



Stockport JSNA

joint strategic needs assessment

# 2026 JSNA

## Adults with a learning disability

August 2026

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# Key messages

- Stockport's recorded prevalence of learning disability (LD) is 0.6%, broadly in line with local and national rates. The number of people with learning disabilities in Stockport is estimated to be around 5,605 adults, rising to 6,421 by 2045. Of the 5,605 people 1,160 (21%) have a moderate or severe learning disability and 4,450 (79%) have a milder learning disability
- GP registers of people with a learning disability (which are the best local data source) have grown from 715 people in 2006/07 to 1,841 in 2024/25, which suggests significant improvements in recognition over time, but also suggests that some people remain unidentified by Stockport health and care system and therefore services may not be able to respond to individual needs.
- Learning Disability support is the leading reason for Adult Social Care (ASC) among young adults (51.9%), and total weekly spend for this cohort is estimated to increase by 45% over the next five years. In 2025/26 there were 868 adults receiving social care support for learning disabilities in Stockport.
- People with learning disabilities face severe health inequalities, including a life expectancy gap of around 20 years for men and 23 years for women, and around 39% of deaths are from preventable causes.
- Stockport performs extremely well on delivering annual health checks for those registered, at 88%, above the national average (81%).
- Housing outcomes are relatively strong for those in contact with adult social care, with 93% assessed as living in stable and appropriate accommodation, but future supported housing supply still needs to grow by more than four times to meet projected demand.
- Employment is a major inequality: the employment gap between adults with learning disabilities and the general population is wider in Stockport than the England average, and only about 5.1% of adults with learning disabilities known to social care are in paid employment.
- The local LD population is concentrated more in deprived areas, which reinforces the link between learning disability and wider socioeconomic disadvantage.
- Health behaviour and prevention data show concern around obesity, screening, vaccination uptake, and likely under-diagnosis in some long-term conditions such as depression, hypertension, CHD, and COPD.
- There is currently insufficient high-quality, complete and consistently recorded data to fully understand the size, characteristics and needs of the local learning disability population.

# Introduction

People with learning disabilities (LD) are among the most vulnerable groups in society, often experiencing significant health inequalities, social exclusion, and stigmatisation. These individuals typically have greater and more complex health needs than the general population, and these needs are frequently unmet or inadequately addressed.

Health inequalities for people with learning disabilities manifest in various ways, including poorer physical and mental health outcomes, higher rates of chronic conditions, and reduced life expectancy. The gap in life expectancy between people with and without learning disabilities is significant and shows little evidence of narrowing. Across England, on average, women with learning disabilities die 23 years younger than women without learning disabilities and men with learning disabilities die 20 years younger than men without learning disabilities. These inequalities are further compounded by socioeconomic factors, such as lower income levels, limited access to quality healthcare, and inadequate social support.

This JSNA aims to provide a detailed analysis of the current statistics, identify the key issues and inequalities affecting the health and wellbeing of those living with learning disabilities in Stockport and highlight the gaps in service provision.

We can then propose actionable recommendations to bridge these gaps and by doing so, we can work to reduce health inequalities and improve the quality of life for people with learning disabilities in our communities.

We also highlight through the report actions we are taking across the partnerships as part of the [One Stockport Learning Disability Strategy 2025 to 2030](#) to help people with learning disabilities to have happier, healthier and more independent lives.

# Background & definitions #1

## What is a learning disability?

The Department for Health and Social Care defines a learning disability as:

**“A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning) which started before adulthood”**

Around 1.1 million adults in the UK have a learning disability (approximately 2.16% of the adult population). It's thought up to 350,000 people in the UK have a severe learning disability; this figure is increasing.

## What is not a learning disability?

Learning disability is often confused with learning difficulties such as dyslexia, dyscalculia and dysgraphia. However, unlike learning disability, these conditions do not affect intellect. Some people also confuse neurodevelopment and neurological conditions like ADHD with a learning difficulty or a learning disability, but they are not the same.

## How does autism relate to learning disability?

Autism is a neurodevelopmental condition that affects social interaction, communication, and sensory processing. It is not classified as a learning disability; however, learning disabilities occur at higher rates among autistic people compared to non-autistic people. While individuals with autism may also experience significant challenges with learning or intellectual development, autism itself does not necessarily affect intellect in the same way as a learning disability. Importantly, people with autism and those with learning disabilities requiring support should receive personalised support tailored to their individual strengths and needs. To find out about autism in Stockport see [JSNA Autism 2022](#).

# Background & definitions #2

## Severity of learning disability

In 2022, the World Health Organization's International Classification of Diseases (ICD-11) updated how it defines "disorders of intellectual development." The new definition recognises that these disorders can have many different causes and are characterised by significantly below-average thinking abilities and everyday living skills. The definitions also acknowledge that different areas of thinking, like understanding, speed of processing information and verbal skills, are affected differently in each person. Everyday skills include understanding concepts, social interactions and practical tasks. The old system of classifying severity by IQ levels (Mild, Moderate, Severe, Profound) has been replaced. Now, severity is determined by both the level of intellectual ability and everyday skills, compared to the average person.

Some adults with a learning disability can live independently, while others need help with everyday tasks, such as washing and dressing, for their whole lives. It depends on the person's abilities, and the level of care and support they receive will depend on the needs of the individual.

When a person has a severe learning disability their ability to communicate and be independent is significantly affected. Someone may have severe difficulties seeing, hearing, speaking and moving. They may have complex health, and social care needs due to these and / or other conditions and need a carer or carers to help them with most areas of everyday life, such as eating, washing and going to the toilet. With support, many people can learn to communicate in different ways, be involved in decisions about themselves, do things they enjoy and achieve more independence.

Life expectancy varies by the severity of learning disability, with those with the most severe disabilities having the lowest life expectancy, of around 40 years.

# Background & definitions #3

## What causes learning disabilities?

A learning disability happens when a person's brain development is affected, either before they are born, during their birth or in early childhood. This can have different causes, such as:

- the mother becoming ill in pregnancy
- problems during the birth that stop enough oxygen getting to the brain
- the unborn baby inheriting certain genes from their parents that make having a learning disability more likely - known as inherited learning disability
- illness, such as meningitis, seizures or injury in early childhood

Sometimes there's no known cause for a learning disability.

Some conditions make it more likely that people who have them also have a learning disability. For example, everyone with Down's Syndrome has some kind of learning disability, and so do many people with Cerebral Palsy, but not all. People with autism are more likely to have learning disabilities, and around 30% of people with epilepsy have a learning disability. Children and young people with a learning disability may also have special educational needs (SEN).

## Support for learning disabilities and family carers

Some learning disabilities are diagnosed at birth, such as Down Syndrome. Others might not be discovered until a child is old enough to talk or walk.

The right support from professionals - such as GPs, paediatricians (doctors who specialise in treating children), speech and language therapists, physiotherapists, educational and clinical psychologists, social workers and wider social care - along with support from family and carers helps people with a learning disability live as full and independent a life as possible.

# Stockport strategic context

This report has been produced within the context of existing Stockport strategies.

Learning disabilities are explicitly named as one of six priorities in the [Stockport One Health and Care Plan](#) (2024-2029), which focuses on reducing health inequalities, improving integrated care and creating a borough where all residents can lead happy, healthy and independent lives.

This JSNA will contribute to the evidence base for the recently launched [One Stockport Learning Disability Strategy's](#) five pillars (employment, transport, support, health, housing), ensuring priorities like reducing barriers to annual health checks and accessible housing are data-driven.

Stockport's [2023 SEND JSNA](#) focuses on preparing young people with LD for adulthood and directly informs the adult LD JSNA's priorities (e.g., employment support). This JSNA will align with the ongoing strategic work in Stockport around preparation for adulthood, reflecting the priorities of the SEND code of practice, the Care Act and NICE guidance around transition.

Many adults with a learning disability also have autism, and as a result there is overlap between this JSNA and the [Stockport Autism Strategy](#) and the [2022 Autism JSNA](#) in relation to identifying individuals, reasonable adjustments in healthcare, and community inclusion.

This JSNA aligns with the NHS Long Term Plan by highlighting the need to reduce health inequalities for adults with a learning disability, improve identification and recording, and support uptake of annual health checks and reasonable adjustments. It also supports the Equality Act 2010 by identifying where people with a learning disability are at a substantial disadvantage in accessing and receiving care, and by recommending service-level changes to ensure more equitable outcomes.

# Estimates of numbers

### How many adults with learning disabilities are there in Stockport?

There is no definitive record of the number of people with learning disabilities in England or Stockport. No government department collects comprehensive information on the presence of learning disabilities in the population and learning disabilities are not recorded in the regular Census of the UK population.

**GP practice registers** and **adult social services records** are the main data sources for adults with learning disabilities in Stockport. Nationally, only about 26% of people with learning disabilities are estimated to be registered on GP learning disability registers <sup>1</sup> In Stockport there are 1,841 people of all ages on GP registers of whom 1,401 are adults aged 18+ and 868 adult social care clients with learning disability. Other estimates <sup>2</sup> suggest that there are up to 5,605 adults in Stockport with learning disability, 1,160 with a moderate or severe learning disability, GP registers therefore include around 25% of the Stockport estimated population and adult social care support 16% of the estimated population

Many adults with mild or moderate learning disabilities are not recognised by the health and care services, meaning they may not recognise the need for support and adjustment for all people with learning disabilities.

The numbers of identified adults with learning disability in Stockport are highest for people in their twenties, with rates declining after that, perhaps due to changing trends in recording and recognition. However, it is possible that there have been changes in diagnostic practices over time, so there may be undiagnosed people in older age groups.

More men than women have a learning disability in Stockport. Higher recorded rates of learning disability in males may reflect both a true underlying difference in prevalence and under-identification in females, particularly those with milder learning disabilities, meaning the observed disparity is likely multifactorial.

People with learning disability, on average, have a lower life expectancy (although rising) and therefore there are fewer older people with learning disabilities.

<sup>1</sup> Source: Nuffield Trust Preventing people with a learning disability from dying too young March 2024

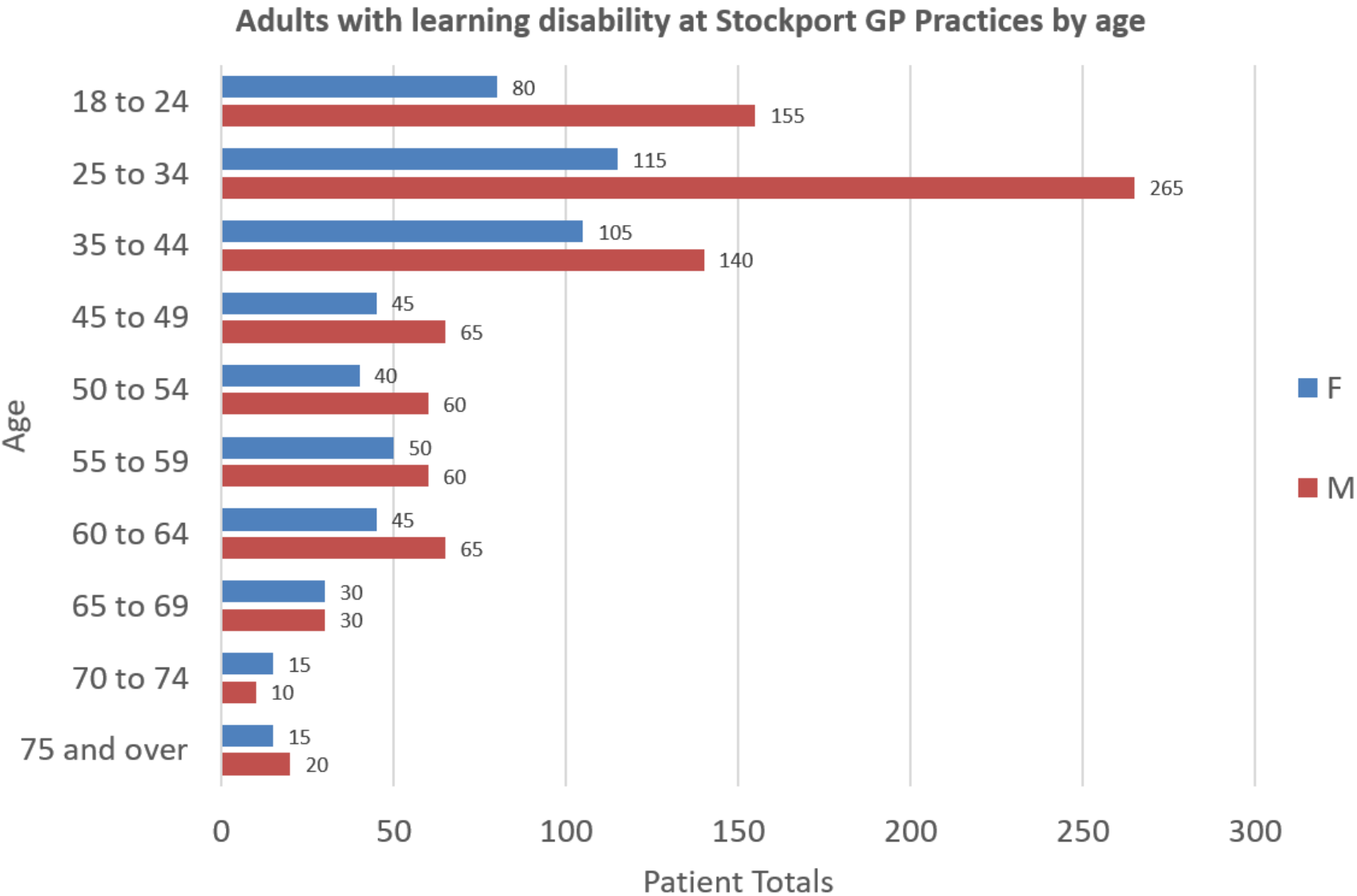
<sup>2</sup> Source: [POPPI](#) (Projecting Older People Population Information) and [PANSI](#) (Projecting Adult Needs and Service Information) - Institute of Public Care

# GP numbers – by age & gender

## Adults on Stockport GP learning-disability registers - by age and gender

In Stockport there are 1,841 people of all ages on GP registers of whom 1,401 are adults aged 18+. This chart shows the age and gender structure with higher numbers at younger ages, especially for males age 25 to 34.

In total there are 870 adult males and 540 adult females with learning disability on GP registers in Stockport; this could reflect both a true underlying difference in prevalence between genders but also an under-identification in females, particularly those with milder learning disabilities, meaning the observed difference is likely to have several causes.



# GP numbers – comparison

## Adults on Stockport GP learning-disability registers - comparison to other local authorities

The prevalence of GP recorded all age learning disability in Stockport (0.6%) is broadly in line with local and national rates.

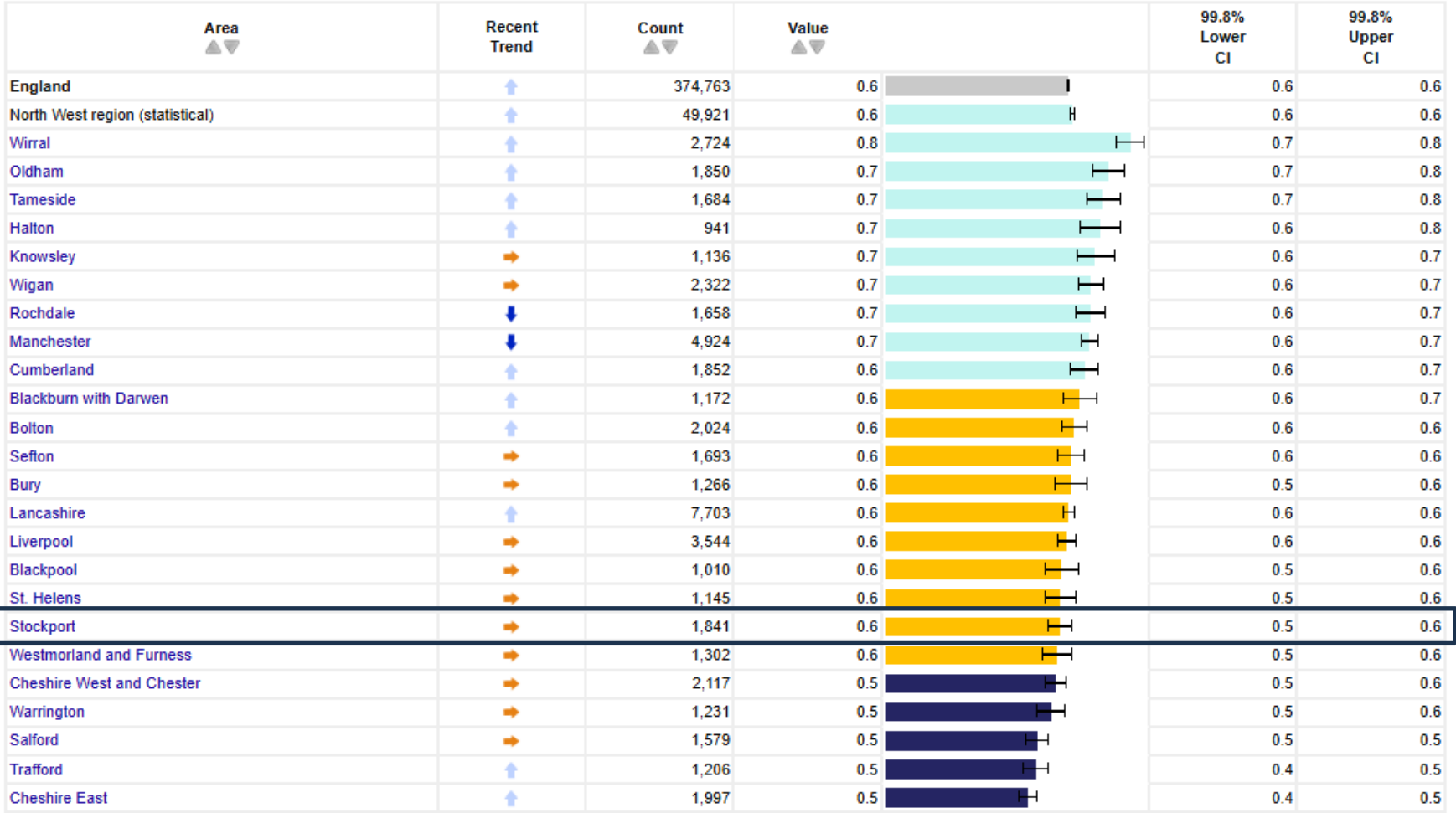
Across Grater Manchester (GM) rates are:

- higher in Oldham, Tameside, Wigan, Rochdale and Manchester
- similar to Stockport and the national average in Bolton and Bury
- lower in Salford and Trafford

A number of reasons could cause these differences including underlying prevalence, deprivation trends and identification and recording practices.

### Learning disability: QOF prevalence (All ages)

2024/25



Source: NHS England

# GP numbers – trends

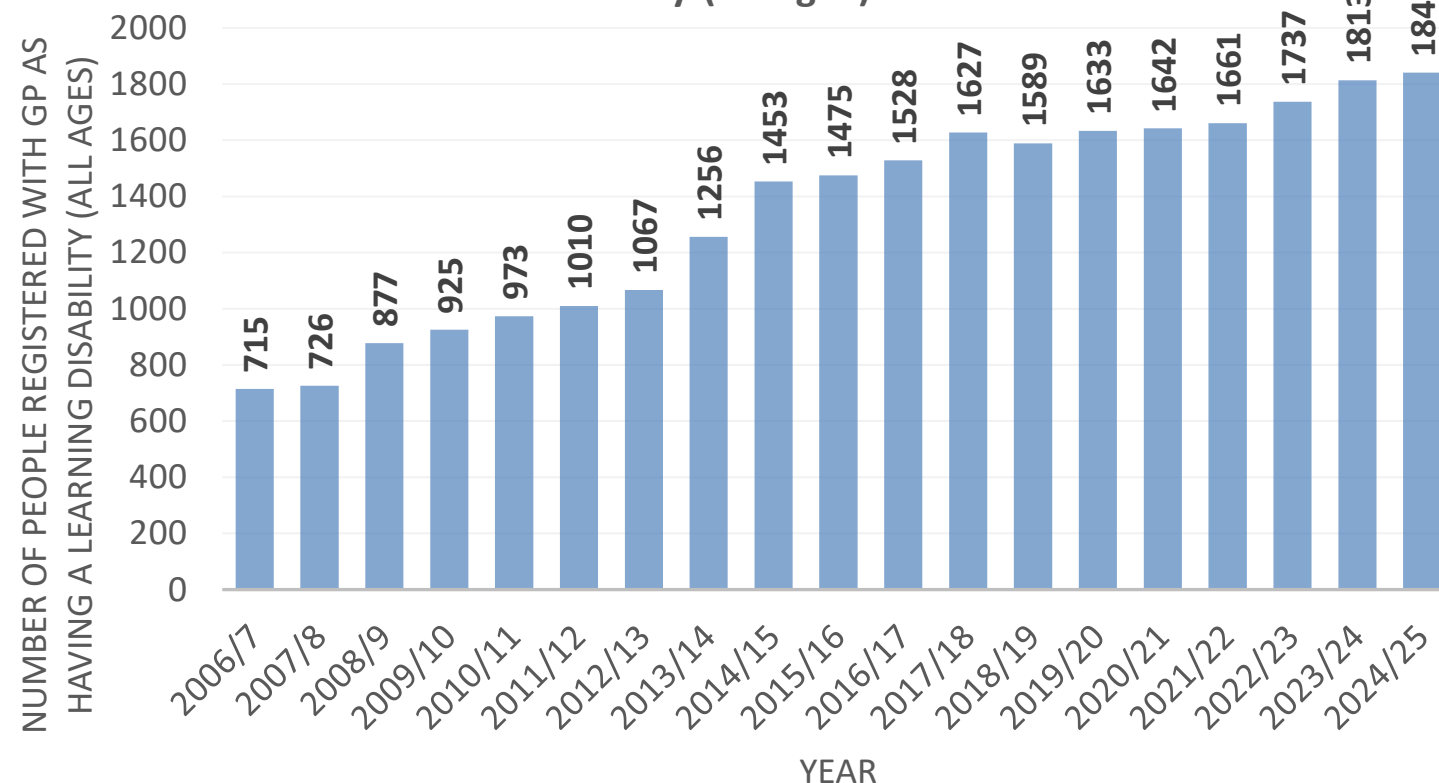
### Adults on Stockport GP learning-disability registers - trend over time

Trends show that the numbers of people registered with learning disability in Stockport are rising. This increase is broadly consistent with national trends, where GP learning disability registers have increased over time, reflecting improved identification and recording rather than a true increase in underlying prevalence.

Numbers have more than doubled since the data was first collected, but the rate of increase has slowed in recent years. Over the last five years numbers have increased by around 200, or 12%. The increase could be due to a number of factors including better diagnosis, improved coding and improvements in life expectancy.

It's hard for General Practice to identify people with learning disability by themselves and more work is needed across the SEND (Special Educational Need and Disability), mental health, adult social care and primary care systems to improve identification and information sharing.

Number of people registered with GP as having a learning disability (all ages)



# GP numbers – equity

### Adults on Stockport GP learning-disability registers - deprivation and ethnicity trends

The numbers of people registered with learning disability are highest in the most deprived areas of Stockport and rates are significantly higher in the most deprived quintile, following GM trends.

Ethnicity data for people with learning disabilities in Stockport broadly reflects the local population profile, with most recorded as White. However, small numbers in other ethnic groups and high rates of missing ethnicity recording mean the data should be interpreted cautiously. This underscores the need to improve data completeness and ensure equitable access to services.

|                            | Stockport<br>LD Patient Totals | Stockport<br>Crude rate per<br>1,000 | Greater<br>Manchester<br>LD Patient Totals | Greater<br>Manchester<br>Crude rate per<br>1,000 |
|----------------------------|--------------------------------|--------------------------------------|--------------------------------------------|--------------------------------------------------|
| Most deprived (Q1)         | 502                            | 8.5                                  | 10,572                                     | 8.1                                              |
| Second most deprived (Q2)  | 413                            | 6.7                                  | 4,011                                      | 6.2                                              |
| Averagely deprived (Q3)    | 235                            | 4.9                                  | 2,062                                      | 5.3                                              |
| Second least deprived (Q4) | 261                            | 4.1                                  | 1,712                                      | 4.4                                              |
| Least deprived (Q5)        | 331                            | 4.4                                  | 1,180                                      | 3.7                                              |

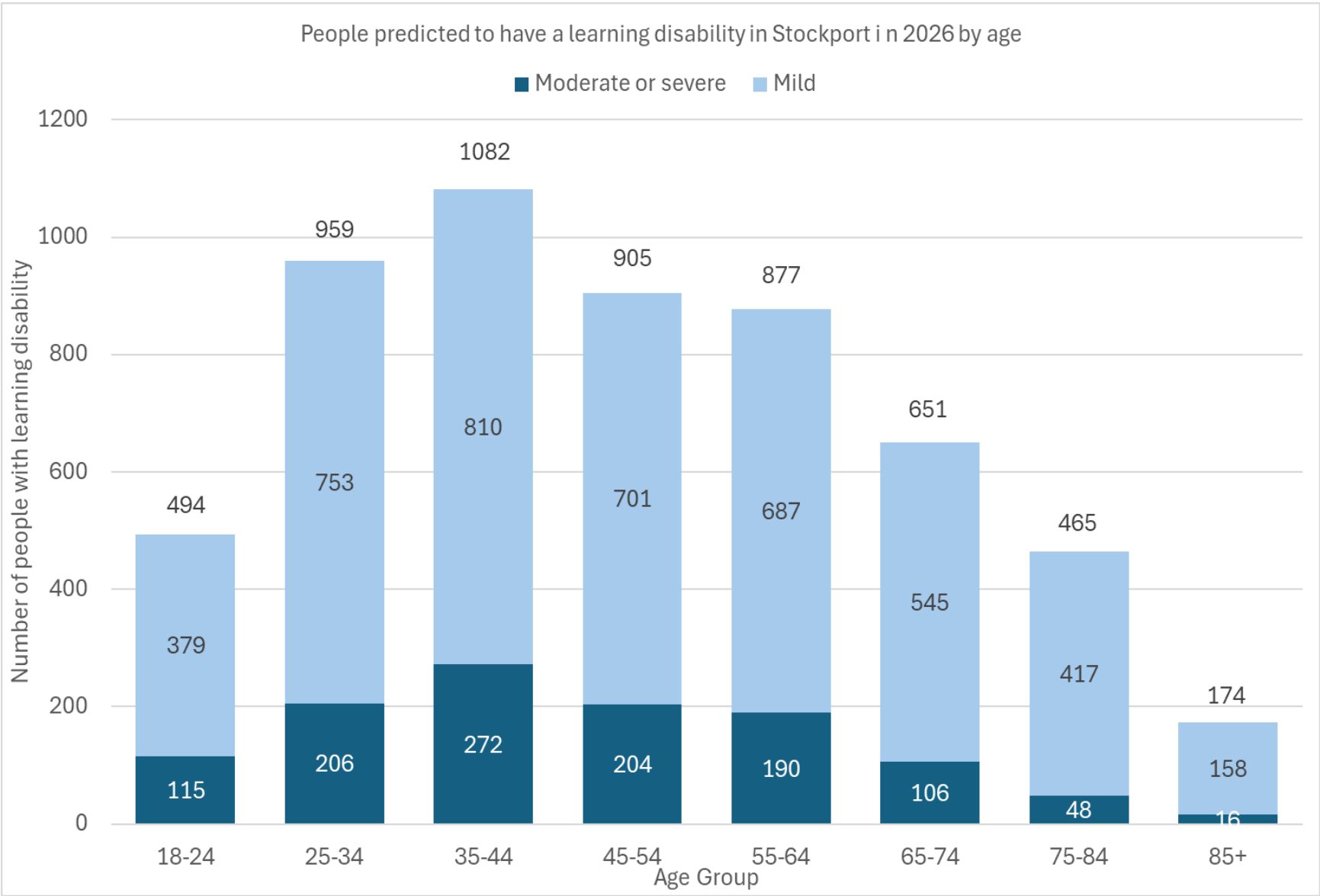
| Ethnicity                            | Stockport<br>LD Patient Totals | %     | Crude rate per<br>1,000 |
|--------------------------------------|--------------------------------|-------|-------------------------|
| Asian or Asian British ethnic group  | 104                            | 6.0%  | 3.7                     |
| Black or Black British ethnic group  | 14                             | 0.8%  | 4.0                     |
| Mixed or from multiple ethnic groups | 40                             | 2.3%  | 7.5                     |
| Other ethnic group                   | 23                             | 1.3%  | 3.4                     |
| White ethnic group                   | 1,483                          | 85.8% | 6.4                     |
| Ethnicity not given / missing        | 65                             | 3.8%  | 2.3                     |

# Modelled numbers – by severity

## Modelled estimates of learning disability

The national profiling tools [POPPI](#) and [PANSI](#) estimate the number of people with learning disability based on research and demographic information. These estimates suggest that in 2026 there are 5,605 people in Stockport with a learning disability, 1,160 (21%) of whom have a moderate or severe learning disability and 4,450 (79%) with a milder learning disability. The numbers indicate that system (as evidenced by GP practices registers) may be likely to record moderate and severe learning disability, but less likely to record mild learning disability.

The age profile is similar to that seen in the registered GP data, with higher numbers of younger adults, and numbers falling in older age. The proportion with moderate and severe learning disability also changes with age, from 22-25% at age 18-64 years and then falling to 15% for age 64-75, and 10% for older ages; following in life expectancy trends by severity.



# Numbers – impacts of change

## What impacts do changes in the prevalence of learning disability have?

Previous estimates have suggested that the extent and pattern of need for social care services for adults with learning disabilities in England is likely to change over the next decade, changes driven by three main factors:

- Decreasing mortality among people with learning disabilities, especially in older age ranges and among children with severe and complex needs;
- The impact of changes in fertility over the past two decades in the general population; leading to a growing population. In Stockport we experienced a rise in birth rates in our most deprived areas between 2009 and 2015 which means that there is a cohort of likely higher need aging through the local population.
- The ageing of the post war and 1960s 'baby boomers', among whom there appears to be an increased incidence of learning disabilities.

It is predicted that these demographic changes will result in an increase in the numbers of older people with learning disabilities and young people with complex needs and learning disabilities requiring support.

These increases are likely to be associated with even greater changes in demand for support due to a range of factors that will act to reduce the capacity of informal support networks to provide care, networks that have primarily relied on the unpaid labour of women. These include:

- Increases in lone parent families
- Increasing rates of maternal employment
- Increases in the percentage of older people with learning disabilities (whose parents are likely to have died or be very frail)
- Changing expectations among families regarding the person's right to an independent life.

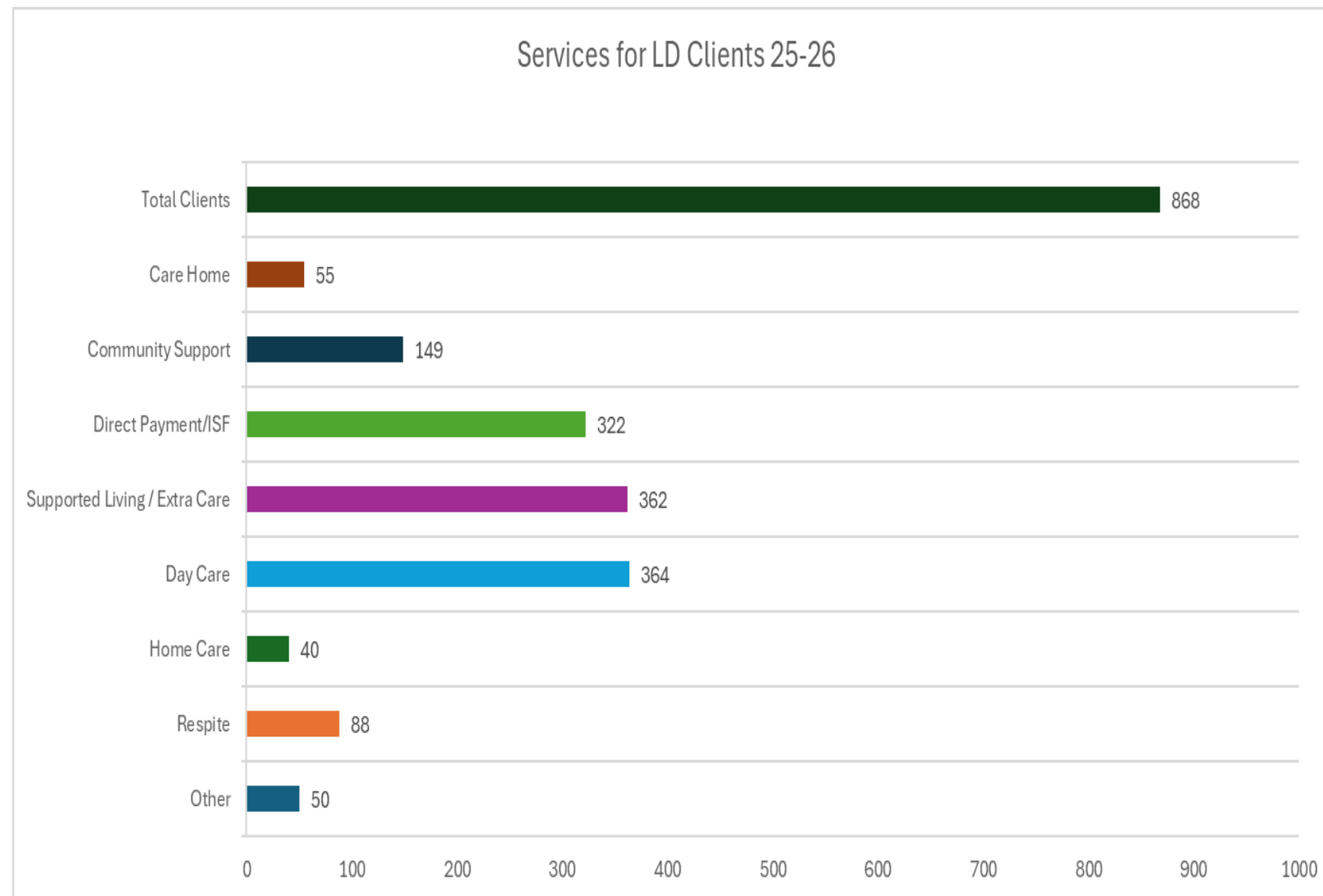
# Numbers – social care support

## Social care support for people with learning disability - 2025/26

The total adults with LD receiving social care support in **Stockport** was **868**, which is:

- 62% of the volume registered with Stockport GP Practices
- 75% of the modelled number of those with moderate and severe learning disability
- 16% of the total modelled number of those with a learning disability.

The chart shows how support is delivered to these 868 individuals, though note that individuals may receive more than one type of support.



# Numbers – reaching adulthood

Transition is a critical juncture where young people move from children's to adult services. National legislation requires integrated, multi-agency planning to begin at age 14 to ensure that support is proactive rather than reactive, allowing the young person, their family, and professionals to work together to identify aspirations, build independence and ensure continuity.

Commissioned by NHS Greater Manchester and Stockport MBC, a 2025 pilot analysis used multi-agency data (Education, Health, and Social Care) to forecast future demand. It established five "likelihood levels" (Highly Likely, Likely 1 & 2, Possible, and Prevention) to predict which young people would require formal Adult Social Care (ASC) support upon turning 18.

- Learning Disability (LD) support is the primary reason for Adult Social Care (ASC) among transitioning young adults, accounting for 51.9% of those previously known to children's services.
- 144 young people are identified as being at the highest risk of requiring formal ASC. Within this group, severe learning disabilities are the most common primary need.
- Only 36.8% of the "Highly Likely" cohort are currently in receipt of adult social care. This suggests a significant hidden population currently supported by informal carers (often aging parents) who may require support in the future (possibly at a time of crisis).
- Males significantly dominate the transition pipeline, representing roughly 70% of the "Likely" and "Possible" cohorts, with a more even split in "Highly Likely" and "Prevention".
- There has been a sharp upward trajectory in autism diagnoses within the cohort, rising from just 15 individuals in 2016 to 362 in 2025.
- Total weekly spend for adult LD provision is estimated to increase by 45% over the next 5 years due to rising numbers and increasing complexity of need.
- Projections for the 14–25 year old transition cohort with a learning disability predict a peak in demand by 2030, followed by a gradual decrease toward 2045, making the next five years a critical window for targeted investment and prevention.

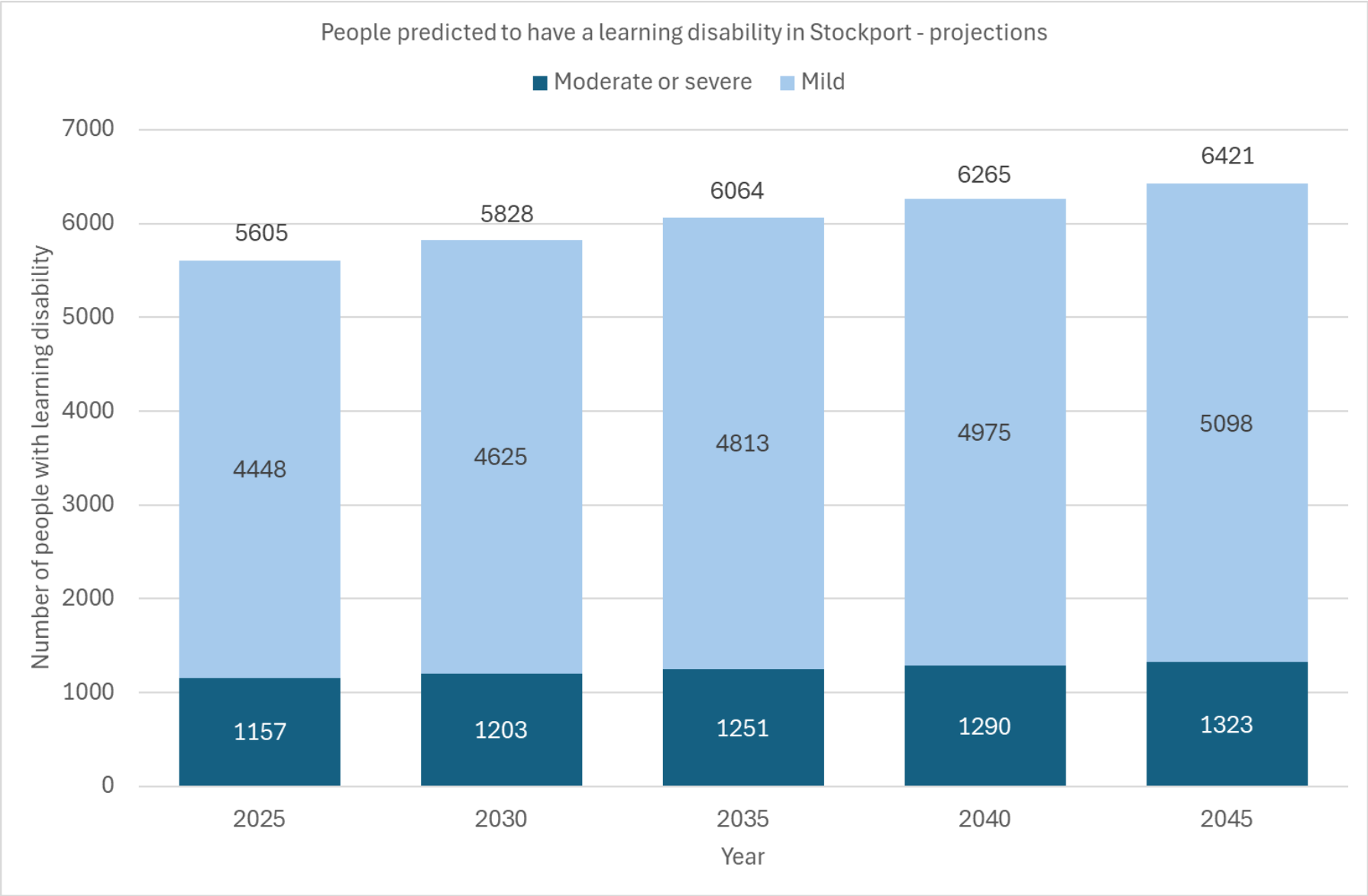
Stockport's [preparing for adulthood](#) resource helps young people as they transition, with support into employment and maintaining wellbeing as key priorities.

# Numbers – projecting forward

## Modelled projections of learning disability

The [POPPI](#) and [PANSI](#) models also provide projected estimates of how the population is likely to change over the next 20 years. These estimates suggest that in 2045 there will be 6,420 adults in Stockport with a learning disability, 1,320 (21%) of whom will have a moderate or severe learning disability and 5,100 (79%) will have a milder learning disability.

The age profile is expected to remain similar, but given expected population changes an increase especially in the 35-54 year old populations (increasing by 19% and 29% respectively) and the 85+ (increases by 54% following the trend in ageing population).



# Inequalities – LeDeR

The Learning from Lives and Deaths (LeDeR) programme was established in 2017 in England, in response to evidence showing that people with learning disabilities experience significantly poorer health outcomes and die earlier than expected. Autistic people have only been **fully included in the LeDeR programme since around 2021**, when the scope expanded and the process was updated.

By reviewing the circumstances surrounding the deaths of people with learning disabilities and autistic people aged 18 and over, LeDeR aims to:

- Improve health and social care for people with a learning disability and autistic people.
- Reduce health inequalities for people with a learning disability and autistic people.
- Prevent early deaths of people with a learning disability and autistic people.

The most recent national LeDeR report is from 2023.<sup>1</sup> Below are some key findings:

- Median age of death of adults with a learning disability was 62.5 (19.5 years younger than the general population). This has remained similar since 2021.
- The percentage of avoidable deaths among people with learning disabilities has decreased from 46% in 2021 to 39% in 2023 but remains nearly double the rate seen in the general population (21.6%).
- Around 37% of deaths reviewed showed some form of delay or shortfall in care or treatment.
- Common causes of death remain respiratory diseases (especially aspiration pneumonia), cancer, and cardiovascular disease (CVD).
- People of the global majority with learning disabilities have higher rates of avoidable death and younger ages at death than those from white backgrounds.

LeDeR reviews are based on deaths of people with a diagnosed learning disability who are known to services, meaning findings are more likely to reflect those with greater complexity and higher support needs. As a result, data may not be representative of all people with a learning disability, particularly those with milder or unrecognised conditions

# Inequalities – LeDer GM



Greater Manchester

### Age at Death 62 years old

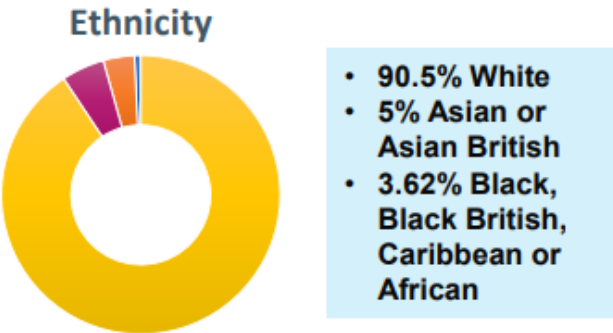
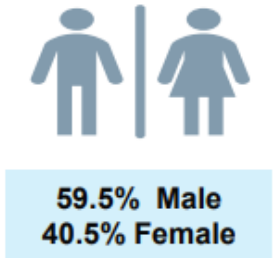
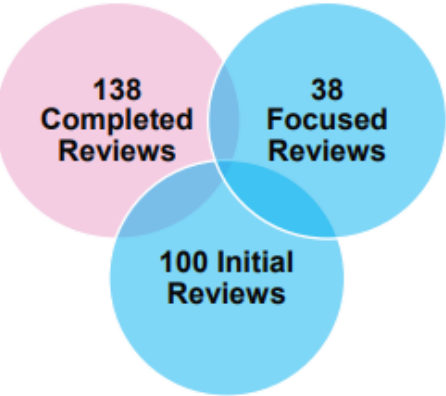
was the median age at death for people with a learning disability in GM. This is the same as 2022.

42% of people reviewed in GM had a severe or profound learning disability. This is an 8% increase from 2022. 24% of completed reviews were for people who has a moderate learning disability and 34% had a mild learning disability

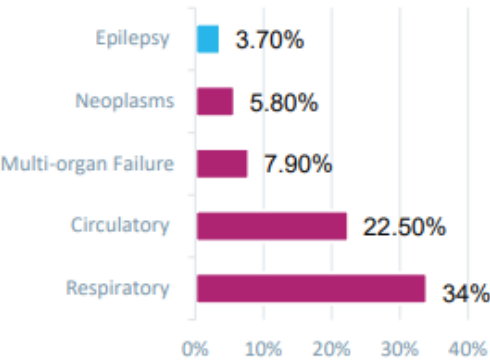
59% of people died in hospital. This is an improvement from 2022 when 68% of people with a learning disability died in hospital. There have been continued efforts to ensure people die in the place of their choosing



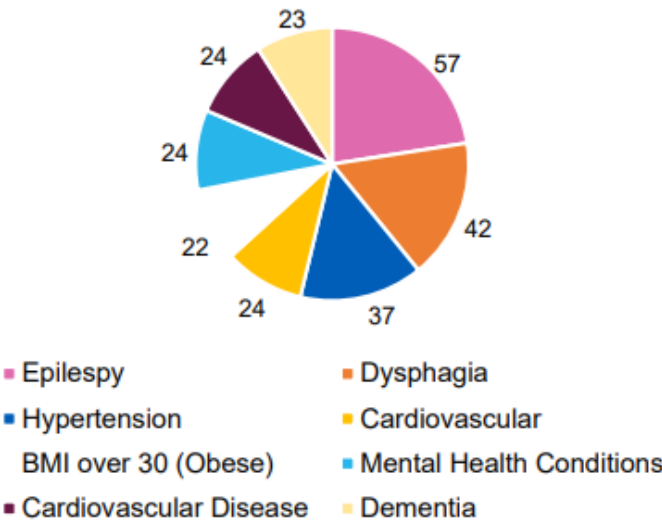
## Key findings from the review of lives and deaths, closed reviews - notified deaths 2023



### 5 Most Common Causes of Death



### 8 Most Common Long Term Health Conditions



### DNACPR

71.7% of people had a DNACPR in place at the time of death. Reviewers judged this was correctly followed 75% of the time. This is slightly higher than 2022 in GM, and higher than the national average in 2022 of 63%

DNACPR (do not attempt cardiopulmonary resuscitation) is a medical decision made in advance that if a person's heart or breathing stops, CPR will not be attempted, and is based on what is clinically appropriate and in line with the person's wishes and best interests

# Inequalities - national data

Adults with a learning disability experience **worse physical and mental health** than people without a learning disability, and face **significant, avoidable health inequalities** across the life course

Key evidence shows that:

- The **median age at death for people with a learning disability is 62.5 years**, compared with **82.7 years in the general population** <sup>1</sup>
- Around **39% of deaths among people with a learning disability are from causes that could have been prevented by good-quality healthcare**, compared with about **22% of deaths in the general population** <sup>1</sup>

In addition to poorer health outcomes, people with a learning disability are more likely to face disadvantage in everyday life, including poverty, unemployment, loneliness and discrimination, all of which contribute directly to poorer health and wider health inequalities:

- Only about **5.1% of adults with a learning disability known to local councils are in paid employment** in England.
- Around **31% live in poverty**, compared with **18% of the general population**.
- About **50% experience chronic loneliness**, compared with an estimated **15-30% in the general population**.
- They are also more likely to be **bullied and discriminated against**, which compounds barriers to accessing health and social care <sup>2</sup>

# Inequalities – in life and death

Males with a learning disability: median age at death **63 years**

Males without a learning disability: median age at death **82 years**

Females with a learning disability: median age at death **61 years**

Females without a learning disability: median age at death **86 years**

5 most common causes of death (LeDeR notified LD deaths in Greater Manchester)

1. Respiratory (34%),
2. Circulatory (22.5%),
3. Multi-organ failure (7.9%),
4. Neoplasms (cancer) (5.8%)
5. Epilepsy ( 3.7%)

# Inequalities – national research

## Why focus on health inequalities? - national research evidence

These inequalities are the result of multiple factors, including biological vulnerabilities, social determinants like housing, employment, education, and social inclusion, as well as challenges within healthcare systems. Healthcare-related issues include difficulties in accessing services, communication barriers, inadequate identification, and failure to make reasonable adjustments. Such factors contribute to disparities in diagnosis, treatment, and prevention of health conditions.

Health inequalities among adults with learning disabilities are considered unnecessary, avoidable and unfair, representing gaps in equity and quality of care.

The 2021 NICE report 'People with a Learning Disability' identified five priority areas for people with LD <sup>1</sup>:

- Annual health checks.
- Reasonable adjustments and accessible communication.
- Supporting people to live independently in the community.
- Integrated local commissioning of health and social care services.
- Health and social care workforce development.

# Inequalities – in health and care

## Stockport JSNA

joint strategic needs assessment

### How does the whole health and care system contribute to health inequalities for adults with learning disabilities?

- **People aren't identified - so they miss out**

Many adults with a learning disability are not known to services, so they are not invited for annual health checks, assessed or proactively supported with adaptations, despite higher health risks <sup>1</sup>

- **Access is harder - and less effective**

Rigid booking systems, rushed appointments and poor communication in services mean people are more likely to face missed diagnoses, unaddressed pain and unmet mental health needs <sup>2</sup>

- **Care is lower quality and less safe**

Diagnostic overshadowing and gaps in coordination likely contribute to more preventable hospital admissions and a high proportion of deaths judged avoidable in national reviews <sup>3</sup>.

- **Reasonable adjustments are the exception, not the norm**

Longer appointments, easy-read information, accessible environments and trained staff are still inconsistently provided, reducing uptake and impact of care <sup>2</sup>

- **Inequalities are baked in, not inevitable**

These system issues on top of wider social disadvantage, help explain large gaps in life expectancy - but they are modifiable through better identification, access and quality.

Many of these barriers reflect wider systemic issues seen across public services, where reasonable adjustments and inclusive practice are not consistently implemented.

# Inequalities – co-morbidities #1

In Stockport, adults with a learning disability are more likely to be autistic, overweight or obese, and are more likely than adults without a learning disability to have epilepsy, ADHD, serious mental illness (SMI), dementia, heart failure, anxiety, diabetes, cerebrovascular disease (stroke/TIA) and asthma.

However, recorded rates of coronary heart disease, hypertension, depression, cancer and COPD are lower among people with a learning disability, which may reflect under-diagnosis or differences in access to care. This highlights the importance of targeted prevention, annual health checks, and reasonable adjustments in mainstream services.

This data on adults with a learning disability on the following pages is drawn from *Health and Care of People with Learning Disabilities, Experimental Statistics 2024 to 2025*. The data presented are estimates and are classified as experimental, as they are based on around 55% of the GP-registered population in England.

However, as most GP practices in Stockport use the EMIS clinical system on which this dataset is based, the data are likely to be more representative of the local population.

All counts are rounded to the nearest five, so figures should be interpreted as approximate rather than precise.

18+ registered at Stockport GP: **236,585**

F: 116, 530 (51%)

M: 112,175 (49%)

18+ on LD register: **1415**

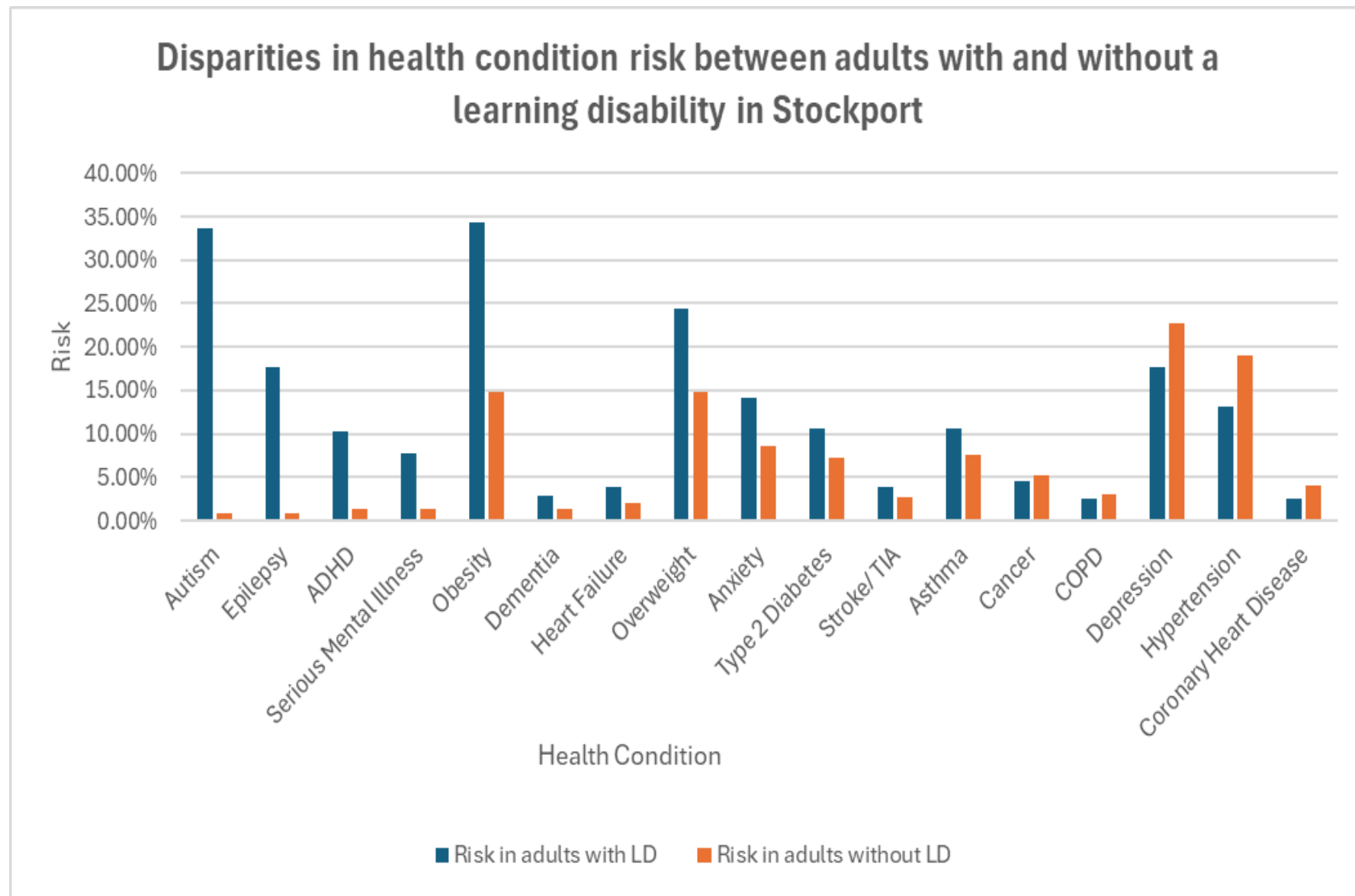
F: 510 (38%)

M 810 (62%)

% 18+ on LD register: **0.6%**

# Inequalities – co-morbidities #2

The chart shows the prevalence of certain health conditions in Stockport between adults with and without a learning disability and shows the conditions with especially high prevalence - the next page sets out the ratios in more detail.



# Inequalities – co-morbidities #3

The chart on the previous page shows that adults with a learning disability in Stockport are:

- **about 37 times more likely** to have a diagnosis of autism than adults without a learning disability.
- **around 22 times more likely** to have epilepsy.
- **about 7 times more likely** to have ADHD.
- **around 6 times more likely** to have a serious mental illness (such as schizophrenia or bipolar disorder).
- **just over twice as likely** to be living with obesity or dementia.
- **about twice as likely** to have heart failure.
- **around one-and-a-half times more likely** to be overweight, have an anxiety disorder, have asthma, or have had a stroke or TIA.

They are:

- **slightly less likely** to have a recorded cancer diagnosis (about 10% lower), though this may reflect under-diagnosis or lower screening rather than genuinely lower risk.
- **about 20% less likely** to have recorded COPD, perhaps linked to the younger age profile of people with learning disability
- **about 20% less likely** to have a recorded diagnosis of depression (again, this may reflect under-recognition)
- **about 30% less likely** to have recorded high blood pressure, perhaps linked to the younger age profile of people with learning disability
- **about 40% less likely** to have recorded coronary heart disease, perhaps linked to the younger age profile of people with learning disability

# Inequalities – NHS prevention #1

## Stockport JSNA

joint strategic needs assessment

Across Greater Manchester (GM) and Stockport, screening uptake (see next page) is consistently lower among people on the learning disability register than among those not on the register, with Stockport generally mirroring the Greater Manchester position.

Uptake of bowel screening is stronger, and almost comparable (higher in some localities), to the general population. This is in part due to the impact of the Bowel Screening Flagging Project and additional support being offered to previous non-returners and first-time invitees (the project is now well embedded across GM with just a few GPs not yet signed up) but also potentially as this screening is done at home.

There is also encouraging progress in breast screening. All the GM Breast screening teams across GM now have a Learning Disability Charter in place which is their pledge to make reasonable adjustments for women with LD. Work is also close to completion on a GM reasonably adjusted breast cancer pathway. The Greater Manchester 'Let's Talk Boobs' workshops supported breast health awareness for women with learning disabilities and won the regional NHS Excellence Award for improving health outcomes. In Stockport, breast cancer screening rates in adults with learning disability increased from 38.7% in 2022/23 to 51.4% in 2024/25.

Cervical screening remains more challenging. A reasonably adjusted cervical screening pathway was completed in early 2025, but uptake of the pilot in GP practices has been limited so far, although pilots are now beginning in Bury and Salford. Evaluations will inform the rolling out of the pathway GM wide. Alongside this, new cervical screening videos developed with the University of Manchester and Tameside People First should help improve awareness and accessibility, and future changes such as self-swabbing or urine-based testing may further improve reach.

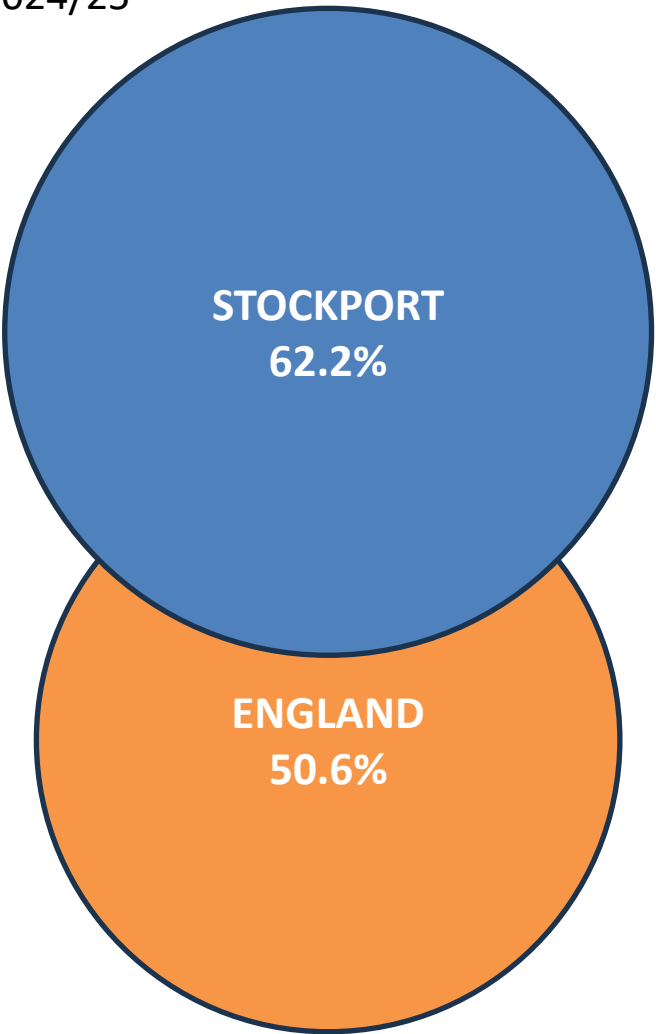
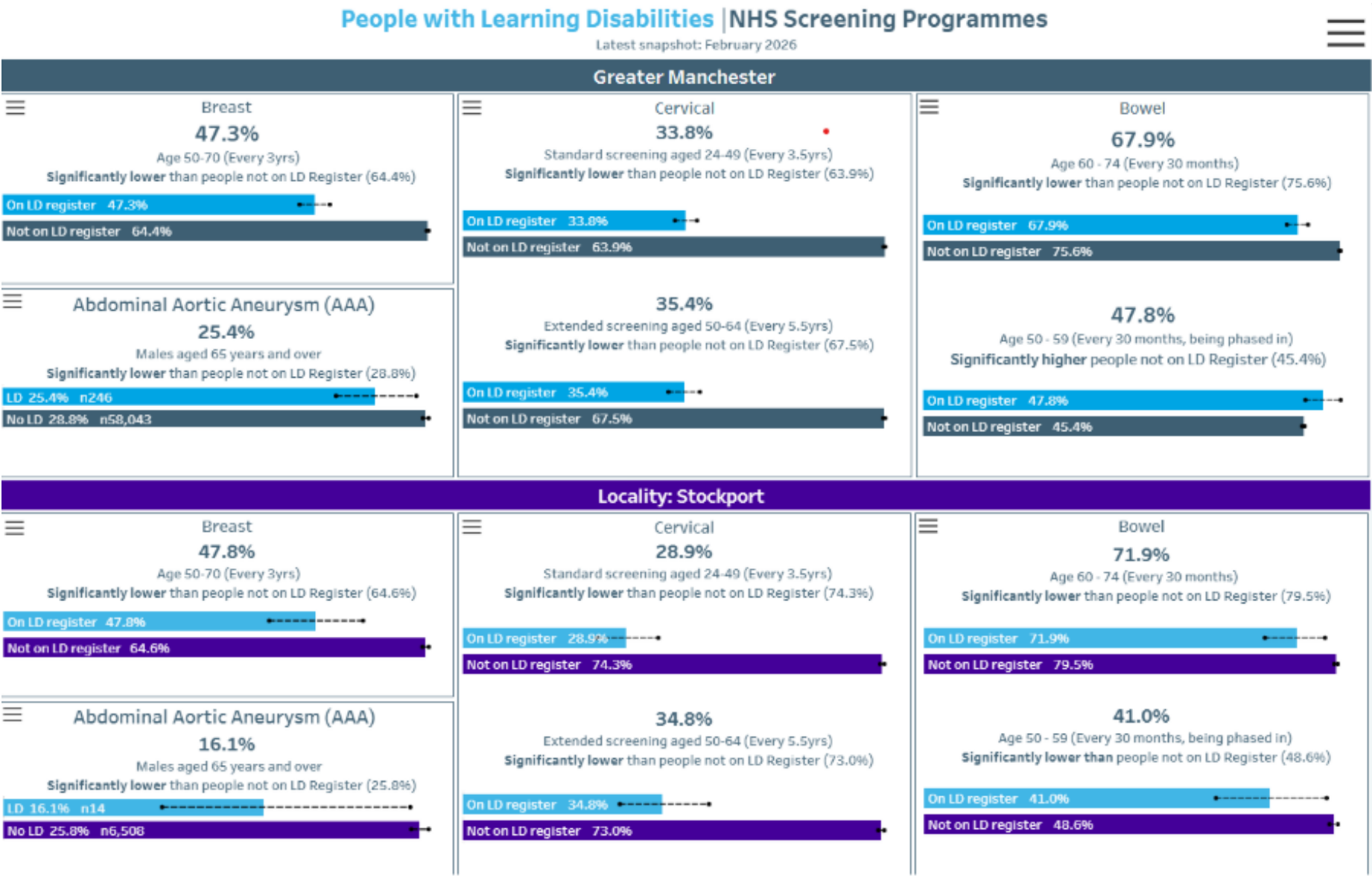
Abdominal aortic aneurysm (AAA) screening is also progressing positively. By contrast, lung screening remains harder to improve and data is not available. However, a major Manchester-based research project on equity in lung screening is an important opportunity to support improvement.

Stockport consistently has higher levels of seasonal flu vaccination, across all cohorts including those with learning disability.

# Inequalities – NHS prevention #2

joint strategic needs assessment

Adults with a learning disability  
seasonal influenza vaccination rates  
2024/25



# Inequalities – dental health

## Why this is a priority

- Dental hygiene and access to dental care was identified as a priority gap through local engagement with adults with LD and their supporters
- Poor oral health is a nationally recognised inequality for adults with learning disabilities

## What local data tells us (general population)

- Stockport has the 3<sup>rd</sup> highest rate of all adults seeing an NHS dentist in the last 24 months (54.3%) and the 17<sup>th</sup> highest for all children seeing an NHS dentist in the last 12 months (66.3%) out of 296 Local Authorities.
- Access varies by ward, and there is likely to be a deprivation pattern to this - assuming that private provision will be available in the less deprived areas.

## Learning disability specific evidence gap

- No Stockport specific data is available on dental access or oral health outcomes for adults with LD
- High level performance may mask inequalities for people requiring reasonable adjustments

## Practice insight from local services

- Colleagues supporting adults with LD report examples of good practice, including
  - Positive experiences when accompanying clients
  - Good accessibility and reasonable adjustments offered by some local dentists
- Indicates pockets of good provision, but likely inconsistent availability

Oral health and dental access are a priority for adults with learning disabilities in Stockport, with encouraging local practice but a significant gap in local data, limiting understanding of unmet need and inequality

# Inequalities – health behaviour

## Smoking, alcohol and substance misuse

There is no recent national survey or routine dataset that gives robust prevalence of health behaviours specifically in adults with learning disabilities in England.

Little is known about the health of the ‘hidden majority’ of adults with learning disabilities who don’t use learning disability services. It’s this group of people with more mild learning disabilities who are most likely to misuse alcohol or drugs.

Additionally, people with learning disabilities have an increased risk of substance misuse if they are young and male or have mental health problems <sup>1</sup>

What we do know:

- **Adults with learning disabilities who use LD services smoke LESS than general population** <sup>2</sup>
- **BUT** people who **don't use LD services** and those with **mild LD** are **more likely to smoke** <sup>2</sup>
- **Adolescents with mild LD have HIGHER smoking rates** than peers <sup>2</sup>
- **LD service users drink LESS alcohol than general population** <sup>1</sup>
- **Young people with LD (18+)** are at **lower risk of substance misuse overall** than peers, but still:
  - ~**36% of young men** and **31% of young women** with LD have tried **cannabis** (vs 49%/39% without LD)<sup>1</sup>
  - ~**10% of young men** and **8% of young women** with LD have tried **other drugs** (vs 23%/16% without LD)<sup>1</sup>

# Inequalities – health behaviour

## Overweight & obesity, physical activity and diet

People with learning disabilities are at **increased risk of being overweight or obese** compared to the general population, especially women with LD. Living in deprivation further compounds this risk. <sup>1</sup>

Adults with learning disabilities in Stockport have a higher proportion of people who are overweight (Body Mass Index (BMI):  $\geq 25.0$  &  $\leq 29.9$ ) compared to adults without learning disabilities (24.4% and 14.8% respectively). In Stockport, 22.2% of women with LD and 24.7% of men with LD are overweight. Nationally, 27.4% of adults with LD are overweight, so somewhat higher than in Stockport <sup>2</sup>.

Adults with learning disabilities in Stockport have a higher proportion of people who are obese (BMI  $\geq 30.0$ ) compared to adults without learning disabilities (with LD 34.3%, without LD 14.8%). National data shows that 37.5% of adults with learning disabilities are obese meaning that in Stockport, the proportion of people with learning disabilities who are obese is lower than the national prevalence rate.

In Stockport, 44.4% of women with LD and 28.2% of men with LD are obese <sup>2</sup>.

# Inequalities – health behaviour

## Sexual health

There is limited research on sexual health in people with learning disabilities. Available evidence suggests 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 in the general population. However, they may be more likely to engage in unsafe sex, and young women with learning disabilities are more likely to have experienced pregnancy or motherhood than young women without learning disabilities <sup>1</sup>.

People with learning disabilities may also face barriers to sexual health education and services. These can include concerns from families and carers about exploitation and consent, as well as wider societal attitudes that can be overly protective or infantilising. Stigma may be compounded for people with learning disabilities who identify as LGBTQ+, who can experience additional barriers when accessing appropriate sexual health support and education. As a result, people with learning disabilities may have a greater need for accessible, high-quality sexual health information and services <sup>2</sup>.

There is also reduced uptake of cervical screening, sometimes due to assumptions made by carers or others that screening is not required if a person is not sexually active <sup>1</sup>.

# Learning Disability Health Checks

Stockport JSNA

joint strategic needs assessment

## What is a learning disability health check?

The learning disability annual health check is a structured, yearly review for adults (and young people aged 14+) with a learning disability who are on their GP practice's learning disability register. The health check is designed to identify unmet physical and mental health needs, chronic conditions, and social or support issues that might otherwise be missed.

The check is distinct from the general NHS health check for the population aged 40-74 and is intended to reduce health inequalities and premature mortality for people with learning disabilities.

Practices are expected to maintain the LD register, invite individuals to attend, use a structured health check protocol, and have staff trained in learning-disability-aware care.

## What happens in the check

The clinician typically:

- Takes a detailed history
- Performs a physical examination
- Reviews medications, immunisations, screening, and lifestyle, and develops a personalised health-action plan with the person and their carers.

Evidence shows these checks frequently detect previously unrecognised or poorly managed problems (including serious conditions such as epilepsy, cardiovascular disease, and cancer), and help prompt appropriate investigations, referrals, and preventive actions. Hopefully a dedicated, holistic and sensitively undertaken annual check also helps to improve the overall health experience for patients, families, and carers.

# Health Checks – uptake rates

Stockport consistently achieves a higher-than-average rate of annual health checks for registered patients aged 18+ with learning disabilities, with uptake reaching approximately 88.0% during 2025/26, above the national average (80.7%) and ranking 6<sup>th</sup> highest out of 112 sub-ICBs across the country.

People with lived experience and their carers tell us the experience of a health check can differ, some are over the phone, some take a long time, some people are not aware they have had one.

To address these issues, it is essential to improve the consistency, accessibility and recording of health checks so they are easier to access and more inclusive for all eligible individuals.

Recording of health action plans following a check is high with 99% of checks having an action plan recorded.

| 31/03/2026                      |                             |                         |                        |                                 |                           |                               |                           |
|---------------------------------|-----------------------------|-------------------------|------------------------|---------------------------------|---------------------------|-------------------------------|---------------------------|
| Sub ICB Location Name           | Total LD Register (age 18+) | Completed health checks | Health Checks Declined | Patients NOT had a health check | % Completed health checks | Completed Health Action Plans | % Completed Health Action |
| Bolton                          | 1,631                       | 1,393                   | 37                     | 201                             | 85.4%                     | 1,380                         | 84.6%                     |
| Bury                            | 1,075                       | 959                     | 43                     | 73                              | 89.2%                     | 954                           | 88.7%                     |
| Oldham                          | 1,541                       | 1,290                   | 44                     | 207                             | 83.7%                     | 1,257                         | 81.6%                     |
| Heywood, Middleton and Rochdale | 1,417                       | 1,164                   | 24                     | 229                             | 82.1%                     | 1,143                         | 80.7%                     |
| Salford                         | 1,335                       | 1,186                   | 18                     | 131                             | 88.8%                     | 1,173                         | 87.9%                     |
| Stockport                       | 1,541                       | 1,356                   | 50                     | 135                             | 88.0%                     | 1,338                         | 86.8%                     |
| Tameside                        | 1,286                       | 1,064                   | 89                     | 133                             | 82.7%                     | 1,043                         | 81.1%                     |
| Trafford                        | 1,043                       | 928                     | 13                     | 102                             | 89.0%                     | 909                           | 87.2%                     |
| Wigan                           | 2,056                       | 1,714                   | 115                    | 227                             | 83.4%                     | 1,700                         | 82.7%                     |
| Manchester                      | 3,892                       | 3,279                   | 94                     | 519                             | 84.2%                     | 3,241                         | 83.3%                     |
| <b>Greater Manchester</b>       | <b>16,817</b>               | <b>14,333</b>           | <b>527</b>             | <b>1,957</b>                    | <b>85.2%</b>              | <b>14,138</b>                 | <b>84.1%</b>              |
| <b>ENGLAND</b>                  | <b>314,021</b>              | <b>253,481</b>          | <b>15,856</b>          | <b>44,684</b>                   | <b>80.7%</b>              | <b>247,614</b>                | <b>78.9%</b>              |

# Barriers to accessing healthcare

Several research studies and reviews have explored barriers to healthcare access for adults with learning disabilities. Commonly identified barriers include

- communication difficulties between patients, carers, and healthcare providers;
- lack of recognition and coding of learning disabilities in medical records;
- organizational challenges such as rigid appointment systems and inaccessible facilities;
- negative attitudes or stigma in healthcare settings;
- limited provider training specific to this population.

These barriers contribute to poorer health outcomes and reduced access to preventive care and health checks.

Research also highlights the importance of

- tailored communication,
- longer consultation times,
- access to preferred healthcare professionals,
- improved identification systems

to help address these challenges and improve healthcare experiences for adults with learning disabilities.

# Hospital Passports

## What they are?

Hospital passports are a practical tool designed to support people with learning disabilities to share key information about themselves, their communication needs, preferences, and any reasonable adjustments needed for healthcare. They are usually completed with support from family, friends or carers, taken to appointments, and used by hospital staff to guide care, support safer treatment, and improve the experience of admission and discharge.

## Local picture

Hospital passports are well established in Stockport and well understood in supported living and Shared Lives. Use is less clear for people living with family or those not known to adult social care, and practice across hospital wards is inconsistent.

- **Good practice** was seen across GP practices, outpatient clinics, dentists and opticians, where passports were used to support accessible appointments and more person-centred care. Staff also reported keeping electronic copies because paper passports can go missing and updating them regularly when circumstances change.
- **Gaps** include inconsistent use across inpatient wards; variable staff awareness; learning disability recognition not always followed by risk assessment or reasonable adjustments; limited data sharing.

## Next steps

Improve awareness and training, strengthen consistent use across all wards, clarify links to risk assessment and reasonable adjustments, and explore digital storage or upload to patient records. Further work should also check whether people not known to adult social care are benefiting equally and clarify the role of GPs in supporting use.

- **So what?** Hospital passports appear to improve care where they are used well, but impact depends on consistent use, shared understanding, and better system integration.

# One Stockport Learning Disability Strategy 2025 to 2030 - Health

Pillar 3 and 4 of the learning disability strategy set out the key actions we are taking in Stockport to improve health and care for people:

## Pillar 3: The people who work with me are wise and kind

### You said we want:

- our rights to be at the centre of all discussions
- good working relationships with the people that we work with in social care and health
- support to promote our independence to have '[Gloriously Ordinary Lives](#)'
- our annual health check and care act reviews to be person centred and meaningful

### Next steps:

- The Learning Disability Partnership board will focus on working together (co-production) to influence the wider system around the needs of people with Learning Disabilities
- continue to drive best practice through training and development opportunities for staff focusing on national best practice and guidance
- ensure people and carers have access to good quality information and advice
- continue to implement the Think Carers Strategy with a particular focus on people with Learning Disability

## Pillar 4: Living a healthy life

### You said we want:

- exercise to keep healthy
- to be independent and healthy
- personalised health checks that support our individual needs
- reasonable adjustments to be made when we need health and social care
- good information, advice and opportunities to having a healthier lifestyle
- a better experience when we go into hospital

### Next steps:

- to continue to work to reduce barriers and ensure equal access for people accessing vaccinations and health screenings
- to work closely with the GP practices to support them with ensuring their register is up to date and that annual health checks are completed
- continuing to work with GP's, carers, family members and providers to support health checks
- implementing the action plan from the NHS England and LGA Building the Right Support peer review
- to work with hospitals to ensure that people have good experiences in an emergency and as an outpatient
- develop a more inclusive leisure offer

# Housing & living conditions

## Background

Housing plays a crucial role in the lives of adults with learning disabilities, significantly impacting their independence, well-being, and overall quality of life. Appropriate housing arrangements can promote social inclusion, enhance personal autonomy, and provide a sense of security and belonging. For many adults with learning disabilities, having a choice in where they live and who they live with is a fundamental aspect of leading a fulfilling life.

In Stockport we aim to provide a diverse range of housing options, and we seek to normalise where people with learning disabilities live, making mainstream housing the default option when appropriate, and reserving specialised support for those who need it most. This move away from institutional settings promotes community integration and aligns with the principles of person-centred care, ultimately improving outcomes and potentially reducing long-term costs. This ambition is supported by our [2024 Supported Housing Joint Strategic Needs Assessment](#) and the [Stockport Council Specialist and Supported Housing Strategy 2026-2040](#).

Ultimately, the focus is on creating sustainable, adaptable housing solutions that enhance the quality of life for adults with learning disabilities, meeting current demands but also anticipating future needs.

It is important to note that the available data on housing for adults with learning disabilities presents an incomplete picture. Many adults with learning disabilities are not known to services, particularly those living with family members who currently meet all their care needs. This creates a potential 'hidden population' of aging individuals with learning disabilities who may require additional support in the future as their informal carers become unable to provide care, potentially leading to a significant increase in demand for housing and support services in the coming years.

# Housing – Stockport situation

According to the Adult Social Care Outcomes Framework (ASCOF), in 2024/25 81.4% of adults with a learning disability in England who were receiving long-term adult social care support live in their own home or with their family. The proportion is higher in the Northwest at 87.8%, and higher still in Stockport at 94.1%.<sup>1</sup>

In 2022/23 93% of adults aged 18-64 years in contact with Adult Care with a learning disability, in Stockport were assessed as living in stable and appropriate accommodation. This rate has been stable since 2015/16 and is higher than the national average (81%).<sup>2</sup>

## Types of Housing

- Mainstream housing options include social housing, private rentals, homeownership, and housing arranged by family or friends
- Supported accommodation options such as supported living, Shared Lives, and care homes are distinct from mainstream housing
- Supported Housing is defined as: accommodation provided alongside support, supervision, or care to help people live as independently as possible in the community (Supported Housing Statement of expectations, DHLUC 2020)
- Specialist Housing is defined as: accommodation only, with no requirement to have linked care or support. It includes fully adapted accessible and affordable housing for working age adults with physical disabilities.

# Housing – residential services

The majority of residential provision for adults with a learning disability is delivered within Stockport, particularly in supported living arrangements. Supported living (LD tenancies) represents the largest category, with 268 individuals in Stockport and very small numbers placed elsewhere (5 within Greater Manchester or bordering areas and 6 out of area). Similarly, most supported living (supported accommodation) placements are within Stockport (60), with limited use of placements outside the borough (14 in GM or bordering areas and 2 out of area). Extra care housing provision is minimal and located entirely within Stockport (6 individuals). Extra care housing provision is minimal and located entirely within Stockport (6 individuals).

In contrast, care home provision shows a more even distribution between Stockport and external placements. For residential long-term care, equal numbers are placed within Stockport and in Greater Manchester or bordering areas (21 each), with a smaller number placed out of area (8). Nursing provision is limited overall, with only 2 individuals in nursing long-term care and 3 in funded nursing care, all of whom are based within Stockport.

Overall, the data suggest a strong emphasis on local provision, particularly for supported living, with relatively low numbers of people placed out of area. Where out-of-area or Greater Manchester placements are used, especially in residential long-term care, this may reflect a range of factors, including availability of suitable local provision, individual needs, or personal preference (for example, a wish to live closer to family). However, the specific reasons for these placements are not captured in the data.



# Housing – specialist housing

## Stockport current supply of specialist housing

Stockport Housing Needs Assessment shows significant housing gaps for older people, those needing retirement living, and people with disabilities. The main issues are a lack of affordable, accessible, and specialist homes, especially as the population ages and the number of people with disabilities rises. [Stockport Council Specialist and Supported Housing Strategy 2026-2040](#) is our response to these needs and shows:

### Overall Current Learning Disability (LD) Supply

Overall there are around 411 placements in Supported Housing in the Borough comprised of:

- 78 Shared Housing properties for 288 people (internal Council run and external)
- 2 Non-Commissioned Apartments (under Individual service fund (ISF)/Direct payment arrangements) for 2 people
- 6 Mainstream Housing tenancies for 6 people
- 9 Council In House Supported Housing for 53 people
- 18 Shared Lives Housing arrangements for 18 people

### Pipeline Development - total of 68 flats

- Bredbury - 22 flats including one for people with LD/autistic people
- Offerton - 8 flats including one for people with LD/Mental Health
- Stockport Central - 20 flats for people with LD
- Romiley - 18 flats for people with LD/autistic people

# Housing – future needs

## Stockport future need for supply of specialist housing – Gaps and Strategic Direction of Travel

Supported Housing in Stockport already has a varied profile. However, to meet future demand, the supply must increase by more than four times. To achieve this growth, it is important to develop a broader and more innovative range of housing options that offer care and support, ensuring people have better choices available. As part of this initiative, it is essential to build upon the recent Supported Housing Improvement Programme (SHIP) activities, including the expansion of disability suitable housing, indicative numbers below.

| Learning Disability Indicative Requirement                              |                            |                                    |                        |
|-------------------------------------------------------------------------|----------------------------|------------------------------------|------------------------|
| Type of housing                                                         | Indicative number of units | Care and Support Required          | Target date Inc phases |
| 1. Permanent Mainstream Housing (flats and bungalows)                   | 210                        | Floating support, home care        | Phased up to 2040      |
| 2. Support Housing Flats                                                | 80 units across 7 schemes  | On site care/support 7 days a week |                        |
| 3. Small Extra Care scheme                                              | 32 flats                   | On site care/support 7 days a week |                        |
| 4. Shared Lives – housing for carers                                    | 15                         | Shared Lives Carer                 |                        |
| 5. Adapted family Housing for carers to people with LD to live at home. | 15                         | Family carers                      |                        |
| Total Units                                                             | 352                        |                                    | 2040                   |

# One Stockport Learning Disability Strategy 2025 to 2030 - Housing

Pillar 5 of the learning disability strategy set out the key actions we are taking in Stockport to improve living situations:

## **Pillar 5: Home, family and friends; where I live**

### **You said we want:**

- my family just want to know that I am safe and happy
- housing feels too complicated and you do not know where to start
- that there is no choice
- that you value having accommodation that has outdoor space, the internet and that allows pets
- having access to over night short breaks (previously called respite) was important to you

### **Next steps:**

- we will work alongside housing providers to help people to find their own home which meets their accommodation needs
- we will develop a supported housing strategy and action plan to ensure that we have the right supported accommodation for the future
- we will explore opportunities for people to have outdoor space and build relationships with animals
- we will build on our current technology offer to promote peoples autonomy, choice and control
- overnight short breaks will be a home from home and will be a steppingstone to peoples own home by promoting and building independence skills
- we want to better understand who is providing support as an unpaid carer and ensure that where people with a learning disability are a carer themselves that they get the support that they need
- to continue to deliver on our supported housing improvement programme (SHIP) and deliver on our commission strategy for 2023 to 2028

# Employment – background

Employment plays a crucial role in health and wellbeing, and research demonstrates that the benefits of paid work on both physical and mental health extend equally to adults with learning disabilities as they do to the general population <sup>1</sup>.

Employed adults with learning disabilities often report better quality of life, higher levels of job satisfaction, and improved self-rated health compared to those who are unemployed. Employment provides opportunities for social connections, meaningful activity, and a sense of purpose and can lead to increased income, greater autonomy, and improved self-esteem for adults with learning disabilities. The benefits extend beyond individual wellbeing, contributing to a more inclusive society and potentially reducing long-term costs across health and social care systems.

Despite these clear benefits and strong aspirations to work among adults with learning disabilities, national adult social care data indicate that only around 5% of adults with a learning disability known to local authorities are in paid employment in England <sup>2</sup>.

# Employment – Stockport data

The gap in employment rate between adults with LD and overall employment is wider in Stockport (75.6%) than the England average (70.9%) and significantly higher than our most similar neighbours within Greater Manchester (GM), Trafford (63%) <sup>1</sup>.

The percentage of the population in receipt of long-term support for a learning disability in paid employment (aged 18 – 64) in 2022/23 was 5.1% in Stockport (NW 4.8%, Trafford 10.5%).

Stockport Local Authority does not hold specific data about people with a Learning Disability in employment.

The current overall employment rate is 75.6% for the Borough. The unemployment claimant rate is 3.1%.

Key support for people with a Learning Disability to progress towards employment includes:

- Disability Employment Advisers at Jobcentre Plus who work specifically with people with a disability
- Supported Internships for young people with SEND (special educational needs or disabilities) - these are delivered in Stockport through Pure Innovations and Trafford & Stockport College Group
- SEND & Neurodiverse Employment Forum to help promote Supported Internships and more general supporting recruitment activity by local employers
- Contract from Adult Social Care with Pure Innovations to support people known at Adult Social Care to access employment support
- WorkWell can support individuals in employment with a health condition or recently unemployed with a health condition - focusing on preventative support to keep people in the labour market where a health condition puts that participation at risk. Work & Health Coaches (employed by Viaduct Care) undertake an assessment of needs and produce an action plan with the individual to support their work and health needs.

# One Stockport Learning Disability Strategy 2025 to 2030 - Work

Pillar 1 of the learning disability strategy set out the key actions we are taking to improve living situations:

## **Pillar 1: Living my life**

### **You said we want:**

- more paid work opportunities that give me choice and control
- more work placements to develop our skills
- access to learning opportunities that develop independence
- opportunities to contribute to our communities

### **Next steps:**

- further develop the employment support offer
- work in partnership to make sure day time support focuses on independence
- building independence is at the centre of all we do
- work with providers to ensure they have a flexible and personalised offer that supports independence

People with learning disabilities in Stockport have highlighted that issues such as **relationships, belonging, loneliness and community connection** are extremely important. Unfortunately, good quality local data and evidence are not currently available - this insight is recorded by adult social care in narrative notes, however it is not currently analysable.

National research <sup>1</sup> shows that enduring loneliness is experienced by many people with a learning disability reporting that they feel:

- lonely nearly always or all of the time (36%)
- hardly ever go out to socialise (37%)
- unconfident making friends – (56% of those out of employment compared to 27% of those in)
- That they are not part of their community (33%).
- 66% said they wanted more support to do social activities and make friends
- 45% said that not having enough money stopped them from going out more often

Evidence <sup>2</sup> also shows that:

- People with a learning disability have fewer chances to take part in leisure activities or socialise with their peers, and so may have fewer friends, people with profound and multiple learning disabilities (PMLD) have especially small social networks, which consist mainly of family members.
  - 1 in 3 young people with a learning disability spend less than 1 hour outside their home on a typical Saturday
- Limited access to employment, difficulty using public transport, emotional health problems and social stigma may increase the risk of loneliness among people with a learning disability
- Prejudices, negative public attitudes, and a lack of welcoming mainstream spaces make individuals feel unsafe or unwelcome.

<sup>1</sup> <https://www.gov.uk/government/publications/disability-loneliness-and-relationships-a-thematic-report/disability-loneliness-and-relationships-a-thematic-report>

<sup>2</sup> <https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/friendships-research-and-statistics>

A lack of accessible transport can be a barrier to independence for people with learning disabilities. Mencap's national research <sup>1</sup> based on a survey and focus groups shows that:

- The majority of people with learning disability do not drive
- 48% of respondents with a learning disability find public transport hard to understand, and need support from family or others to navigate systems
- 58% of people with a learning disability don't feel safe on public transport, and for those who do feel safe it's often as they are with someone else.
- 39% of respondents say they didn't go out in the past month because they were worried about using public transport; meaning many were intentionally staying at home and missing out on socialising in their community, or vitally, being able to access work

In Stockport the following schemes are in place to help people with learning disabilities

- [Free travel pass on Bee Network](#) buses (all day), trams and trains (both after 9h30 weekday, and all day at weekends) for eligible people with disabilities, this includes all people with a learning disability known to adult social care, and others not known to services may also be eligible.
- For those who have difficulty using public transport,
  - discounted [travel vouchers](#) can be used to pay for travel on accessible bus services or for taxi fares.
  - [Ring & Ride](#) minibuses provide accessible and low-cost transport door to door. They can be used for journeys of up to 6 miles in the Greater Manchester area.
  - [Stockport Car Scheme](#) is part of the Community Transport Network, registered volunteers can provide transport to individuals who join the scheme.

<sup>1</sup> <https://www.mencap.org.uk/press-release/we-simply-dont-feel-safe-new-report-shows-true-barriers-public-transport-system> sample size 1,1000

# One Stockport Learning Disability Strategy 2025 to 2030 - travel

Pillar 2 of the learning disability strategy set out the key actions we are taking to improve living situations:

## **Pillar 2: Getting to where I need to be**

### **You said we want:**

- to be able to travel safely around Stockport like everyone else
- people who work in public transport to know about what is a Learning Disability and what reasonable adjustments are
- to influence public transport across Stockport
- support to learn how to be safe in my community

### **Next steps:**

- develop the travel training offer
- provide advice and information of different transport options available
- work with people with a learning disability to plan with them how to achieve their aspirations about using public transport
- support awareness raising about what is a learning disability and reasonable adjustments

There are a range of services available to support adults with LD in Stockport in and many more can be found in our [Stockport Live Well Directory](#) as we bring together services across our borough and neighbourhoods to create happy and healthy lives for everyone living in Stockport.

Local authority or NHS services

- [Stockport council learning disability team](#)
- [Stockport NHS learning disability community team](#)

Voluntary, community, faith and social enterprise organisations who support people and families with learning disability

- [Seashell Trust](#)
- [Stockport Strikers Football Club](#)
- [Stockport Mencap](#)
- [Together trust](#)
- [Disability Stockport](#)

Groups which bring together adults with Learning Difficulties to talk about issues and shape services.

- [Speaking out group](#)
- [LD partnership board](#)

Support for Carers of people with Learning Disability

- [Signpost for carers](#)
- [Carers for Adults with a Learning Disability \(CALD\)](#)

# What do people tell us?

The Mencap [“Hear My Voice”](#) campaign gathered the views and experiences of people with learning disabilities to develop a set of proposals for positive change in the following areas:

## Healthcare

- Everyone with a learning disability should receive a good-quality annual health check and a health plan to support their wellbeing.
- Everyone should be offered a hospital passport so hospital staff understand their needs and provide appropriate care.
- GPs, doctors and nurses should receive training on reasonable adjustments so they can deliver better care to people with a learning disability and their families.

## Social Care

- People with a learning disability and their families should have access to the support they need to live well.
- Without the right support, families can reach crisis point and society can face avoidable costs.
- People with a learning disability should receive support in their local community, helping them live safely.

## Housing

- People with a learning disability should have long-term security and stability in their homes.

## Employment

- Improve the transition from school and college into training, work experience, apprenticeships and employment for young people with a learning disability.
- Ensure effective employment support is available so people with a learning disability can look for, get and stay in work.
- Equip employers with the knowledge and confidence to recruit and support people with a learning disability.
- Many working age adults with learning disabilities want to work, although many reported barriers to employment including difficulty completing application forms, unsuccessful job applications, uncertainty about how to find work, and concerns about losing benefits.

# What do people tell us?

In Stockport we have a strong commitment to **placing people at the heart of what we do** and building our services and strategies around the insights provided by **people with lived experience**.

In Stockport we listen to people in lots of ways including through the:

- Learning Disability Partnership Board
- Speaking Out Group
- Stockport Advocacy and people with learning disabilities
- Learning Disability Conference.
- The Making it Real board.

We have bring feedback together to inform the development of strategy and services.

People with Learning Disabilities in Stockport have told us what they wanted as their priorities. We have used these to shape our vision for the next 5 years and how we will work with people with Learning Disabilities (see strategy summary on page 52).

People with Learning Disabilities also told us that:

- feeling a sense of belonging was important to them. They wanted to feel connected with their friends, families and local communities.
- they needed communities to understand, see and value how they enhance and make Stockport's communities better.

Each Pillar of our strategy sits under our vision for people with learning disabilities to feel belonging in all areas of their lives.

# Recommendations

1. Continued improvement in the identification of people with learning disability across the system so services are better able to respond to individual needs. Targeted case-finding, data sharing across services and system prompts may help to reduce the hidden population.
2. Strengthen multi-agency transition planning and carer support by aligning Education, Health and Care Plan (EHCP) reviews with Care Act assessments from age 14, including targeted early help and independence building (e.g. travel training) to ensure continuity for those moving into adulthood and to support ageing family carers while managing the projected 45% increase in adult social care spend
3. Continue to strengthen annual health checks by making them consistently accessible, recorded, and followed by a meaningful, effective health action plan.
4. Expand reasonable adjustments across all services, including easy-read information, longer appointments, communication support, staff training and consistent, borough-wide adoption of Digital Hospital Passports.
5. Improve screening and vaccination uptake, especially where the JSNA shows gaps (cervical cancer, AAA, breast screening) or where underdiagnosis is likely (hypertension and cardiovascular disease).
6. Develop a more proactive prevention approach especially for obesity but also for other behaviours including physical activity, diet, smoking, and alcohol, with tailored community-based support.
7. Build employment pathways from school and college into work experience, internships, supported employment, and job retention support.
8. Plan for housing demand by expanding the range and scale of supported housing and ensuring future provision matches projected need.
9. Improve opportunities for social connection, belonging, community participation and independent travel through stronger links with community organisations, travel training and local assets.
10. Strengthen local learning disability intelligence through better data quality, recording and sharing, alongside ongoing co-production with people with learning disabilities, families and carers, to better understand current needs and future demand, especially focussing on the importance of intelligence focussing on social connection.

# One Stockport Learning Disability Strategy - Summary

## Vision

Adults with learning disabilities in Stockport live ***Gloriously Ordinary Lives*** - ordinary homes, relationships and opportunities, with independence, rights and belonging

## Co-production

Developed with people with learning disabilities, families and carers via the Learning Disability Partnership Board, Speaking Out Group, advocacy organisations and the LD Conference. “You said” feedback shapes priorities

## Five strategic pillars (co-produced priorities)

- Living my life - more paid work, work placements, independence-building and community contribution; strengthen employment support and reshape daytime services around independence.
- Getting to where I need to be - safe, independent travel and informed public transport staff; expand travel training, information and reasonable adjustments.
- Wise and kind workers - rights-based, person-centred support; improve relationships, staff training, co-production, information and carer support.
- Living a healthy life - better access to annual health checks, screening, reasonable adjustments, healthy lifestyles and hospital care; act on LeDeR and Building the Right Support recommendations.
- Home, family and friends - more choice and clarity about housing, including supported living, outdoor space, tech and short breaks; develop a supported housing strategy and strengthen support for unpaid carers.