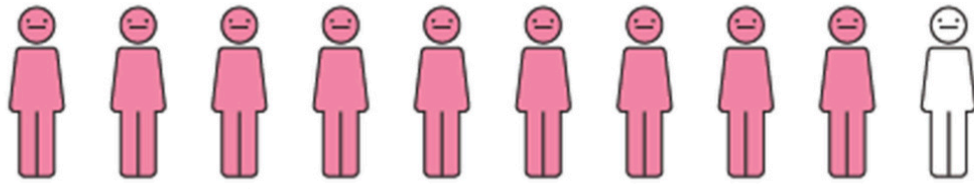


Using evidence to transform prevention, integrated care and population health management.

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More than 85%
of adults with learning disabilities live with multiple long-term conditions.

Core Message
The challenge is no longer simply understanding the problem, but translating evidence into action.

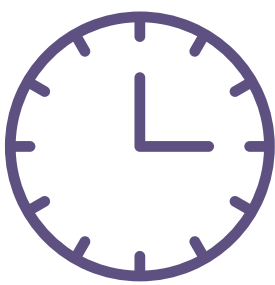


01 The Problem

People with learning disabilities experience profound and persistent health inequalities. More than 85% of adults with learning disabilities live with multiple long-term conditions, with chronic disease often developing decades earlier than in the wider population. Yet NHS pathways remain largely organised around single diseases, specialties and episodic care.

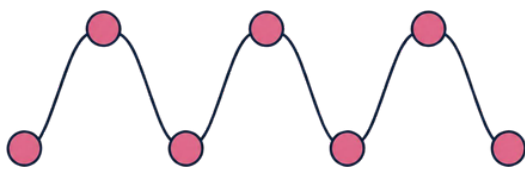
The result is a fundamental mismatch between how services are organised and the realities of accelerated multimorbidity. Symptoms may be overlooked or attributed to the learning disability itself; physical and mental health conditions frequently coexist; and opportunities for earlier intervention can be missed.

02 What DECODE Found



Earlier Onset

Long-term conditions commonly associated with later life emerge much earlier.



Predictable Patterns

There are recognisable clusters and trajectories of multiple long-term conditions.



Linked to Admissions

Combinations of long-term conditions are associated with hospital admissions.



Actionable

Population health intelligence can identify people at greatest risk and support earlier, more personal intervention.

03 A Different Model of Care is Needed

Current approaches improve access, but they do not yet reflect the earlier onset, interaction and trajectory of disease experienced by people with learning disabilities.

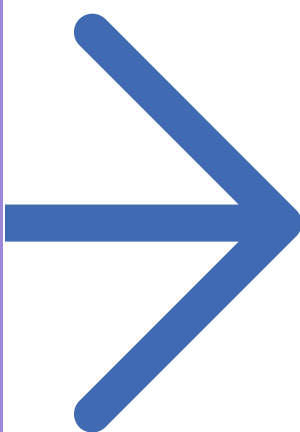
Why this matters for implementation

DECODE is not a case for creating a wholly separate service. It is a case for redesigning existing systems to reflect the actual disease trajectories of people with learning disabilities.

DECODE turns the strategic shift into a practical model

CURRENT MODEL

- Single-disease pathways
- Reactive episodes of care
- Specialty-led care
- Risk recognised after deterioration
- Standardised approaches



MODEL REQUIRED

- Integrated multimorbidity pathways
- Anticipatory prevention
- Person-centred coordination
- Earlier risk identification
- Personalised reasonable adjustments

The evidence provides a concrete route to support the **NHS 10 Year Health Plan** with preventative, community-based, digitally enabled and personalised care for one of the most disadvantaged populations.

FROM HOSPITAL TO COMMUNITY

FROM ANALOGUE TO DIGITAL

FROM SICKNESS TO PREVENTION

Underlying Key Principles

Reasonable adjustments, accessible communication, longer consultations and partnership with families and carers must be built into routine care, not added afterwards.

04 Implications for Policy and Practice

01 Make multiple long-term conditions in people with learning disabilities a focus in all Joint Strategic Needs Assessments

Lead: Integrated Care Boards, Health and Wellbeing Boards

Use linked healthcare data and population health management to identify adults with learning disabilities at greatest risk of multiple long-term conditions, and set out strategic approaches to tackle the challenge. Recognise accelerated multimorbidity explicitly in commissioning strategies, integrated care plans and strategic planning for long-term conditions.

02 Enhance the Learning Disability Annual Health Check

Lead: NHS England

Incorporate earlier, evidence-based risk assessment for cardiovascular disease, chronic kidney disease, diabetes, swallowing disorders, aspiration risk and other common conditions identified through DECODE. Support this with clinical guidance, decision support and clear referral pathways.

03 Integrate the needs of people with learning disabilities & multiple long-term conditions into every long-term condition pathway

Lead: NHS England, Royal Colleges and Integrated Care Boards

Commission integrated pathways spanning primary care, community services, specialist services, mental health and social care. Pathways should explicitly recognise earlier disease onset, reasonable adjustments and partnership with families and carers.

04 Embed population health management, predictive analytics and better data

Lead: Integrated Care Boards

Use linked healthcare data to identify adults with learning disabilities at greatest risk of deterioration and coordinate earlier intervention through multidisciplinary neighbourhood teams. Improve use of learning disability registers, ethnicity and wider determinants data; use linked datasets to monitor outcomes and variation; and test any predictive tool for equity across ethnic and socioeconomic groups before deployment.

05 Build a workforce equipped for proactive, personalised care

Lead: NHS England, professional regulators and education providers

Develop national guidance and workforce programmes to improve recognition of atypical presentation, reduce diagnostic overshadowing, strengthen communication and shared decision-making, support reasonable adjustments and integrate physical and mental healthcare. Recognise families and carers as essential partners in early recognition and care planning.

05 Conclusion

DECODE provides evidence to support a shift from reactive, single-condition care towards earlier identification, prevention and integrated management of multimorbidity in people with learning disabilities.

The challenge is not longer simply understanding the problem, but translating the evidence into action.