meet NHS national targets.

Tackling inequalities in care for people with learning disabilities and autistic people (2025)[202] identifies the inequalities people with learning disabilities and autistic people faced during the Covid-19 pandemic, which exacerbated existing inequalities. This report provides

further support and guidance for health and care staff to reduce inequalities in healthcare which builds upon existing tools and resources.

Relevant NICE Guidance:

- Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities
- Mental health problems in people with learning disabilities: prevention, assessment and management
- Care and support of people growing older with learning disabilities
- Learning disabilities and behaviour that challenges: service design and delivery

Appendix 3: Somerset Population Overview

Somerset is a highly rural county, with low levels of ethnic diversity, and pockets of deprivation, particularly around more urbanised areas[203]. Similar to the trends seen nationally, the population aged 65+ has seen the biggest increase in size from 2011 to 2021; in 2021 the population aged over 65 accounts for almost 25% of the population, compared to 18.6% nationally. The demographic makeup of our residents, in particular our ageing population has implications for our economy, services and communities.

A.3.1 Population projections

The Somerset population increased by 7.8% from 2011 to 2021, to 571,600. Population growth is expected to continue over the next 15 years leading to the Somerset population exceeding 600,000 people for the first time in 2030, and age breakdown of this is shown in Figure 36. Somerset's ageing population. There are numerous reasons for Somerset's ageing population, but young people leaving the county seeking higher education & employment opportunities and internal migrants moving to Somerset to retire are some of the biggest factors[204].

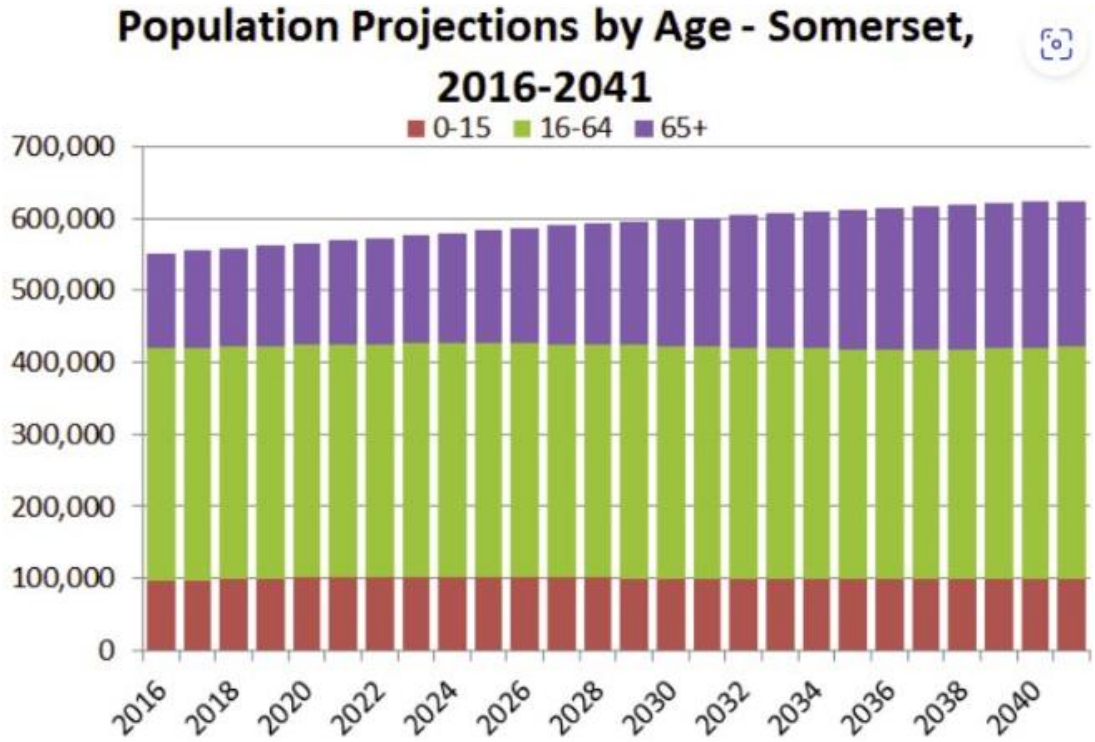

Figure 36: A graph showing predictions of Somerset's population growth up until 2040 by age group. Source: Population and population change

A.3.2 Age and Sex

In 2021 there was approximately 30,000 more people aged 65+ than in 2011, with 3/4 of the population growth between 2011 and 2021 in the 65+ age range. Figure 37 highlights Somersets aging population. This trend is reflected nationally; however, Somerset has an even greater than average 65+ population.

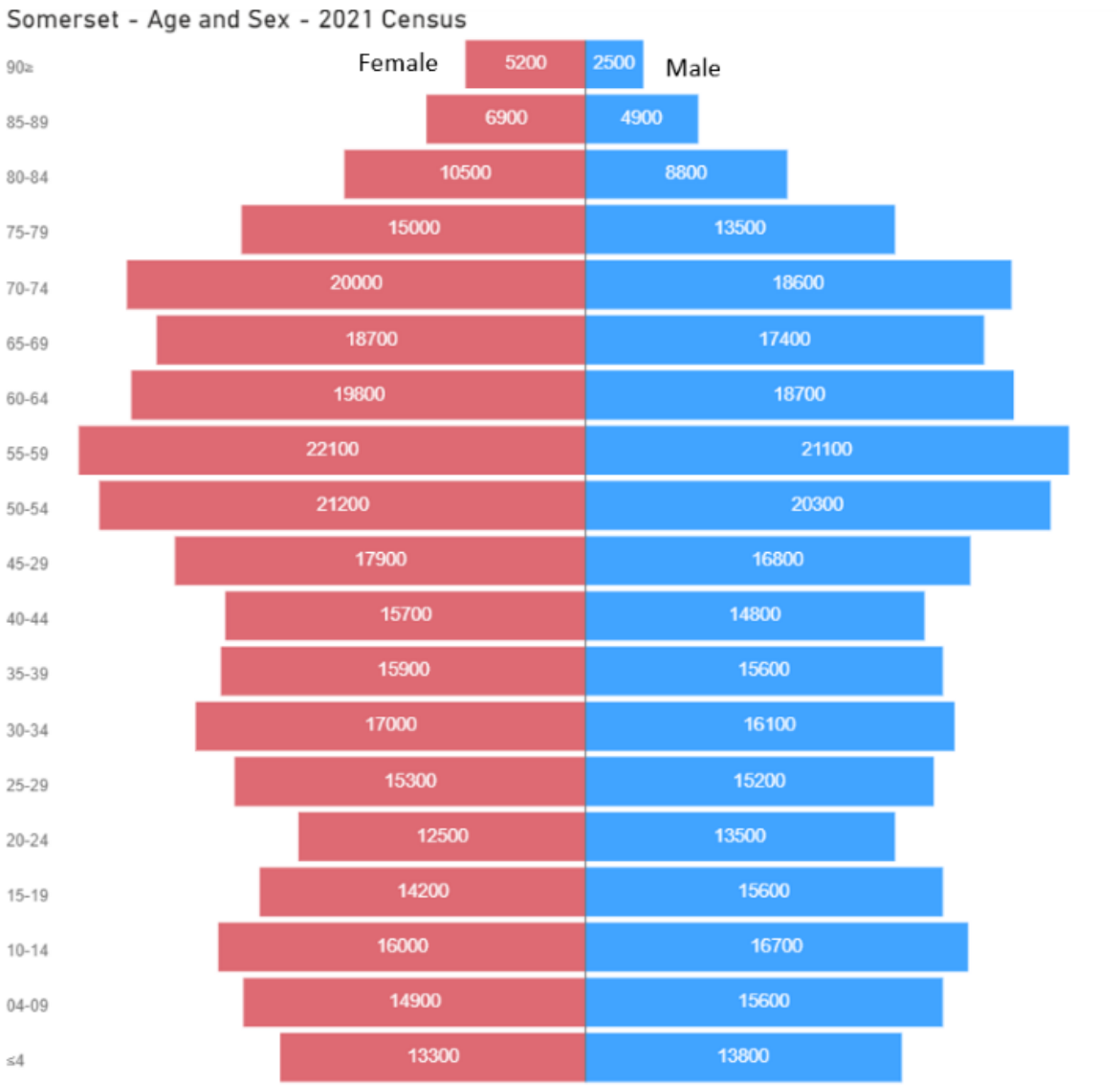

Figure 37: Population pyramid showing the breakdown of Somerset's population by age and sex. Source: 2021 Census, ONS.

For more information on the age and sex profile of learning disability in Somerset, see 3.4 Age & Sex.

A.3.3 Index of Multiple Deprivation (IMD)

The index of multiple deprivation considers seven domains to produce an overall relative measure of deprivation[205]. Somerset is generally less deprived than nationally, however there are pockets of high deprivation in some of Somerset's more urban areas, see Figure 38: A map showing the IMD National Deciles of Somerset based on LSOA with Core20 areas highlighted. Source: IMD 2019.. In total, 47,520 people in Somerset are within the most 20% deprived in England (live in a core-20 area). Somerset 2019 IMD score was 18.6, compared to 21.7 nationally, and 19.6 in the South West (South) NHS region. Nine Somerset LSOAs are amongst the most deprived 10% nationally, these are in parts of Taunton (3), Bridgwater (3), Yeovil (1), Highbridge (1), Glastonbury (1)[206].

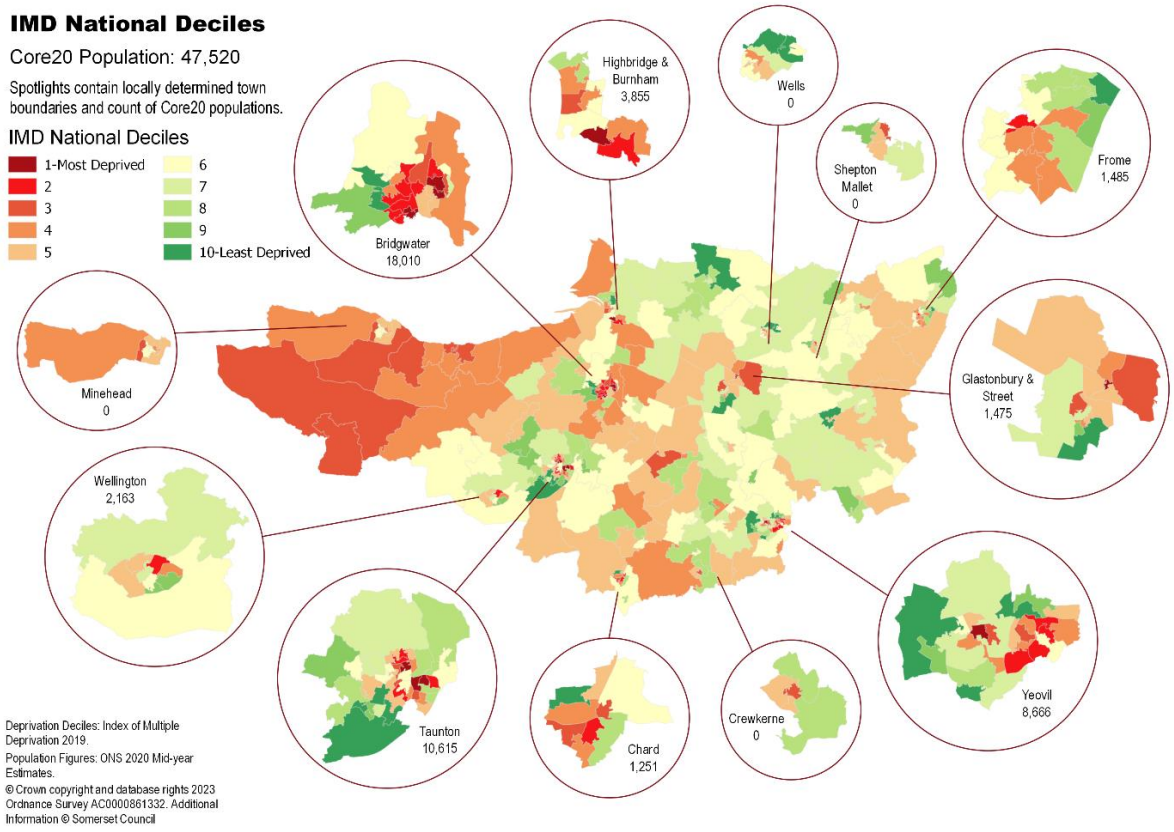

Figure 38: A map showing the IMD National Deciles of Somerset based on LSOA with Core20 areas highlighted. Source: IMD 2019.

Deprivation can impact may aspects of health, and life expectancy. The graph below presents the difference in life expectancy (LE) and healthy life expectancy (HLE), the difference in life expectancy between the most deprived (IMD decile 1) and the least deprived (IMD decile 10) for males is 6.5 years and for females it is 5.1 years. This disparity increases for healthy life expectancy there is a difference of 8.9 years for males and 8.0 years for females between the most deprived (IMD decile 1) and least deprived (IMD decile 10). Section 3.6 IMD presents the correlations between deprivation and learning disability in Somerset.

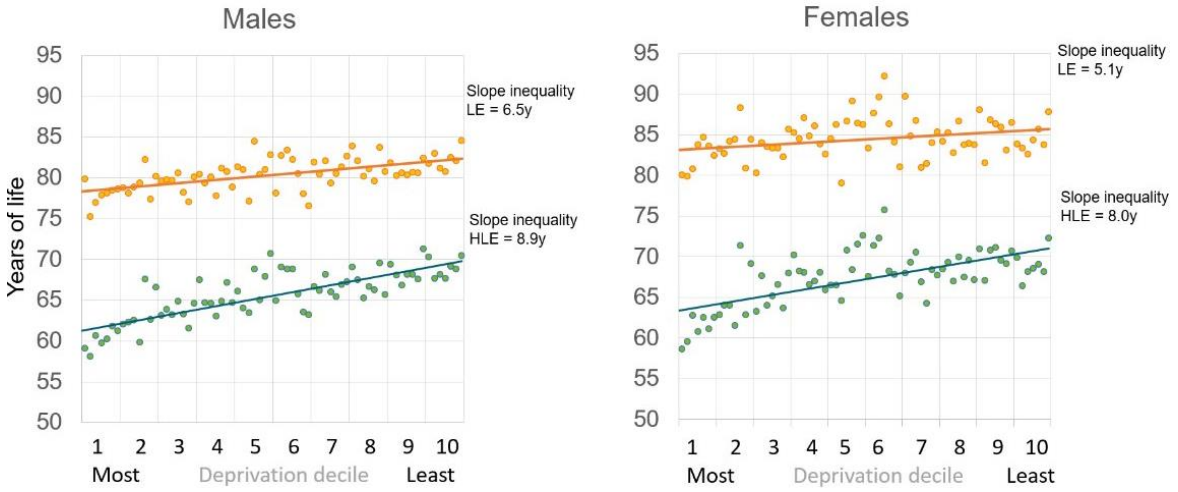

Figure 39: Graphs showing the difference in life expectancy (LE) and healthy life expectancy (HLE) for males & females in Somerset, split by IMD National Decile. Source: Somerset Council Mortality Presentation November 2024

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