East Midlands
empho
Public Health Observatory

Derby & Derbyshire Learning Disability Needs Assessment

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NHS

Commissioned by: **NHS Derbyshire County**

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Key Messages

Derby City

- Approximately 0.5% of the population in Derby City are known to have a learning disability and this is similar to the national average. It is however estimated that the likely true prevalence is just over 2%

- There is a higher proportion of clients receiving both direct payments and services provided by the local authority in Derby City than the regional and national averages

- The proportion of people with learning disabilities who live in settled accommodation in Derby City is similar to the national average. The proportion who live independently (without support from friends or family) is higher than the national average

- The proportion of people in Derby City with learning disabilities who have a paid job is lower than the national average but similar to Derbyshire County

- There has been a significant increase in the percentage of people with learning disabilities receiving GP health checks in Derby City between 2008/09 and 2011/12. The proportion is now significantly higher than the national average

- Admissions to hospital for ambulatory care sensitive conditions among people with learning disabilities in Derby City are significantly lower than the national average and third lowest compared with statistical peers

- The percentage of people with learning disabilities using home care services is significantly higher in Derby City than in Derbyshire County; the reverse is true in use of day care services

- The rate of abuse of vulnerable adults with learning disabilities referrals by reason of neglect is significantly higher in Derby City than the national, regional and Derbyshire County averages. Referrals by other reasons show similar patterns to other areas

- The rate of emergency hospital admissions where a learning disability was recorded is higher in Derby City than the national average; however Derby City shows little difference among its statistical peers

- The median age of death where a learning disability was recorded is 33 years in Derby City which is lower than both the national and Derbyshire County averages.

- In Derby City the learning disability health self-assessment showed improvements in 14 out of 30 dimensions between 2010 and 2011 with only two indicators showing a decline

Derbyshire County

- Approximately 0.5% of the population in Derbyshire County are known to have a learning disability and this is similar to the national average. It is however estimated that the likely true prevalence is just over 2%

- There are a higher proportion of clients receiving both direct payments and services provided by the local authority than the regional and national averages. There is a lower rate of clients receiving direct payments only in Derbyshire County compared with other areas

- The proportion of people with learning disabilities who live in settled accommodation in Derbyshire County is higher than the national average. The proportion who live independently (without support from friends or family) is also higher than the national average

- The proportion of people in Derbyshire County with learning disabilities who have a paid job is lower than the national average but similar to Derby City

- There has been a decrease in the percentage of people with learning disabilities receiving GP health checks in Derbyshire County between 2008/09 and 2011/12. This may however be due to greater numbers of people with learning disabilities being registered and the proportion is significantly higher than the national average

- Admissions to hospital for ambulatory care sensitive conditions among people with learning disabilities in Derbyshire County are similar to the national average and third highest compared with statistical peers

- The percentage of people with learning disabilities using home care services is significantly lower in Derbyshire County than in Derby City; the reverse is true in use of day care services

- The rate of abuse of vulnerable adults with learning disabilities referrals where the alleged perpetrator is not recorded is significantly higher in Derbyshire County than the national, regional and Derby City averages. This may reflect problems with the recording of abuse of vulnerable adults

- Local data from GP practices in Derbyshire County show that people with learning disabilities are more likely to have diabetes, asthma, epilepsy or schizophrenia, bipolar disorder or psychoses than the general practice population

- Local data also suggest that eligible women with learning disabilities are less likely to access cervical cancer screening services and are more likely to have been excepted from the screening program than the practice population

- The rate of emergency hospital admissions where a learning disability was recorded is lower in Derbyshire County than the national average and is third lowest among its statistical peers

- The median age of death where a learning disability was recorded is 59 years in Derbyshire County. This is significantly higher than both the national and Derby City averages

- In Derbyshire County the learning disability health self-assessment showed improvements in 10 out of 30 dimensions between 2010 and 2011 with five indicators showing a decline

Introduction

Learning disabilities are lifelong conditions which are characterised by some degree of impairment to cognitive functioning. The ICD 10 (international classification of diseases, version 10) uses the term intellectual disability and defines this as

> *"…a condition of arrested or incomplete development of the mind, which is especially characterised by impairment of skills manifested during the developmental period, which contributes to the overall level of intelligence, i.e. cognitive, language, motor and social abilities."*

The ICD 10 further defines learning disabilities by severity using measured IQ as a guide, with anybody with an IQ less than 70 being considered to have a learning disability. Table 1 shows the ICD 10 categories of intellectual disability.

Table 1 ICD 10 classification of learning disabilities

ICD code	Level of cognitive impairment	Associated IQ
F70	Mild	50-69
F71	Moderate	35-49
F72	Severe	20-34
F73	Profound	<20

There are a number of known causes of learning disabilities; however research suggests that in between 40%-80% of cases no specific cause can be determined[i]. Where causes are identifiable these are either genetic (e.g. in chromosomal or gene disorders such as Down's syndrome, fragile x syndrome etc.) or due to environmental factors such as exposure to drugs, alcohol or certain diseases during pregnancy. Learning disabilities can also be caused by oxygen deprivation or head trauma during labour.

Autistic spectrum disorders are also commonly associated with learning disabilities. Autistic spectrum disorders are developmental and involve difficulties with social interaction, communication and imagination. Approximately half of people with severe learning disabilities also have some kind of autistic spectrum this order. This said individuals are only included in the data of this report if there is a learning disability present and are not included by virtue of an autistic spectrum disorder alone.

Research evidence suggests that there may be patterns in the prevalence of learning disabilities in various demographic groups. Socio-economic deprivation is positively associated with mild and moderate learning disabilities; this is not the case however with more severe learning disabilities[ii].

Males have been shown to be more likely to have both mild and severe learning disabilities than females[iii]. This may be due in part to the fact that some learning disabilities have a genetic element which is more commonly passed to male children.

There are also patterns in the prevalence of learning disabilities and ethnicity. There are higher rates of learning disability in South Asian groups compared to the general population, particularly younger people with severe learning difficulties. This may be due to numerous factors such as inequalities in access to maternal health care.

This report aims to examine the available data regarding the learning disabled population in Derbyshire County and Derby City in order to identify particular areas of need. This document will also highlight where further information would be useful in understanding the needs and experiences of this population and will make recommendations for future work.

Data Issues

Data relating specifically to people with learning disabilities can be difficult to find and often there are problems with the data which mean that it does not give a completely accurate picture. This said the data which is available is still useful in providing information regarding the needs of this population as long as it is interpreted with certain caveats in mind. This section therefore explains some of the general issues to be aware of when interpreting this report as well as any particular issues with individual data sets.

In all data sets relating to people with learning disabilities it is likely that a significant number of people will be missed due to the fact that their learning disability is not recorded. This is most likely to affect those with milder learning disabilities who are less likely to need specialist health or social care services and who live independently. This is also likely to be a problem in data sets where the focus of the information is not on learning disability specifically, such as hospital episodes statistics. In this case only conditions which impact directly on the primary reason for admission to hospital are recorded, meaning that the presence of a learning disability is likely to be recorded inconsistently and are again less likely to be recorded if the disability is mild. This is also the case in recording on death certificates, where only conditions relating directly to the cause of death will be recorded.

The main national sources of data relating to the number of adults with learning disabilities are the Quality Outcomes Framework (QOF) register in GP practices and adult social care records. There are some known issues with both of these data sets as detailed below:

Quality Outcomes Framework Register

- The severity of learning disability may not be coded correctly or consistently
- Some people with physical disabilities may be miscoded as having learning disabilities
- People with Down’s syndrome may not be included

- Some individuals who appear on the QOF register may not be eligible for a GP health check (e.g. those with mild disabilities), meaning the use of the total number on the QOF register as a denominator for health check data may be inaccurate

Adult Social Care Data

- Only the primary social care need is recorded meaning that people with learning disabilities who have another more prominent need may be missed from the data set

For some of the indicators where data is available at local authority level comparator local authorities from the Chartered Institute of Public Finance and Accountancy (CIPFA) nearest neighbours model have been used. The nearest neighbours are assigned based on a number of area characteristics such as the size, density and composition of the population, unemployment, housing, ethnic diversity and wealth. By using these comparators it is possible to look at how an area is performing compared to others which are characteristically similar rather than necessarily geographically close.

Similarly where data is available at PCT level comparators have been used based on the Office for National Statistics' Area Classification for Health Areas. This provides PCT areas which are statistically comparable based on 42 indicators including demographics, industry and employment.

Data tables showing the numbers behind the analysis presented in this report are given in appendix 1.

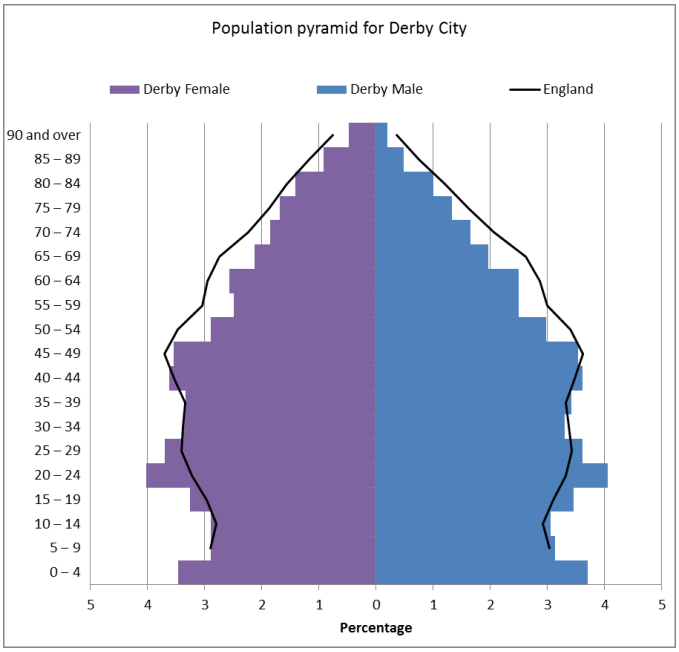
Population

This section looks at the demographic make-up of Derby City and Derbyshire County. Examining the statistical characteristics of a population provides a useful context for considering the health needs of that population and can be an important measure of certain outcomes. For example the age and gender breakdown of a given geography, how deprived or affluent it is, whether it is rural or urban, all tell us something about the population.

Derby City

Figure 1 shows the population of Derby City by age and gender. There are a higher number of young people and younger adults in Derby City in comparison to England suggesting transition from children's to adult services may be a priority for this area. The proportion of older adults is slightly lower than the national average.

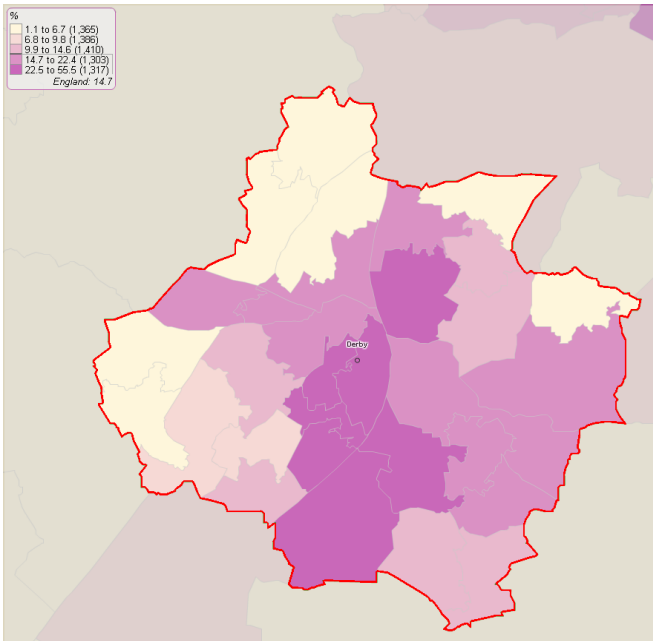
Figure 1 Population of males and females by age in Derby City



Source: ONS

The map in figure 2 shows levels of economic deprivation in Derby City, with darker colours indicating higher levels of deprivation. There are significant areas of deprivation in Derby particularly around the city centre and in the south. As discussed in the introduction, higher levels of deprivation are associated with higher levels of mild and moderate learning disabilities.

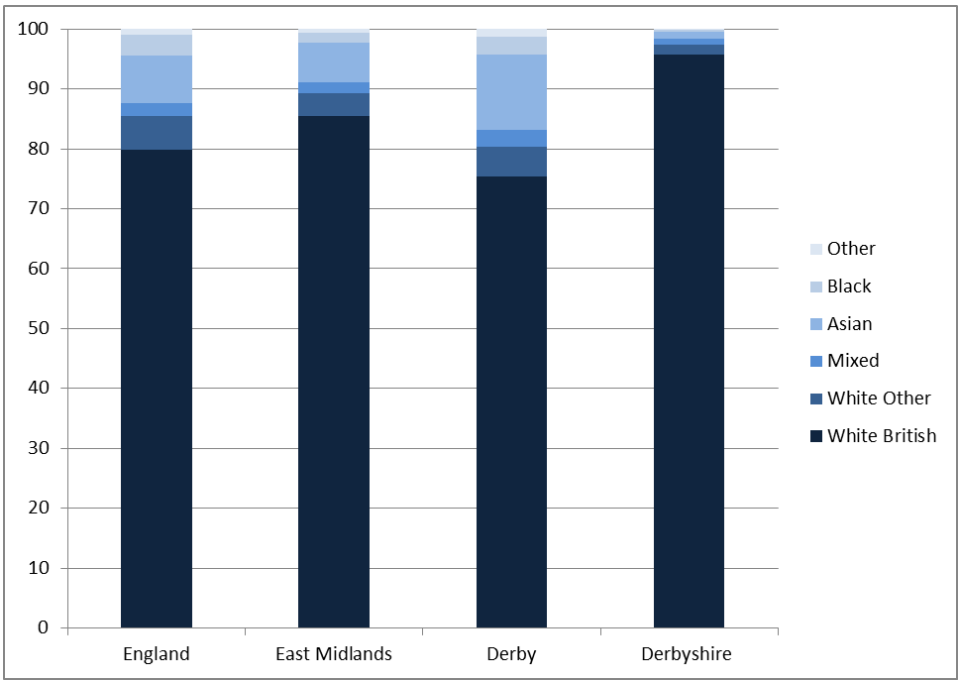
Figure 2 index of multiple deprivation score in Derby City



Source: Local Health

The chart in figure 3 shows the population of Derby City by ethnicity compared to Derbyshire County, East Midlands and England. Derby City has a higher proportion of residents from BME backgrounds compared to other areas and has a particularly high Asian population. As discussed previously higher rates of severe learning disabilities have been shown in South Asian populations suggesting that this may be a consideration for service planning in Derby City.

Figure 3 population of Derby City by broad ethnic group

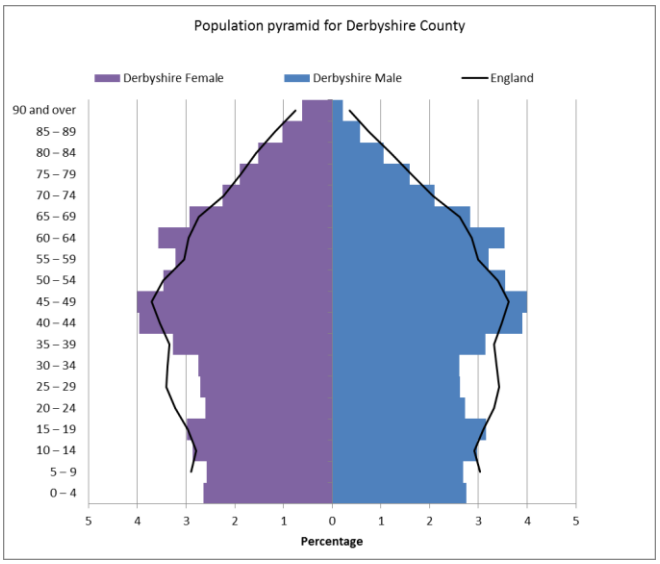


Source: ONS

Derbyshire County

Figure 4 shows the population of Derbyshire County by age and gender. There are a higher number of adults aged 40-50 in Derbyshire County in comparison to England with a second peak in 60-64 year olds. This suggests that both adult services and care for the elderly and at the end of life may be current or future priorities for this area.

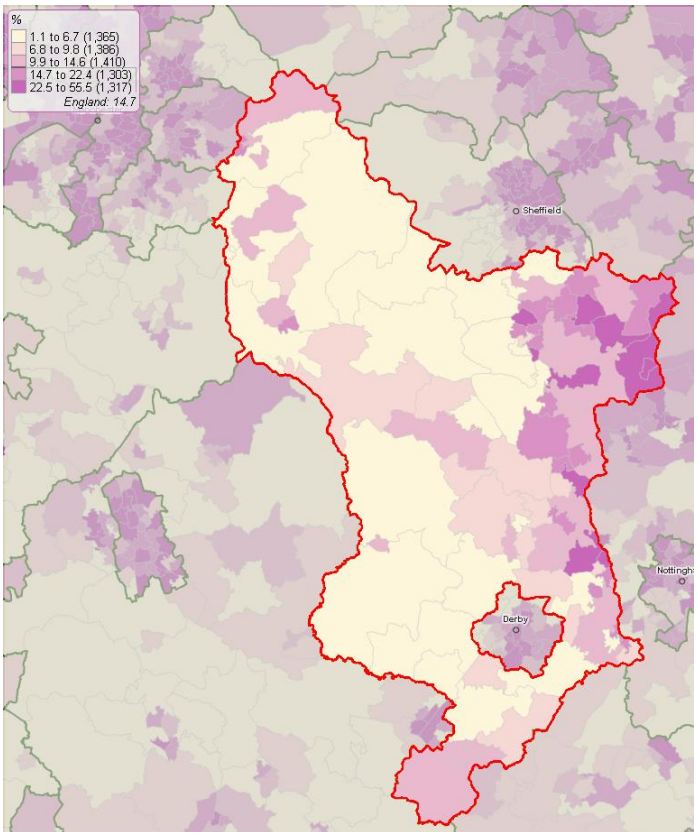
Figure 4 Population of males and females by age in Derbyshire County



Source: ONS

The map in figure 5 shows levels of economic deprivation in Derbyshire County, with darker colours indicating higher levels of deprivation. Some large areas of Derbyshire County are relatively affluent; however there are some significant pockets of deprivation in the east of the area. As discussed in the introduction, higher levels of deprivation are associated with higher levels of mild and moderate learning disabilities, suggesting that services may need to be directed to the areas of highest deprivation.

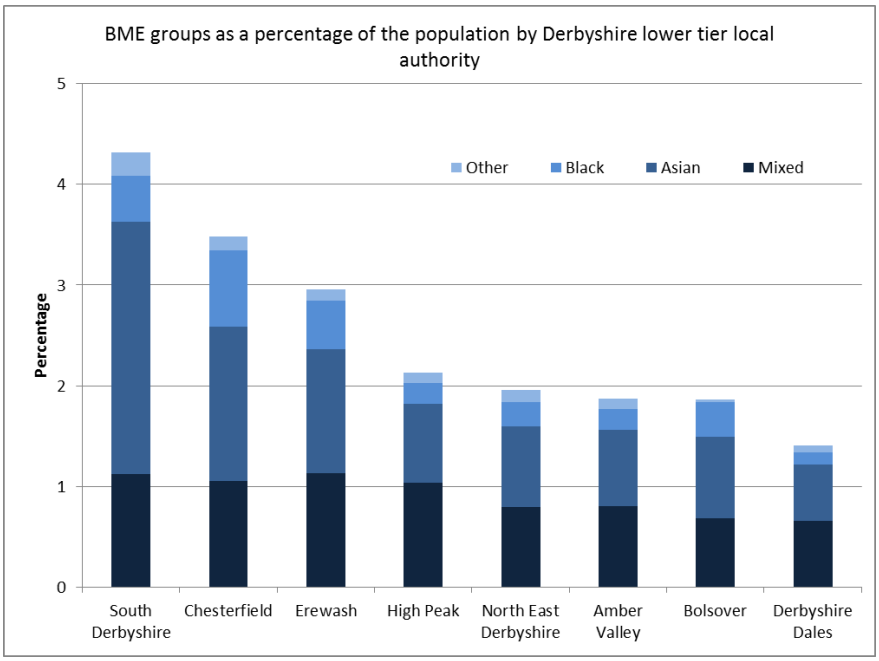
Figure 5 index of multiple deprivation score in Derbyshire County



Source: Local Health

The chart in figure 6 shows the BME population of Derbyshire districts as a percentage of the population. Overall more than 95% of the population in Derbyshire are white or white British; however there are some small variations in the BME populations at a district level. South Derbyshire, Chesterfield and Erewash have a higher Asian population than other districts in the county. As discussed previously higher rates of severe learning disabilities have been shown in South Asian populations suggesting that this may be a consideration for service planning across Derbyshire County.

Figure 6 population of Derbyshire County by broad ethnic group



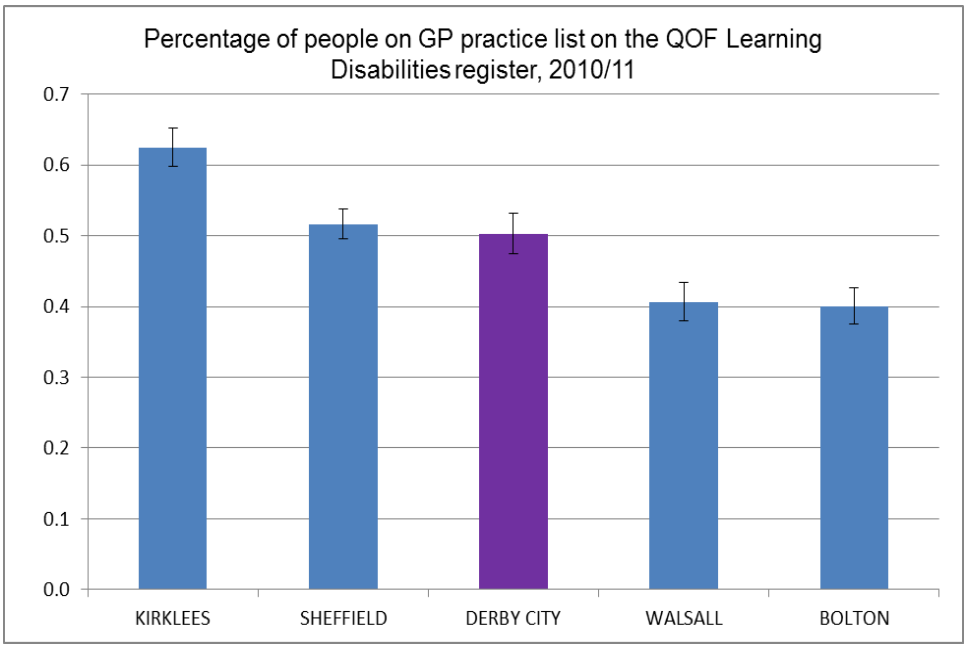
Source: ONS

Prevalence

Recording the prevalence of learning disabilities in a population is complex as there is no single data source providing a comprehensive overview of all people with learning disabilities. However by looking at the number of people known to health and social services it is possible to estimate the likely true number of people who may have additional learning needs.

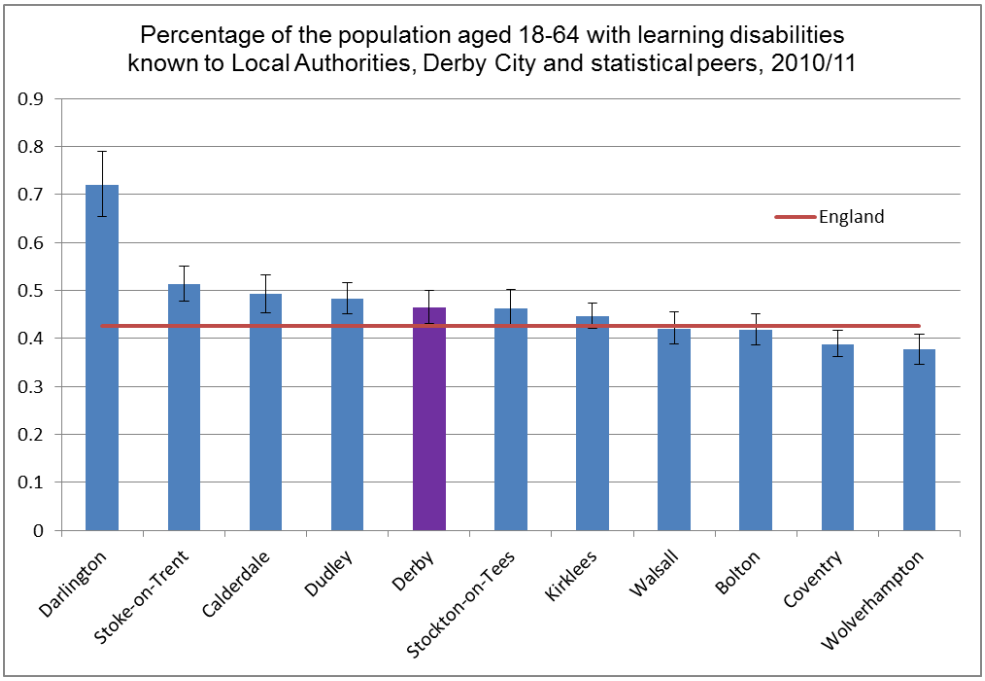
Figures 7 and 8 show the number of people on GP learning disabilities registers and those with learning disabilities known to local authorities respectively expressed as a percentage of the population in Derby. The number of people known to GPs (1,161 individuals) and social services (720 individuals) in Derby are similar suggesting that individuals known to one service are likely to be known to the other.

Figure 7 percentage of practice list on QOF learning disability register



Source: QOF

Figure 8 Percentage of people with learning disabilities known to local authorities

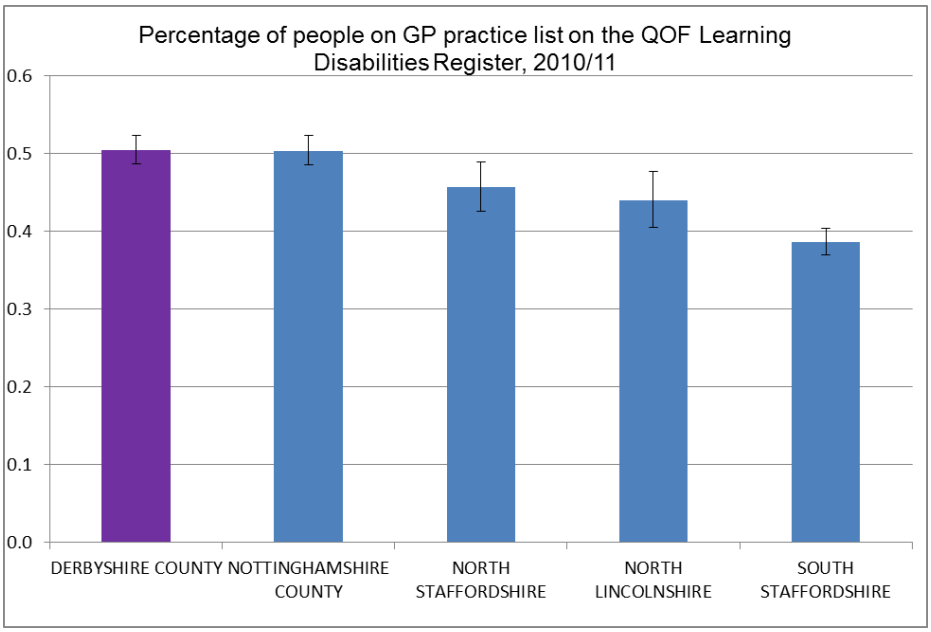


Source: NASCIS

Similarly figures 9 and 10 show the number of people on GP learning disabilities registers and those with learning disabilities known to local authorities respectively expressed as a percentage of the population in Derbyshire. The prevalence on GP registers (2,904 individuals) in Derbyshire in approximately 0.1% higher than those

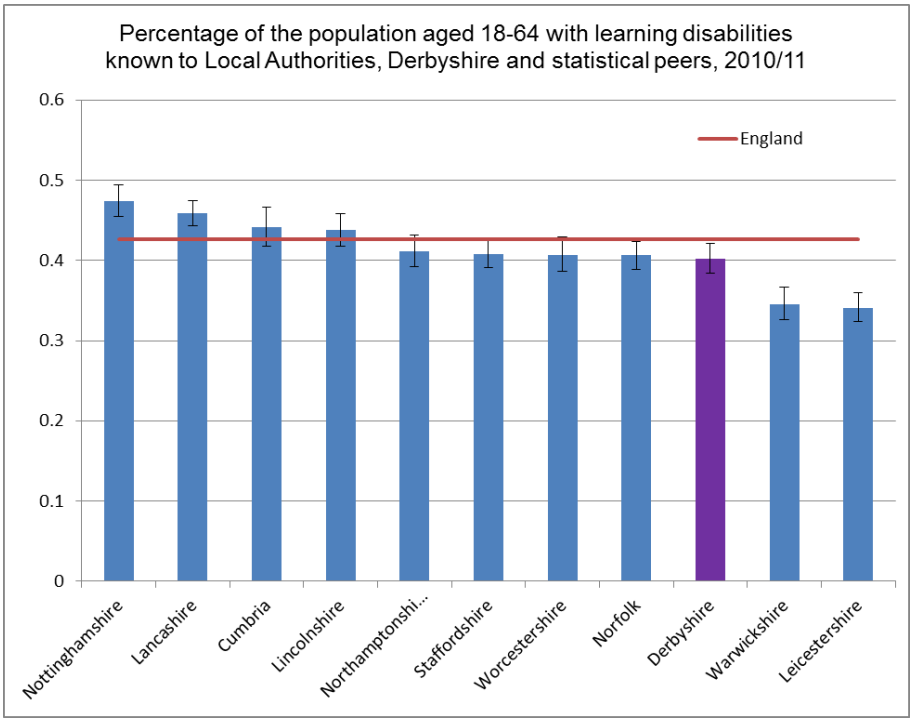
known to social services (1,875 individuals), suggesting that there are a small proportion of individuals with learning disabilities in Derbyshire who receive additional support for their health needs but who are either not in receipt of social care support or whose learning disability is secondary to another social care need.

Figure 9 percentage of practice list on QOF learning disability register



Source: QOF

Figure 10 Percentage of people with learning disabilities known to local authorities

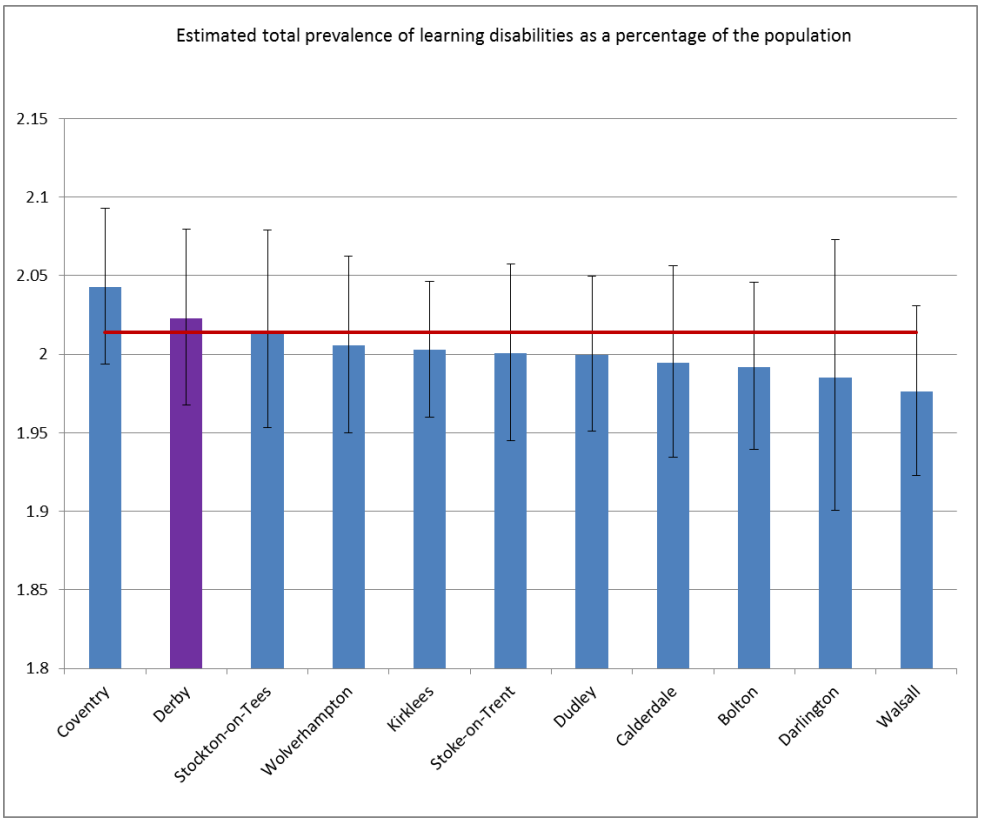


Source: NASCIS

The prevalence of people with learning difficulties reflected in health and social care data is likely to be a significant underestimate of the true number of people in the population with some degree of learning disability. People with less severe learning difficulties are more likely to live independently and therefore less likely to be known to services. Emerson and Hatton (2004)[iv] have produced a model for estimating the likely adult prevalence of learning disabilities based on the numbers of people known to services, data on the prevalence of special educational needs in children and population data which are adjusted for factors such as age, gender and deprivation.

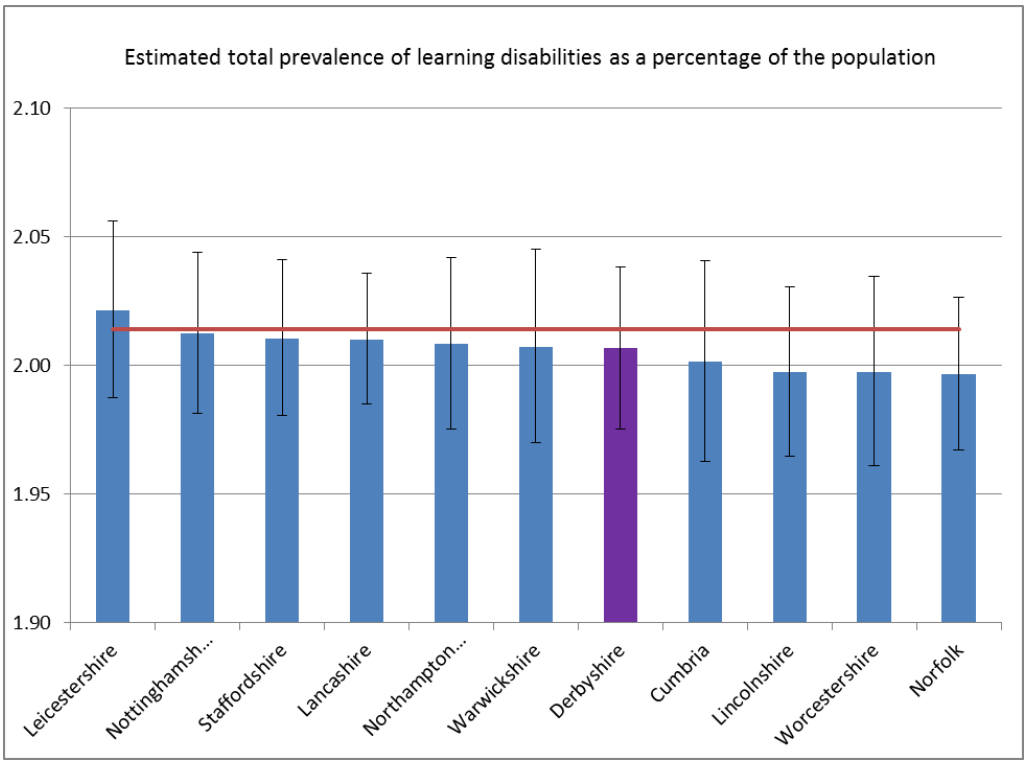
Figures 11 and 12 show the estimated likely prevalence of adult learning disabilities in Derby and Derbyshire. Estimates for both areas are just over 2% of the population, which is approximately four times the proportion of the population who are known to services. This equates to approximately 4,950 people in Derby City and approximately 15,250 in Derbyshire County.

Figure 11 estimated total learning disability prevalence, Derby City



Source: Learning Disability Observatory

Figure 12 estimated total learning disability prevalence, Derbyshire County



Source: Learning Disability Observatory

Estimates have also been made regarding how the prevalence of learning disabilities may be expected to change in the future. These estimates are based on factors such as increased survival rates of children with severe and profound disabilities and increased life expectancy of older adults with learning disabilities as well as changing patterns in populations. Tables 2 and 3 below show the projected changes in the number of adults with learning disabilities in Derbyshire and Derby by different categories of need. While the distribution of individuals by severity of learning disability is similar in the two areas, the predicted overall percentage change to 2030 is significantly higher in Derby City (12.8%) than in Derbyshire County (2%). This is likely to be due to differences in population factors such as there being a higher number of younger people in Derby City than Derbyshire County suggesting birth rates may be higher going forward. There is also higher percentage of people from South Asian backgrounds and higher levels of deprivation in Derby City, both of which have been associated with higher levels of learning disabilities.

Table 2 projected changes in the number of adults with learning disabilities, Derby City

Derby	2012	2015	2020	2025	2030	Percentage change
All learning difficulties	3895	4018	4180	4318	4466	12.79
Moderate or severe	872	903	949	996	1045	16.56
Severe	236	244	255	268	282	16.31
Down's Syndrome	99	102	107	110	113	12.39
Challenging behaviour	71	74	77	79	82	13.41
Autistic spectrum disorder	1604	1660	1731	1794	1854	13.48

Source: Projecting Adult Needs and Service Information (PANSI)

Table 3 projected changes in the number of adults with learning disabilities, Derbyshire County

Derbyshire	2012	2015	2020	2025	2030	Percentage change
All learning difficulties	11281	11302	11409	11490	11514	2.02
Moderate or severe	2539	2548	2588	2640	2682	5.33
Severe	666	665	672	688	705	5.53
Down's Syndrome	292	292	295	296	296	1.35
Challenging behaviour	210	210	212	213	213	1.41
Autistic spectrum disorder	4659	4668	4716	4745	4754	2.00

Source: Projecting Adult Needs and Service Information (PANSI)

Data regarding the prevalence of learning disability by type or severity is not currently available. It is however possible to calculate rough estimates based on the estimates of projected need. Table 4 shows the estimated proportion of learning disabilities by type, autistic spectrum disorders are not included due to the probability that this figure will include individuals who do not have a learning disability.

Table 4 estimated prevalence of learning disability by type

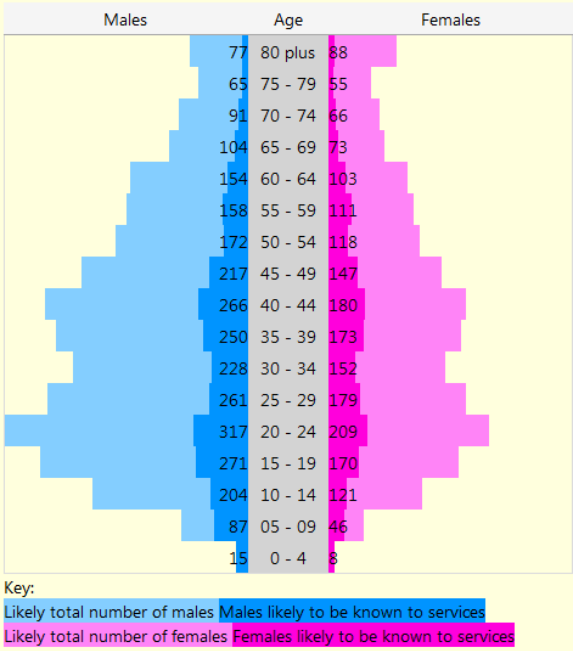
Type of learning disability	Estimated percentage
Moderate or severe	22%
Severe	6%
Down's Syndrome	2.5%
Challenging behaviour	2%

Source: Projecting Adult Needs and Service Information (PANSI)

Age and Gender

There is some variation in the prevalence of learning disabilities by age and gender. Overall there is a higher prevalence among males than females and in younger and middle aged adults. Figure 13 shows the numbers of people known to services as well as the estimated total prevalence of people with learning disabilities in Derby by gender and age. The highest prevalence for both males and females is in the 20-24 age group with numbers starting to decline around age 50.

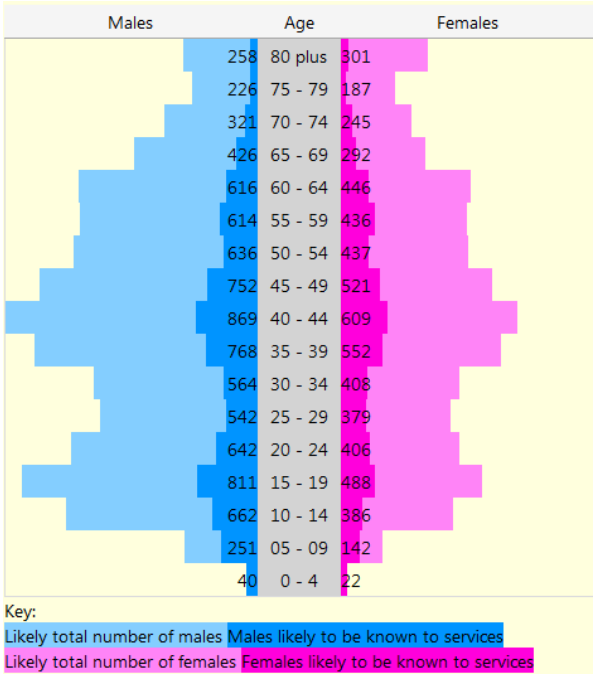
Figure 13 prevalence of learning disabilities by age and gender, Derby City



Source: Learning Disability Observatory

Figure 14 shows the numbers of people known to services as well as the estimated total prevalence of people with learning disabilities in Derbyshire by gender and age. Prevalence peaks for both males and females is in the 15-19 and 40-44 age groups. Similarly to the pattern seen in Derby the numbers begin to decline around age 50.

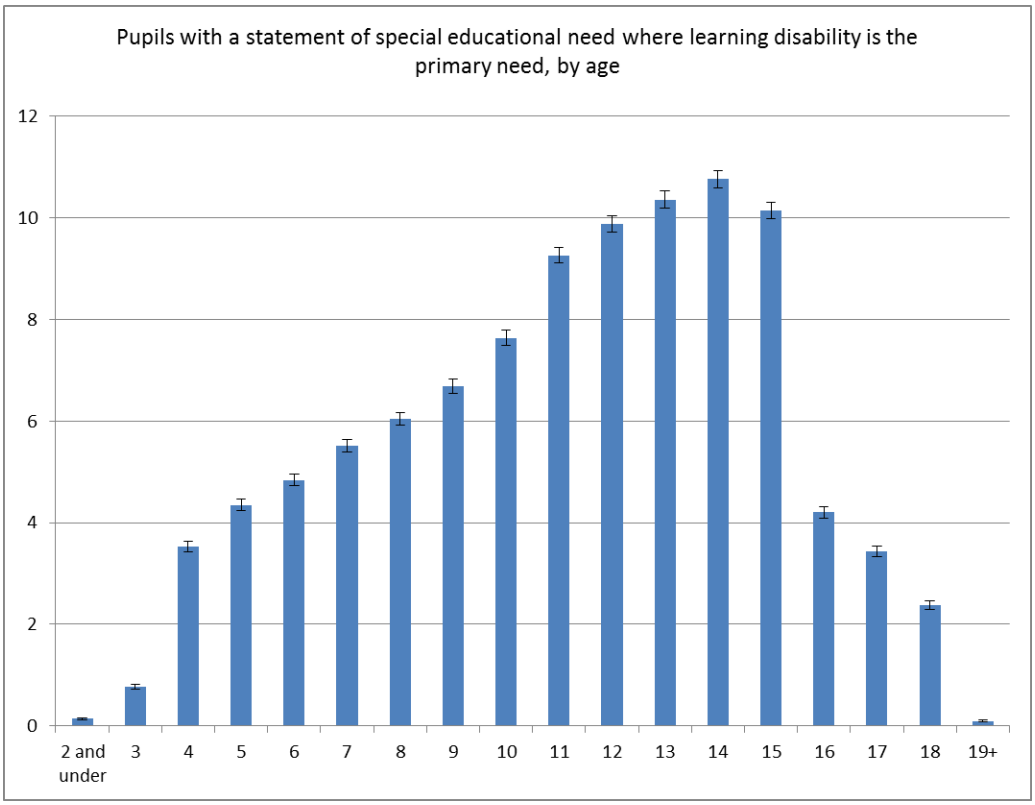
Figure 14 prevalence of learning disabilities by age and gender, Derbyshire County



Source: Learning Disability Observatory

This document focuses primarily on the needs of adults with learning disabilities. It is however interesting to look at prevalence among children as this may give an indication of the numbers of people likely to be transitioning into adult services. Figure 15 shows pupils with a statement of special educational needs (SEN) by age where the primary need was either a specific, moderate, severe or multiple and profound learning disability or autistic spectrum disorder. The proportion of children with a statement of SEN predictably increases with age up until the age of 14. There is a sharp decline after age 16 where children are likely to be leaving full time education; however this does suggest that there are a proportion of people leaving education for whom transition in to adult services may be appropriate. Unfortunately there is no national or local data currently available showing the number of people transferring from children's to adult services.

Figure 15 children with statements of special educational need where learning disability is the primary need

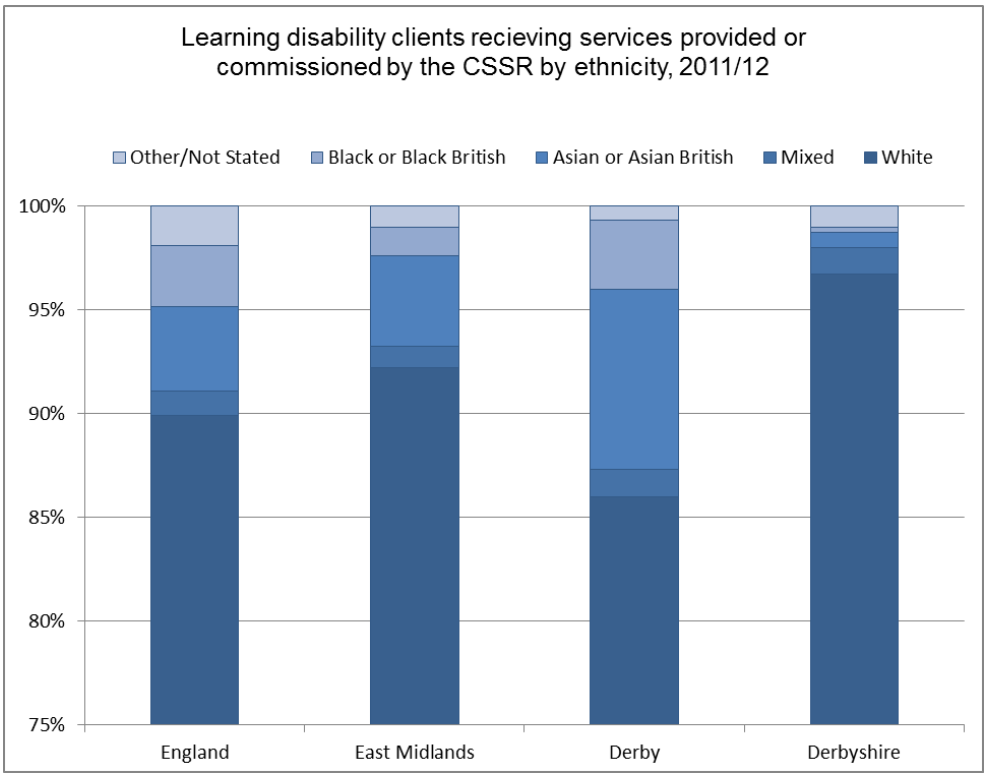


Source: Department for Education

Ethnicity

Figure 16 shows the percentage of learning disability clients by ethnicity in Derby and Derbyshire compared to national and regional figures. The proportion of clients receiving services is broadly similar to the ethnic profile of the areas (Table 5) with a slightly higher proportion of people from White ethnic groups accessing services. However this should be interpreted with caution as there could be inequalities in access to services across ethnic groups.

Figure 16 Learning disability clients receiving services by Ethnicity



Source: Referrals, Assessments and Packages of Care

Table 5 Population by Ethnic group

Area	White	Mixed	Asian or Asian British	Black or Black British	Other
England	85.4	2.3	7.8	3.5	1.0
East Midlands	89.3	1.9	6.5	1.8	0.6
Derby	80.3	2.9	12.5	2.9	1.3
Derbyshire	97.5	0.9	1.1	0.4	0.1

Source: ONS

National Outcomes Framework Indicators

The measurement of factors which impact upon the health and well-being of populations is important in creating a picture of how the health of a given population is at the moment and how this could be improved. This will include a range of factors including the prevalence of particular diseases, lifestyle and other risk factors, personal circumstances such as appropriate housing and measures of access to or satisfaction with services.

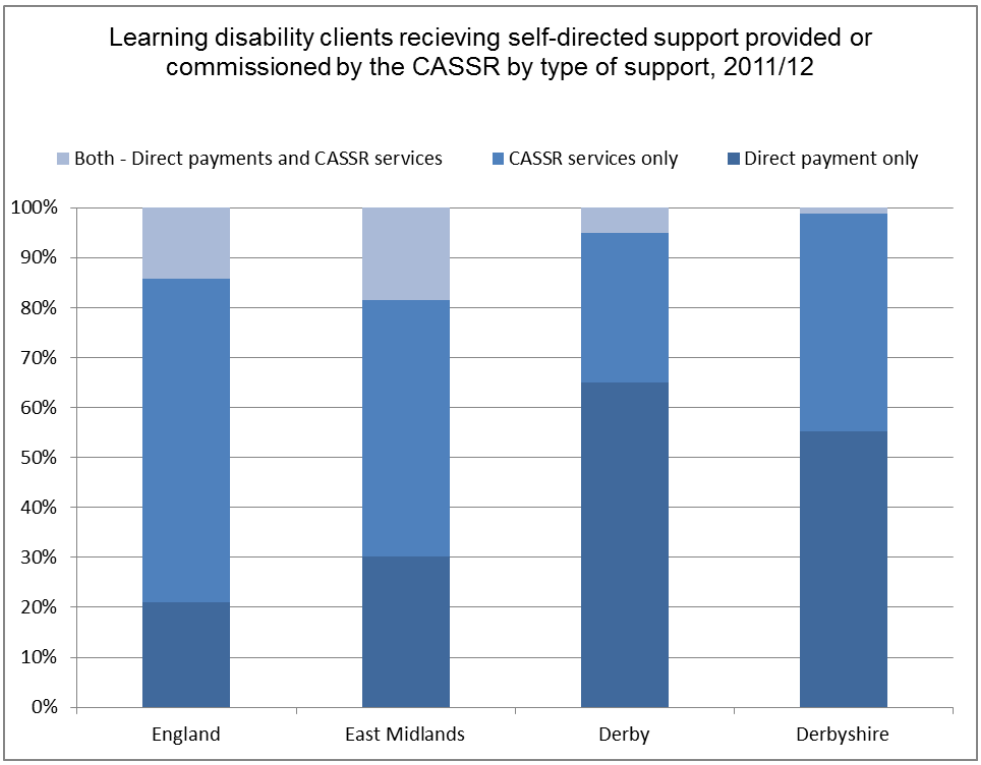
Recent government policies have set out a number of national outcomes frameworks aimed at measuring different aspects of health and social care using a defined set of indicators. Three of these which are most relevant to this report are the Adult Social Care Outcomes Framework (ASCOF), the Public Health Outcomes Framework (PHOF) and the NHS Outcomes Framework (NHS OF). Some of the indicators within the frameworks are still under development and therefore placeholder titles are used to indicate where an indicator is yet to be fully developed. Where data are available for indicators which is specifically relevant to people with learning disabilities this is presented below. A full list of indicators from all three frameworks is available in appendix 2.

Adult Social Care Outcomes Framework

The ASCOF has been co-produced by the Department of Health, the Association of Directors of Adult Social services and the Local Government Association and is currently in its third year. The framework is designed to support delivery of the Care and Support White Paper by providing councils with a structure to work to. The ASCOF aims to improve transparency and performance in adult social care and to improve the quality of care and support that service users can expect.

Different learning disability clients require different types and levels of services from the local authority. Figure 17 shows the proportion of people receiving either only CASSR (Councils with adult social care responsibilities) services, only direct payments (provided for individuals to purchase their own support), or a mixture of the two. Fewer individuals in both Derby and Derbyshire received both direct payments and CASSR services than the national and regional averages. The proportion of individuals receiving direct payments only was higher than national and regional figures. The proportion of people receiving direct payments is an ASCOF indicator.

Figure 17 Learning disability clients receiving self-directed support

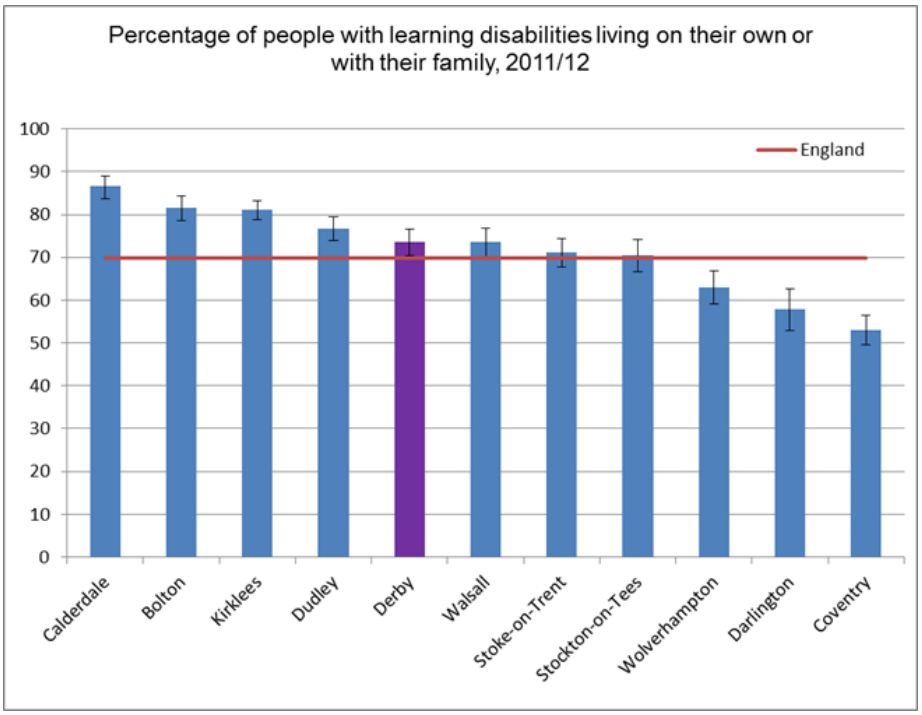


Source: Referrals, Assessments and Packages of Care

The proportion of people with learning disabilities in settled accommodation is an indicator which is included in both the ASCOF and the PHOF. Figures 18 and 19 show the proportion of people who live either independently or with their families and therefore would be considered to have safe and secure accommodation.

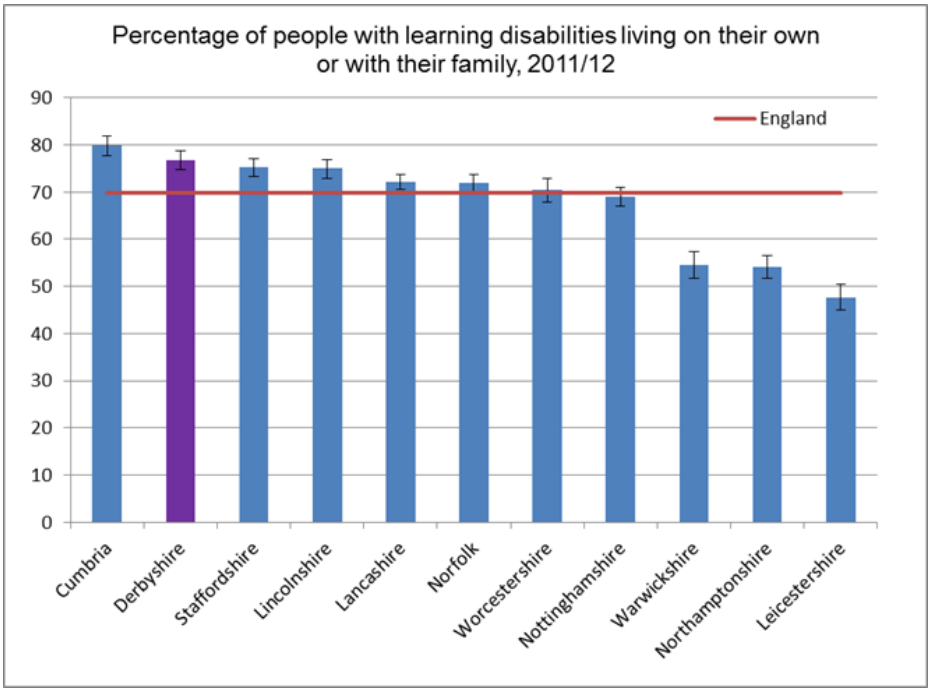
Derbyshire has the second highest rate against its statistical peers of people with learning disabilities living either independently or with family and is significantly higher than the England average. Derby has the fifth highest rate against its peers but is still higher than the national average.

Figure 18 People with learning disabilities in settled accommodation, Derby City



Source: NASCIS

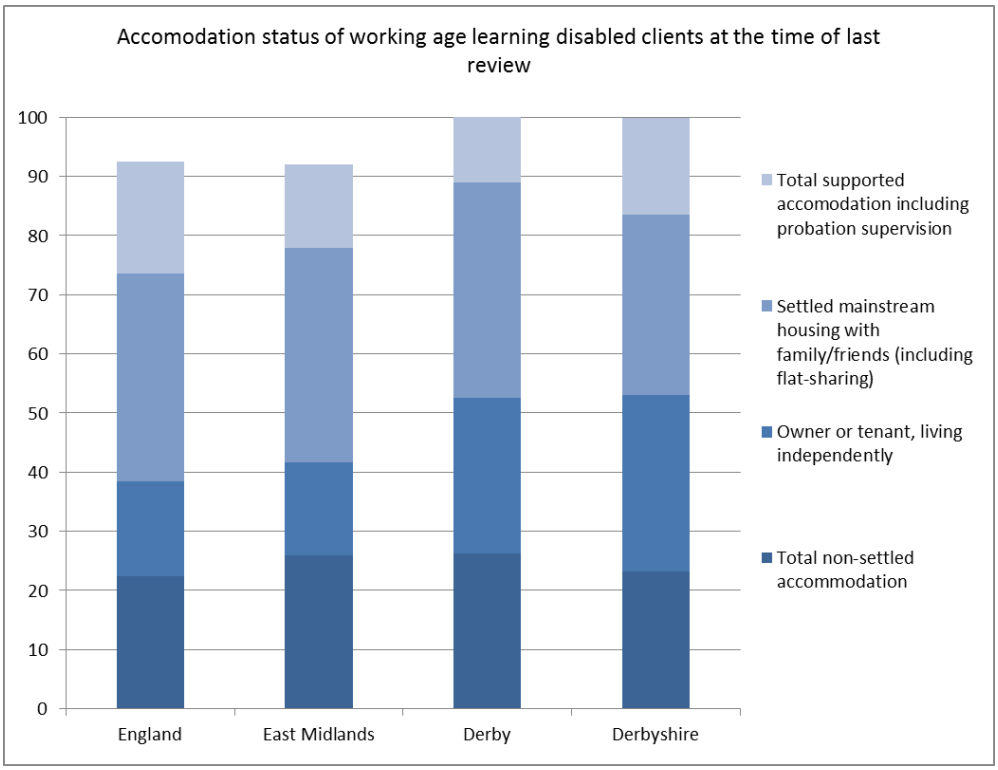
Figure 19 People with learning disabilities in settled accommodation, Derbyshire County



Source: NASCIS

The outcome framework indicator only shows the proportion of people in settled accommodation which includes both people living independently and those living with family or friends who may provide additional support. Figure 20 shows more detail regarding the accommodation status of people with learning disabilities. The proportion of people without settled accommodation (which includes those who are homeless, in temporary accommodation and in hospitals or care homes) in Derby and Derbyshire is similar to the national and regional figures. A higher proportion of people live independently in Derby and Derbyshire than nationally and regionally.

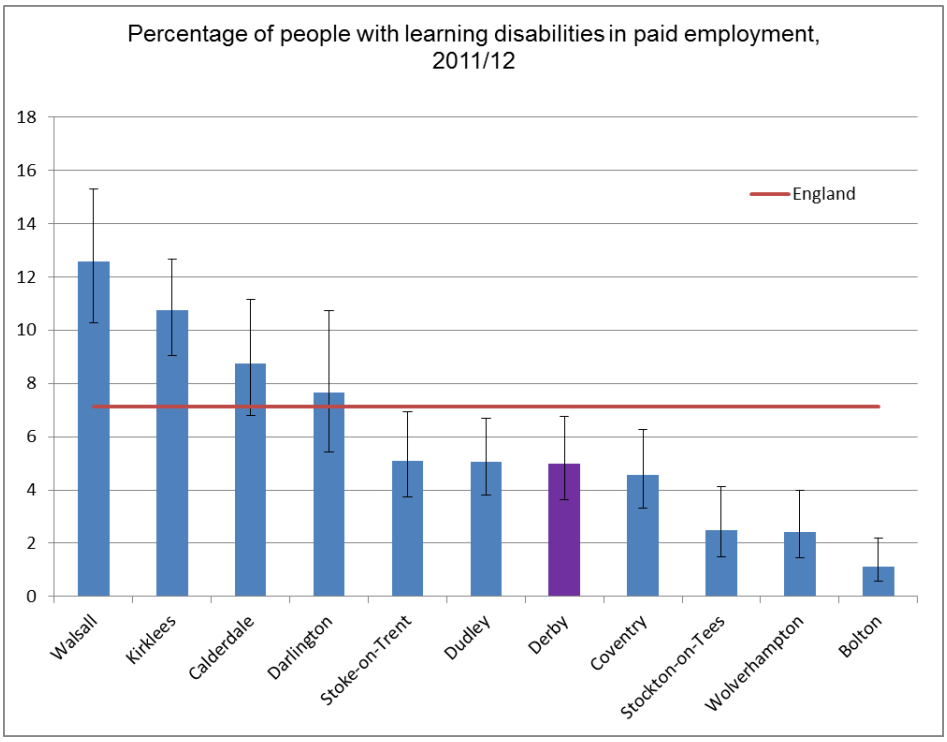
Figure 20 accommodation status of learning disabled clients



Source: NASCIS

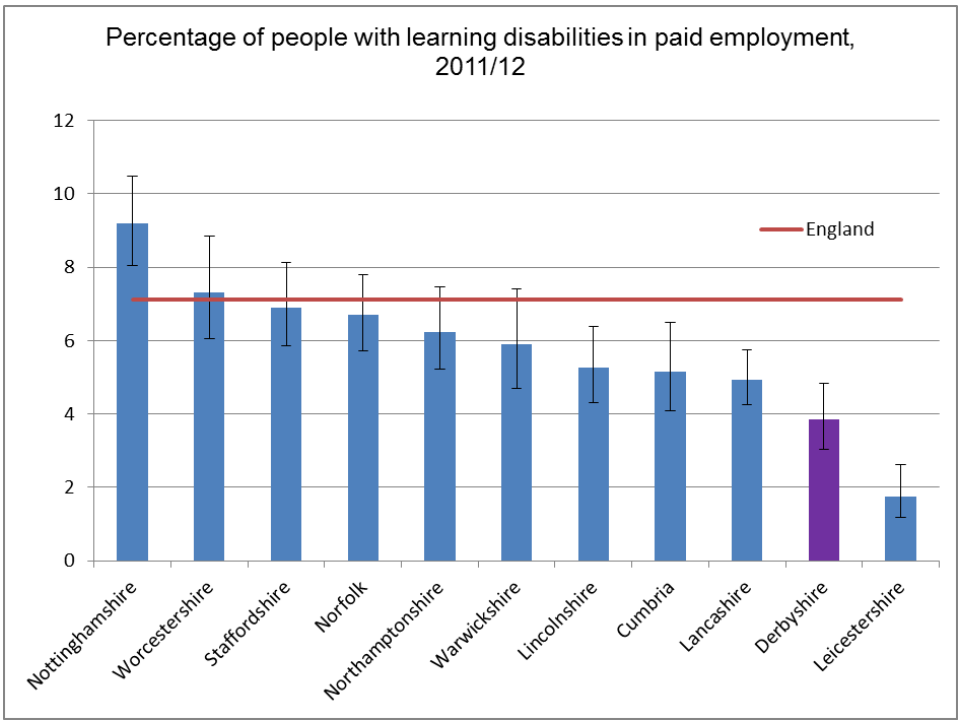
An indicator showing number of people with learning disabilities who are in some form of paid employment is also included in both the ASCOF and the PHOF. Figures 21 and 22 show the percentages of learning disabled people in paid employment for Derby and Derbyshire compared with their statistical peers. Derby shows the fourth lowest rate compared to its peers and Derbyshire the second lowest with both areas falling significantly below the national average.

Figure 21 people with learning disabilities in paid employment, Derby City



Source: NASCIS

Figure 22 people with learning disabilities in paid employment, Derbyshire County

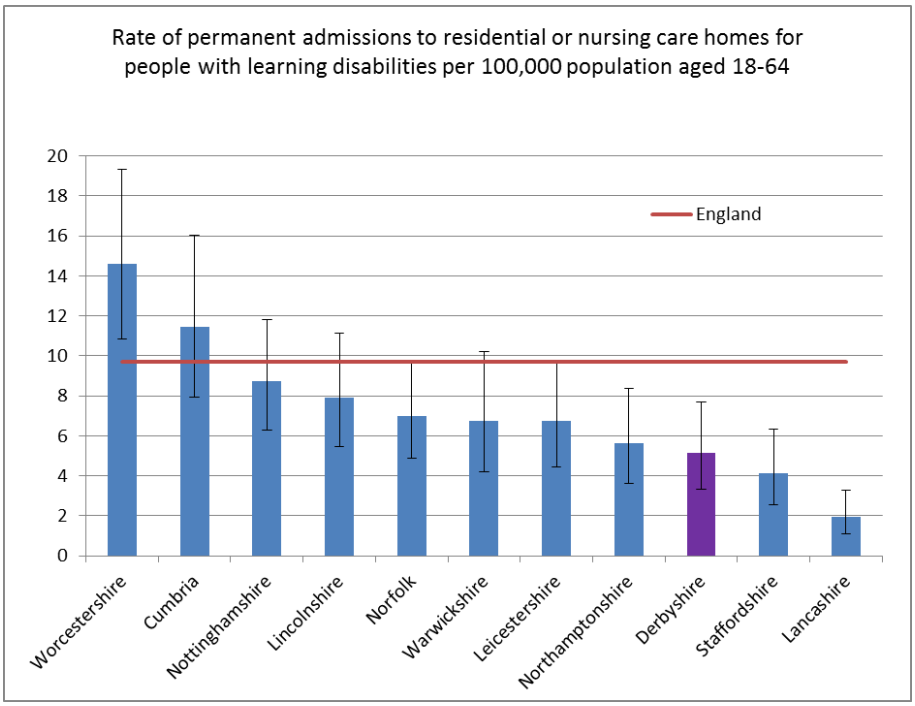


Source: NASCIS

The rate of permanent admissions to nursing or residential care is an ASCOF indicator for which data relating specifically to people with learning disabilities is available. The indicator measures the number of permanent admissions of people with learning disabilities aged 18-64 as a proportion of the total population aged 18-64 for an area. This indicator should therefore be interpreted with caution as it does not take into account variations in the number of people with learning disabilities in the population.

Figure 23 shows permanent admissions of people with learning disabilities per 100,000 population aged 18-64 compared with statistical peers in Derbyshire. Data for this indicator in Derby City has been suppressed due to small numbers. Derbyshire shows the third lowest rate among its statistical peers and is significantly below the national average.

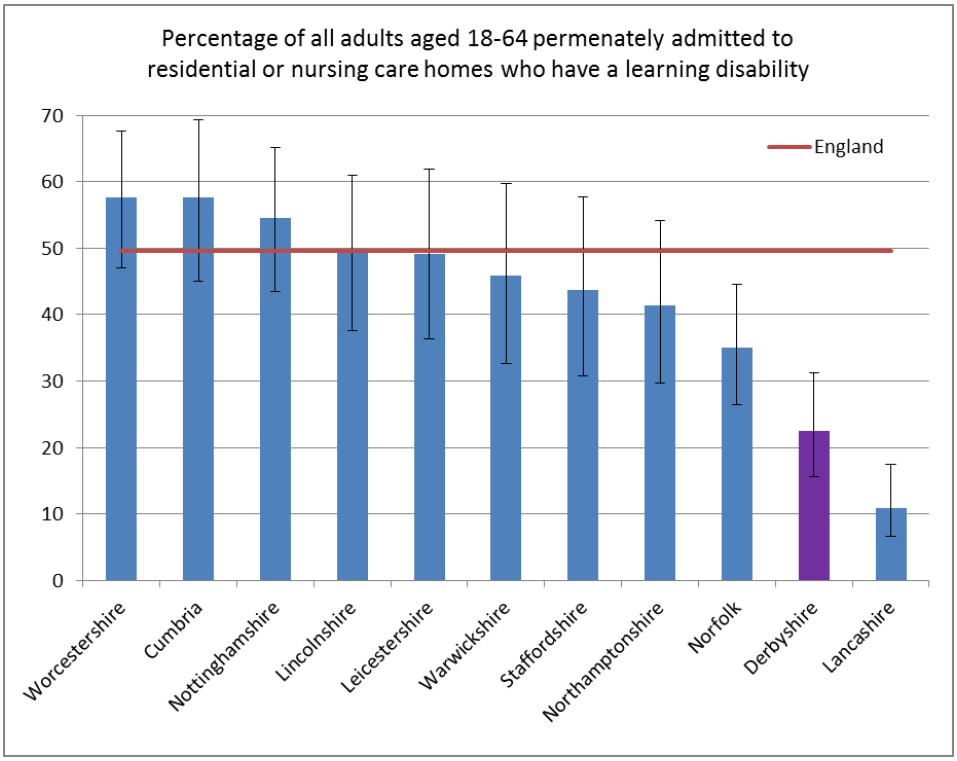
Figure 23 learning disabled patients permanently admitted to nursing or residential care, Derbyshire County



Source: ASCOF

Figure 24 shows the proportion of all permanent admissions to residential or nursing care that were learning disability clients for Derbyshire and its statistical peers. Derbyshire shows the second lowest rate amongst its peers and is significantly lower than the national average. These data suggest that Derbyshire may be working more effectively than other areas to care for people with learning disabilities in the community and therefore avoid or delay permanent admissions to care homes.

Figure 24 learning disabled patients permanently admitted to nursing or residential care, Derbyshire County



Source: ASCOF

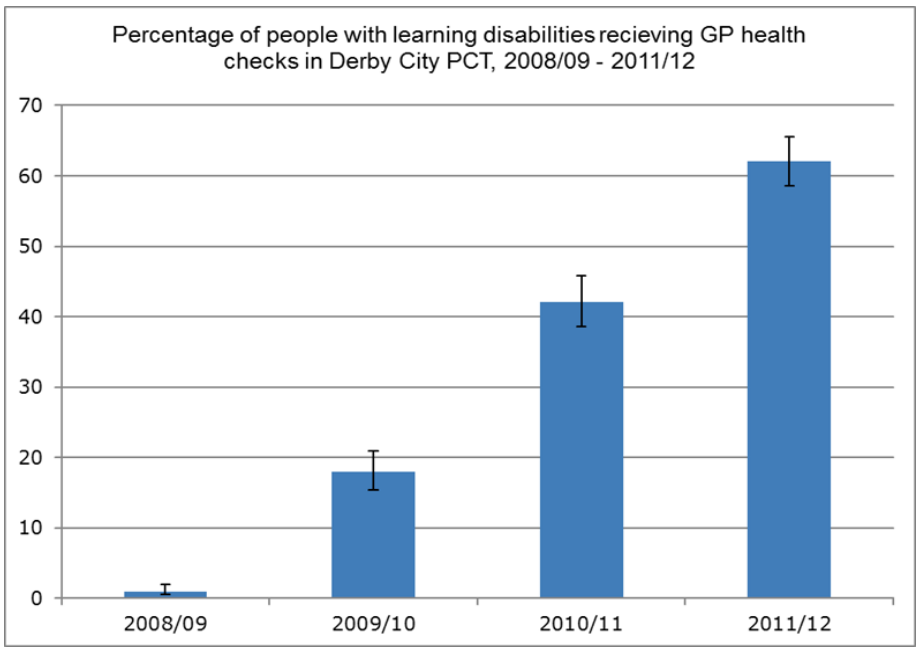
Public Health Outcomes Framework

The Public Health Outcomes Framework has been developed by the Department of Health to support implementation of the Healthy Lives, Healthy People White Paper. The focus of the framework is on improving and protecting the health of the population and reducing inequalities between people.

The NHS health check programme has been designed to offer basic health checks to targeted populations and one of the PHOF indicators aims to measure the uptake of these checks by those eligible. Health checks for people with learning difficulties were introduced in 2008/09 as part of Directed Enhanced Service Scheme for GP practices in England.

Figure 25 shows the trend in the number of people receiving health checks in Derby City as a proportion on the number of people on general practice learning disability registers. It is important to note that while GP registers will include people with mild learning disabilities they are not eligible for health checks; therefore it would not be expected for any area to reach 100%. The proportion of adults receiving health checks in Derby has increased significantly year on year between 2008/09 and 2011/12. The pattern suggests that in Derby uptake may have been slow when health checks were first introduced but has gained momentum over time. This pattern may also have been encouraged by an increase in financial investment.

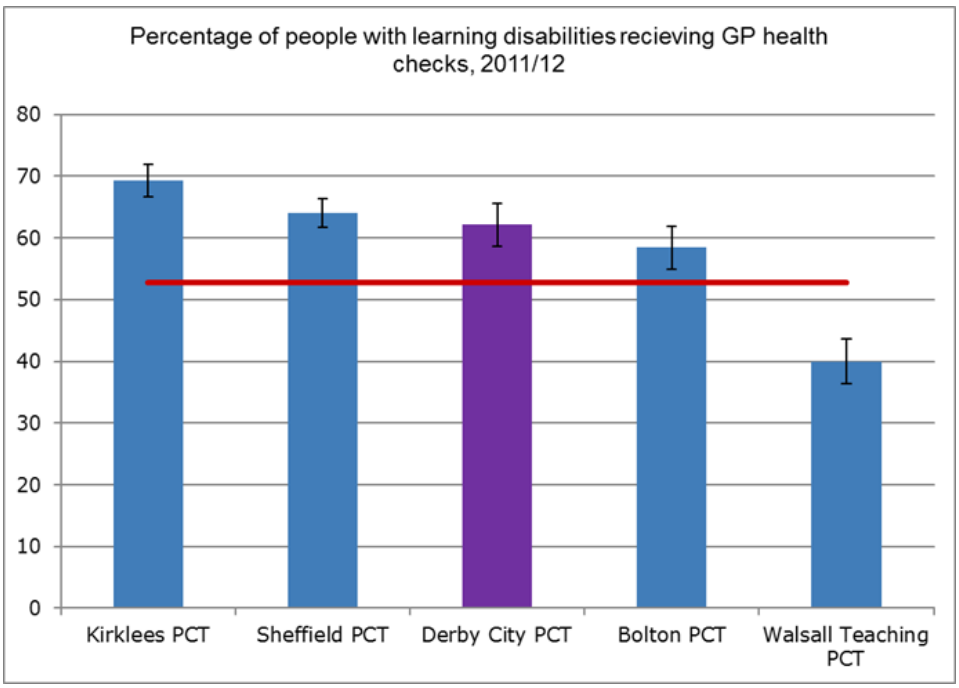
Figure 25 people with learning disabilities receiving GP health checks, Derby City



Source: Learning disability observatory

Figure 26 shows the latest available data on GP health checks for Derby and its statistical peers. Derby falls right in the middle of its comparators, with a significantly higher rate than Walsall PCT but a significantly lower rate than Kirklees. The rate in Derby City is significantly higher than the national average.

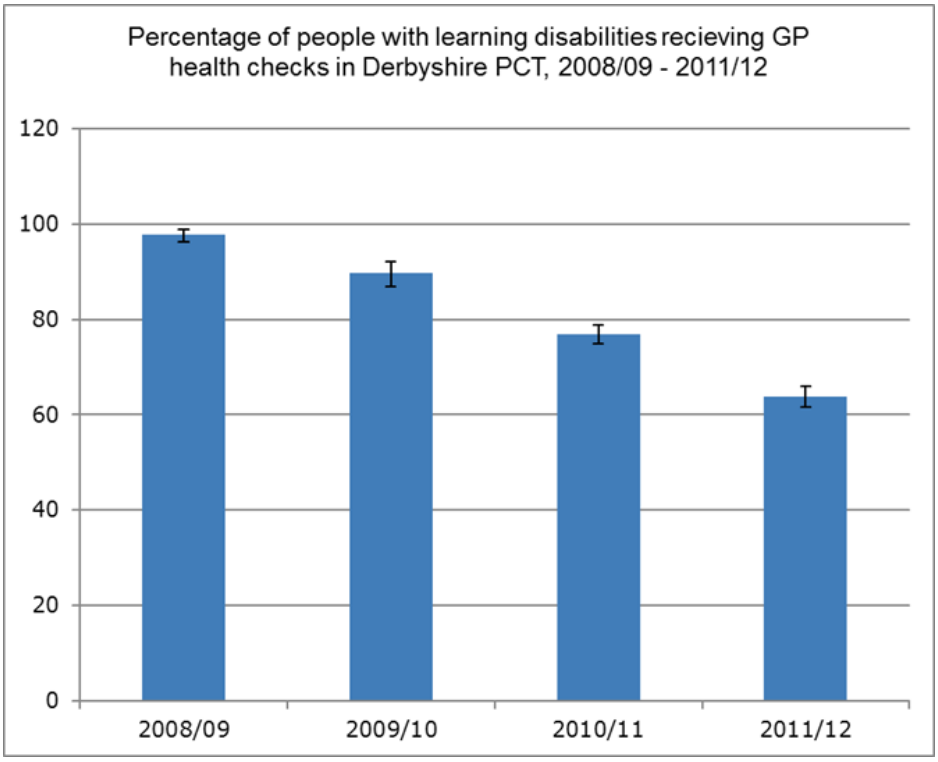
Figure 26 people with learning disabilities receiving GP health checks, Derby City



Source: Learning disability observatory

Figure 27 shows the trend in the number of people receiving health checks as a proportion on the number of people on general practice learning disability registers in Derbyshire County. The proportion of adults receiving health checks in Derbyshire has declined between 2008/09 and 2011/12, however the number of people registered with GPs as learning disabled has risen during this time meaning that the actual number of GP health checks carried out has not necessarily declined.

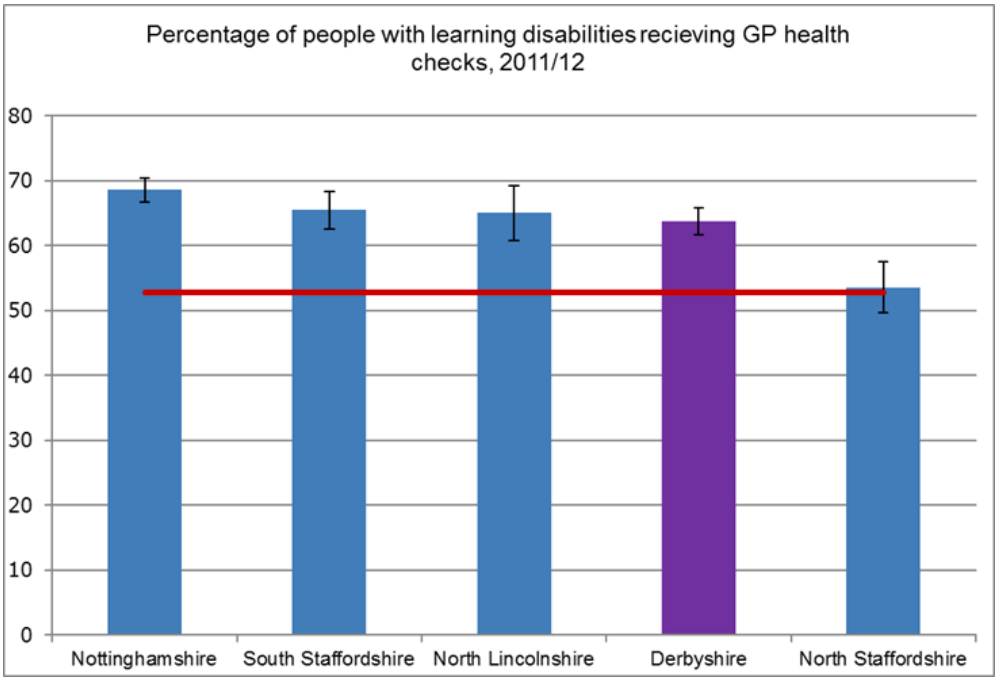
Figure 27 people with learning disabilities receiving GP health checks, Derbyshire County



Source: Learning disability observatory

Figure 28 shows the latest available data on GP health checks for Derbyshire and its statistical peers. Derbyshire is the second lowest among its comparators; however the rate is only significantly lower in comparison with Nottinghamshire. The rate in Derbyshire County is significantly higher than in North Staffordshire and the national average.

Figure 28 people with learning disabilities receiving GP health checks, Derbyshire County

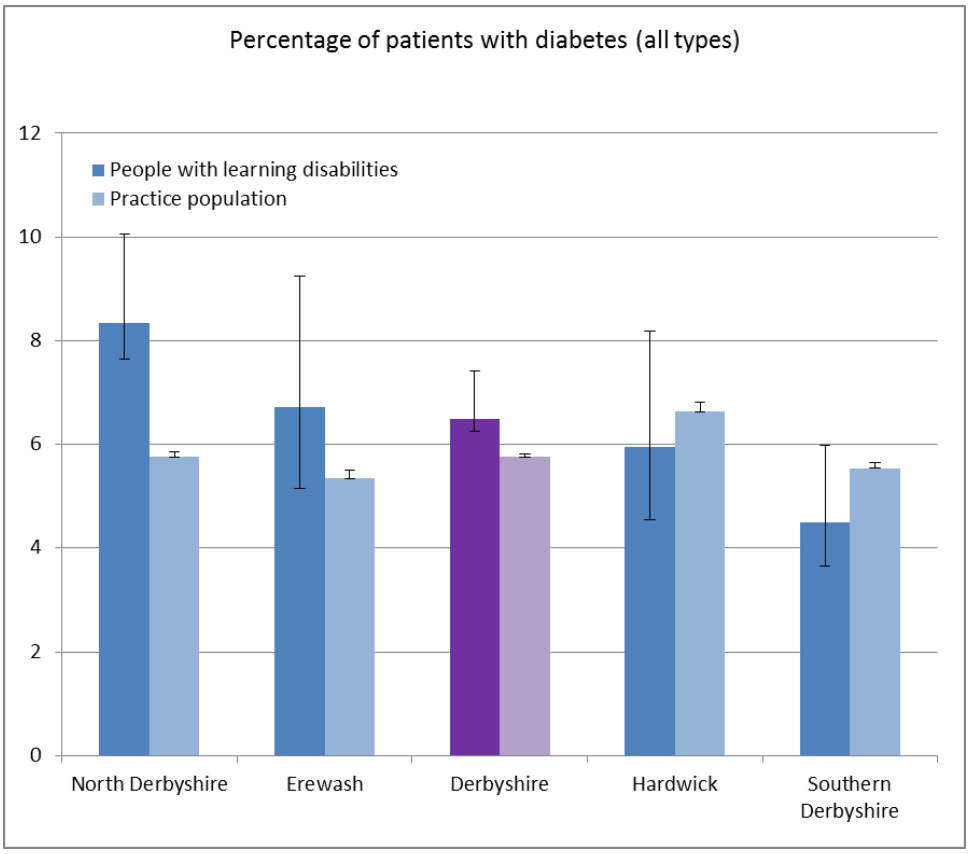


Source: Learning disability observatory

As previously discussed for many of the indicators within the national outcomes frameworks there is no centrally produced data which is specifically relevant to people with learning disabilities. A recent audit of GP health check data in Derbyshire (including data from 77 out of 94 practices) has however provided some useful local data relating to indicators included in the PHOF which are discussed below. Further information from this audit which does not relate to PHOF indicators is presented later in this document.

Figure 29 shows the proportion of patients with diabetes recorded (all types) by learning disability status. In Derbyshire as a whole there are a significantly higher proportion of patients with learning disabilities who have diabetes compared to the practice population as a whole. When examined by CCG there is only a significant difference between people with learning disabilities and the practice population in North Derbyshire CCG. There are also some variations between the CCGs with North Derbyshire showing a significantly higher rate of people with learning disabilities and diabetes than Southern Derbyshire CCG. This could reflect real differences in the populations of the different CCGs but may also highlight differences in the methods used to diagnose diabetes or the number of people being screened for the condition.

Figure 29 patients with recorded diabetes

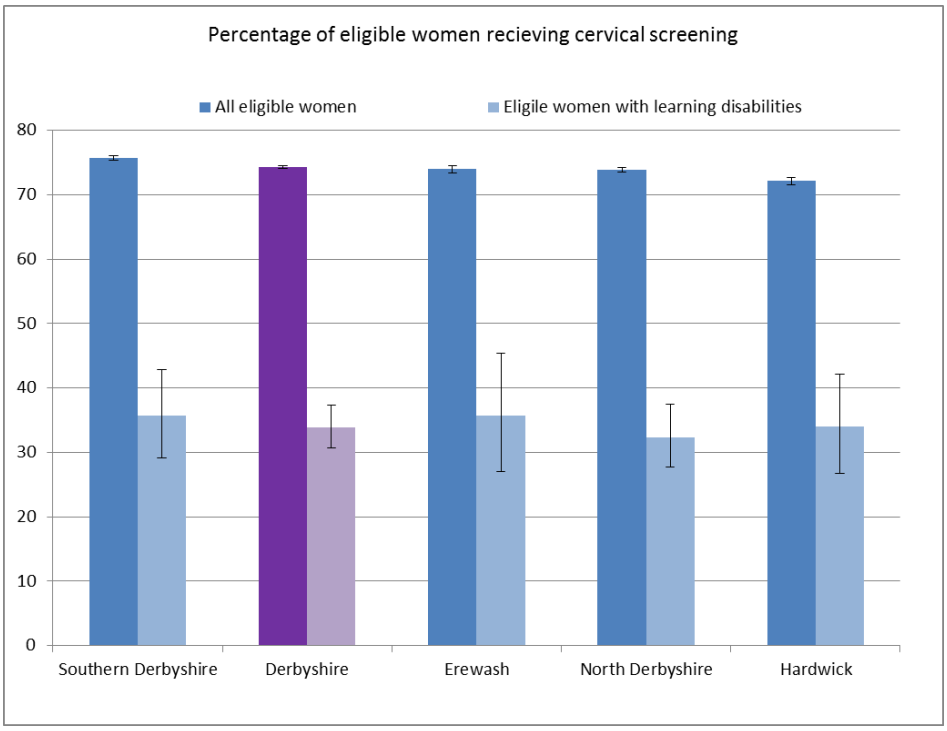


Source: Derbyshire GP data audit

Cancer screening coverage for both breast and cervical cancers are included as PHOF indicators. Due to problems with the data, local rates for breast cancer screening were not available from the Derbyshire audit; rates for cervical cancer screening are presented below.

Figure 30 shows the proportion of eligible women who have received cervical cancer screening in the last year by learning disability status. Across all of the Derbyshire CCGs the rate of women with learning disabilities receiving cervical screening was significantly lower than the rate in the practice population. There may be numerous reasons for the consistently lower rates of screening among women with learning disabilities. Issues such as accessible screening services and information materials such as invitation letters may impact on the number of women presenting for screening. Additional support in understanding the importance of screening and the process involved in the test may also be helpful in encouraging more women in this group to access testing.

Figure 30 women receiving cervical cancer screening



Source: Derbyshire GP data audit

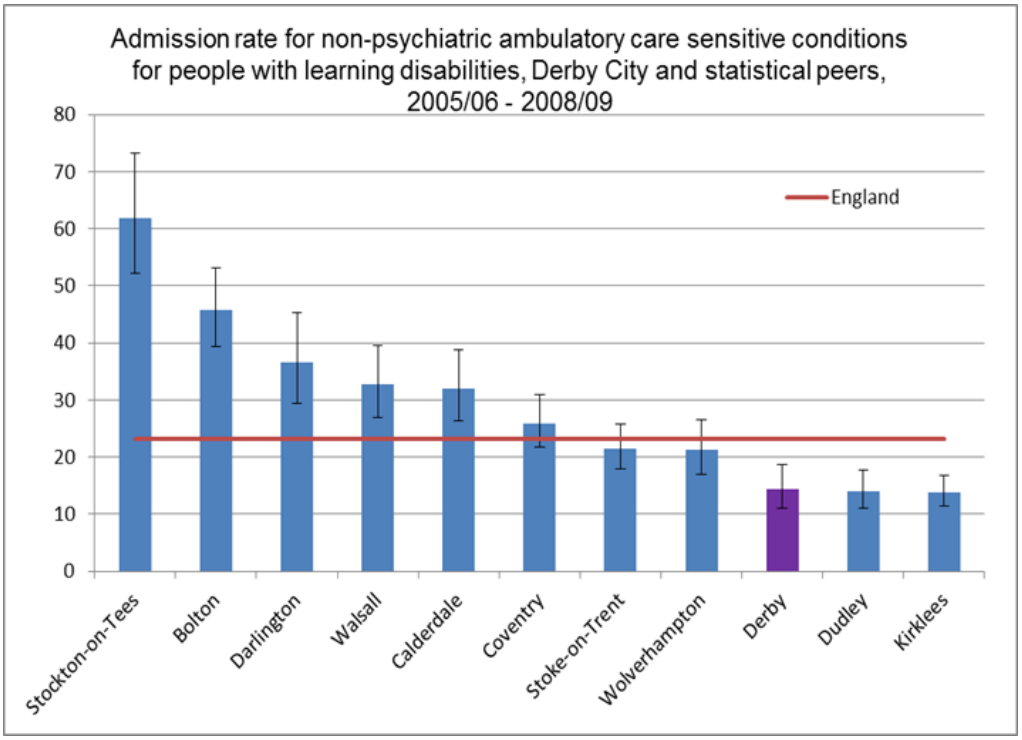
NHS Outcomes Framework

The NHS Outcomes Framework was developed in December 2010 to support the delivery of the Liberating the NHS White Paper. The focus of the framework is to measure health outcomes rather than focusing on process targets; to measure and improve performance in the NHS and to provide an accountability mechanism between the Secretary of State and the NHS commissioning board.

The NHS outcomes framework includes an indicator to measure emergency admissions to hospital for ambulatory care sensitive conditions. These are chronic conditions which are usually managed in primary care. For the general population this includes vaccine preventable hepatitis B, asthma, congestive heart failure, diabetes, COPD, angina, iron deficiency anaemia, hypertension, convulsions and epilepsy, dementia and atrial fibrillation. Data reported in the NHS outcomes framework are not disaggregated by learning disability; however a similar indicator has been produced in the learning disability profiles. Data for people with learning disabilities includes admissions with a primary diagnosis of convulsions or epilepsy, constipation or gastro-oesophageal reflux. These conditions are more common in people with learning disabilities and provide an indication of where conditions which would normally be expected to be managed outside of hospital have escalated to require admission to hospital. Data for the learning disability specific indicator in Derbyshire and Derby City are presented below. Data relating to the general population have not been presented as the differences in the indicator definitions are too different for the results to be comparable.

Figure 31 shows emergency admissions to hospital for ambulatory care sensitive conditions in Derby in comparison with statistical peers. Derby has the third lowest rate of emergency admissions amongst its statistical peers and is significantly lower than the national average. This may be due to some significant investment in Derby City targeted at reducing hospital admissions in people with learning disabilities.

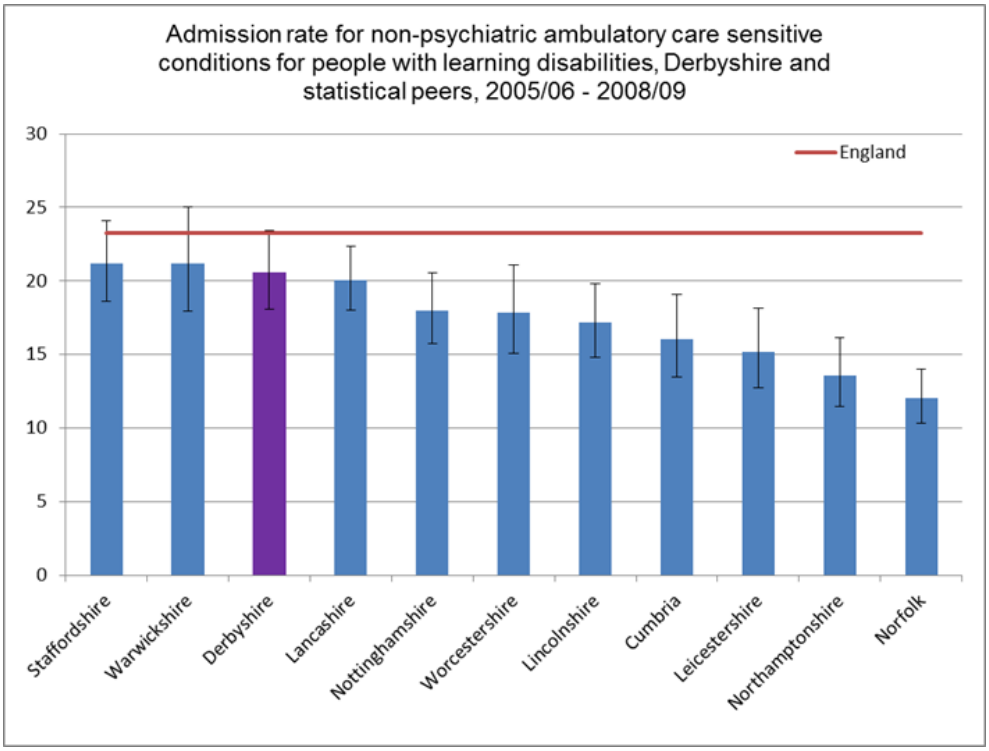
Figure 31 emergency hospital admissions for ambulatory care sensitive conditions, Derby City



Source: Learning disability observatory

Figure 32 shows emergency admissions to hospital for ambulatory care sensitive conditions in Derbyshire in comparison with statistical peers. Derbyshire has the third highest rate of admissions amongst its statistical peers, however this is not significantly different from the national average.

Figure 32 emergency hospital admissions for ambulatory care sensitive conditions, Derbyshire County



Source: Learning disability observatory

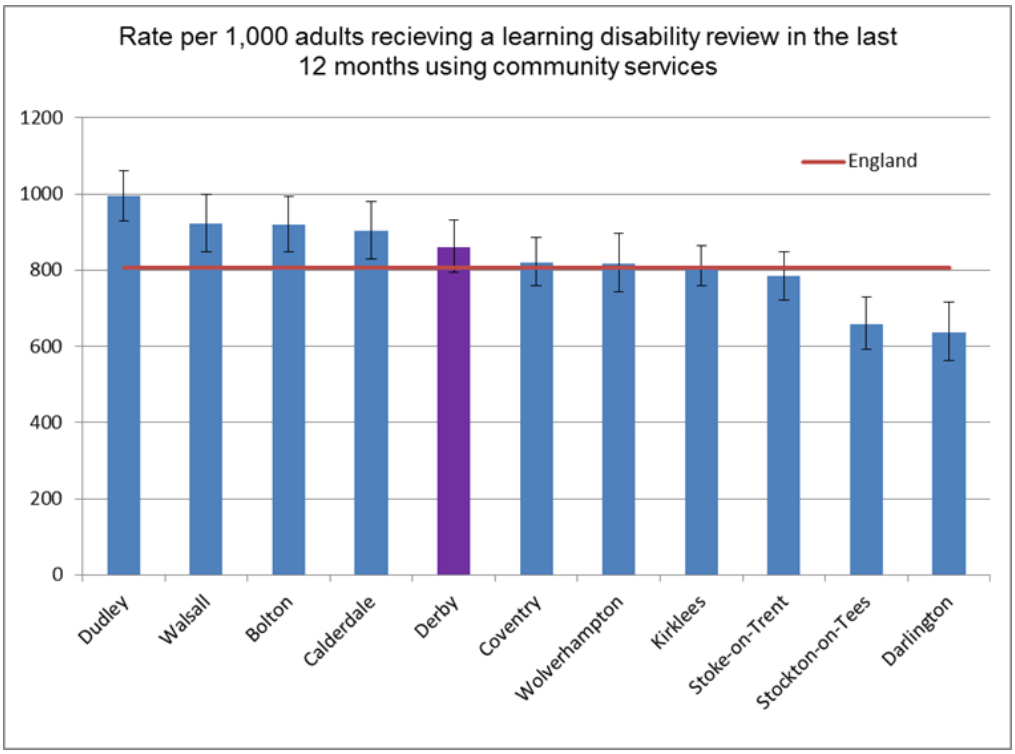
Social Care

Services

There are a variety of services provided by local authorities to support people with learning disabilities. Many services are community based including day centres, professional support (e.g. social workers), home care and direct payments. As more local authorities move towards supporting more people with direct payments it is anticipated that the patterns of support may change as individuals are free to commission the most appropriate support for themselves.

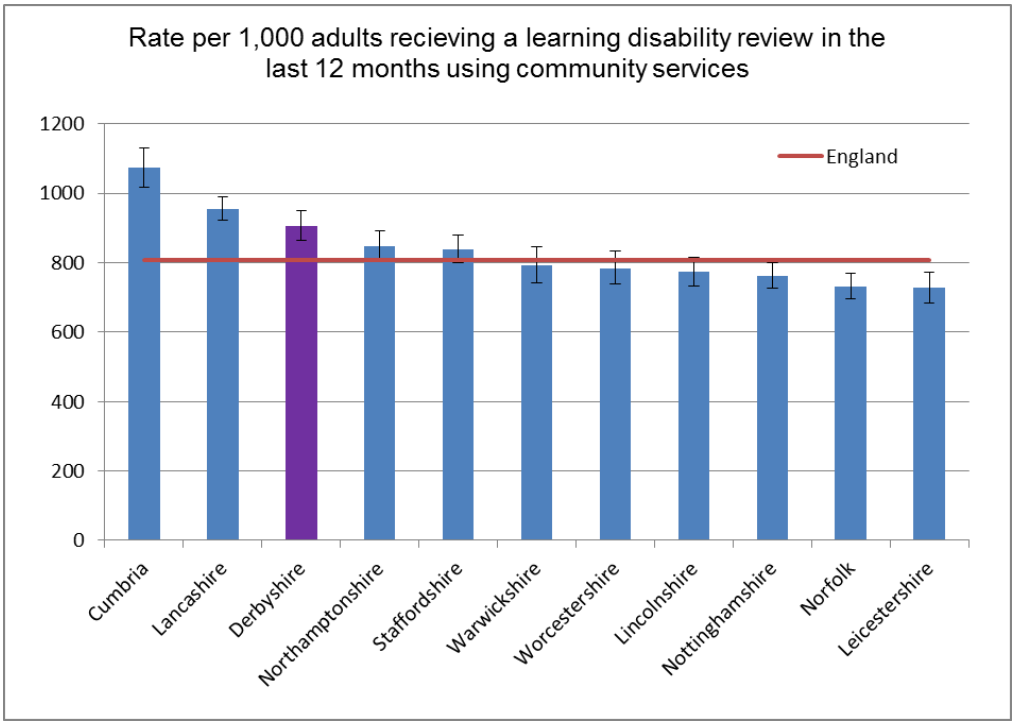
Figures 33 and 34 show the proportion of adults accessing any community based services per 1,000 adults who have had a completed assessment review in the previous 12 months. Due to the way this indicator is measured there will be some areas where people are accessing services but have not had a review in the last 12 months meaning that it is possible for the rate to be higher than 1,000. This indicator does however provide adequate data to compare between areas. The rate of adults accessing services is higher in Derbyshire than the national average. There is no significant difference between the rate in Derby and the national average.

Figure 33 clients with learning disabilities receiving a review in the last 12 months, Derby City



Source: NASCIS

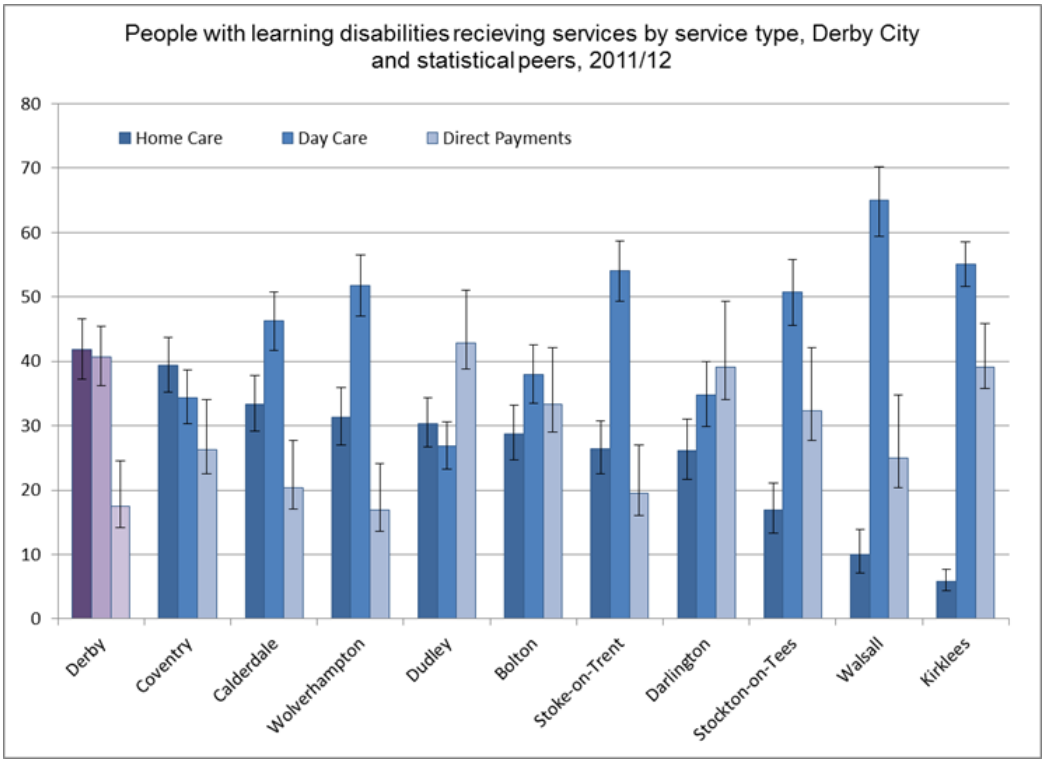
Figure 34 clients with learning disabilities receiving a review in the last 12 months, Derbyshire County



Source: NASCIS

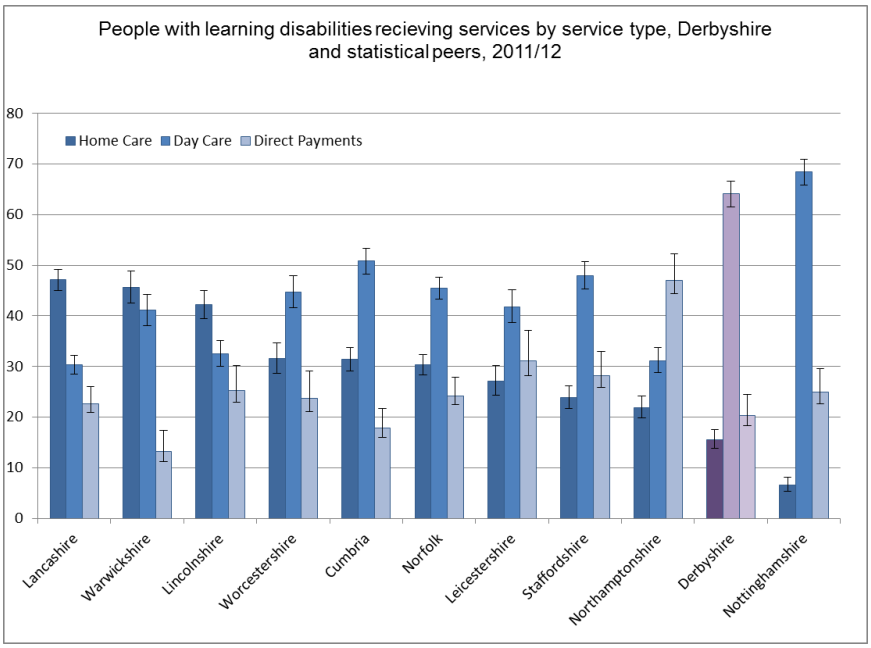
Figures 35 and 36 show comparisons between Derby and Derbyshire and their statistical peers by the number of clients receiving home care, day care or direct payments. Home care includes any services delivered in the clients own home; day care includes all day services away from the home. Direct payments are given to people who are entitled to support in order for them to choose and purchase services or equipment for themselves. There is a move towards more people being supported in this way meaning that the proportion of people receiving direct payments is likely to increase in the future. In Derby the proportions of people receiving home care and day care are similar. Derbyshire shows the second lowest proportion of individuals receiving home care but the second highest rate of day care clients.

Figure 35 types of services accessed by people with learning disabilities, Derby City



Source: NASCIS

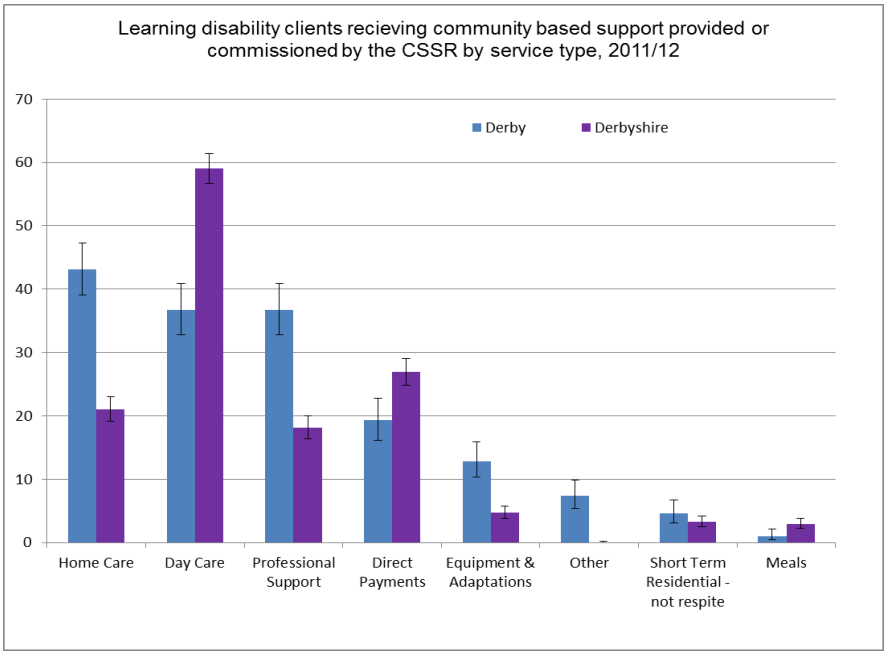
Figure 36 types of services accessed by people with learning disabilities, Derbyshire County



Source: NASCIS

Figure 37 shows the types of community services received by clients in Derby and Derbyshire at a more detailed level. The rates of home care, professional support (e.g. social workers) and equipment and adaptations is significantly higher in Derby than Derbyshire. In Derbyshire the rates of day care and direct payments are significantly higher than the Derby levels.

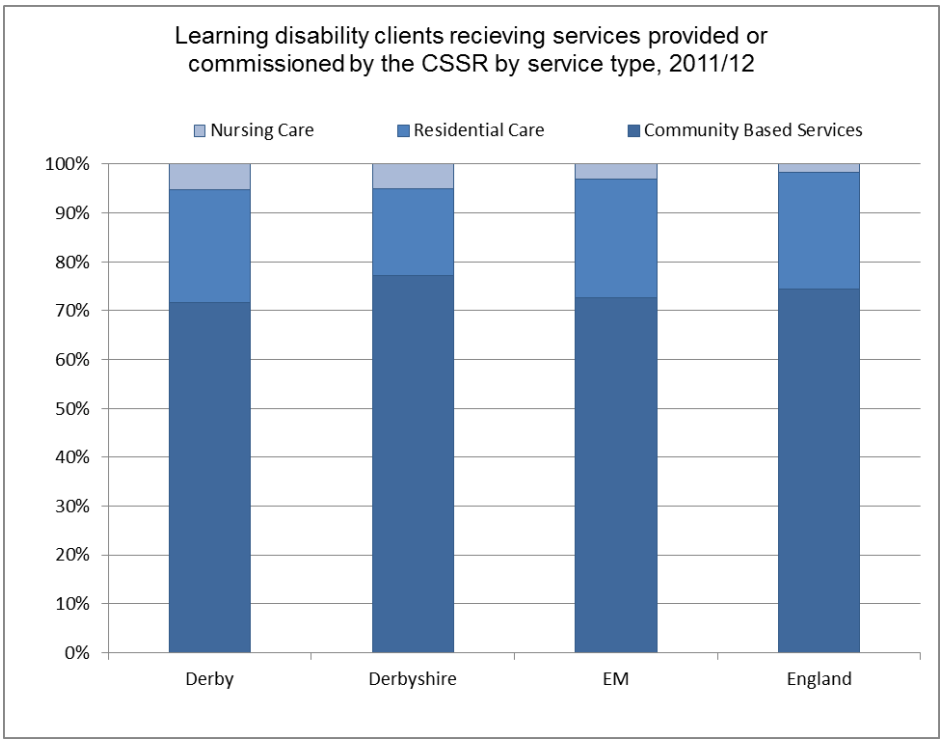
Figure 37 community based services received by learning disabled clients by type of service



Source: NASCIS

While the majority of services for people with learning disabilities are community based there are some individuals for whom care is provided elsewhere. Figure 38 shows the proportions of people using community services and those who are in nursing or residential care. There were more people accessing nursing care in both Derby and Derbyshire than the national and regional averages. Fewer individuals were in residential care in Derbyshire than in other areas.

Figure 38 services received by learning disabled clients by type of service

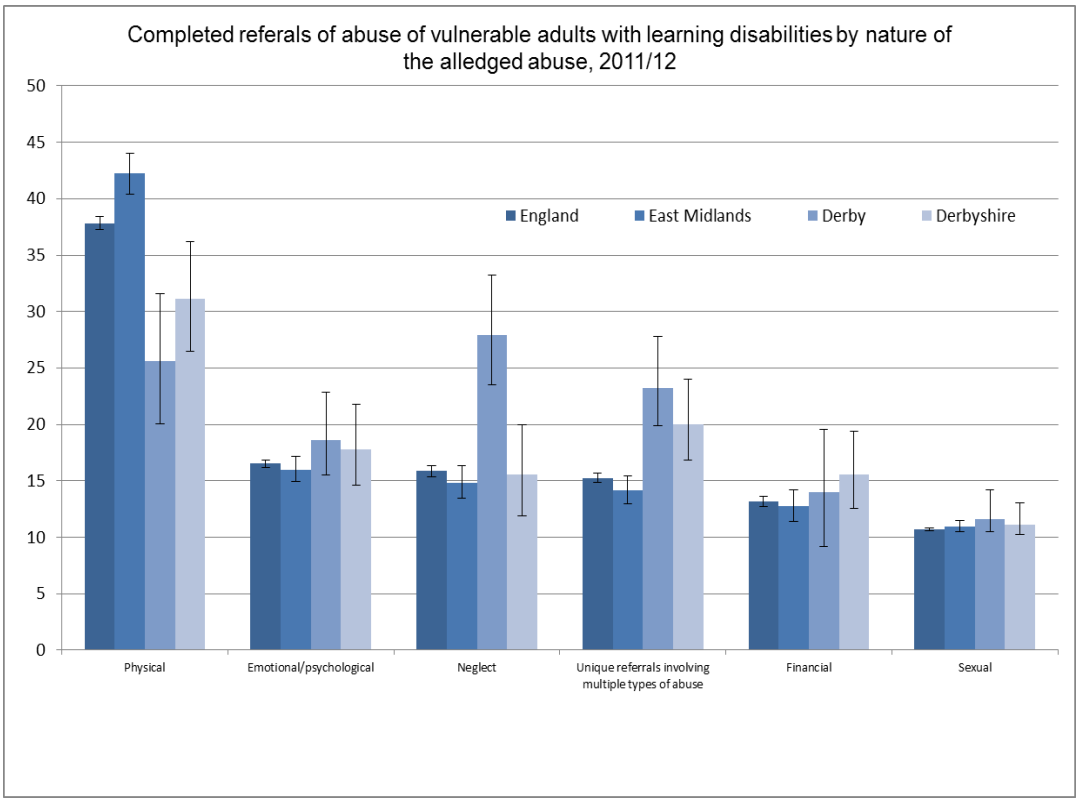


Source: NASCIS

Abuse of vulnerable adults

Local authorities collect data relating to the number of referrals received alleging abuse of vulnerable adults including those with learning disabilities. National figures show that of the referrals completed approximately 32% are fully substantiated and a further 9.5% partially substantiated. Figure 39 shows the local, regional and national figures by the nature of the alleged abuse. The rate of alleged physical abuse is lower in both Derby and Derbyshire than the national and regional averages. The rate of unique referrals involving multiple types of abuse is higher in both Derby and Derbyshire than the East Midlands and England figures, and the rate of neglect allegations is higher in Derby than in all other areas compared.

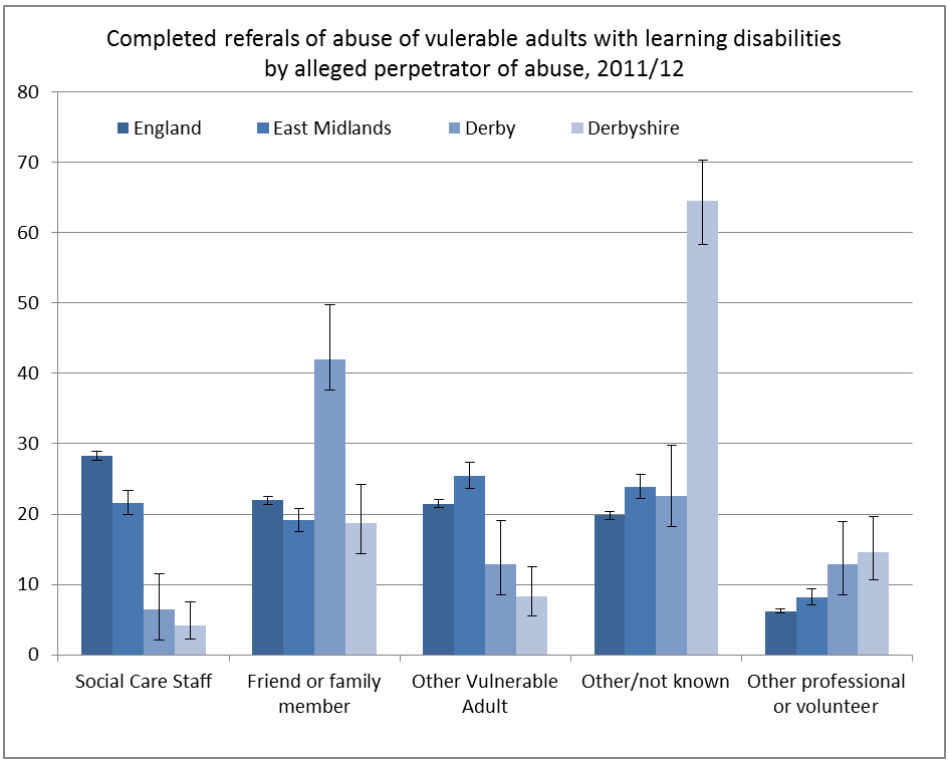
Figure 39 allegations of abuse by type



Source: NASCIS

Figure 40 shows the national, regional and local data for abuse referrals by the alleged perpetrator of the abuse. Nationally the highest percentage of referrals are alleged to have been perpetrated by social care staff, however this pattern is not reflected locally. In Derby there was a significantly higher proportion of referrals implicating a friend or family member than any other group. Data for Derbyshire shows a significantly high percentage of referrals where the alleged perpetrator was recorded as ‘other’ or ‘unknown’. This suggests that there may be some issues with the way that reports of abuse are recorded in this area.

Figure 40 allegations of abuse by perpetrator



Source: NASCIS

Health

Research evidence regarding the health of people with learning disabilities is limited due to a variety of factors such as variations in diagnosis and definition and small sample sizes in research studies[v]. In comparison with the general population the evidence suggests that people with learning disabilities are more likely to suffer from poorer health outcomes, specifically in terms of lower life expectancy, undiagnosed physical and mental health conditions and barriers to health services and health information[vi]. This section provides a review of the literature relating to health inequalities which may be experienced by people with learning disabilities.

Barriers to accessing health care

Many people with learning disabilities experience barriers in accessing health care services. Evidence suggests that factors such as rigid procedures, lack of interpersonal skills and inaccessible information resources[vii] [viii]can have a negative impact on the care received by people with learning disabilities and their ability to understand diagnoses or treatments. People with learning disabilities are also less likely than the general population to receive breast, cervical and bowel cancer screening[ix] [x].

People with learning disabilities are also more likely to experience communication difficulties which may impact their ease of accessing services. It is estimated that between 50% and 90% of people with learning disabilities also have some difficulties with communication either due to their learning disability or associated physical or sensory impairments[xi].

Lifestyle factors

There is evidence to suggest that levels of obesity are higher among people with learning disabilities than in the general population[xii], with differences being more obvious among those with mild learning disabilities[xiii] and those who live more independently[xiv]. Levels of physical activity are lower among people with learning disabilities[xv] and the overall nutritional content of diet, such as fruit and vegetable consumption may be worse[xvi]. There is little evidence concerning the success of interventions to treat or manage obesity in the learning disabled population. A lack of accessible information and resources may contribute to inequalities.

Evidence suggests that smoking prevalence is lower among people with learning disabilities than the general population with the proportion of smokers decreasing as the severity of learning disability increases[xvii]. People were found to be more likely to smoke if they lived in private households than if they were resident in supported care.

Physical health needs

Respiratory disease

Respiratory disease is the most common cause of death for people with moderate or severe learning disabilities[xviii]. There is evidence to suggest that gastro-oesophageal reflux disease and swallowing problems can lead to aspiration and respiratory infections, particularly in those with Down's syndrome, Prader-Willi syndrome and those with profound and multiple learning disabilities[xix].

Heart disease

Heart disease among people with learning disabilities is the second most common cause of death. This is due in part to a higher incidence of congenital heart defects, for example almost half of people with Down's syndrome will have congenital heart problems[xx]. There are also increasing cardiovascular risks associated with lifestyle factors such as obesity and lack of exercise in the learning disabled population[xxi].

Cancer

The patterns of cancer incidence are different among people with learning disabilities than the general population. The overall rate of cancer diagnosis is lower in the learning disabled population; however this is increasing as the life expectancy of people with learning disabilities increases[xxii]. People with moderate or severe learning disabilities show varying rates of different types of cancers compared to the general population. Lower rates of lung, prostate and urinary tract cancers are seen among those with

learning disabilities whereas rates of oesophageal, stomach and gall bladder cancer and leukaemia are higher[xxiii].

Epilepsy

There is a significantly higher rate of epilepsy in the learning disabled population compared with the general population[xxiv] with prevalence increasing as the severity of learning disability increases. People with learning disabilities are also more likely to have more severe and complex seizure patterns compared to those with epilepsy but no learning disability[xxv].

Oral and dental health

People with learning disabilities are less likely to have regular contact with dental services[xxvi] meaning that their oral health is often poorer than that of the general population[xxvii]. Dental work is also more likely to be reactive than preventative and is more likely to require general anaesthetic, meaning conditions may take longer to treat.

Gastrointestinal disorders

There is a higher rate of gastrointestinal disorders among people with learning disabilities than in the population as a whole. Problems with swallowing (dysphagia) caused either by neurological problems or structural defects disproportionately affect people with learning disabilities, especially those with profound and multiple disabilities. These problems may contribute to insufficient nutrition and a higher prevalence of people with learning disabilities who are underweight[xxviii]. People with learning disabilities are also more likely to suffer from gastro-oesophageal reflux disease[xxix] and constipation[xxx] than the general population.

Sensory impairments

People with learning disabilities are more likely to experience both vision[xxxi] and hearing[xxxii] impairments than the population as a whole. People with Down's syndrome are particularly at risk from early onset age related sensory impairment[xxxiii]. Hearing and visual impairments are less likely to be recognised and treated among people with learning disabilities due to lower levels of functioning being attributed to a person's learning disability rather than being considered as a health need in their own right[xxxiv].

Metabolic and endocrine disorders

Osteoporosis[xxxv], thyroid disease[xxxvi] (particularly associated with Down's syndrome) and type II diabetes[xxxvii] are all more prevalent in the learning disabled population than in the population as a whole. This is due to a combination of factors with both genetic and lifestyle influences for example poor nutrition causing either underweight or obesity.

Mental Health

The exact prevalence of mental health disorders among people with learning disabilities is difficult to ascertain due to differences in diagnostic criteria, study methodology and a tendency for mental health disorders to be under reported in this group[xxxviii]. This said there is evidence to suggest that people with learning disabilities are significantly more likely to suffer from mental health disorders than the general population[xxxix]. The prevalence of common mental health problems in people with learning disabilities is thought to be at least equal to that in the general population, and higher among those with Down's syndrome[xl]. Evidence suggests that rates of anxiety and depression are also higher in community settings than among people in residential care[xli]. The rates of severe and enduring mental illness have also been found to be significantly higher among people with learning disabilities than in the population as a whole[xlii]. Diagnosis can however sometimes be difficult especially in patients with severe learning disabilities as diagnosis relies on individuals being able to communicate their internal experiences.

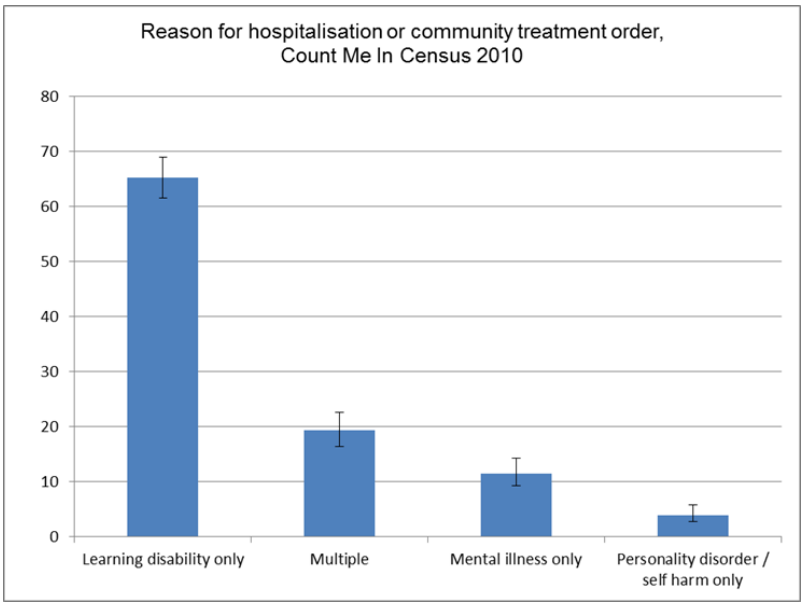
Challenging or destructive behaviours and self-injury are reported to be displayed in 10%-15% of people with learning disabilities. There is evidence to suggest that some challenging behaviour may be due to pain from untreated physical illnesses, especially in those with profound and multiple learning disabilities[xliii].

As the life expectancy of people with learning disabilities increases so does the rate of dementia within this population. Dementia is categorised as a decline in cognitive functioning which can make it difficult to diagnose in people whose cognitive function is already impaired[xliv]. People with Down's syndrome have been shown to be at particularly high risk of dementia and with earlier onset[xlv].

The 'Count Me In' census provides data regarding people who are in patients or subject to community treatment orders in both NHS and independent mental health and learning disability services in England and Wales. The main purpose of the census it to monitor ethnicity equality in mental health and learning disability services, however this source also provides other useful data. The 2010 census showed that 92% of clients were White, 3% Black, 3% Mixed Background and 2% Asian.

Results from the census also showed that the reason for the majority of admissions to in patient care or community treatment orders was learning disability. Figure 41 shows the percentage of hospitalisation or community treatment order by reason.

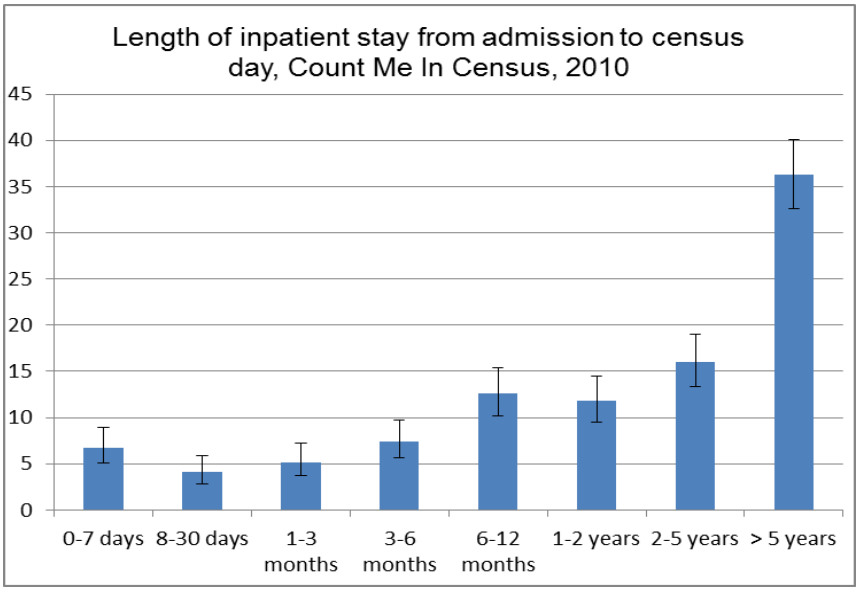
Figure 41 primary reason for hospitalisation or community treatment order



Source: Count Me In census

On the day of the 2010 Count Me In census the majority of in-patients had been hospitalised for five years or more. It is also important to bear in mind that this figure relates to a snap shot of hospital activity and so does not represent completed hospital episodes. Figure 42 shows the length of in-patient stay, these data represent all individuals included in the survey, of which we know approximately 65% are learning disability clients.

Figure 42 length of in-patient stay



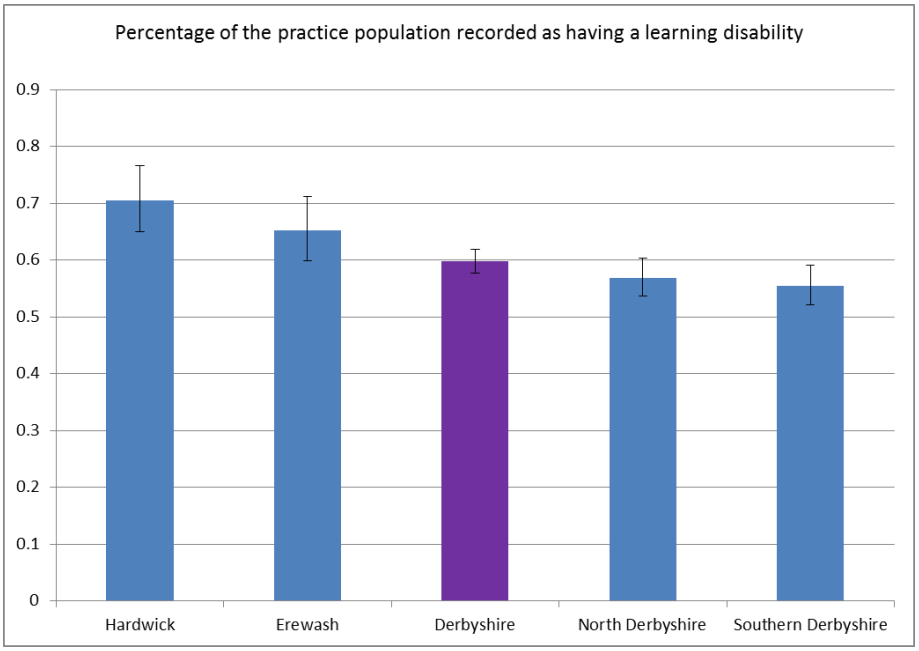
Source: Count Me In census

Local Health Check Data for Derbyshire County

GP practices in Derbyshire have recently taken part in an audit of data collected from learning disability health checks providing a useful resource for assessing the health of people with learning disabilities in Derbyshire. A total of 77 out of a possible 94 practices provided data for the audit. These data relate only to Derbyshire County and no similar data are currently available for Derby City practices. This also means that where data is presented at CCG level, data for Southern Derbyshire CCG includes only those practices which are within Derbyshire County and so excludes 33 practices which are in Derby City.

Figure 43 shows the percentage of the practice population recorded as having a learning disability by CCG. Rates vary from 0.7% in Hardwick CCG to 0.55% in Southern Derbyshire CCG. These local data show a slightly higher proportion of learning disabled patients than the figures reported from the national QOF register in figure 9.

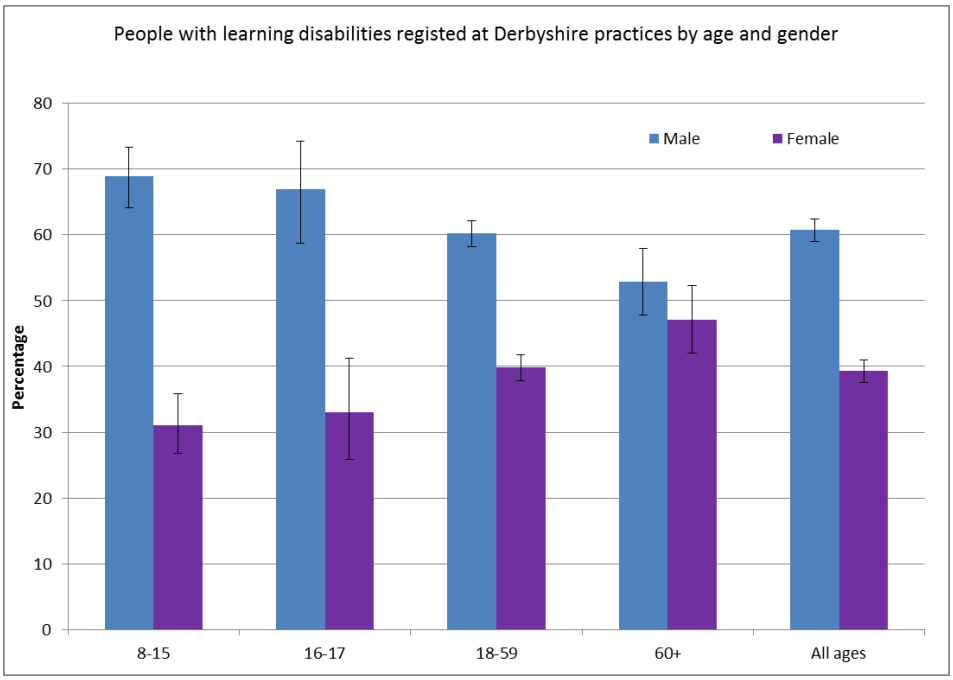
Figure 43 recorded learning disability in practice populations



Source: Derbyshire GP data audit

Figure 44 shows people with a recorded learning disability in Derbyshire by age and gender. There are significantly more males than females in all age groups with the exception of the over 60's; this may be due to a lower life expectancy in men compared to women.

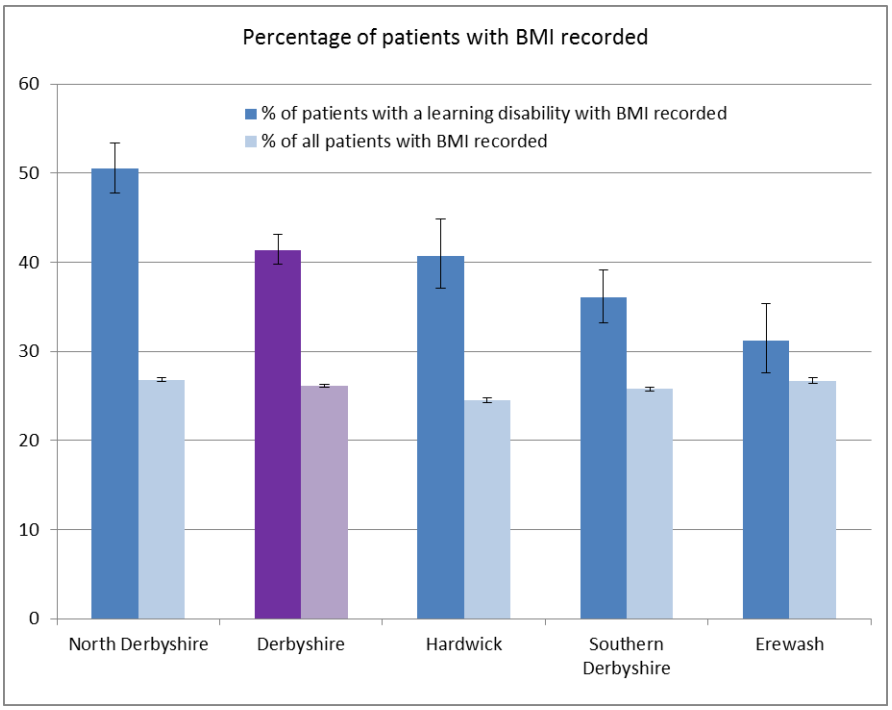
Figure 44 recorded learning disability in practice populations by age and gender



Source: Derbyshire GP data audit

The Derbyshire audit collected some data relating to patients BMI. Figure 45 shows the percentage of patients for whom a BMI had been recorded in the last 12 months. The proportion of patients with learning disabilities whose BMI had been recorded was significantly higher than the rate in the practice population across all of the CCGs. This could be due to a number of reasons including that the BMI of learning disabled patients may be more likely to be collected routinely as part of the health check process. This said, only 41% of the learning disabled population across Derbyshire had a BMI recorded which may reflect some bias in the recording of BMI in patients who are suspected to fall outside of the 'healthy' (18.5 -25) range. There are also variations across the CCGs with the number of records being significantly higher in North Derbyshire than both Southern Derbyshire and Erewash.

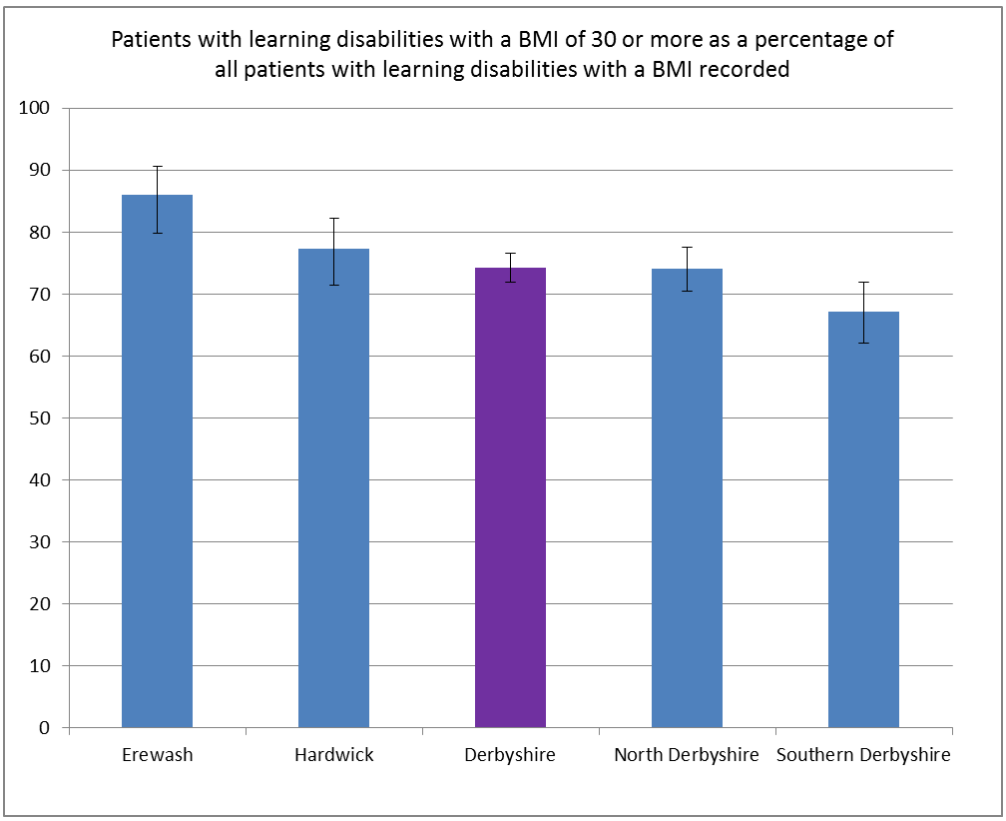
Figure 45 percentage of patients with BMI recorded



Source: Derbyshire GP data audit

The data set also records where patients with learning disabilities have a BMI of 30 or more (figure 46). Due to data issues this information is not available for the practice population, meaning that patients with learning disabilities cannot be directly compared to the total. The modelled obesity (BMI of 30 or more) estimate for Derbyshire from the Heath Survey for England[xlvi] is 25.3%, meaning that the figure of over 70% from these data for people with learning disabilities appears to be significantly higher than the population average. This said these results should not be directly compared due to the different methodologies used to calculate the data.

Figure 46 percentage of patients with learning disabilities and BMI recorded as 30 or more

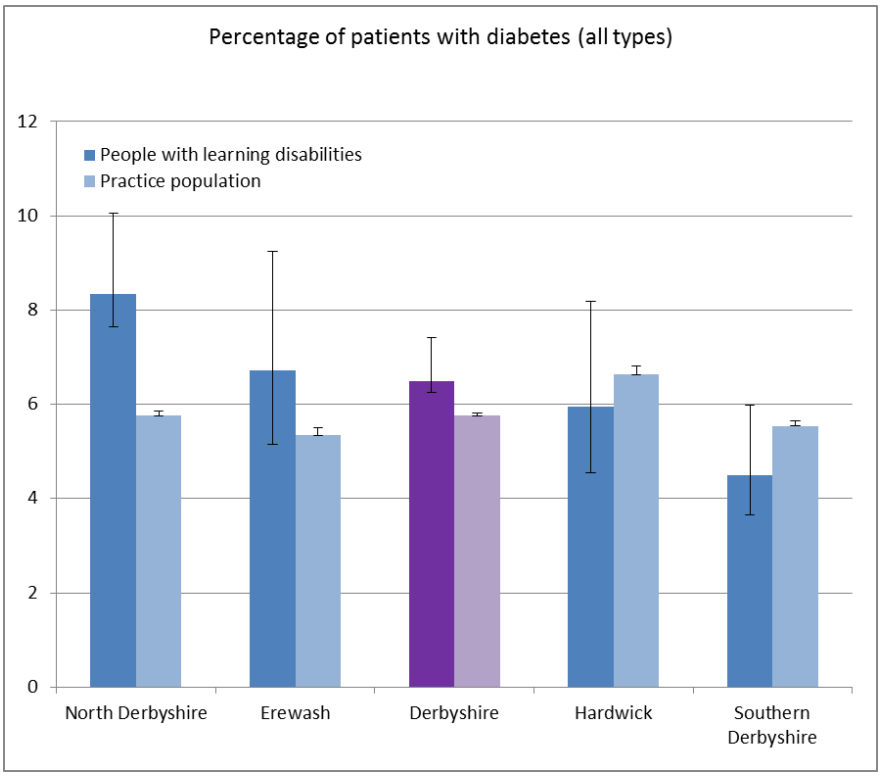


Source: Derbyshire GP data audit

As previously reported, data from the Derbyshire audit shows that there are some variations in diabetes prevalence across the area as shown in figure 47. This data set also provides information regarding the monitoring of patients with diabetes by learning disability status.

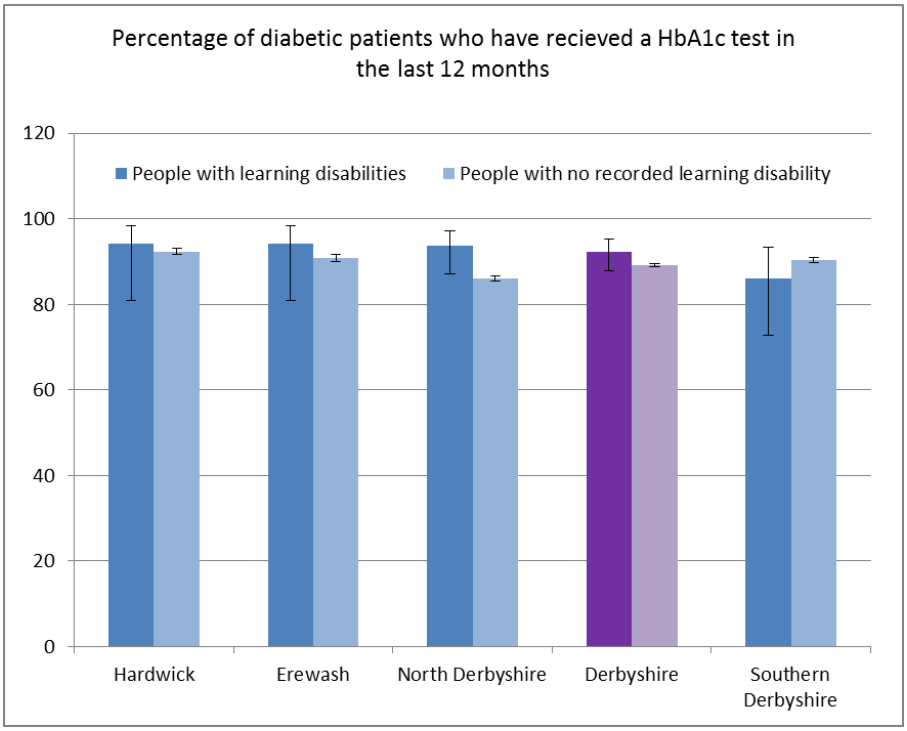
Figure 48 shows the proportion of people who have received a HbA1c test in the previous 12 months. The HbA1c is a measure of average plasma glucose concentration and is used to give an indication of blood sugar control in diabetics. There were no significant differences in the percentage of patients receiving HbA1c tests across the CCGs with the exception of North Derbyshire CCG where the percentage of people with learning disabilities receiving the test was significantly higher than the rate among those with no recorded learning disability.

Figure 47 percentage of patients with diabetes



Source: Derbyshire GP data audit

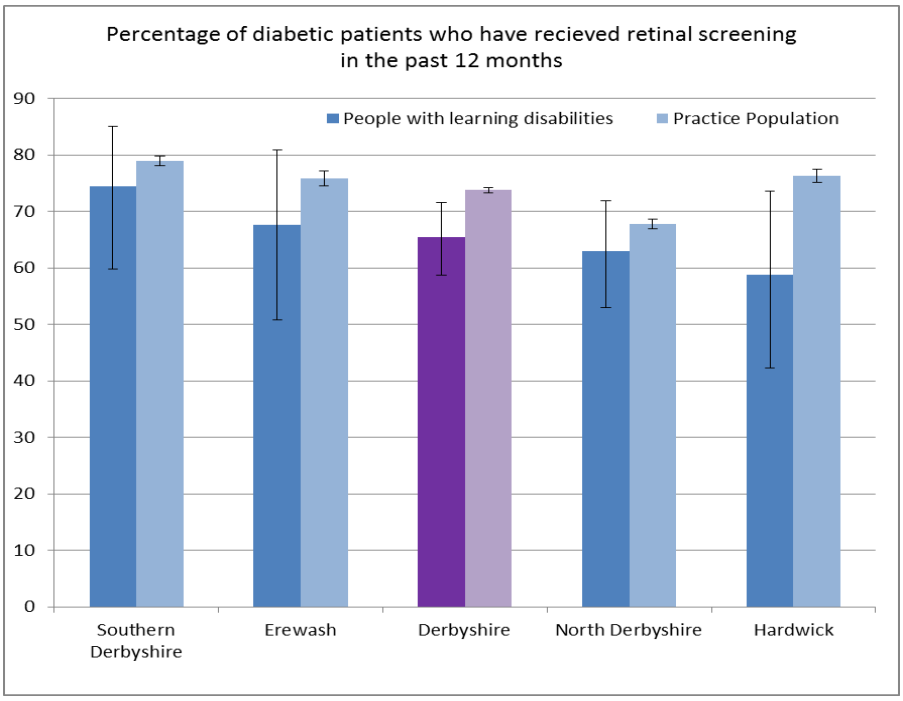
Figure 48 percentage of patients with diabetes who have received a HbA1c test in the previous 12 months



Source: Derbyshire GP data audit

Figure 49 shows the proportion of diabetic patients who had received a retinal screening examination in the previous 12 months. In Derbyshire as a whole and in Hardwick CCG the proportion of people in the practice population receiving retinal screening was significantly higher than in diabetic patients with learning disabilities. There were no significant differences between groups in other areas.

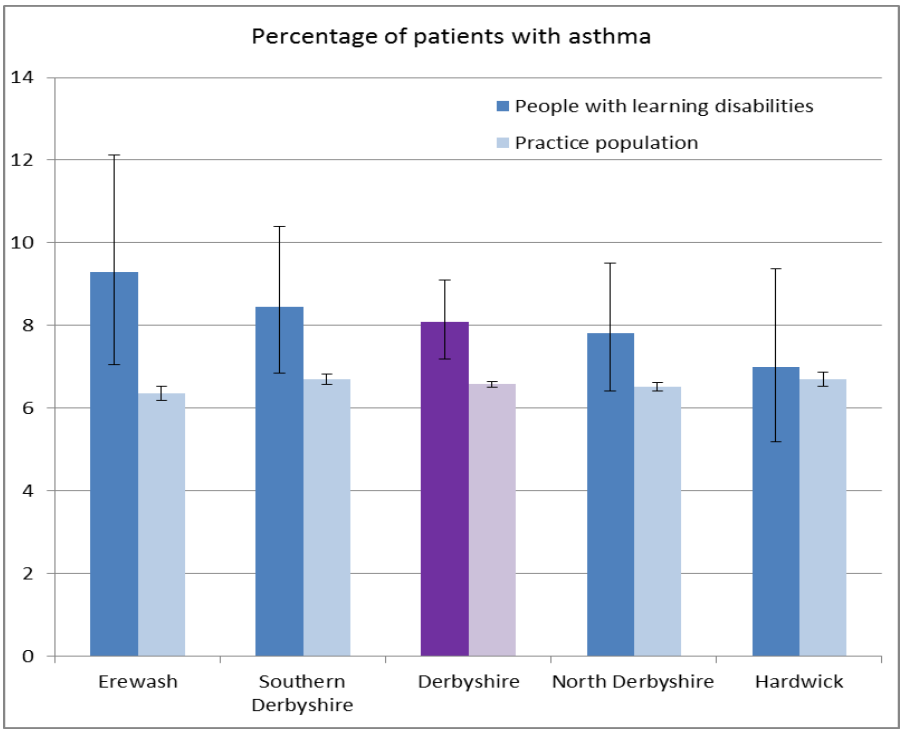
Figure 49 percentage of patients with diabetes who have received retinal screening in the previous 12 months



Source: Derbyshire GP data audit

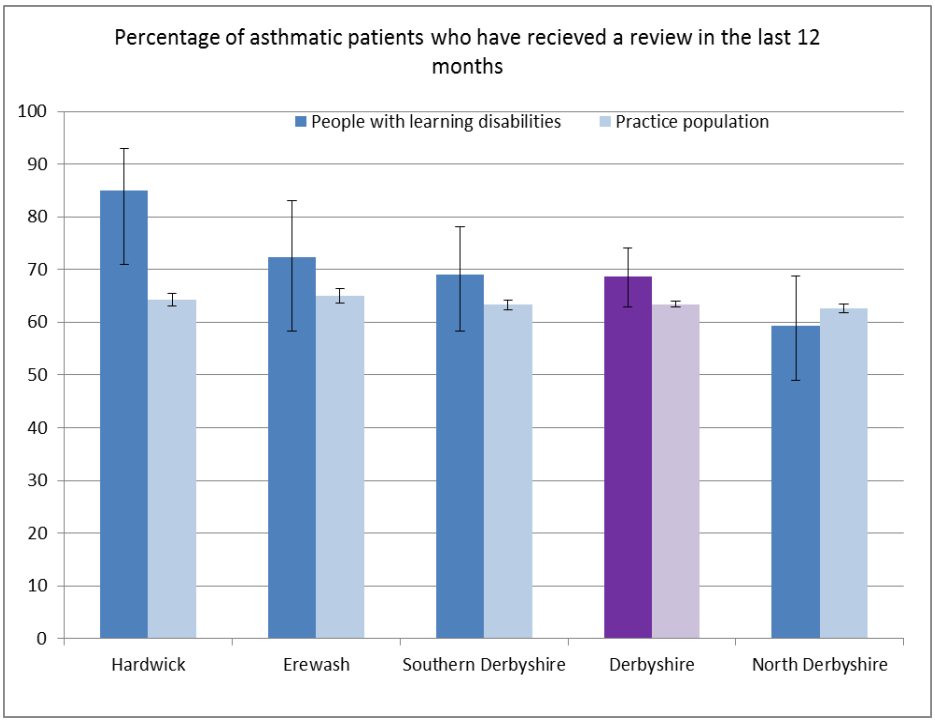
The proportion of patients with asthma by learning disability status is shown in figure 50. The rate of asthma in the learning disabled population is consistently higher than in the practice population; however these differences are only statistically significant in Erewash CCG and in Derbyshire as a whole. Similarly the proportion of asthmatic patients receiving an asthmatic review is consistently higher in people with learning disabilities (figure 51), though this difference is only significant in Hardwick CCG.

Figure 50 percentage of patients with asthma



Source: Derbyshire GP data audit

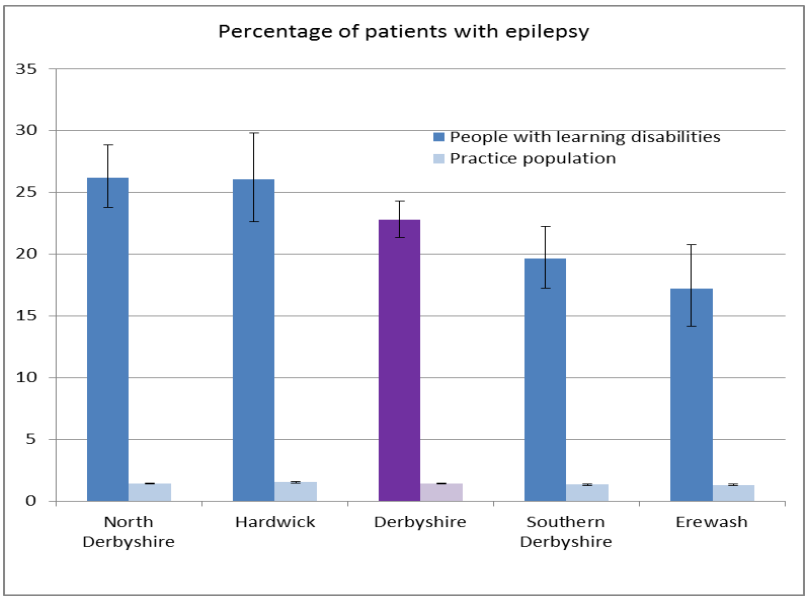
Figure 51 percentage of patients with asthma having a review in the previous 12 months



Source: Derbyshire GP data audit

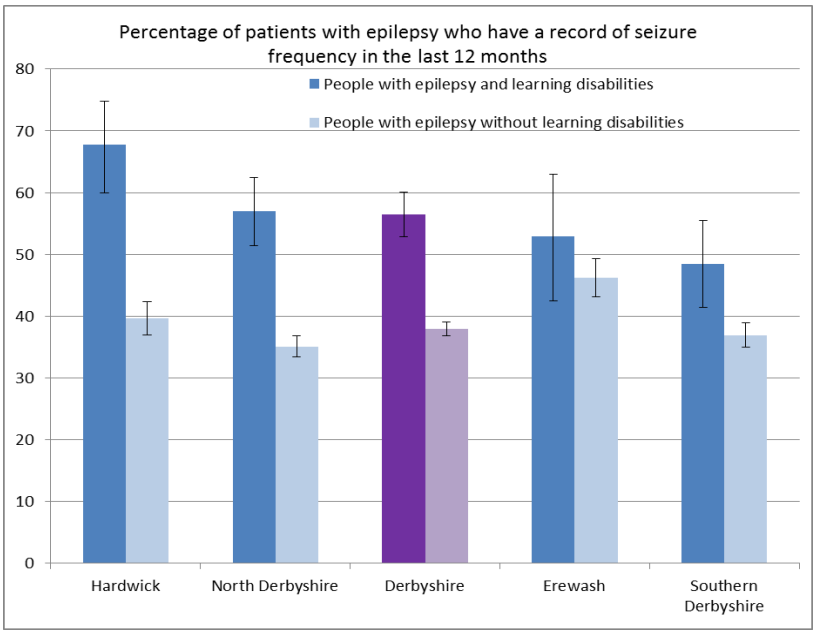
The percentage of people with learning disabilities who have epilepsy is significantly higher across all Derbyshire CCGs than the practice population rate as shown in figure 52. The proportion of patients with epilepsy who have their seizure frequency recorded in the previous 12 months is also higher among those with learning disabilities in all CCGs with the exception of Erewash CCG where there is no significant difference (figure 53).

Figure 52 percentage of patients with epilepsy



Source: Derbyshire GP data audit

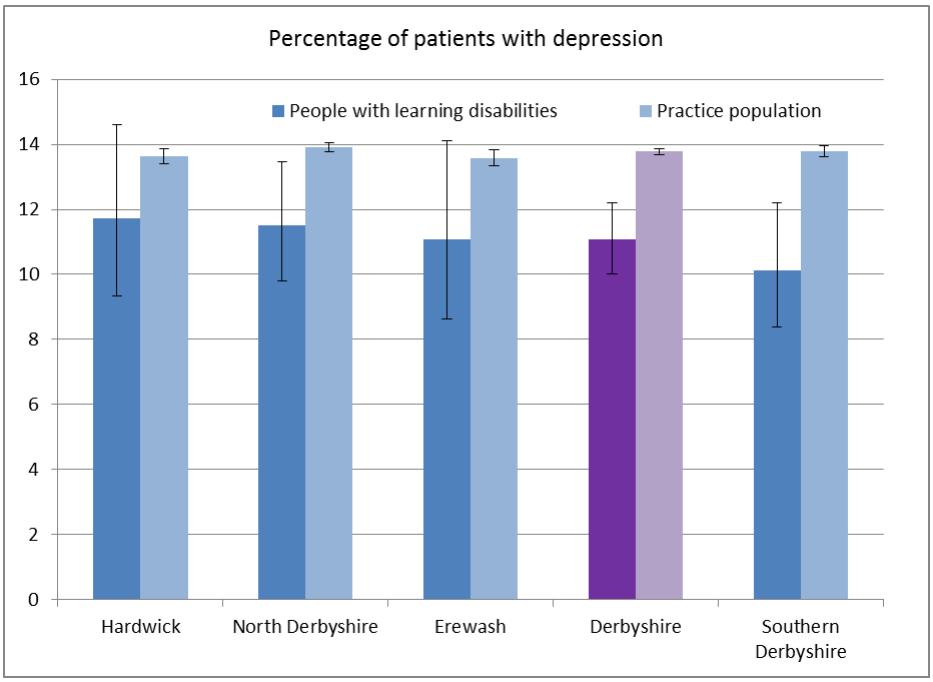
Figure 53 percentage of patients with epilepsy with a record of seizure frequency in the previous 12 months



Source: Derbyshire GP data audit

The percentage of patients with depression is lower among people with learning disabilities than in the practice population; however the difference is not significant in Hardwick or Erewash CCGs. The proportion of patients with depression by learning disability status is shown in figure 54. Differences in the percentage of patients with depression may be due to real population differences; however it should be considered that the methods used to diagnose depression, such as the patient being able to adequately verbalise internal feelings, may lead to under diagnosis among people with learning disabilities.

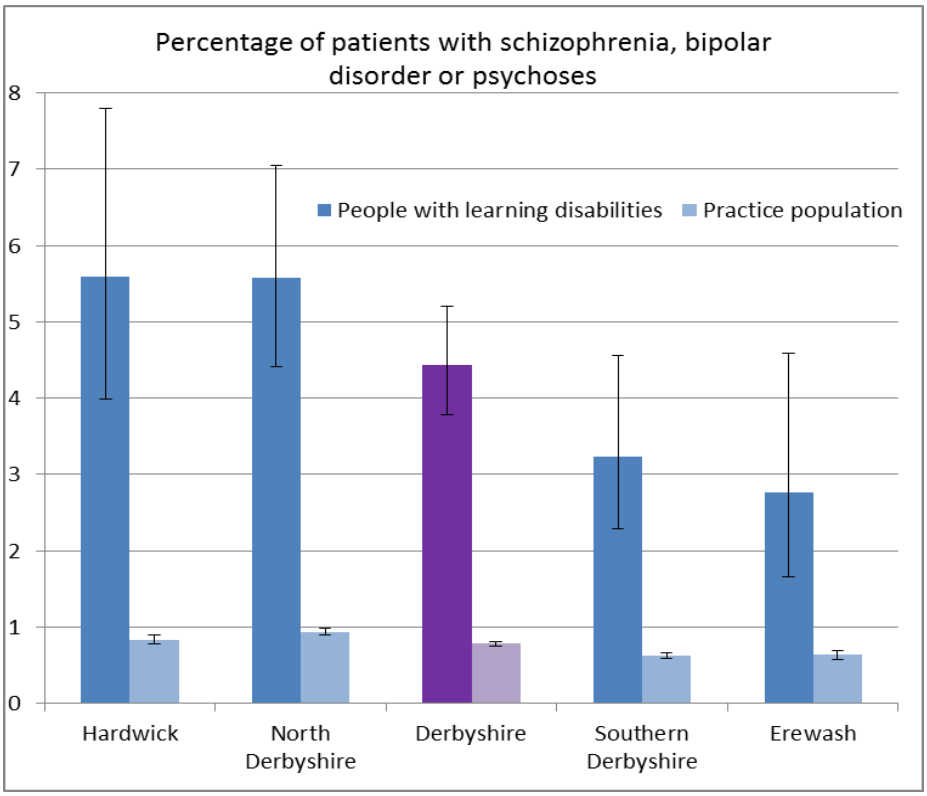
Figure 54 percentage of patients with depression



Source: Derbyshire GP data audit

Figure 55 shows the percentage of patients with schizophrenia, bipolar disorder or psychoses by learning disability status. The proportion of people with learning disabilities who also have schizophrenia, bipolar disorder or psychoses is significantly higher across all CCGs than the rate for the practice population as a whole.

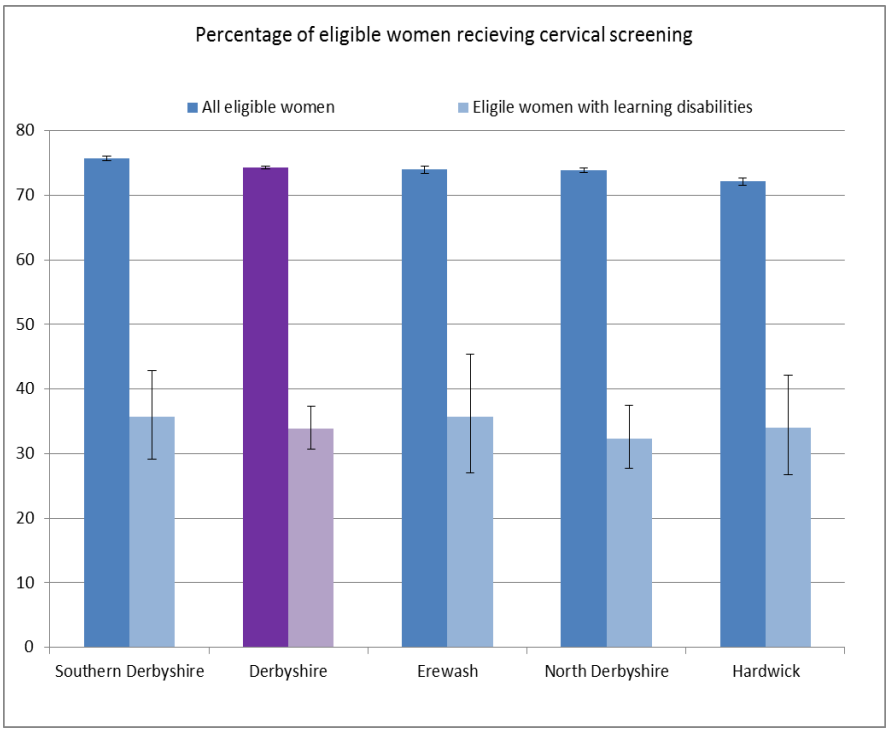
Figure 55 percentage of patients with schizophrenia, bipolar disorder or psychoses



Source: Derbyshire GP data audit

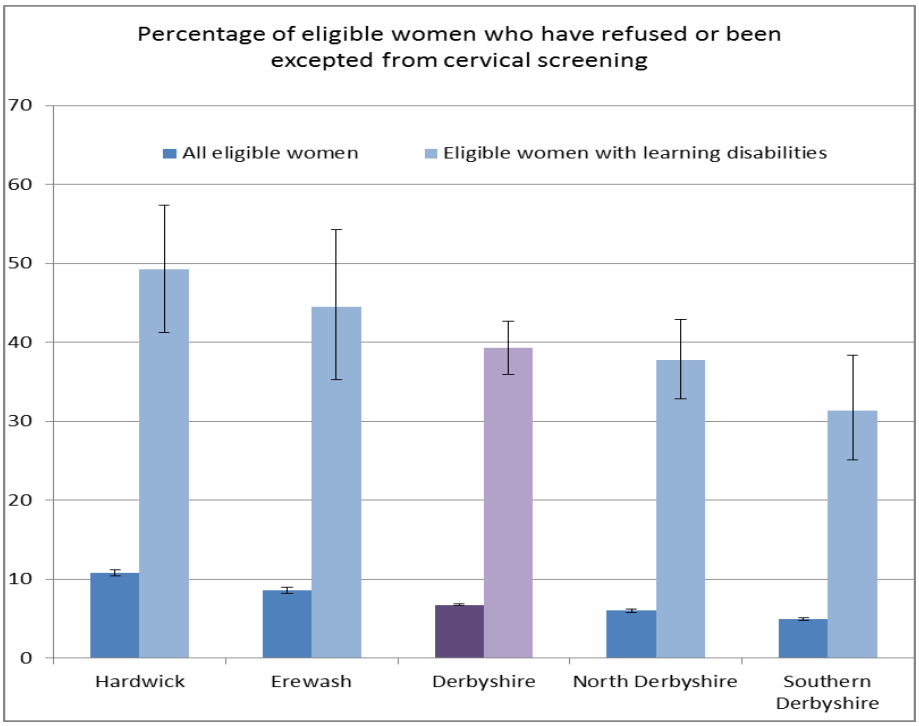
As previously discussed the proportion of eligible women receiving cervical cancer screening is significantly lower among women with learning disabilities than in the practice population as a whole (figure 56). Figure 57 shows the proportion of women who have refused cervical screening or who have been permanently excepted from the cervical screening programme. The proportion of women with learning disabilities who have refused or have been excepted from cervical screening is significantly higher across all of the CCGs in comparison with the practice population. This may suggest that women with learning disabilities could be better supported to access cervical screening.

Figure 56 percentage of eligible women receiving cervical screening



Source: Derbyshire GP data audit

Figure 57 percentage of eligible women who have refused or been excepted from cervical screening



Source: Derbyshire GP data audit

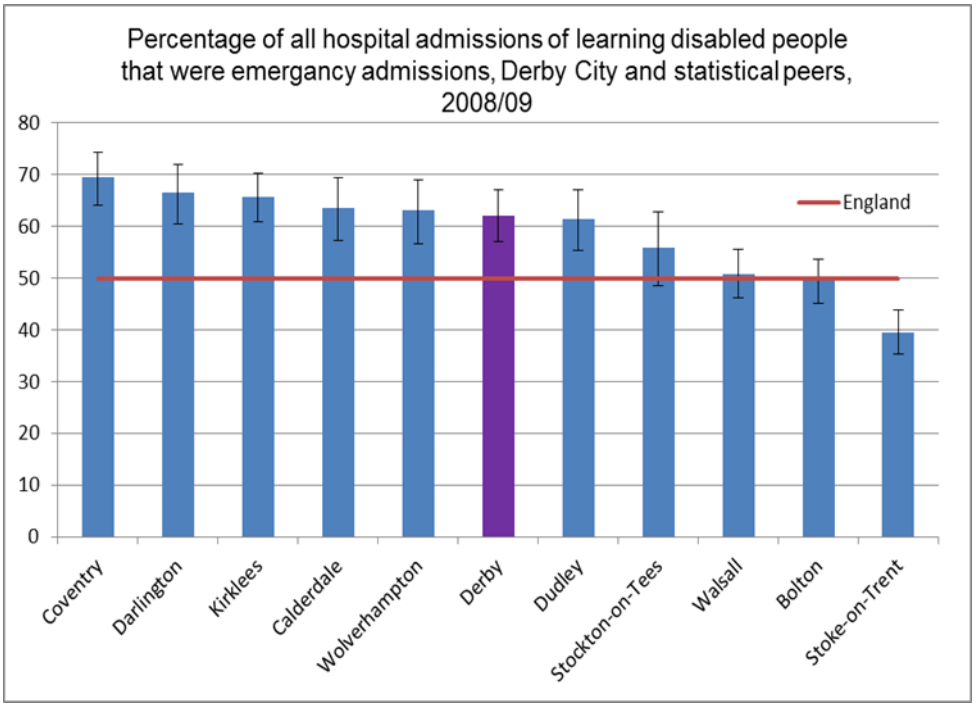
Hospital Admissions

Emergency

The rate of emergency hospital admissions may reflect that some patients are not receiving the correct care in order to manage health conditions. As emergency admissions cannot be predicted there may also be an impact on both a person's individual circumstances and the demand on hospital resources. In 2008/09 the overall national rate of emergency hospital admissions was 35% with Derbyshire and Derby City PCTs both having rates of 34%.

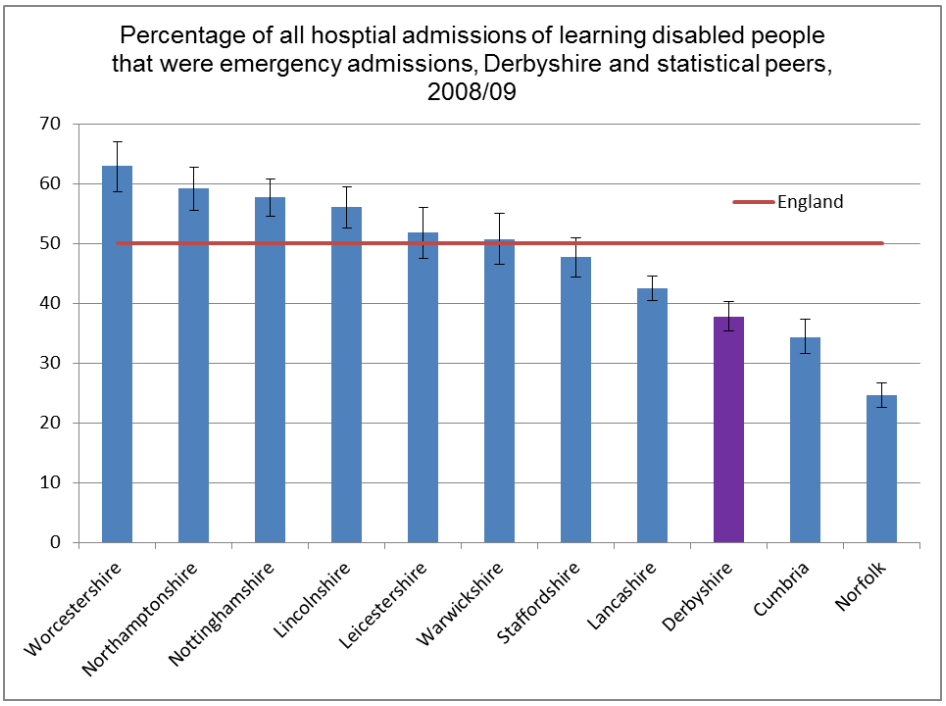
The national rate of emergency admissions where a learning disability was recorded in 2008/09 was 50%, significantly higher than the rate of emergency admissions in the population as a whole. Figures 58 and 59 show the rate of emergency hospital admissions among people with learning disabilities in Derby and Derbyshire respectively. The rate of emergency admissions among people with learning disabilities in Derby was significantly higher than both the England rate and the overall rate for Derby City PCT. The rate in Derbyshire was below the national average and only slightly above the rate in the general population in Derbyshire PCT at 38%.

Figure 58 percentage of hospital admissions that were emergencies, Derby City



Source: HES

Figure 59 percentage of hospital admissions that were emergencies, Derbyshire County



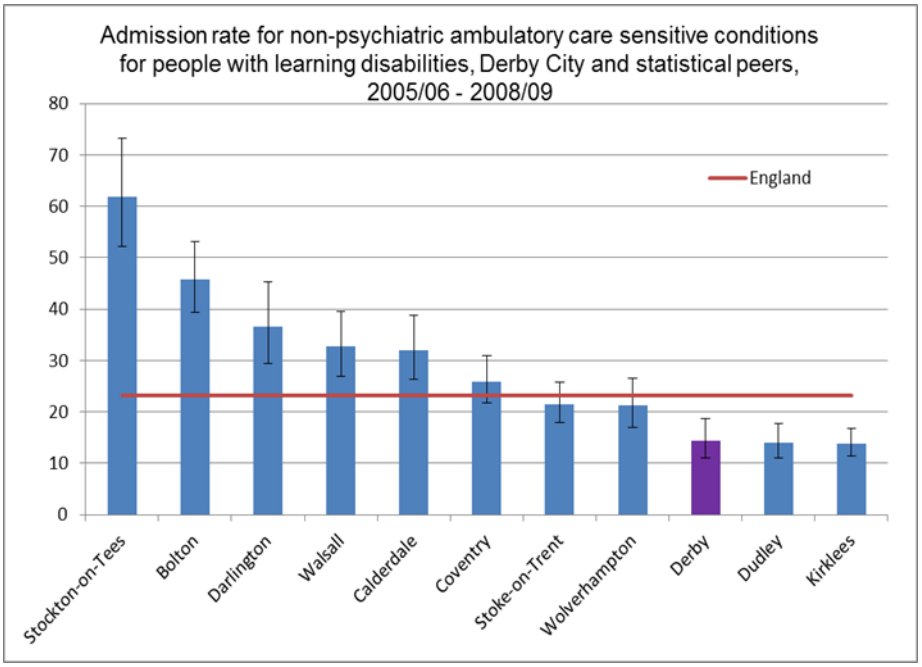
Source: HES

Ambulatory Care Sensitive Conditions

Ambulatory care sensitive conditions are those which would be unlikely to result in a hospital admission if the condition was managed outside of hospital. For non-psychiatric admissions, three physical conditions which are common in people with learning disabilities and which can usually be managed well in community settings are used as an indicator. These are gastric-oesophageal reflux disorder, epilepsy and constipation. Higher rates of hospital admissions for people with learning disabilities for these conditions may indicate less than adequate care outside of hospital.

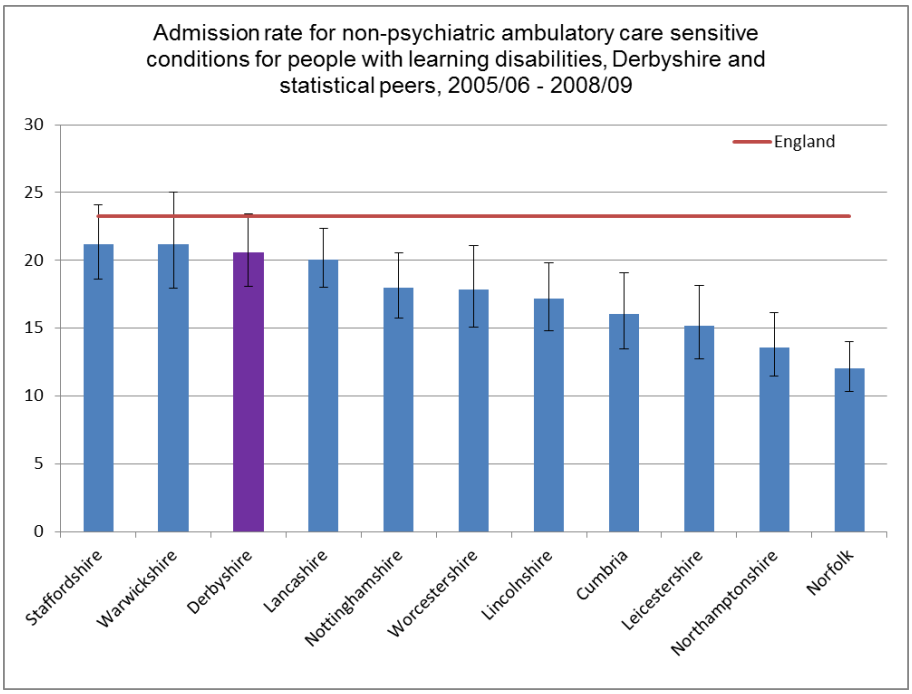
Figures 60 and 61 show the rate of hospital admissions for non-psychiatric ambulatory care sensitive conditions in Derby and Derbyshire. In Derby the admission rate is the third lowest in the peer group and is significantly lower than the national average. In Derbyshire the rate is the third highest against statistical peers, although the rate is not significantly different from the national average.

Figure 60 emergency admissions for non-psychiatric ambulatory care sensitive conditions, Derby City



Source: HES

Figure 61 emergency admissions for non-psychiatric ambulatory care sensitive conditions, Derbyshire County

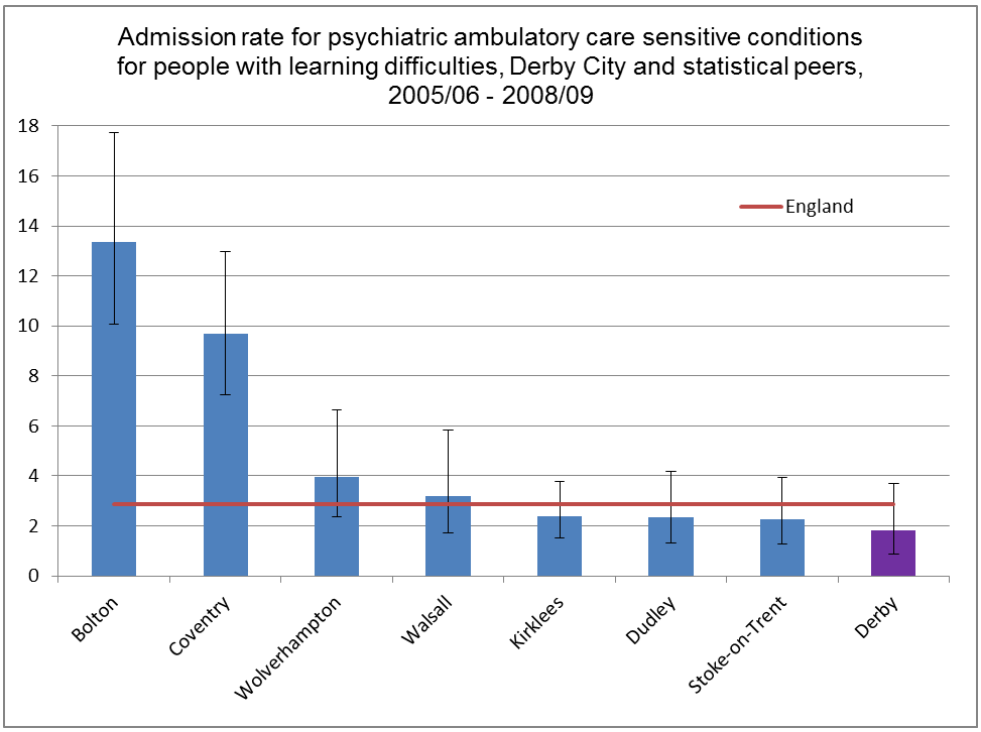


Source: HES

Care in the community may also be relevant for hospital admissions for psychiatric conditions. Relapses in psychotic illnesses are often due a lack of consistency in taking anti-psychotic medication, which in turn may reflect a lack of support at home.

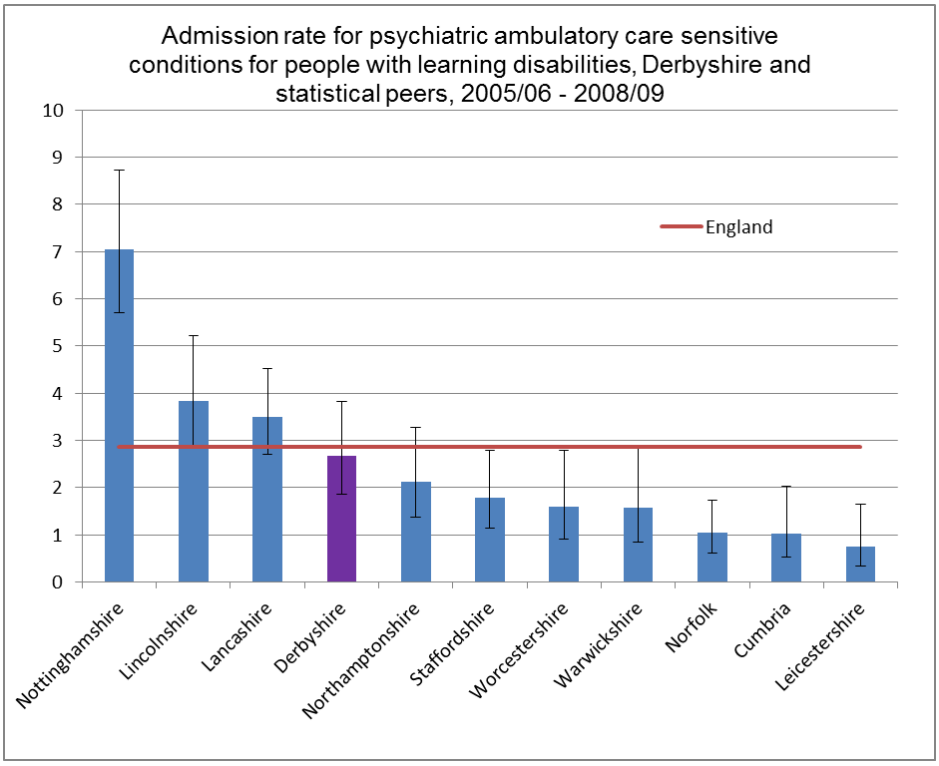
The admission rates for ambulatory care sensitive psychiatric conditions in Derby and Derbyshire are shown in figures 62 and 63. In Derby the rate is the lowest against statistical comparators, but this does not represent a significant difference from the national rate. The rates for Stockton-On-Tees, Darlington and Calderdale have been supressed due to small numbers. The rate of admissions in Derbyshire is the fourth highest in its peer group, although this is not significantly different from the England average.

Figure 62 emergency admissions for psychiatric ambulatory care sensitive conditions, Derby City



Source: HES

Figure 63 emergency admissions for psychiatric ambulatory care sensitive conditions, Derbyshire County



Source: HES

Life Expectancy

There is no specific data available for life expectancy for people with learning disabilities. There is however some evidence to suggest that people with learning disabilities are likely to die younger than people without disabilities. Table 6 shows the overall life expectancy at birth for males and females in England, Derbyshire and Derby.

Table 6 overall life expectancy

Area	Male	Female
England	78.58	82.57
Derbyshire	78.8	82.5
Derby	77.9	81.9

Source: ONS

Evidence suggests that there are inequalities in life expectancy between people with learning disabilities and the general population, which become more apparent as the severity of learning disability increases[xlvii]. The life expectancy of people with learning disabilities is however increasing[xlviii] and for those with mild disabilities is approaching that of the general population of a similar socioeconomic status[xlix].

The patterns in cause of death for people with learning disabilities are different to that in the general population, with more people with learning disabilities dying of preventable causes[l]. It is estimated however that approximately 60% of people with learning disabilities do not have this mentioned on their death certificate as a contributory cause meaning that those with severe and profound learning disabilities will be disproportionately represented in these data[li].

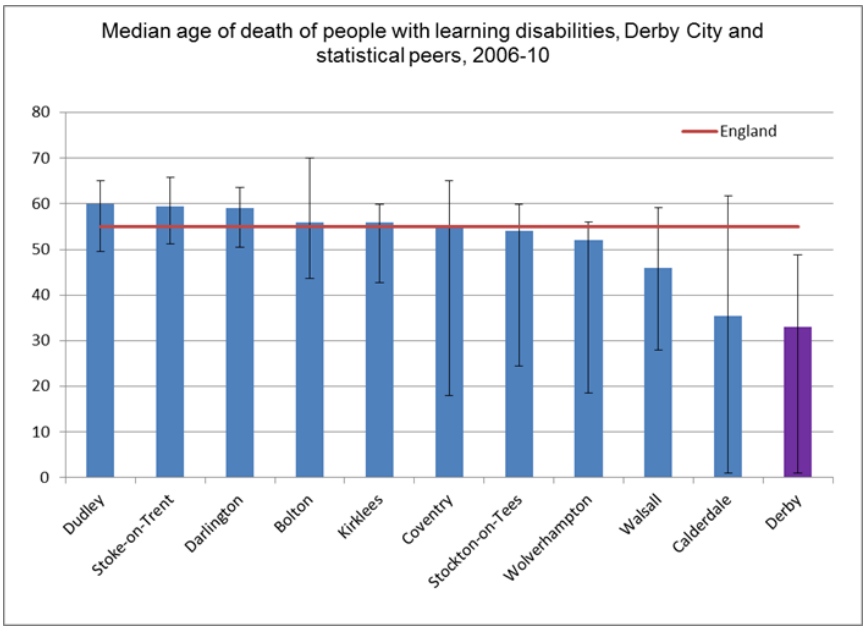
There is also some evidence to suggest that people with learning disabilities may be more likely to have physical or mental health needs which are unmet due to poorer access to services or diagnostic overshadowing[lii] (where conditions are attributed to a person's learning disability). It is possible that this may contribute in part to people with learning disabilities dying earlier from preventable causes.

National data does exist showing the median[*] age of death for people whose death certificates show that they had a learning disability. This data is likely to be incomplete as learning disability will usually not be recorded on the death certificate unless the disability was related to the cause of death. Deaths are included for conditions such as Down's syndrome where a learning disability is nearly always present but not for conditions such as cerebral palsy where learning disability may be present, unless the learning disability is specifically recorded. It is also important to note that the median age of death should be compared with overall life expectancy with caution as the indicators are measured in different ways.

Figures 64 and 65 show the median age of death for people with learning disabilities in Derbyshire and Derby. Despite the use of 5 years pooled data the number of deaths in each area is still small meaning the confidence intervals in some areas are large. The median age of death for people with learning difficulties in Derbyshire was 59 years; this is the highest amongst the statistical peer group and is similar to the England average. The median age of death in Derby was the lowest in the peer group at 33 which is lower than the national average. This may be influenced by population factors, however this does not account for differences between Derby City and its statistical peers suggesting that more work to identify potential reasons would be advantageous.

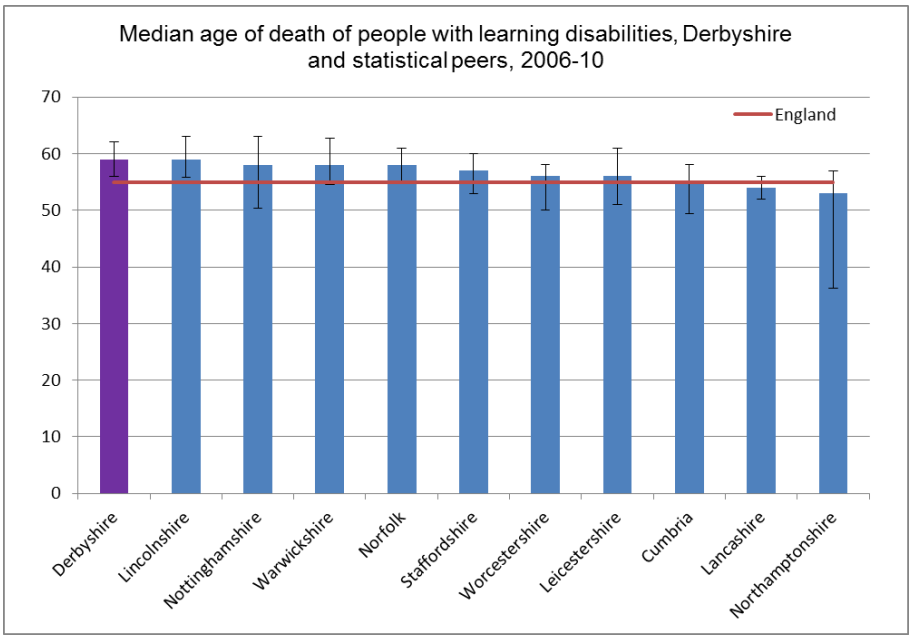
[*] The median is the central value in a list when ordered from lowest to highest (e.g. among 2, 5, 9, the median value would be 5). The median is used when the data is likely to be skewed by outliers or there is a high risk of data errors, making it the appropriate measure for this indicator.

Figure 64 median age of death, Derby City



Source: ONS

Figure 65 median age of death, Derbyshire County



Source: ONS

Learning Disability Health Self-Assessment

The learning disabilities self-assessment framework aims to provide a targeted approach to reducing health inequalities for people with learning disabilities. By highlighting areas where improvements could be made and monitoring where areas have improved it is possible to plan for future developments. This also helps to further enhance the experiences of people with learning disabilities and ensure they are receiving the best possible quality in services to support their health and well-being.

In Derby City between 2010 and 2011 improvements had been made in 14 out of 30 dimensions in the self-assessment framework. There had been no change in a further 18 indicators with only 2 showing worse scores in 2011 than in 2010. In Derbyshire County improvements had been made in 10 of the 30 fields, with 15 areas remaining the same and 5 showing a decline in service provision.

The 2011 self-assessment showed that in both Derby City and Derbyshire County 11 out of 30 domains were rated as 'happy' or 'very happy with this'. There were also 3 domains in each area rated as 'not happy with this', however no aspects received 'very unhappy' ratings. In Derby City the areas which received the lowest ratings in 2011 were concerning strategies for meeting the needs of learning disabled clients from minority ethnic groups, electronic information systems and systematically addressing areas of concern. In Derbyshire County the domains requiring the most attention were commissioning contracts to ensure equal access, electronic information systems, review and analysis of complaints and commissioning plans for those receiving short breaks/rest bite care.

In both City and County the way people with learning disabilities and their families and carers were supported and empowered to participate in health services was rated highly. In addition in Derby City maximum ratings were given for promoting the health of people with learning disabilities, provision of a range of local services for those exhibiting challenging behaviour and mental health policy being applied equally to people with learning disabilities. In Derbyshire County the self-assessment showed a maximum rating for systematically addressing areas of concern.

In 2012 Derby City and Derbyshire County held a number of 'getting ready days' in order to inform the Learning Disability Health Self-Assessment Framework (LD HSAF) process. As part of these events comments and stories regarding health services were collected from people in attendance including people with learning disabilities, families and carers and professional specialists. Comments were collected to highlight what people thought was good and what was bad about services and any suggestions for improvements. The responses have been appraised using a thematic analysis of the available data, a summary of which is given below.

Overall there were more positive comments than there were negative ones. The most common area commented on was that staff were nice/friendly/helpful. This is important to note in its own right as it suggests an overall positive experience of a service. However it should also be considered that some people with learning disabilities may struggle to give more detail about why

they thought a service was good, which may account for this area having been mentioned almost double the amount of times than any other theme.

The opportunity to discuss concerns and worries, to receive advice and information and to be allowed adequate time also featured highly in terms of positive aspects of services. Specific features of this included giving extra time to learning disabled clients and using specialised materials (such as picture books) or explaining things in different ways if patients struggled to understand. Health care professionals who showed respect and patience and who talked to the patient rather than to their accompanying carer also featured highly as positive aspects to services.

Appointments being on time featured as a positive aspect to services and appointments being late/waiting for other reasons was the most commonly cited negative aspect to services and the most common suggestion for improvement (ensure appointments are on time). These factors combined suggest that this is an important issue for people with learning disabilities. Some comments stated that increased waiting times lead to increased anxiety among patients. Positive comments including giving appointments to people with learning disabilities at the beginning of surgery to minimise the likelihood that appointments would be delayed; this also provides a practical suggestion for improvement.

Other negative comments regarding health services included staff being unfriendly or not explaining procedures so that the patient understood, including a lack of adapted materials. Difficulties in making appointments and consultations being rushed were also highlighted as problems in some health services.

Suggestions for improvements to health services to meet the needs of learning disabled clients centred around increased awareness of the issues faced by people with learning disabilities, more flexibility and adaptations in services and additional time being given to ensure patients are receiving the services they need and that they understand what is happening during consultations.

Conclusions and Recommendations

This document has aimed to provide an overview of the available information relating to the health and well being of people with learning disabilities. This section lays out the recommendations arising from the information presented.

Improving recording of learning disabilities in health and social care settings

There are considerable problems with access to good quality, relevant data and significant gaps in the information available to gain a clear picture of the issues which most affect this group. It is for example difficult to gain a true picture of the population affected by learning disabilities. Registers are available in both health services and adult social care, however these are not entirely consistent with each other and it is acknowledged that a significant proportion of people who have learning disabilities will not be recorded. Estimates based on general population demographics which are useful for service planning are available and have been provided. This only provides an

estimate of total numbers and does not provide any indication of what the specific needs of the learning disabled population who are not known to services are. This is also true of other available data which generally only relates to those individuals known to services. Improvements to recording in health and social care settings of all learning disabilities would be likely to assist in assessing the specific needs of both the whole learning disabled population and those whose disabilities are less severe and who are the least likely to be known to services.

Using available data to inform commissioning and service planning

The available data provide information on identifiable patterns regarding the learning disabled population and what this may mean for service planning in Derby City and Derbyshire County. There are consistently higher rates of learning disabilities among males compared to females. The data also suggests that higher levels of economic deprivation and South Asian ethnicity may be associated with higher levels of disability. These factors combined have shown projected estimates of increases in the number of people with learning disabilities to be significantly higher in Derby City than in Derbyshire County. This information may also be useful to commissioners in terms of planning services to be accessible to people in areas which are likely to have the highest need.

Supporting people with learning disabilities to gain more independence

Despite a lack of availability and quality in data relating to people with learning disabilities there are some specific areas where adequate data are available to be able to draw some conclusions about possible areas of need. There are some indicator data available relating to the three national outcomes frameworks (Adult Social Care Outcomes Framework (ASCOF), Public Health Outcomes Framework (PHOF) and NHS Outcomes Framework(NHSOF)) which is either directly produced as part of the framework, is disaggregated to provide information on people with learning disabilities or there is a similar proxy measure available from elsewhere. Information regarding both the accommodation status and employment status of people with learning disabilities is included in both the ASCOF and the PHOF. These measures provide an indication of the level of independence people with learning disabilities have and also how well supported they are in day to day life. In both Derby City and Derbyshire County the proportion of people with learning disabilities in settled accommodation (and so considered to live somewhere safe and secure) is higher than the national average; however the proportion of people who have a paid job is lower than the national average. This suggests that across the Derbyshire cluster it may be possible to improve support for people with learning disabilities to gain more independence through paid employment.

Improving recording of those eligible for GP health checks

The PHOF also provides information regarding health checks for targeted groups, one of which being people with learning disabilities. In both Derby City and Derbyshire County the proportion of people on the learning disability register who had received health checks was significantly higher than the national average. This proportion has increased significantly year on year between 2008/09 and 2011/12 in Derby City, which

may in part be due to an increase in financial incentives for completing health checks. In Derbyshire County the proportion has decreased over the four years for which data are available. This may however be due, at least in part, to increases in the number of people on the learning disability register and may not equate to a decrease in the actual number of health checks. It is also the case that there will be individuals included on the QOF learning disability register whose disabilities are mild and therefore who do not qualify for a GP health check. This means that it would never be expected for rates to reach 100% and makes it difficult to quantify how many of those eligible are receiving health checks. Access to accurate numbers of people eligible would improve the quality of these data and allow for more accurate comparisons to be drawn.

Monitoring the number of service users receiving direct payments

Social care is an important consideration for people with learning disabilities. The data show that the proportion of people using community based services in both Derby City and Derbyshire County is similar to the national average. This said, at present, fewer individuals are using direct payments in both areas compared to statistical peers. It is anticipated that the number of people receiving direct payments to commission their own services is likely to increase as councils move towards delivering this kind of care more routinely. It may be advantageous to monitor the number of people with learning disabilities receiving direct payments locally to ensure these remains in line with the national picture.

Making data on safeguarding vulnerable adults more widely available

Data are available regarding the number of referrals for allegations of abuse against vulnerable adults with learning disabilities. Data show that in Derby and Derbyshire there were fewer allegations of physical abuse than national and regional averages. However in Derby City allegations of neglect were significantly higher than in other areas. In Derby City the most commonly alleged perpetrator of abuse was a friend or family member, whereas in Derbyshire County the highest proportion was in the other/not known category. This suggests that there may be some issues with recording in Derbyshire County. Data on safeguarding of vulnerable adults was not available for this report; this would however be a very useful addition in assessing how abuse of vulnerable adults may be addressed and prevented.

Improving the quality of available data from GP health checks

Some local data has been made available based on GP health checks for people with learning disabilities in Derbyshire County. Despite this information relating to a relatively small number of patients, this is an extremely useful data set which relates directly to learning disabled patients from 77 out of 94 GP practices in Derbyshire. No similar data is currently available for practices in Derby City; the addition of this data would significantly improve the data set by making analysis of data across the cluster more robust and would allow for comparison of specific indicators between City and County. The data from Derbyshire has revealed some interesting patterns in the health of people with learning disabilities. However, due to small numbers, the confidence intervals around the data are large and in some areas differences cannot be considered statistically significant.

People with learning disabilities were more likely to have had their BMI recorded by their GP practice than the general population. This said only just over 40% of people with learning disabilities across Derbyshire had a record of BMI, suggesting that there may be issues with the quality and consistency in the information collected during health checks. Improvements in incentives for completing health checks may impact on improving the quality and insure that all elements are covered for all people.

The data also shows that across Derbyshire as a whole there are significantly more people with learning disabilities who have diabetes, asthma, epilepsy and schizophrenia, bipolar disorder or psychosis than the general practice population. This highlights specific needs across a range of conditions where either improved strategies for prevention or targeted programs for the management of long term conditions could usefully be implemented for people with learning disabilities.

Cancer screening data was also included in the Derbyshire audit, however due to problems with the data only information relating to cervical cancer screening was available to be reported. Significantly less eligible women with learning disabilities had received cervical cancer screening than the eligible practice population and significantly more of those with learning disabilities had either refused screening or been exempted from the screening program. This potentially highlights a significant inequality in access to health care which should be investigated to establish the reasons for the difference in uptake.

Improving flagging of learning disabilities in hospital records

Some nationally produced data are available regarding admissions to hospital among people with learning disabilities. Overall the percentage of hospital admissions which are emergencies (as opposed to planned admissions) is higher among those with learning disabilities than the general population. This suggests that access to primary care may be poorer in this group or there are other factors which make people with learning disabilities more vulnerable to accidents or injuries. This said there are no condition specific data available for hospital admissions for people with learning disabilities meaning it is not possible to clearly identify reasons for differences. Improvements in the recording of learning disabilities being present in hospital records would be likely to improve the availability of data and allow for more precise analysis to identify areas of specific need.

Improving the quality of data on premature death in people with learning disabilities

There is some evidence to suggest that the life expectancy of people with learning disabilities may be shorter than the general population, although there is no good quality national data available for this indicator. Data are produced to give the median age of death for people with a learning disability recorded on the death certificate; this will therefore not include individuals who have a learning disability which does not directly impact on the cause of death. This means that these data are most likely to include those people whose learning disabilities are most severe. These data show that the median age of death for people with learning disabilities in Derby City is significantly lower than the national average at 33 years and in Derbyshire County is higher at 59

years. It is possible that this may be due to population factors; however there is no further detail in the data to give any indication of the reasons for the difference. Therefore, additional analysis of these data highlighted that as well as the limitations previously highlighted, due to the small numbers involved and the wide confidence intervals associated to the data, it is not possible to accurately measure median age of death or life expectancy for this population group at this time.

While there is some useful information highlighting possible inequalities between people with learning disabilities and the general population, there are significant gaps in the available data. This means that while it is possible to identify some overall trends and recognise areas where there may be particular issues, the data does not allow for specific areas of need to be conclusively identified. A unified system of flagging where people have a learning disability routinely in health and social care data could potentially help to identify specific needs for this group and therefore help to improve the health and well-being of people with learning disabilities.

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Appendix 1

Number Tables

Population by age and gender

Derby City PCT	Male	Female
0-4	9948	9501
5-9	9178	8391
10-14	8813	8123
15-19	9580	9154
20-24	11311	11142
25-29	11545	10998
30-34	11252	10372
35-39	11172	9515
40-44	11771	10524
45-49	11483	10617
50-54	9750	8990
55-59	7981	7637
60-64	7576	7433
65-69	6470	6778
70-74	4853	5452
75-79	4049	4846
80-84	2974	4053
85+	2102	4110

Population by age and gender

Derbyshire County PCT	Male	Female
0-4	19437	18617
5-9	19116	18062
10-14	20160	19154
15-19	22115	20467
20-24	20878	19645
25-29	19855	19442
30-34	19955	19912
35-39	21952	21465
40-44	28107	27515
45-49	29444	28553
50-54	26281	25309
55-59	23424	22959
60-64	24096	24410
65-69	22298	22691
70-74	15501	16288
75-79	11522	13782
80-84	7864	10915
85+	5836	12046

Population by ethnicity

Area	Whit British	White other	Mixed	Asian/Asian British	Black/Black British	Other
England	42279236	3001906	1192879	4143403	1846614	548418
East Midlands	3871146	175210	86224	293423	81484	25735
Derby	187386	12365	7232	31095	7320	3354
Derbyshire	737034	13060	7119	8795	2770	908
Amber Valley	117988	2035	980	929	253	124
Bolsover	73058	1394	518	612	267	17
Chesterfield	98456	1716	1094	1592	782	148
Derbyshire Dales	68835	1282	466	398	87	48
Erewash	106673	2092	1269	1383	536	128
High Peak	87131	1823	944	711	184	99
North East Derbyshire	95968	1116	786	795	236	122
South Derbyshire	88925	1602	1062	2375	425	222

QOF learning disability register

PCT Name	Learning Disabilities Register (ages 18+)
KIRKLEES	2028
SHEFFIELD	2309
DERBY CITY	1161
WALSALL	841
BOLTON	909

QOF learning disability register

PCT Name	Learning Disabilities Register (ages 18+)
DERBYSHIRE COUNTY	2904
NOTTINGHAMSHIRE COUNTY	2696
NORTH STAFFORDSHIRE	771
NORTH LINCOLNSHIRE	583
SOUTH STAFFORDSHIRE	1911

Learning disability clients known to local authorities

Local Authority	Number of learning disability clients known to services
Cumbria	1310
Lancashire	3275
Derbyshire	1875
Northamptonshire	1755
Staffordshire	2075
Warwickshire	1130
Worcestershire	1365
Lincolnshire	1825
Nottinghamshire	2275
Norfolk	2090
Leicestershire	1370

Learning disability clients known to local authorities

Local Authority	Number of learning disability clients known to services
Dudley	890
Walsall	635
Bolton	675
Calderdale	615
Derby	720
Coventry	780
Wolverhampton	550
Kirklees	1135
Stoke-on-Trent	765
Stockton-on-Tees	555
Darlington	440

Estimated learning disability prevalence

Area	Population	Number probably known to services	Likely true number
England	51808846	236235	1043449
Coventry	312800	1455	6389
Derby	244200	1123	4940
Stockton-on-Tees	191000	877	3849
Wolverhampton	238500	1082	4783
Kirklees	406800	1864	8147
Stoke-on-Trent	238900	1083	4779
Dudley	306700	1380	6133
Calderdale	201600	916	4021
Bolton	265100	1206	5280
Darlington	100500	451	1995
Walsall	255900	1149	5057

Estimated learning disability prevalence

Area	Population	Number probably known to services	Likely true number
England	51808846	236235	1043449
Leicestershire	644800	2938	13035
Nottinghamshire	776700	3513	15630
Staffordshire	828600	3739	16659
Lancashire	1165800	5276	23435
Northamptonshire	683800	3136	13732
Warwickshire	535100	2415	10740
Derbyshire	760200	3426	15254
Cumbria	495000	2201	9907
Lincolnshire	697900	3094	13940
Worcestershire	556500	2490	11115
Norfolk	853400	3759	17040

Children with statements of special educational needs where the primary need is learning disability

Age	Children with statements
2 and under	180
3	975
4	4450
5	5485
6	6110
7	6965
8	7630
9	8435
10	9645
11	11700
12	12475
13	13085
14	13590
15	12810
16	5310
17	4335
18	3005
19+	115

Learning disability clients receiving services by ethnicity

Area	White	Mixed	Asian or Asian British	Black or Black British	Other/Not Stated
England	129575	1690	5910	4220	2735
East Midlands	10955	125	515	165	120
Derby	645	10	65	25	5
Derbyshire	1935	25	15	5	20

Learning disability clients receiving self-directed support

Area	Receiving self directed support	All social care clients
Derby	130	490
Coventry	435	560
Dudley	465	735
Darlington	290	255
Calderdale	480	540
Walsall	165	435
Stoke-on-trent	260	525
Bolton	350	570
Stockton-on-tees	170	365
Kirklees	665	860
Wolverhampton	125	400

Learning disability clients receiving self-directed support

Area	Receiving self directed support	All social care clients
Derbyshire	595	1535
Nottinghamshire	995	1585
Staffordshire	625	1590
Cumbria	915	1260
Worcestershire	550	960
Warwickshire	415	870
Norfolk	1165	1430
Lincolnshire	740	1290
Northamptonshire	860	1285
Lancashire	1640	2745
Leicestershire	375	850

People with learning disabilities in settled accommodation

Area	Number in settled accomodation
Calderdale	555
Bolton	581
Kirklees	914
Dudley	697
Derby	563
Walsall	491
Stoke-on-Trent	530
Stockton-on-Tees	396
Wolverhampton	367
Darlington	226
Coventry	417

People with learning disabilities in settled accommodation

Area	Number in settled accomodation
Cumbria	1053
Derbyshire	1380
Staffordshire	1439
Lincolnshire	1370
Lancashire	2340
Norfolk	1611
Worcestershire	932
Nottinghamshire	1502
Warwickshire	645
Northamptonshire	962
Leicestershire	626

People with learning disabilities in paid employment

Area	Number in paid employment
Walsall	84
Kirklees	121
Calderdale	56
Darlington	30
Stoke-on-Trent	38
Dudley	46
Derby	38
Coventry	36
Stockton-on-Tees	14
Wolverhampton	14
Bolton	8

People with learning disabilities in paid employment

Area	Number in paid employment
Nottinghamshire	200
Worcestershire	97
Staffordshire	132
Norfolk	150
Northamptonshire	111
Warwickshire	70
Lincolnshire	96
Cumbria	68
Lancashire	160
Derbyshire	69
Leicestershire	23

Permanent admissions to nursing or residential care

Area	Total admissions	Admissions of people with learning disabilities
Derbyshire	107	24
Nottinghamshire	77	42
Staffordshire	48	21
Cumbria	59	34
Worcestershire	85	49
Warwickshire	48	22
Norfolk	103	36
Lincolnshire	67	33
Northamptonshire	58	24
Lancashire	129	14
Leicestershire	55	27

People with learning disabilities receiving health checks

	2008-9		2009-10		2010-11		2011-12	
PCT Name	Number receiving health checks	Number registered	Number receiving health checks	Number registered	Number receiving health checks	Number registered	Number receiving health checks	Number registered
Derby City	7	717	129	717	302	717	461	742
Kirklees	480	632	678	1073	680	1057	838	1209
Sheffield			877	1686	968	1649	1108	1729
Walsall	53	753	241	696	165	753	274	686
Bolton	92	92	395	748	248	836	459	786

People with learning disabilities receiving health checks

	2008-9		2009-10		2010-11		2011-12	
PCT Name	Number receiving health checks	Number registered	Number receiving health checks	Number registered	Number receiving health checks	Number registered	Number receiving health checks	Number registered
Derbyshire County	551	563	439	489	1345	1748	1266	1984
Nottinghamshire County	1301	2097	1275	2365	1302	2365	1599	2329
North Lincolnshire	11	505	159	358	240	461	318	488
South Staffordshire	202	519	467	779	484	815	685	1045
North Staffordshire	119	230	255	516	270	591	327	610

Emergency admissions for ambulatory care sensitive conditions

Area	Non Psychiatric	Psychiatric
Staffordshire	226	19
Warwickshire	135	10
Derbyshire	224	29
Lancashire	328	57
Nottinghamshire	212	83
Worcestershire	134	12
Lincolnshire	179	40
Cumbria	125	8
Leicestershire	121	6
Northamptonshire	128	20
Norfolk	163	14

Emergency admissions for ambulatory care sensitive conditions

Area	Non Psychiatric	Psychiatric
Stockton-on-Tees	125	*
Bolton	161	47
Darlington	78	*
Walsall	103	10
Calderdale	100	*
Coventry	120	45
Stoke-on-Trent	115	12
Wolverhampton	75	14
Derby	56	7
Dudley	66	11
Kirklees	105	18

Type of services accessed by people with learning disabilities

Completed reviews of clients aged 18-64 with a Learning disability	Home care	Day Care	Direct Payments	All receiving services
1495	1095	705	525	2325
1290	450	405	130	985
1405	525	405	315	1245
1710	300	425	225	950
1955	475	770	270	1515
1600	620	930	495	2045
600	240	370	275	885
1490	325	655	385	1365
1365	305	435	655	1395
990	215	885	280	1380
2930	85	880	320	1285

Type of services accessed by people with learning disabilities

Completed reviews of clients aged 18-64 with a Learning disability	Home care	Day Care	Direct Payments	All receiving services
1220	180	175	75	430
450	195	170	130	495
625	155	215	95	465
170	130	215	70	415
510	170	150	240	560
310	125	165	145	435
435	115	235	85	435
125	90	120	135	345
610	60	180	115	355
270	30	195	75	300
675	45	430	305	780

Type of services accessed by people with learning disabilities

Service type	Derby	Derbyshire	East Midlands	England
Community Based Services	545	1710	9160	113505
Residential Care	175	395	3045	36620
Nursing Care	40	110	390	2525
Total	750	1995	11880	144130

Type of services accessed by people with learning disabilities

Type of service	Derby	Derbyshire
Home Care	235	360
Day Care	200	1010
Professional Support	200	310
Direct Payments	105	460
Equipment & Adaptations	70	80
Other	40	0
Short Term Residential - not respite	25	55
Meals	5	50
Total	545	1710

Abuse of vulnerable adults with learning disabilities

Nature of abuse	England	East Midlands	Derby City	Derbyshire
Physical	9695	1045	85	105
Sexual	2415	260	25	45
Emotional/psychological	4560	475	50	60
Financial	3340	325	30	45
Neglect	4510	455	60	40
Discriminatory	315	45	5	5
Institutional	960	150	0	40
Number of unique referrals which involved multiple types of abuse		530	55	100
Total	25800	2755	255	340

Abuse of vulnerable adults with learning disabilities

Alledged Perpetrator	England	East Midlands	Derby	Derbyshire
Social Care Staff	5865	480	10	10
Friend or family member	4555	425	65	45
Other Vulnerable Adult	4445	565	20	20
Other/not known	4110	530	35	155
Other professional or volunteer	1290	180	20	35

Reason for hospitalisation or community treatment order

Reason for hospitalisation	Number
Learning disability only	416
Multiple	123
Mental illness only	73
Personality disorder / self harm only	25
Grand total	637

Length of mental health hospital stay

Length of stay	Number
0-7 days	43
8-30 days	26
1-3 months	33
3-6 months	47
6-12 months	80
1-2 years	75
2-5 years	102
> 5 years	231
Grand total	637

Derbyshire local data – registered prevalence

Area	Patients with learning disabilities	Male	Female
Hardwick	572	348	224
Erewash	506	311	195
Derbyshire	3200	1943	1257
North Derbyshire	1164	458	697
Southern Derbyshire	958	456	306

Derbyshire local data – registered prevalence

Age Group	Male	Female	Total
8-15	270	122	392
16-17	93	46	139
18-59	1388	918	2306
60+	192	171	363
All ages	1943	1257	3200

Body mass index records and obesity

Area	BMI recorded	BMI >= 30
Derbyshire	1324	984
Erewash	158	136
Hardwick	233	180
North Derbyshire	588	436
Southern Derbyshire	345	232

Weight management advice offered to obese patients

Area	Adults with Learning Disabilities & BMI>=30 offered weight management/dietary advice	Patients with learning disabilities with BMI recorded	Practice population with BMI recorded	Practice pop with BMI>=30 offered weight management/dietary advice
Derbyshire	186	1324	139947	23091
Erewash	17	158	20689	2468
Hardwick	31	233	19884	3529
North Derbyshire	97	588	54865	11300
Southern Derbyshire	41	345	44509	5794

Patients with diabetes and recommended checks

Area	Adults with learning disabilities and diabetes	Adults with learning disabilities and diabetes who have had a HbA1c in the last 12 months	Adults with learning disabilities and diabetes who have had retinal screening in the last 12	Total adults with diabetes	Adults with no learning disabilities with diabetes who have had a HbA1c in the last 12 months	Total adults with diabetes who have had retinal screening in the last 12 months
Derbyshire	208	192	136	30858	27491	22767
Erewash	34	32	23	4137	3759	3137
Hardwick	34	32	20	5378	4965	4102
North Derbyshire	97	91	61	11773	10121	7973
Southern Derbyshire	43	37	32	9570	8646	7555

Patients with asthma and recommended review

Area	Adults with learning disabilities and asthma	Adults with learning disabilities and Asthma who have had an Asthma review in the last 12 months	Total adults with Asthma	Adults with Asthma but not learning disabilities who have had an Asthma review in the last 12 months
Derbyshire	259	178	35261	22367
Erewash	47	34	4930	3207
Hardwick	40	34	5438	3497
North Derbyshire	91	54	13329	8342
Southern Derbyshire	81	56	11564	7321

Patients with epilepsy and record of seizures

Area	Adults with learning disabilities who have epilepsy	Adults with learning disabilities and epilepsy who have a record of seizure frequency in the last 12 months	Total adults with epilepsy	Adults with epilepsy but not learning disabilities who have a record of seizure frequency last 12 months
Derbyshire	729	412	7494	2840
Erewash	87	46	1022	472
Hardwick	149	101	1235	489
North Derbyshire	305	174	2935	1030
Southern Derbyshire	188	91	2302	849

Patients with mental health disorders

Area	Adults with learning disabilities and depression	Adults with learning disabilities and schizophrenia, bipolar	Total adults with depression	Total adults with schizophrenia, bipolar disorder or psychoses
Derbyshire	354	142	73830	4172
Erewash	56	14	10524	490
Hardwick	67	32	11056	678
North Derbyshire	134	65	28454	1920
Southern Derbyshire	97	31	23796	1084

Uptake of cervical screening

Area	Eligible women with learning disabilities who have received cervical screening	Eligible women with learning disabilities who have refused or are excepted from cervical screening	Total eligible women who have received cervical screening	Total eligible women who have refused or are excepted from cervical screening
Derbyshire	265	307	117808	10687
Erewash	36	45	17211	1997
Hardwick	49	71	17029	2539
North Derbyshire	114	133	44163	3593
Southern Derbyshire	66	58	39405	2558

Appendix 2

Public Health Outcomes Framework

Indicator	Data available for learning disabled population?	Comments
Children in poverty	No	
School readiness (placeholder)	No	Indicator not yet developed
Pupil absence	No	
First time entrants to the youth justice system	No	
16-18 year olds not in education, employment or training	No	
People with a mental illness or disability in settled accommodation	Yes	See page 25
People in prison who have a mental illness or significant mental illness (placeholder)	No	Indicator not yet developed
Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness	Yes	See page 27
Sickness absence rate	No	
Killed or seriously injured casualties on England's roads	No	
Domestic abuse (placeholder)	No	Indicator not yet developed
Violent crime including sexual violence (placeholder)	No	Indicator not yet developed
Re-offending	No	
The percentage of the population affected by noise (placeholder)	No	Indicator not yet developed
Statutory homelessness	No	
Utilisation of green space for	No	

exercise/health reasons		
Fuel poverty	No	
Social connectedness (placeholder)	No	Indicator not yet developed
Older people's perception of community safety (placeholder)	No	Indicator not yet developed
Low birth weight of term babies	No	
Breastfeeding	No	
Smoking status at time of delivery	No	
Under 18 conceptions	No	
Child development at 2-2.5 years (placeholder)	No	Indicator not yet developed
Excess weight in 4-5 and 10-11 year olds	No	
Hospital admissions caused by unintentional and deliberate injuries in under 18s	No	
Emotional well-being of looked-after children (placeholder)	No	Indicator not yet developed
Smoking prevalence in 15 year olds (placeholder)	No	Indicator not yet developed
Hospital admissions as a result of self-harm	No	
Diet (placeholder)	No	Indicator not yet developed
Excess weight in adults	No	
Proportion of physically active and inactive adults	No	
Smoking prevalence in adults (over 18s)	No	
Successful completion of drug treatment	No	
People entering prison with substance dependence issues who are previously	No	

not known to community treatment		
Recorded diabetes	No	National level data is not available for this indicator, however data from the Derbyshire GP health check data set is included on page 33
Alcohol-related admissions to hospital	No	
Cancer diagnosis at stage 1 and 2 (placeholder)	No	Indicator not yet developed
Cancer screening coverage	No	National level data is not available for this indicator, however data from the Derbyshire GP health check data set for cervical cancer screening is included on page 33
Access to non-cancer screening programmes	No	
Take-up of NHS Health Check Programme by those eligible	Yes	See page 29
Self-reported wellbeing	No	
Falls and injuries in the over 65s	No	
Air pollution	No	
Chlamydia diagnosis (15-24 year olds)	No	
Population vaccination coverage	No	
People presenting with HIV at a late stage of infection	No	
Treatment completion for tuberculosis	No	
Public sector organisations with board-approved sustainable development management plans	No	
Comprehensive, agreed inter-agency plans for responding to public health	No	Indicator not yet developed

incidents (placeholder)		
Infant mortality	No	
Tooth decay in children aged five	No	
Mortality from causes considered preventable	No	
Mortality from all cardiovascular diseases (including heart disease and stroke)	No	
Mortality from cancer	No	
Mortality from liver disease	No	
Mortality from respiratory disease	No	
Mortality from communicable diseases (placeholder)	No	Indicator not yet developed
Excess under 75 mortality in adults with serious mental illness (placeholder)	No	Indicator not yet developed
Suicide	No	
Emergency readmissions within 30 days of discharge from hospital (placeholder)	No	Indicator not yet developed
Preventable sight loss	No	
Health-related quality of life for older people (placeholder)	No	Indicator not yet developed
Hip fractures in over 65s	No	
Excess winter deaths	No	
Dementia and its impacts (placeholder)	No	Indicator not yet developed

NHS Outcomes Framework

Indicator	Data available for learning disabled population?	Comments
Potential years of life lost from causes	No	

considered amenable to healthcare		
Life expectancy at 75	No	
Under 75 mortality rate from cardiovascular disease	No	
Under 75 mortality rate from respiratory disease	No	
Under 75 mortality rate from lung cancer	No	
Under 75 mortality rate from cancer	No	
Excess under 75 mortality rate in adults with serious mental illness	No	
Infant mortality	No	
Neonatal mortality and stillbirths	No	
Reducing premature death in people with learning disabilities (placeholder)	No	Indicator not yet developed
Proportion of people feeling supported to manage their condition	No	
Employment for people with long term conditions	No	
Unplanned hospital admission for chronic ambulatory care sensitive conditions (adults)	No	National level data is not available for this indicator. A proxy indicator has been developed using ambulatory care sensitive conditions which are particularly relevant for people with learning disabilities. This data is presented on page 35
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	No	
Health-related quality of life for carers	No	
Employment of people with mental illness	No	

Enhancing quality of life for people with dementia (placeholder)	No	Indicator not yet developed
Emergency admissions for acute conditions that should not usually require hospital admission	No	
Emergency readmissions within 30 days of discharge from hospital	No	
Patient reported outcome measures for elective procedures	No	
Emergency admissions for children with lower respiratory tract infections	No	
Improving recovery from injuries and trauma (placeholder)	No	Indicator not yet developed
Improving recovery from strokes (placeholder)	No	Indicator not yet developed
Improving recovery from fragility fractures – the proportion of patients recovering to their previous levels of mobility/walking ability at 30 and 120 days	No	
Proportion of older people (65 and over) who were still at home 91 days after discharge in to rehabilitation	No	
Proportion of older people (65 and over) who were offered rehabilitation following discharge from acute or community hospital	No	
Patient experience of primary care	No	
Patient experience of hospital care	No	
Patient experience of outpatient services	No	
Responsiveness to in-patients' personal needs	No	
Patient experience of A&E services	No	

Access to GP service	No	
Access to dental services	No	
Improving the experience of care for people at the end of their lives (placeholder)	No	Indicator not yet developed
Patient experience of community mental health services	No	
Improving children and young people's experience of health care (placeholder)	No	Indicator not yet developed
Patient safety incidents reported	No	
Safety incidents involving severe harm or death	No	
Incidence of hospital-related venous thromboembolism	No	
Incidence of healthcare associated infection i)MSRA ii)C.difficile	No	
Incidence of newly-aquired category 2,3 and 4 pressure ulcers	No	
Incidence of medication errors causing serious harm	No	
Admission of full term babies to neonatal care	No	
Incidence of harm to children due to 'failure to monitor'	No	

Adult Social Care Outcomes Framework

Indicator	Data available for learning disabled population?	Comments
Social care related quality of life	No	
Proportion of people who use services who have control over their daily life	No	

Proportion of people using social care who receive self-directed support, and those receiving direct payments	Yes	See page 24
Carer reported quality of life	No	
Proportion of adults with a learning disability in paid employment	Yes	See page 27
Proportion of people in contact with secondary mental health services in paid employment	No	
Proportion of adults with a learning disability who live in their own home or with their family	Yes	See page 25
Proportion of adults in contact with secondary mental health services living independently, with or without support	No	
Proportion of people who use services and their carers who reported that they had as much social contact as they would like	No	
Permanent admissions to residential and nursing care homes per 100,000 population	No	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	No	
The outcomes of short-term services: sequel to service (2014/15)	No	
Effectiveness of reablement services (placeholder)	No	Indicator not yet developed
Delayed transfers of care from hospital, and those which are attributable to adult social care	No	
Dementia – a measure of the effectiveness of post-diagnosis care in sustaining independence and improving	No	Indicator not yet developed

quality of life (placeholder)		
Overall satisfaction of people who use services with their care and support	No	
Overall satisfaction of carers with social services	No	
The proportion of carers who say they have been included or consulted in discussions about the person they care for	No	
The proportion of people who use services and carers who find it easy to find information about support	No	
People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual	No	
The proportion of people who use services who feel safe	No	
The proportion of people who use services who say that those services have made them feel safe and secure	No	
Proportion of completed safeguarding referrals where people report they feel safe (placeholder)	No	Indicator not yet developed