

# Board briefing

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## Learning disability: a benchmark for high-quality commissioning

Learning disability presents PCTs with one of the true tests of world class commissioning. It challenges not only the PCT's skill and imagination as a commissioner, but also its ability to work in partnership with other care agencies and with the community it serves.

Compared to a member of the general population, a person with learning disabilities is:

- 58 times more likely to die prematurely
- three times more likely to die of respiratory disease
- 20 times more likely to have epilepsy
- four times more likely to die a preventable death
- 65% more likely to be obese
- almost twice as likely to be admitted to hospital in any one year
- likely to have 2.5 times more health problems than other members of the population
- significantly more likely to suffer physical disability such as hearing and visual impairment and chronic conditions such as obesity and CHD.

Currently around 985,000 people in England (approximately 2% of the population) have a learning disability, and 796,000 of these are aged 20 or over. The number of adults with learning disabilities aged over 60 is likely to increase by 36% between 2001 and 2021.

People with learning disabilities are more likely to suffer undiagnosed health problems. They are less likely to seek help for health problems and communication difficulties can make it more challenging for professionals to reach a diagnosis.

These challenges are not just attributable to the learning disability but as a result of other conditions.

For example, 40% of people with learning disabilities also have a hearing impairment.

### Good governance and legal duty

The evidence that the system is failing people with learning disabilities is overwhelming. The independent inquiry by Sir Jonathan Michael in 2008 criticised healthcare providers for lacking knowledge and failing to make the necessary reasonable adjustments to services to accommodate the needs of those with learning disabilities. The Parliamentary and Health Service Ombudsman made recommendations to all NHS and social care organisations following her investigation into the deaths of six people with learning disabilities. The Healthcare Commission pressed for better services and greater leadership from boards after their investigations into the failings of learning disabilities services run by several trusts.

Meeting the needs of people with learning disabilities and their carers is part of the joint strategic needs assessment and the PCT is expected to take a lead role in working through the Learning Disability Partnership Board and others to develop Local Area Agreements.

The Disability Equality Act imposes obligations and specific duties that apply to each board member.

### Challenges for commissioners

Commissioners spending the same on a person with learning disabilities as on other members of the population are likely to be failing to make adequate provision for that individual.

Those with learning disabilities often cost significantly more to treat.

Because they are more likely to suffer ill health, they need a proportionately greater number of contacts with care services to gain the same benefit as a member of the general population. More effective interventions in primary care may reduce the disproportionately high use of secondary care services by those with learning disabilities.

Particular challenges for commissioners include providing the extra support needed for people with learning disabilities to make informed health choices; and developing appropriate health and lifestyle education.

### WCC assurance process

Learning disabilities test PCTs' commissioning abilities in general, but they are also a stiff test of PCTs' ability to achieve high standards in each of the 11 world class commissioning competencies.

The DH has already promised more detailed examination of primary care in the WCC assurance process. As a benchmark of excellence in commissioning, learning disabilities should feature prominently as the assurance framework evolves.

### Connected policy

A new guide cites a number of background documents useful in commissioning services for people with learning disabilities. It also covers recent policy documents and guidance designed to promote high-quality, integrated service delivery including:

- [High Quality Care for All](#), which identified the goals and outcomes of primary care commissioning that will lay the ground for improved services for people with learning disabilities
- the [clinical Directed Enhanced Service](#) of January 2009 makes specific provision for learning disability, providing annual health checks for people with learning disabilities in general practice.

- [Valuing People Now](#): a new three-year strategy for people with learning disabilities. Outlines a strategy recommended for incorporation with PCTs' own medium-term plans
- [Creating a Disability Equality Scheme: A Practical Guide for the NHS](#): Creating a Single Equality Scheme that includes improving access for people with learning disabilities, supports the inclusion of learning disabilities in single equality schemes.

### Next steps

The Parliamentary and Health Service Ombudsman recommended all NHS and social care organisations report to their boards by 2010 on progress ensuring systems, capacity and capabilities are in place to meet the needs of people with learning disabilities.

The Operating Framework for 2009/10 makes it clear that commissioning of services must make allowance for the needs of people with learning disabilities and must lead to better health outcomes.

Detailed needs assessments must be developed to underpin the broad objectives of the joint strategic needs assessment.

Information on health needs collected in the DES annual health checks should inform services commissioned to meet the needs of people with learning disabilities.

Boards need to ask tough questions about how commissioning meets the needs of those with learning disabilities or risk breaching their duty under the Disability Equality Act.

Reasonable adjustment should be made to mainstream services to meet existing needs.

Partnership boards need to be tasked with commissioning strategy, reviewing outcomes with oversight from the PCT board on quality measurement and improvement.

The commissioning process needs to be resourced so that improvement is driven through the entire commissioning cycle.

The preferred service model should be co-designed and published with partners.

Where gaps are identified in current service provision or quality standards are not met, commissioners should bring new providers into the market, as appropriate.

Commissioners need to find ways to involve users of services in the quality assurance process and to ensure outcomes meet the needs of the population.

Partnership boards need to find new and creative ways to support individuals to achieve their own optimum health and well-being and use this experience to motivate and inform local provider services.

Practical guidance for commissioners of services for people with learning disabilities, full references and links to other useful resources are in [World class commissioning for the health and well-being of people with learning disabilities](#), published by the Department of Health on 24 November 2009.