

Learning Disabilities in Sandwell

Joint Strategic Needs Assessment

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This review of health and social care need has been brought together by a partnership of organisations listed below



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Executive Summary

1. Demography

Key Findings

- There are 1,400 estimated number of people with learning disabilities known to services (administrative prevalence)
- There are 6,116 estimated number of people with learning disabilities (true prevalence)
- Median age of death for people with learning disabilities is 51.5 years which is significantly lower than the life expectancy in men and women
- Main conditions associated with learning disabilities deaths are degenerative conditions, downs syndrome and cerebral palsy.

Trends

- By 2030 the numbers of people with learning disabilities are predicted to increase by 24% in those aged 35-44 years old and 26% in those aged 55-64 years old
- By 2030 the numbers of people predicted to have moderate or severe learning disabilities is predicted to increase by 25% in each of the 25-44 and 55-74 year age groups and by 64% in those over 85 years of age
- By 2030 the numbers of people with a moderate or severe learning disability living with a parent are predicted to increase by 31% in the 55-64 age group
- It is estimated that by 2030 there will be 2,056 people aged 18-64 with autism, an increase of 13% from the number predicted in 2012

Strategic Actions

- Plan for a rise in number of people with learning disabilities in Sandwell.
- Focus on interventions that can increase quality of life and life expectancy.
- Identify the estimated 4,000 plus people potentially with learning disabilities and ensure that their health and social care needs are being adequately met

2. Children and Education

Key Findings

- Approximately 1,625 children in Sandwell were at the School Action Plus stage of assessment of Statement of Education Needs (SEN) or have a Statement of SEN and have a primary Special Educational Need (SEN) associated with learning disabilities
- 395 children in Sandwell have a Statement of SEN and a primary associated with learning disabilities
- SEN associated with learning disabilities is more common among boys (1,137) compared to girls (408)
- Overall, 98% of children with moderate, 18% each with severe and profound multiple learning difficulties were educated in mainstream schools. These rates were declining among children with severe learning difficulty
- As would be expected, children with SEN associated with learning disabilities had poorer educational attainment than their peers
- For children with Profound Moderate Learning Disabilities (PMLD) increased rates of absence were accounted for by increased rates of authorised sessions. For children with Moderate Learning Difficulty (MLD) increased rates of absence were accounted for by increased rates of unauthorised absences
- Children with a primary SEN of MLD were more likely to be excluded than children without SEN. Children with a primary SEN of PMLD were less likely to be excluded than children without SEN
- The highest rates per 1,000 young people with a learning disability on the child disability register were in Wednesbury North, Hatley Heath, Greet Green & Lyng and Old Warley wards

Strategic Actions

- Focus services to supporting families with children who have a range of Learning Disabilities. This would include help to support education opportunities.

- Need to better understand issues around transition of children from school to adulthood
- Need to raise awareness of learning disabilities in schools and 'statementing'

3. Health Services

Key Findings

- There are over a thousand (1,219) people with learning disabilities on GP practice lists
- GPs are recognising more people with learning disabilities on their practice lists, 3.5 in every thousand in 2012
- About 26% of people with learning disabilities received a health check in 2012/13 which is an increase on previous years
- The proportion of admissions to general hospitals as emergencies was 45.7% for people with learning disabilities
- Hospital admission for an ambulatory care sensitive condition is often used as an indicator of deficient primary care. Over the period 2005-9 there were
 - 99 admissions of people with learning disabilities for the non psychiatric ambulatory care sensitive conditions of gastric-oesophageal reflux disorder (GORD), epilepsy and constipation
 - 7 admissions of people with learning disabilities for the psychiatric ambulatory care sensitive conditions of schizophrenia, schizotypal and delusional disorders
- In 2008/09, 18.53% of episodes of general hospital care in Sandwell for individuals who are known to have learning disabilities specifically recorded the persons learning disability
- There were 75 episodes of psychiatric inpatient care during the period 2005/09 for individuals known to have learning disabilities of which 61.98% were in people where LD was specifically recorded
- Over the period 2005-9, 10 (2.17 per 1,000 people) people were admitted to hospital where the primary reason for admission was challenging behaviour

Strategic Actions

- Examine the reasons for higher than expected emergency admission to hospital

- Continue to promote access into NHS health checks for people with Learning Disabilities and consider other similar programmes.
- Raise awareness of learning disabilities amongst general practitioners
- Ensure that there are no hospital admissions where primary reason is challenging behaviour

4. Adult Social Care

Key Findings

People with learning disabilities known to Sandwell SMBC

- 759 (as at 20th February 2013) people were known to adult social services receiving service provided or commissioned by the authority
- 57% were men compared to 43% women
- 6% of those known had a carer
- 6% of those known had hearing and 12% visual impairment
- The majority of people receiving services were in the age groups 20-29 and 45-49
- The numbers of men receiving services was high in all age groups except in women aged 35-39 and 70-79
- 84.3% of people with learning disabilities were of white ethnic group, 9.7% Asian and 4.3% black
- The majority (30.1%) were receiving day care services followed by residential 18.9% and supported living 14.9%
- The highest rates of learning disability per 1,000 population were in Wednesbury North, Greet Green and Lyng, West Bromwich Central wards

Adult Social Care

For residential social care service

- Of the 695 adults with LDs reported by the local authority to be in some form of accommodation in 2012/13, adults were most commonly reported living permanently with family or friends (320 people, 46%)
- 515 adults (74% of the total number in some form of accommodation) were reported to be in permanent accommodation in 2012/13: they were most likely to be living in registered care homes (135, 19% of the total), supported accommodation/lodgings/ group home (160, 23%), or registered nursing home (30, 4%)
- The total number of adults with LD in residential care increased from 190 (2006/07) to 230 (2012/13)

- The number of adults with learning disabilities aged 18+ admitted to local authority supported residential care in 2012/13 was 5
- The number of adults with learning disabilities aged 18+ using short term residential services supported by local authority was 10 in 2012/13
- In 2012/13, the largest component of local authority expenditure on residential services for people with learning disabilities was on residential care placements (£8.589 million), followed by supported and other accommodation (£4.739 million) and nursing care (£3.115 million). Supporting People expenditure in 2012/13 was £1.157 million
- In 2012/13 the average unit cost of nursing care for adults with learning disability was £2,006 per week or (£104,312 per year)
- In the 2012/13 the average unit cost of residential care for adults with learning disability was £1,136 (£59,072 per year)

For Community social care

- In 2012/13, 570 adults with learning disabilities were using local authority funded community services. These included
 - 340 adults using local authority funded day services
 - 310 adults using local authority funded home care
- In 2012/13, the local authority was spending £4.3 million on day services for adults with learning disabilities
- In 2012/13, the local authority was spending £4.97 million on home care for adults with learning disabilities aged 18-64

For Social care assessment and review

- In 2012/13, there were 510 existing adult clients with learning disabilities who had undergone completed reviews
- In 2012/13, the local authority spent £2.319 million on assessment and care management for adults with learning disabilities

For direct payments and personal budgets

- In Sandwell, the proportion of adults with learning disabilities receiving direct payments was lower compared to the West Midlands and England

- In 2012/13, 360 adults with learning disabilities were using direct payments or self directed support
- In 2012/13, Sandwell local authority was spending £1.224 million on direct payments for adults with learning disabilities

Employment

- In 2011/12, 5.8% of adults with learning disabilities were reported to be in some form of paid employment which was lower compared to the West Midlands and England

Abuse of Vulnerable Adults

- Referral rate of 212 per 1,000 for abuse of vulnerable persons in Sandwell in 2011/12 was higher compared to the West Midlands (138 per 1,000) and England (112 per 1,000)
- No alerts concerning adults with learning disabilities were reported in 2012/13
- In 2012/13, 165 completed referrals were reported
- The most common type of alleged abuse in adults with learning disabilities aged 18-64 in 2012/13 was physical abuse (40%), followed by neglect (26%), emotional / psychological (14%)
- There were no reported allegations of multiple abuse in people with learning disabilities and other vulnerable groups
- The most common relationship of alleged perpetrator to vulnerable adult was social care staff (42%), another vulnerable adult (30%) and family member (15%)
- In 2012/13, around 82% (135) of referrals were made by social care staff. Other sources of referrals included health care staff (12%)
- The most common outcome of referrals was continued monitoring (26%), counselling / training / treatment (21%), no further action (18%), and disciplinary action (15%)

Deprivation of Liberty Safeguards

- In 2011/12, 8 completed applications were made under Deprivation of Liberty Safeguards (DOLS) concerning adults with learning disabilities. Most of these (75%) were made by the local authority with 25% made by the PCT
- 5 (62.5%) applications were granted

Carers

- The number of carers receiving assessments / reviews increased by 21% from 115 in 2011/12 to 145 in 2012/13. Of the completed assessments in 2012/13, 5 involved the carers of adults with learning disabilities who were aged 65 or over
- The number of carers receiving services increased by 8% from 115 in 2011/12 to 125 in 2012/13. The number of carers receiving information and advice decreased by 75% from 5 in 2011/12 to 20 in 2012/13

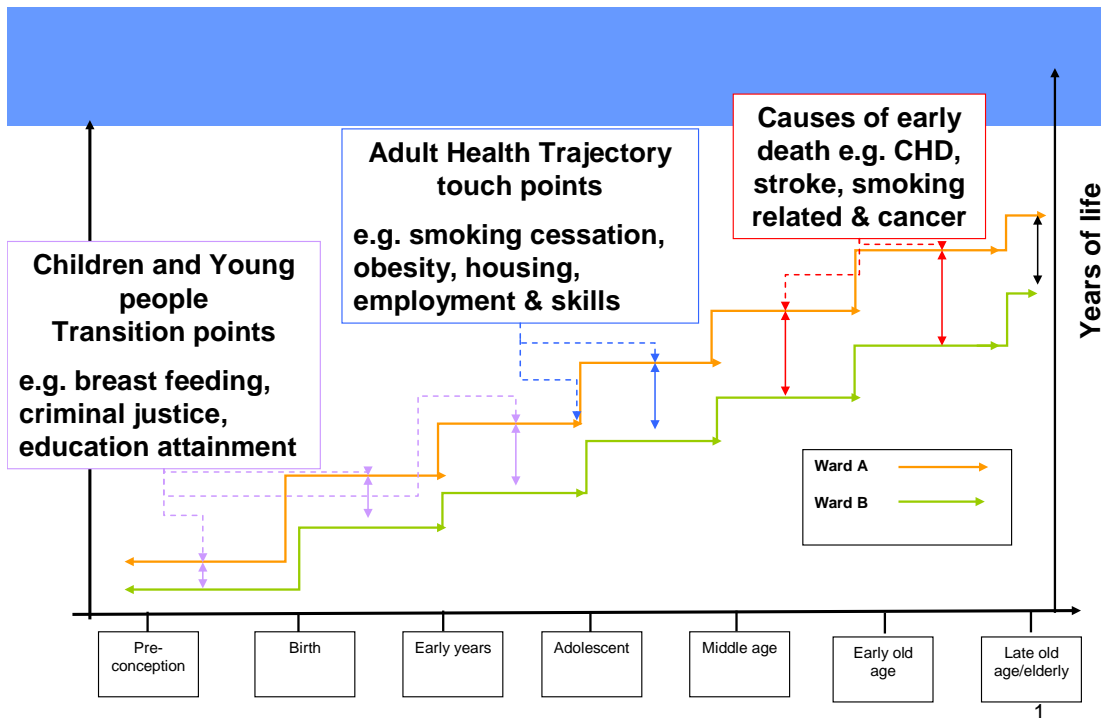
Strategic Actions

- Identify services that support independent living and reduce reliance on social care services
- Monitor success of specialist employment support provision launched in April 2013
- Promote employment opportunities and skills development for people with learning disabilities
- Find employment for people within existing day opportunity services
- Enhance and expand the range of employment opportunities and vocational support for young people leaving school or college
- Reduce risks to vulnerable people and promote effective safeguarding measures across all agencies
- Continue the work supporting carers for adults with learning disabilities.

Strategic Commissioning Framework– Trajectory, Transition and the Life Course

This Joint Strategic Needs Assessment (JSNA) sets out the health and social care needs of young people in Sandwell within the life course framework (fig a).

Figure a: Example Life course framework including transition and trajectory points



Outline definition:

Transition points: Those points in life that are fixed and allow or enable interventions to alter the life course. For example, breast feeding is a transition point. In this case, the rate of breast feeding will have an impact on the immediate transition point and also on the Child's long term trajectory.

Trajectory points: Those points in life that are constant but effective change will also alter the life course. For example, opportunities to develop employment skills or promote an active lifestyle will have an immediate and also cumulative impact on the long term trajectory.

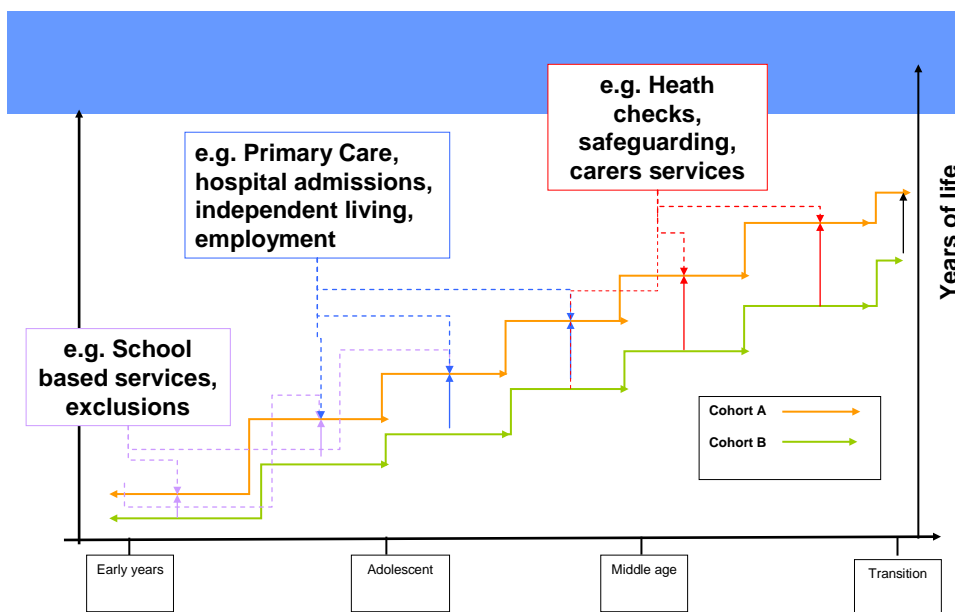
Life Course Outcomes: The aim of the framework is to change the course of life and enable people to reach their potential for living a full and fulfilling life. Essentially, the

approach focuses commissioning and intervention activities to promote and enhance positive life chances and a healthy life: adding years to life as well as life to years.

An example of the life course framework applied to this Learning Disabilities JSNA is described below in Figure b:

At each point recommendations are described in terms of intervention both at transition points and trajectory points. For example, Trajectory points that impact across all ages include the need for employment opportunities and keeping vulnerable people safe. Examples of Transition points where specific interventions can change subsequent health and wellbeing include services to promote independence, reducing emergency admissions and continuing to promote NHS health checks.

Figure b: Learning Disability framework including transition and trajectory points



In terms of setting strategic targets and monitoring outcomes from investment in programmes designed to change both Transition and Trajectory points, the following outcomes should be considered:

Outcomes: (TBA)

These are taken from the Public Health Outcomes Framework, the NHS Outcomes Framework and the Adult Social Care Outcomes Framework (see Appendix A).

1. Demography

Key Findings

- There are 1,400 estimated number of people with learning disabilities known to services (administrative prevalence)
- There are 6,116 estimated number of people with learning disabilities (true prevalence)
- Median age of death for people with learning disabilities is 51.5 years which is significantly lower than the life expectancy of men and women
- Main conditions associated with learning disabilities deaths are degenerative conditions, downs syndrome and cerebral palsy.

Trends

- By 2030 the numbers of people with learning disabilities are predicted to increase by 24% in those aged 35-44 years old and 26% in those aged 55-64 years old
- By 2030 the numbers of people predicted to have moderate or severe learning disabilities is predicted to increase by 25% in each of the 25-44 and 55-74 age groups and by 64% in the over 85 age group
- By 2030 the numbers of people with a moderate or severe learning disability living with a parent are predicted to increase by 31% in the 55-64 age group
- It is estimated that by 2030 there will be 2,056 people aged 18-64 with autism, an increase of 13% from the number predicted in 2012

Strategic Actions

- Plan for a rise in number of people with learning disabilities in Sandwell.
- Focus on interventions that can increase quality of life and Life expectancy.
- Identify the estimated 4,000 plus people potentially with learning disabilities and ensure that their health and social care needs are being adequately met

1.1 Emerson et al [1] used modelling to estimate the number of men and women in England who are likely to have a learning disability. They used 2001 census data to calculate age and gender specific prevalence rates for people with learning disabilities who are known to learning disability services. These prevalence rates were used to calculate the 'Administrative Prevalence' defined as people with learning disabilities who are known to learning disability services and the 'True Prevalence' defined as estimated number of people with learning disabilities.

1.2 The national age specific prevalence rates were applied to the Sandwell 2011 census population. The number of people with learning disabilities known to services in Sandwell was estimated to be around 1,400 with 58% males and 42% females (Table 1.1). The true number of people with learning disabilities was estimated to be 6,116 with 59% males and 41% females (Table 1.2).

Table 1.1: Estimated Learning Disability Prevalence in Sandwell All Ages

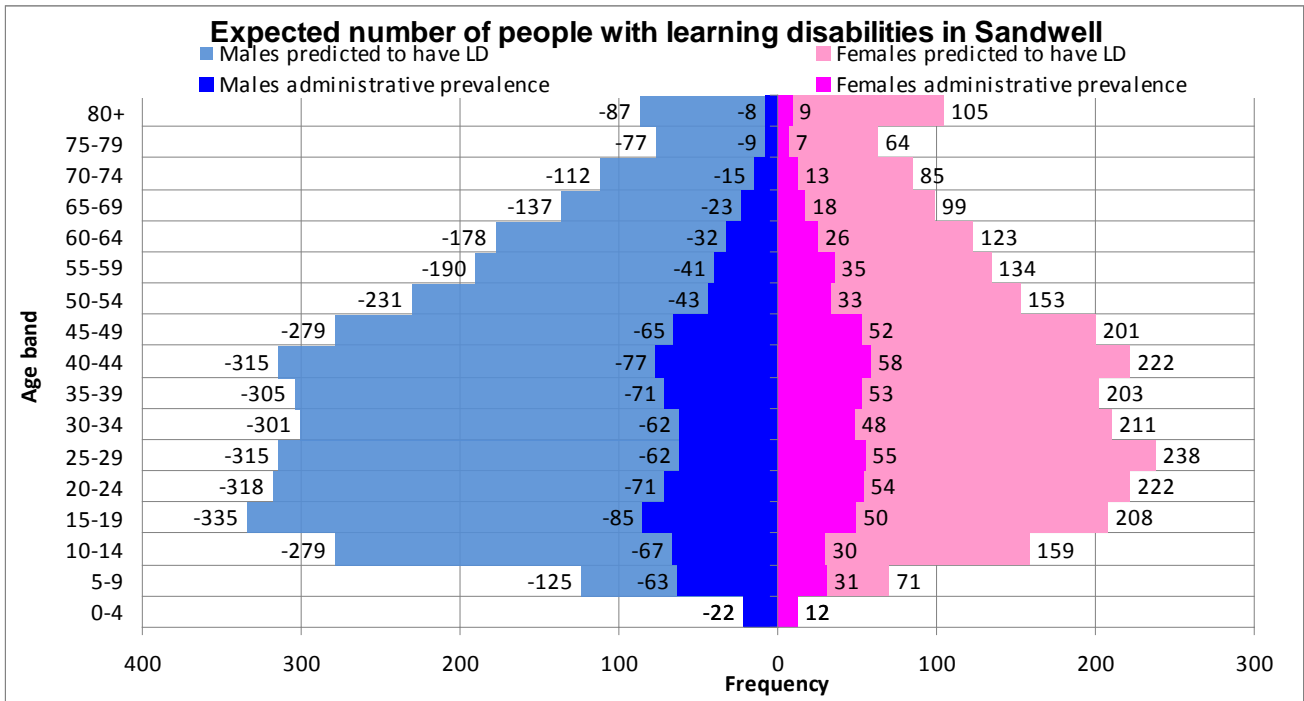
Age	Male	Female	Total
0-4	22	12	34
5-9	63	31	94
10-14	67	30	97
15-19	85	50	135
20-24	71	54	125
25-29	62	55	117
30-34	62	48	110
35-39	71	53	124
40-44	77	58	135
45-49	65	52	117
50-54	43	33	76
55-59	41	35	76
60-64	32	26	58
65-69	23	18	41
70-74	15	13	28
75-79	9	7	16
80+	8	9	17
Total	816	584	1,400

Table 1.2: Learning Disability Prevalence in Sandwell All Ages

Age	Male	Female	Total
0-4	22	12	34
5-9	125	71	196
10-14	279	159	438
15-19	335	208	543
20-24	318	222	540
25-29	315	238	553
30-34	301	211	512
35-39	305	203	508
40-44	315	222	537
45-49	279	201	480
50-54	231	153	384
55-59	190	134	324
60-64	178	123	301
65-69	137	99	236
70-74	112	85	197
75-79	77	64	141
80+	87	105	192
Total	3,606	2,510	6,116

1.3 Figure 1.1 below shows the number of males and females predicted to have learning disabilities and those predicted to be known about. The number of males and females predicted to have learning disabilities is much higher compared to those 'known about' to the service

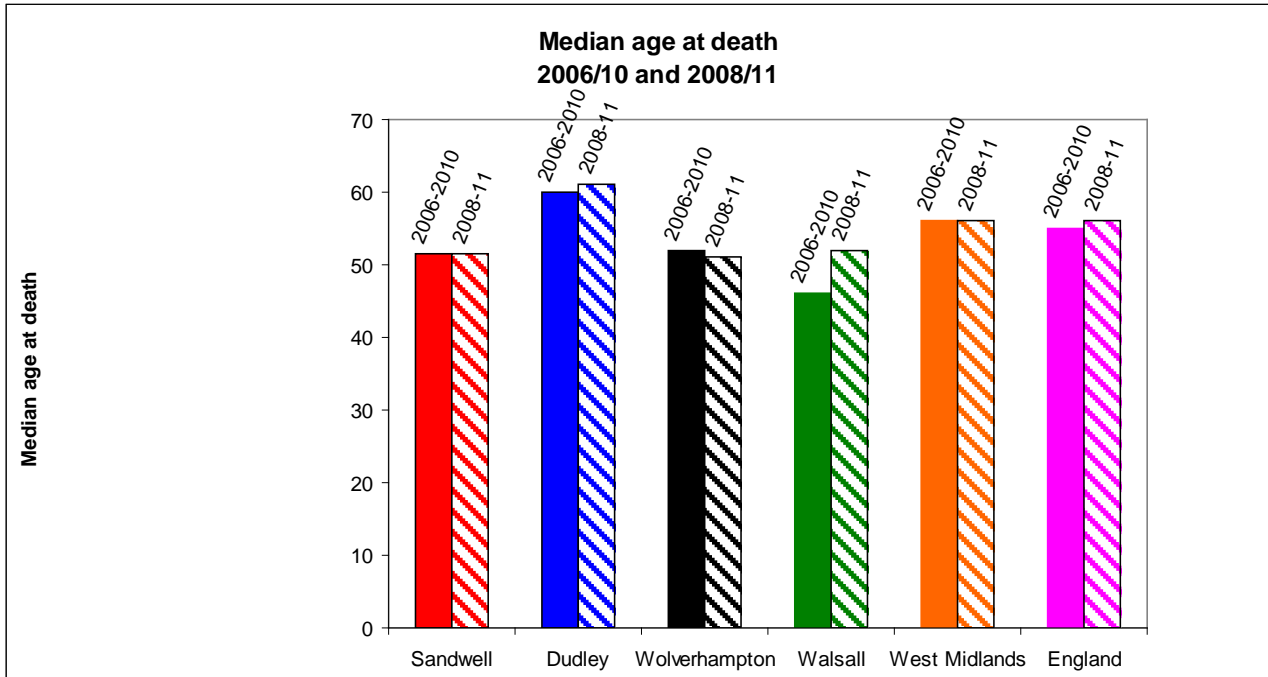
Figure 1.1: Expected number of people with learning disabilities



Source:

1.4 People with learning disabilities generally die at a younger age than other people. Figure 1.2 below shows that in Sandwell the median age at death for people with learning disabilities is 51.5 which is lower compared to the West Midlands (56) and England (56). The median age at which people with learning disabilities die in Sandwell is lower compared to Dudley and Wolverhampton and is slightly higher than Walsall. The overall life expectancy of men (75.5) and women (80.8) in Sandwell is lower compared to the median age at which people with learning disabilities die. This information must be interpreted with caution because not all doctors record a learning disability if they consider that it had no relationship with the individual's death.

Figure 1.2: Median age at death



Data Source: Local profile data

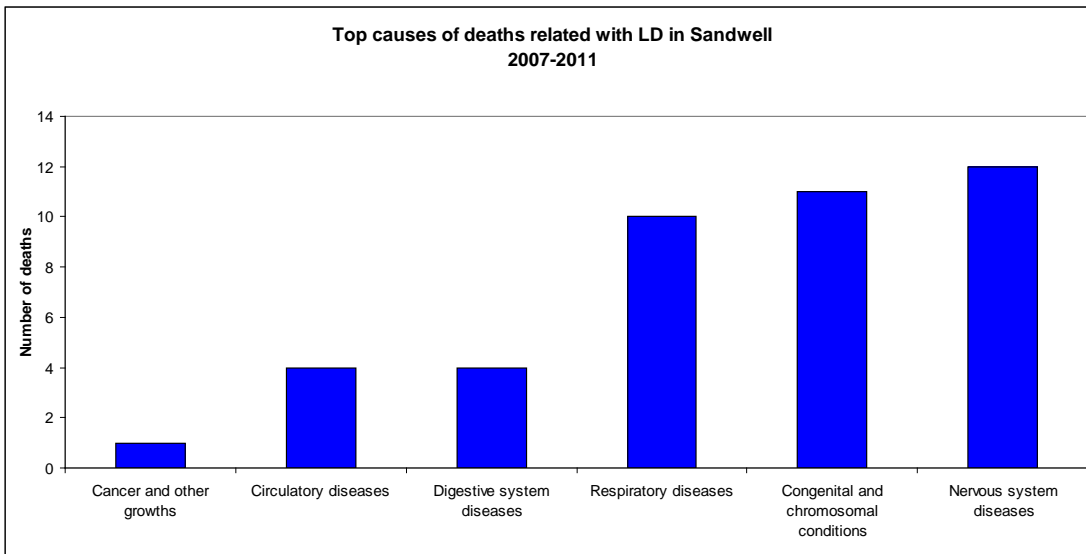
Causes of death related to learning disabilities

1.5 Data for all deaths over the period 2007/11 was analysed for the top causes of deaths including

- Infectious and parasitic diseases
- Cancer and other growths
- Nervous System diseases
- Circulatory diseases
- Respiratory diseases
- Digestive system diseases
- Genito-urinary diseases
- Congenital and chromosomal conditions
- Injury and poisoning

1.6 For each of these conditions the underlying causes of death were analysed and linked to the list of conditions (Appendix A) which are usually associated with learning disability, sometimes associated with learning disability, degenerative conditions associated with learning disability. Figure 1.3 below shows that people with diseases of the nervous system, respiratory, and congenital and chromosomal conditions were likely to also have learning disability.

Figure 1.3: Causes of deaths related to learning disabilities in Sandwell 2007/11



Source: Monthly deaths 2007/11

1.7 Table 1.3 below shows the number of deaths over the period 2007/11 where learning disability was stated as one of the underlying causes. Conditions most likely to be associated with learning disabilities were degenerative, cerebral palsy and downs syndrome.

Table 1.3: Number of deaths with conditions associated with learning disabilities, 2007-2011

Condition	Deaths
Degenerative conditions with LD	6
Down's Syndrome	4
Cerebral palsy	6
Hydrocephalus / Spina bifida	0
Neurofibromatosis	0
Microcephaly	0
Other conditions usually associated with LD	8
Other conditions sometimes associated with LD	11
Other conditions rarely associated with LD	0
No medical conditions associated with LD	
All deaths	14,705

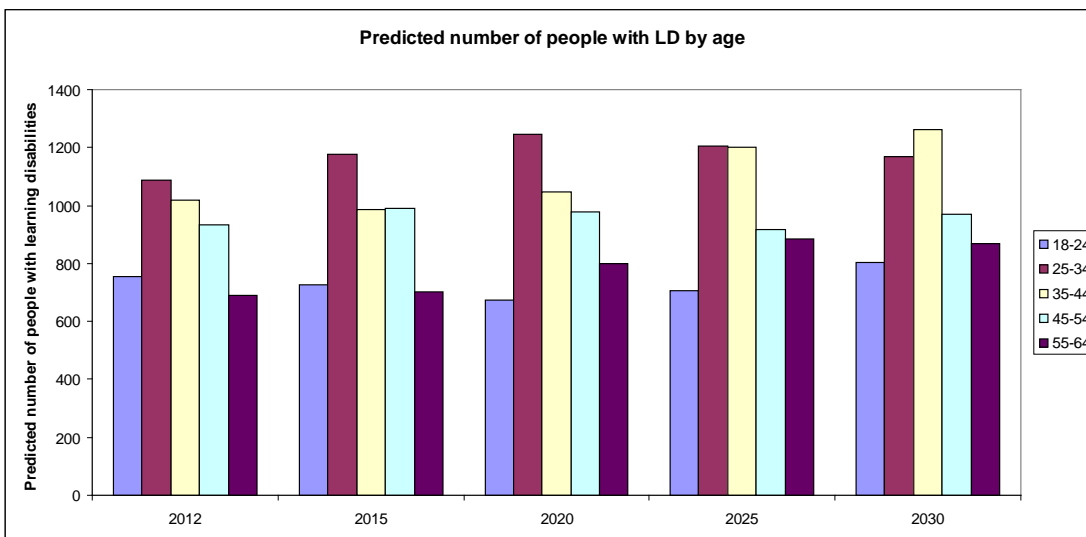
Source: Monthly deaths 2007/11

1.8 The following predictions for the number of people with learning disabilities to 2030 are based on prevalence rates calculated by Professor Emerson et al. The prevalence base rates are adjusted to take account of ethnicity (i.e. the increased prevalence of learning disabilities in South Asian communities) and of mortality (i.e. both increased survival rates of young people with severe and complex disabilities and reduced mortality among older adults with learning disabilities).

1.9 The predications are therefore based on an estimate of prevalence across the national population. The implication of this is that in areas where there is low South Asian community the predicted numbers will be over estimated and where there is high South Asian community the predicated numbers will be under estimated. The authors applied predicted rates to ONS population projections to relevant age groups in the years 2011 and 2021 and linear trends projected to give estimated numbers with learning disabilities to 2030.

1.10 Figure 1.4 below shows the predicted number of people with learning disabilities by different age groups to 2030. Although there is slight increase in the number of people with learning disabilities in all age groups the main increase will be in those aged 35-44 (24%) and 55-64 (26%) years old.

Figure 1.4: Predicted number of people with Learning Disabilities by age group

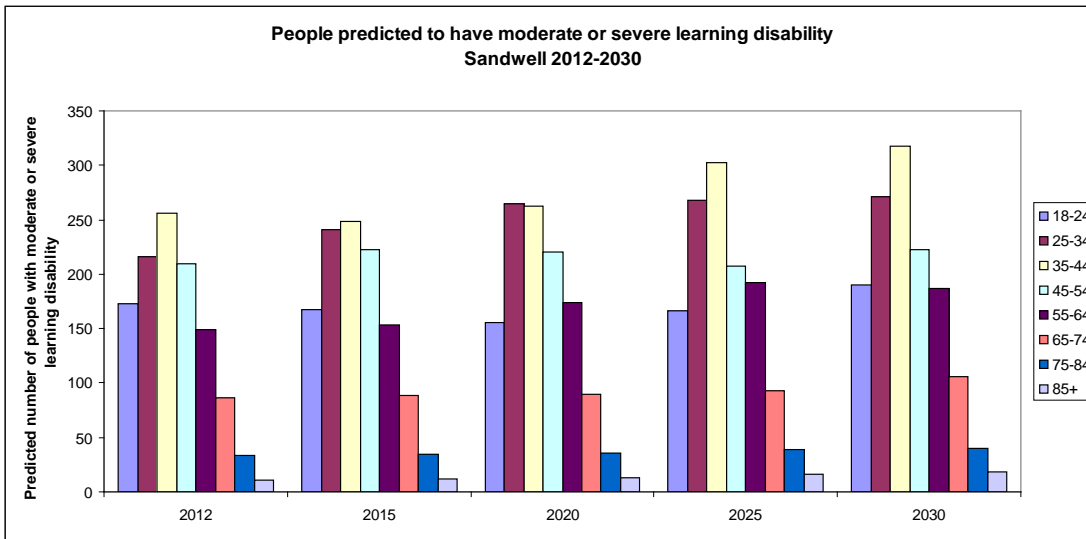


Source: DH - Projecting Adult Needs and Service Information System (PANSI)

1.11 Figure 1.5 below shows the number of people predicted to have moderate or severe learning disability by the year 2030 in the different age groups. These numbers are

predicted to increase particularly in those in the 25-44 (25%), 55-74 (25%) and 85+ (64%) age groups.

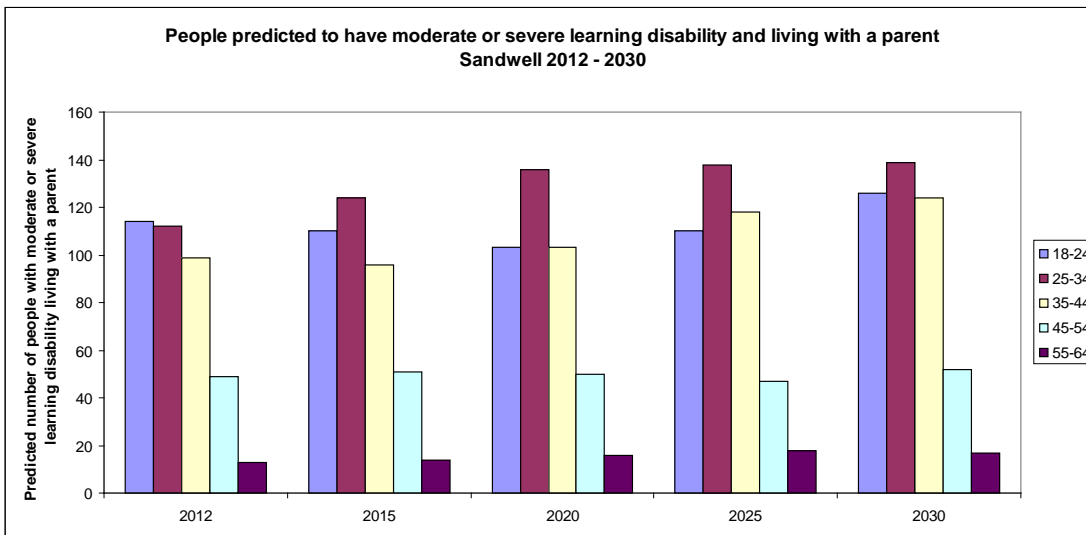
Figure 1.5: People predicted to have moderate or severe Learning Disability



Source: DoH - Projecting Adult Needs and Service Information System (PANSI)

1.12 Figure 1.6 below shows the number of people who live with a parent predicted to have moderate or severe learning disability to the year 2030. Those in the 25-44 (25%), 55-64 (31%) and 18-24 (11%) age groups tend to live with a parent.

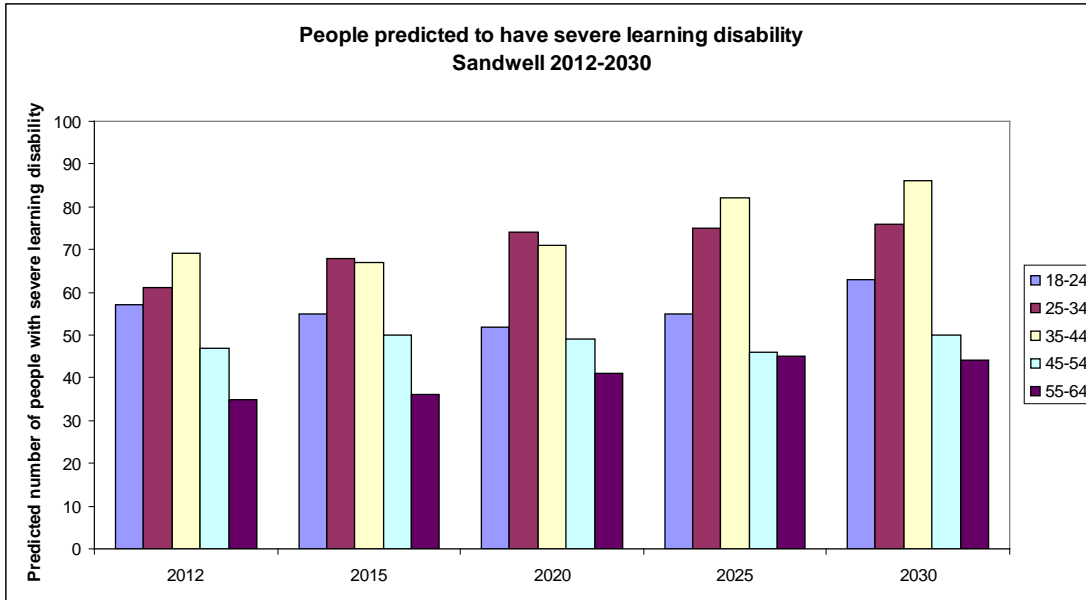
Figure 1.6: People predicted to have moderate or severe Learning Disability and living with a parent



Source: DoH - Projecting Adult Needs and Service Information System (PANSI)

1.13 Figure 1.7 below shows the number of people predicted to have severe learning disability to the year 2030. The highest numbers predicted were in those aged 25-44 (25%) and 55-64 years old (26%).

Figure 1.7: People predicted to have severe Learning Disability



Source: DH - Projecting Adult Needs and Service Information System (PANSI)

Autistic Spectrum Disorder

1.14 Autism is a lifelong developmental disability and is sometimes referred to as an autistic spectrum disorder (ASD). While all people with autism share three main areas of difficulty, their condition will affect in very different ways. Some people with ASD will be able to lead relatively 'everyday' lives whilst others will require a lifetime of specialist support. The three main areas of difficulty which all people with autism share are:

- Difficulty with social communication
- Difficulty with social interaction
- Difficulty with social imagination

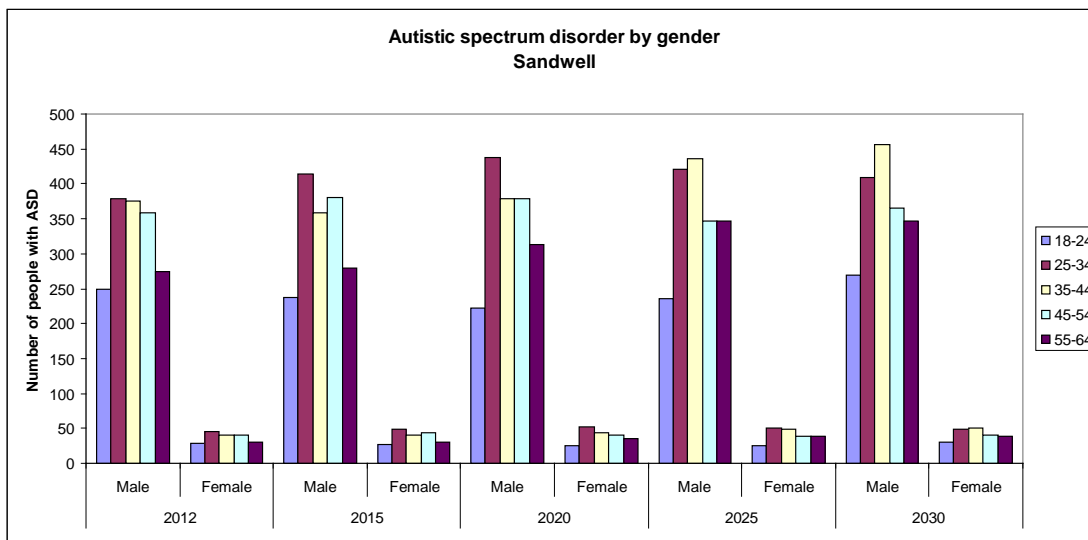
1.15 It is estimated that by 2030 there will be 2,056 people aged 18-64 with autism. This is an increase of 13% from the number predicted in 2012.

Table 1.4: Estimated number of people with Autism by 2030

	2012		2015		2020		2025		2030	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
18-24	250	28	238	27	223	25	236	26	270	30
25-34	378	45	414	49	437	52	421	50	409	49
35-44	376	41	358	41	378	43	436	49	457	51
45-54	358	40	380	43	378	41	346	39	365	41
55-64	274	30	279	31	313	35	346	39	346	38
Total	1636	184	1669	191	1729	196	1785	203	1847	209

1.16 Figure 1.8 below shows the predicted number of people with autistic spectrum disorder per year to 2030 by gender. The number of males with autistic spectrum disorder is much higher than women in all age groups.

Figure 1.8: Estimated number of people with Autistic Spectrum Disorder by 2030



2. Children and Education

Key Findings

- Approximately 1,625 children in Sandwell were at the School Action Plus stage of assessment of SEN or have a Statement of SEN and have a primary Special Educational Need (SEN) associated with learning disabilities
- 395 children in Sandwell have a Statement of SEN and a primary associated with learning disabilities
- SEN associated with learning disabilities is more common among boys (1,137) compared to girls (408)
- Overall, 98% of children with moderate, 18% each with severe and profound multiple learning difficulties were educated in mainstream schools. These rates were declining among children with severe learning difficulty
- As would be expected, children with SEN associated with learning disabilities had poorer educational attainment than their peers
- For children with PMLD increased rates of absence were accounted for by increased rates of authorised sessions. For children with MLD increased rates of absence were accounted for by increased rates of unauthorised absences
- Children with a primary SEN of MLD were more likely to be excluded than children without SEN. Children with a primary SEN of PMLD were less likely to be excluded than children without SEN
- The highest rates per 1,000 young people with a learning disability on the child disability register were in Wednesbury North, Hatley Heath, Greet Green & Lyng and Old Warley wards

Strategic Actions

- Focus services to supporting families with children who have a range of Learning Disabilities. This would include help to support education opportunities.
- Need to better understand issues around transition of children from school to adulthood
- Need to raise awareness of learning disabilities in schools and 'statementing'

Education

2.1 Table 2.1 below shows that in 2011/12 there were 1,625 children in Sandwell identified as having a primary SEN associated with learning disabilities. Of these 83% had a moderate learning disability (MLD), 13% severe (SLD) and 5% profound multiple learning disabilities (PMLD). Some 395 children had a Statement of SEN and a primary SEN associated with learning disabilities.

Table 2.1: Children with Special Educational Needs 2009-12

Type of SEN	School Action Plus		Statement		Total	
	Number	%	Number	%	Number	%
2009/10						
MLD	1112	97.4	164	40.2	1276	82.3
SLD	22	1.9	179	43.9	201	13.0
PMLD	8	0.7	65	15.9	73	4.7
Total	1,142	100	408	100	1,550	100
2010/11						
MLD	1199	97.2	132	35	1331	82.6
SLD	25	2.0	176	46.7	201	12.5
PMLD	10	0.8	69	18.3	79	4.9
Total	1,234	100	377	100	1,611	100
2011/12						
MLD	1195	97.2	145	36.7	1340	82.5
SLD	25	2.0	183	46.3	208	12.8
PMLD	10	0.8	67	17.0	77	4.7
Total	1,230	100	395	100	1625	100
% change 2009/10 to 2010/11						
MLD	7.8		-19.5		4.3	
SLD	13.6		-1.7		0.0	
PMLD	25.0		6.2		8.2	
Total	8.1		-7.6		3.9	
% change 2010/11 to 2011/12						
MLD	-0.3		9.8		0.7	
SLD	0		4.0		3.5	
PMLD	0		-2.9		-2.5	
Total	-0.3		4.8		0.9	

Data Source: Sandwell MBC, Data Intelligence Unit

2.2 Table 2.2 below shows the number of boys and girls with SEN associated with learning disabilities. SEN associated with learning disabilities is more common in boys (1,137) compared to girls (408).

2.3 The number of girls with SEN in 2012 (408) decreased compared to 2011 (487). At the same time the number of boys with SEN in 2012 (1,137) increased compared to 2011 (1,124).

Table 2.2: Number and percentage of girls and boys with SEN associated with learning disabilities in Sandwell 2011-2012

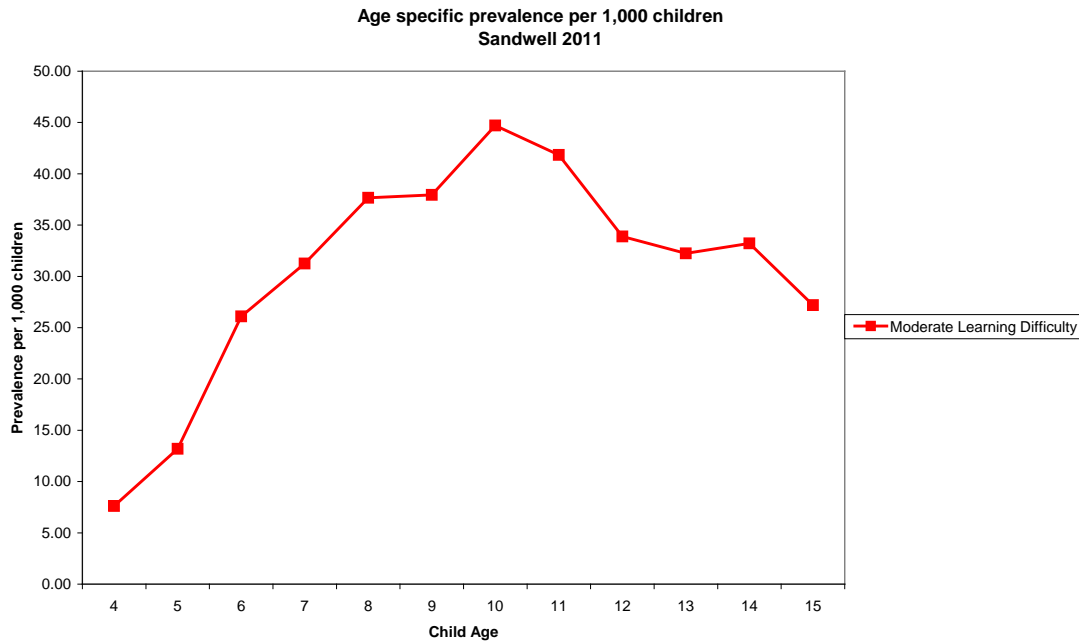
	Girls with type of SEN		Boys with type of SEN	
	Number	%	Number	%
2011				
MLD	393	1.58	938	3.53
SLD	70	0.28	131	0.49
PMLD	24	0.10	55	0.21
Total	487	1.95	1,124	4.23
2012				
MLD	315	1.45	945	3.99
SLD	72	0.33	136	0.57
PMLD	21	0.10	56	0.24
Total	408	1.88	1,137	4.80

Data Source: Sandwell MBC, Data Intelligence Unit

Age

2.4 Figure 2.1 below shows SEN associated with learning disabilities in primary and secondary schools as recorded in the Spring 2011 School Census in children aged 4-15 years old. Moderate learning difficulty increases across the primary school ages and then declines.

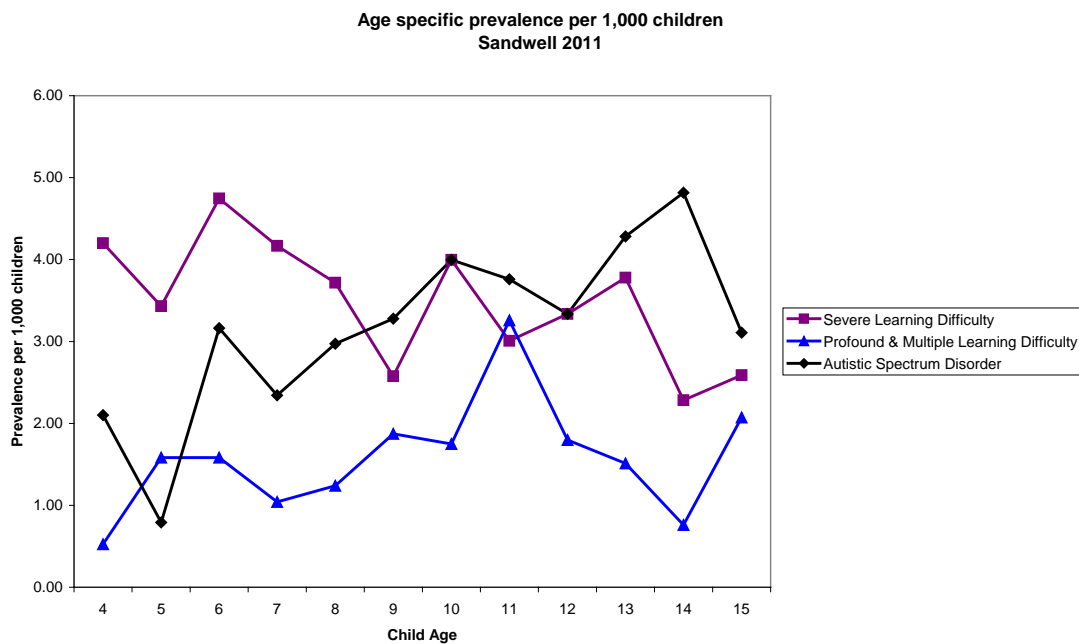
Figure 2.1: Age specific prevalence per 1,000 children with moderate learning difficulty



Source data: Sandwell MBC Spring 2011 School Census

2.5 Figure 2.2 below shows that PMLD increases in young children to age 11 then decreases sharply. This could be because of the ease with which PMLD is easily identified in young children. Autistic Spectrum Disorder increases and is much higher than severe learning difficulty.

Figure 2.2: Age specific prevalence per 1,000 children with SLD, PMLD and ASD



Source data: Sandwell MBC Spring 2011 School Census

Mainstream and Special Schools

2.6 Table 2.3 below shows that almost 98% of children with moderate learning difficulty, over 18% of children with severe learning difficulty and 18% of children with profound multiple learning difficulty were educated in mainstream schools.

Table 2.3: Percentage of children with SEN associated with learning disabilities being educated in mainstream schools 2008/9 to 2011/12

	2008/09	2009/10	2010/11	2011/12	Compound Annual Growth Rate
Moderate learning difficulty	96.2	96.6	97.7	97.6	0.05
Severe learning difficulty	33.1	21.9	17.4	17.8	-0.07
Profound Multiple Learning Difficulty	31.5	20.5	21.5	18.2	-0.06
Total	87.2	83.4	84.0	83.6	0.05

Data Source: Sandwell MBC, Data Intelligence Unit

Educational Attainment

2.7 The Children with Special Education Needs / Special Educational Needs Information Act requires that information on the educational attainment of children with and without SEN is recorded nationally. Table 2.4 below shows percentages of children assessed as achieving the expected level of attainment in both English and Maths at key stage 2. Children with SEN associated learning disability have significantly lower education attainment compared to their peers.

2.8 During the period 2008 to 2012 the percentage of children with SEN of moderate learning difficulty assessed as achieving expected level of attainment rose from 7.5% to 12.1%.

Table 2.4: Percentage of children assessed as achieving the expected level of attainment in both English and Maths at the end of KS2, England 2008-12

	2008	2009	2010*	2011	2012	Compound Annual Growth Rate
Moderate learning difficulty	7.5	10.5	9.8	12.6	12.1	10.1
Severe learning difficulty	0	5.6	0	0	0	-
Profound & Multiple Learning Difficulty	0	0	0	0	0	-
All pupils with SEN	26.2	27.2	28.8	32.6	40.4	0.09
All pupils	68.1	67.0	68.6	73.1	79.1	0.03

Data Source: Sandwell MBC, Data Intelligence Unit

* Does not include all schools due to the 2010 boycott

School absence and exclusion

2.9 Children with Special Education Needs / Special Educational Needs Information Act requires recording of information on school attendance and exclusions of children with and without SEN nationally.

2.10 Absence from school is measured as the average percentage of half day sessions throughout the year for which the child was absent. Absences are recorded as authorised or unauthorised defined as follows:

- *Authorised absence* involves permission from a teacher or other authorised representative of the school for absences for which a satisfactory explanation has been provided.
- *Unauthorised absence* includes all unexplained or unjustified absences. Arriving late for school, after the register is closed, is recorded as unauthorised absence.

2.11 Table 2.5 below shows, authorised and unauthorised absence for children with primary SEN associated with learning disabilities. It can be seen that children with primary SEN associated with learning disabilities are more likely than other children to be absent from school with the highest authorised absences were in children with profound and multiple learning difficulty.

Table 2.5: Average percentage of half-day sessions missed due to authorised and unauthorised absences 2008/09 to 2011/12

		2008/09	2009/10	2010/11	2011/12
Authorised		average	average	average	average
	MLD	7.1	6.5	6.1	4.9
	SLD	2.3	8.1	7.5	6.5
	PMLD	3	11.2	9.6	11
	All children	5.9	5.3	4.8	3.9
Unauthorised					
	MLD	3.2	3.3	3.4	3.3
	SLD	1	1.5	1.8	1.1
	PMLD	0.3	0.7	1.1	0.6
	All children	1.7	1.9	1.9	1.5
Total					
	MLD	10.3	9.9	9.6	8.2
	SLD	1.7	9.5	9.3	7.5
	PMLD	3.2	11.9	10.7	11.7
	All children	7.5	7.2	6.7	5.4

Data Source: Sandwell MBC, Data Intelligence Unit

2.12 The reasons for absences are shown in Table 2.6. Illness and medical / dental appointments accounted for 40.6% of absences of children with moderate learning difficulty, 60.5% with severe learning difficulty and 72.1% with profound multiple learning difficulty respectively.

Table 2.6: Reasons for Absences from School of Children with Primary SEN Associated with Learning Disabilities, Sandwell 2011/12

	MLD	SLD	PMLD
Authorised			
Illness (not medical or dental appointments)	40.6%	60.5%	72.1%
Medical / dental appointments	5.5%	17.8%	14.6%
Religious observance	0.3%	0.5%	0.4%
Traveller absence	0.0	0.0	0.0
Agreed family holiday	2.7%	4.7%	1.0%
Excluded, no alternative provision	3.2%	0.0	0.4%
Other authorised circumstances	7.2%	2.2%	5.6%
Unauthorised			
Family holiday not agreed	2.8%	6.5%	2.1%
Arrived late	2.4%	2.2%	1.3%
Other unauthorised circumstances	34.9%	5.3%	2.1%
No reasons yet	0.4%	0.2%	0

Data Source: Sandwell MBC, Data Intelligence Unit

2.13 Table 2.7 below shows percentage fixed term and permanent exclusions during the period 2009/10 to 2011/12. A fixed period of exclusion is recorded when a child is excluded from a school but remains on the register (as they are expected to return to school once the exclusion is over). A permanent exclusion is recorded when a child is excluded from a school and their name is removed from the register.

2.14 Children with a primary SEN of MLD were significantly (14.9%) more likely to be excluded than children without SEN (3.7%). Children with a primary SEN of PMLD were not likely to be excluded than children without SEN.

Table 2.7: Percentage of Children with Primary SEN Associated with Learning Disabilities Excluded from School, Sandwell 2009/10 to 2011/12

		2009/10	2010/11	2011/12
Fixed Term				
	MLD	13.0	13.6	14.9
	SLD	5.3	1.5	0.5
	PMLD	1.7	2.5	2.6
	Children without SEN	4.3	4.2	3.7
Permanent				
	MLD	0.19	0.15	0.48
	SLD	0	0	0
	PMLD	0	0	0
	Children without SEN	0.14	0.12	0.15

Data Source: Sandwell MBC, Data Intelligence Unit

2.15 Table 2.8 below shows the reasons for exclusions of pupils with SEN associated with learning disabilities. The highest percentage (24.5%) of exclusions were of children with MLD related to physical assault against a pupil, persistent disruptive behaviour (23.4%) and verbal abuse / threatening behaviour against another adult (19.2%). The highest percentage of exclusions for SLD was related to bullying (100%).

2.16 For PMLD the highest percentage of exclusions were related to physical assault against an adult (50%) and verbal abuse / threatening behaviour against another adult (50%).

Table 2.8: Reasons given for fixed term exclusion of pupils, 2011/12

	Children without SEN	MLD	SLD	PMLD
Persistent disruptive behaviour	25.7%	23.4%	0	0
Verbal abuse / threatening behaviour against an adult	15.5%	19.2%	100%	0
Physical assault against a pupil	21.9%	24.5%	0	0
Physical assault against an adult	7.5%	4.8%	0	50%
Verbal abuse / threatening behaviour against a pupil	5.0%	6.4%	0	50%
Drug and alcohol related	2.8%	0.5%	0	0
Damage	3.4%	3.7%	0	0
Bullying	1.1%	1.6%	0	0
Racist abuse	1.9%	2.7%	0	0
Sexual misconduct	1.3%	1.6%	0	0
Theft	1.3%	1.6%	0	0
Other	12.6%	10.1%	0	0

Data Source: Sandwell MBC, Data Intelligence Unit

Learning disability in early years (0-4)

2.17 Table 2.9 below shows data for 121 children who have a learning difficulty or another disability and been supported by the Integrated Support Early Years (ISEY) team during 2011/12. The majority 74.4% (n=90) of the children were male compared to 25.6% (31) female.

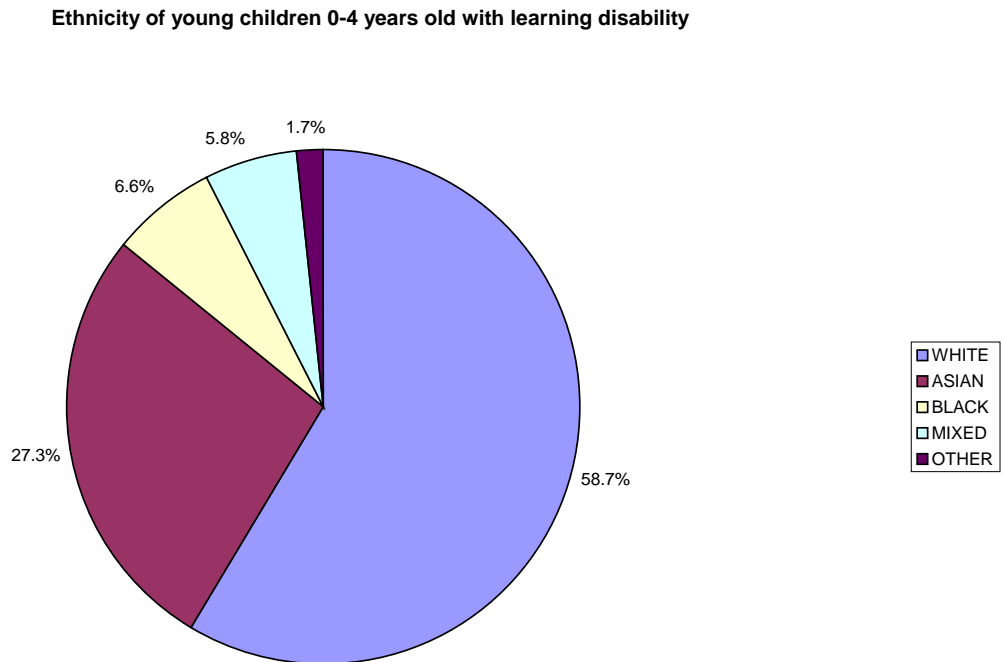
Table 2.9: Children supported by Integrated Support Early Years 2011/12

Condition	Primary Need	Secondary Need
Autistic Spectrum	1 (0.8%)	-
Behaviour, emotional and social difficulty	5 (4.2%)	3
Speech, language and communication	42 (35%)	5
Moderate learning difficulty	57 (47.5%)	14
Profound and multiple learning difficulty	2 (1.7%)	-
Hearing impairment	1 (0.8%)	-
Physical impairment	11 (9.2%)	9
Visual impairment	1 (0.8%)	-
Total	120	31

Source: Integrated Support Early Years, SMBC

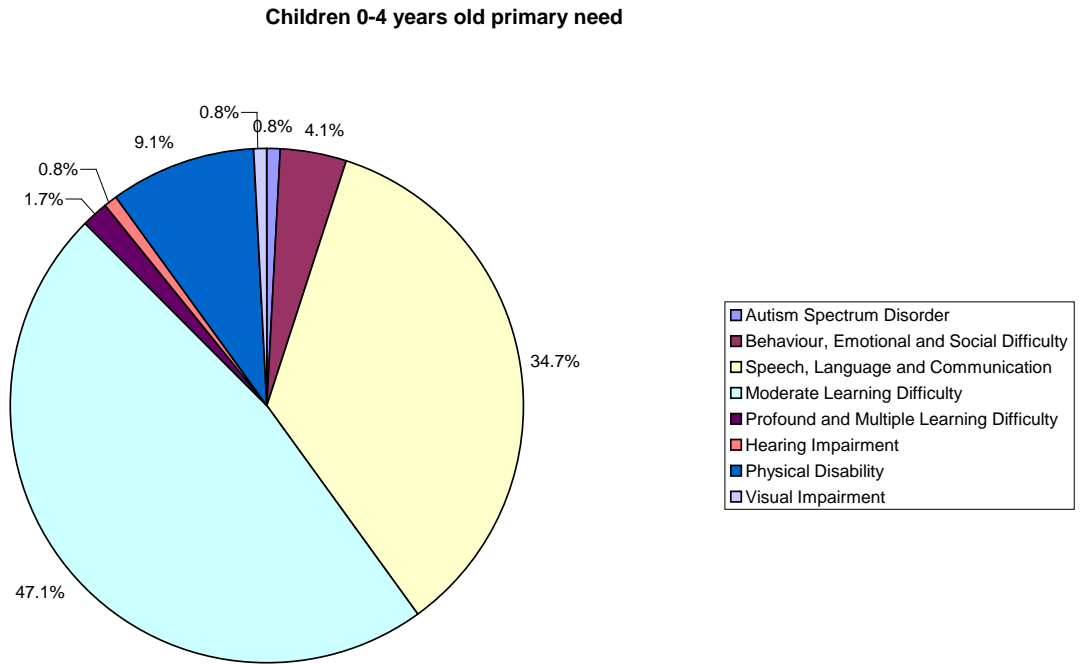
2.18 The pie chart in figure 2.3 below shows that children were predominantly from a white ethnic background (58.7%) followed by those of Asian (27.3%), Black (6.6%), mixed (5.8%) and other (1.7%) ethnic groups.

Figure 2.3: Ethnicity of children with learning disability



2.19 Figure 2.4 shows that the majority 47.5% (57) of the children had a moderate learning difficulty followed closely by speech, language and communication (35%, n=42).

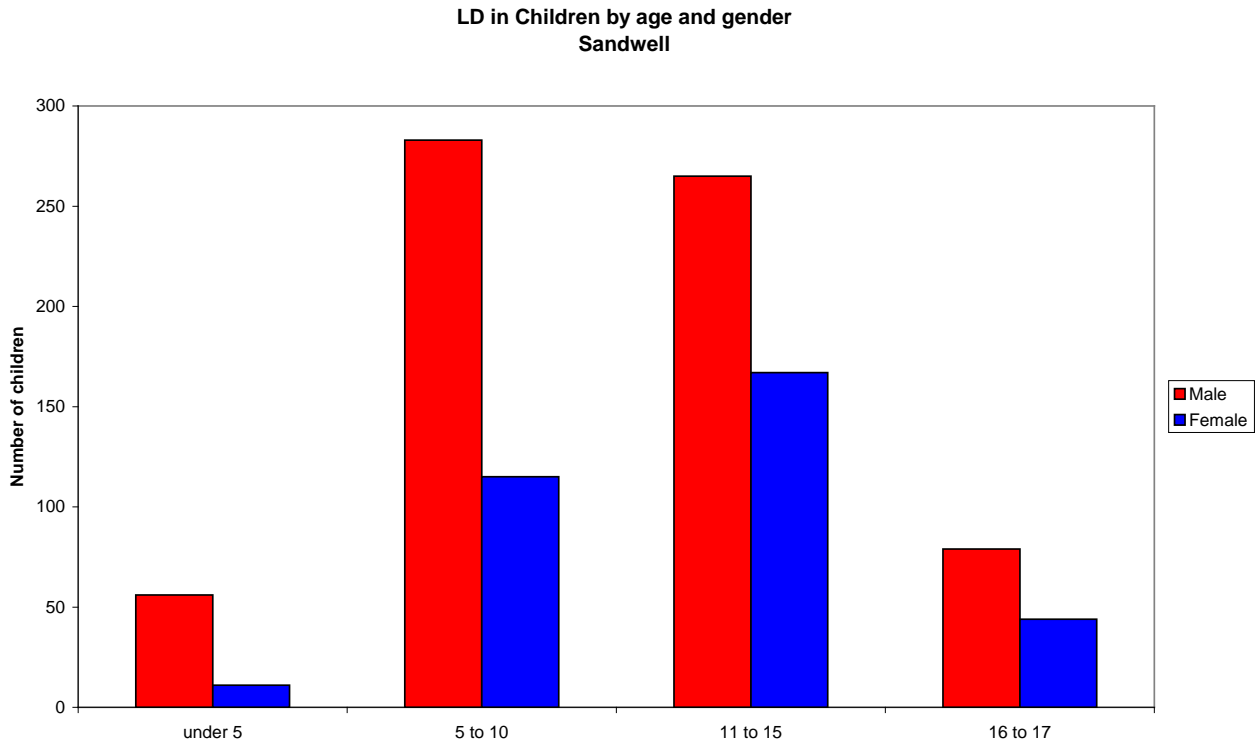
Figure 2.4: Children 0-4 years old primary need



Child learning disability register

2.20 There are 1,020 children on the child disability register aged 0-17 years old. Of these the majority (67%) were male compared to female (33%) (Figure 2.5).

Figure 2.5: Learning disability in children aged 0-17 by age and gender in Sandwell



2.21 Table 2.10 below shows the numbers for the reasons for referrals. The highest percentage of referrals were speech, language and communication (17%), behaviour, emotional and social difficulty (15.5%) and moderate learning difficulty (11.7%).

Table 2.10: Reasons for referrals

Reasons for referral	Number	Percentage
Autism Spectrum Disorder	90	8.9%
Behaviour, emotional and social difficulty	157	15.5%
Moderate learning difficulty	119	11.7%
Profound and multiple learning difficulty	50	4.9%
Severe learning difficulty	82	8.1%
Specific learning difficulty	56	5.5%
Physical disability	99	9.8%
Speech, language and communication	172	17.0%
Hearing impairment	72	7.1%
Visual impairment	83	8.2%
Multi sensory impairment	35	3.2%
Total	1015	100%

2.22 Figure 2.6 below shows the distribution of young people with a learning disability across Sandwell. Wednesbury North, Hateley Heath, Greet Green & Lyng and Soho & Victoria wards have the highest number of young people with a learning disability.

2.23 Figure 2.7 shows the rate per 1,000 young people with a learning disability on the child disability register. Wednesbury North, Hateley Heath, Greet Green & Lyng and Old Warley wards have the highest rates of young people with a learning disability.

Figure 2.6: Distribution of young people aged under 18 with a Learning Disability on the child disability register in Sandwell

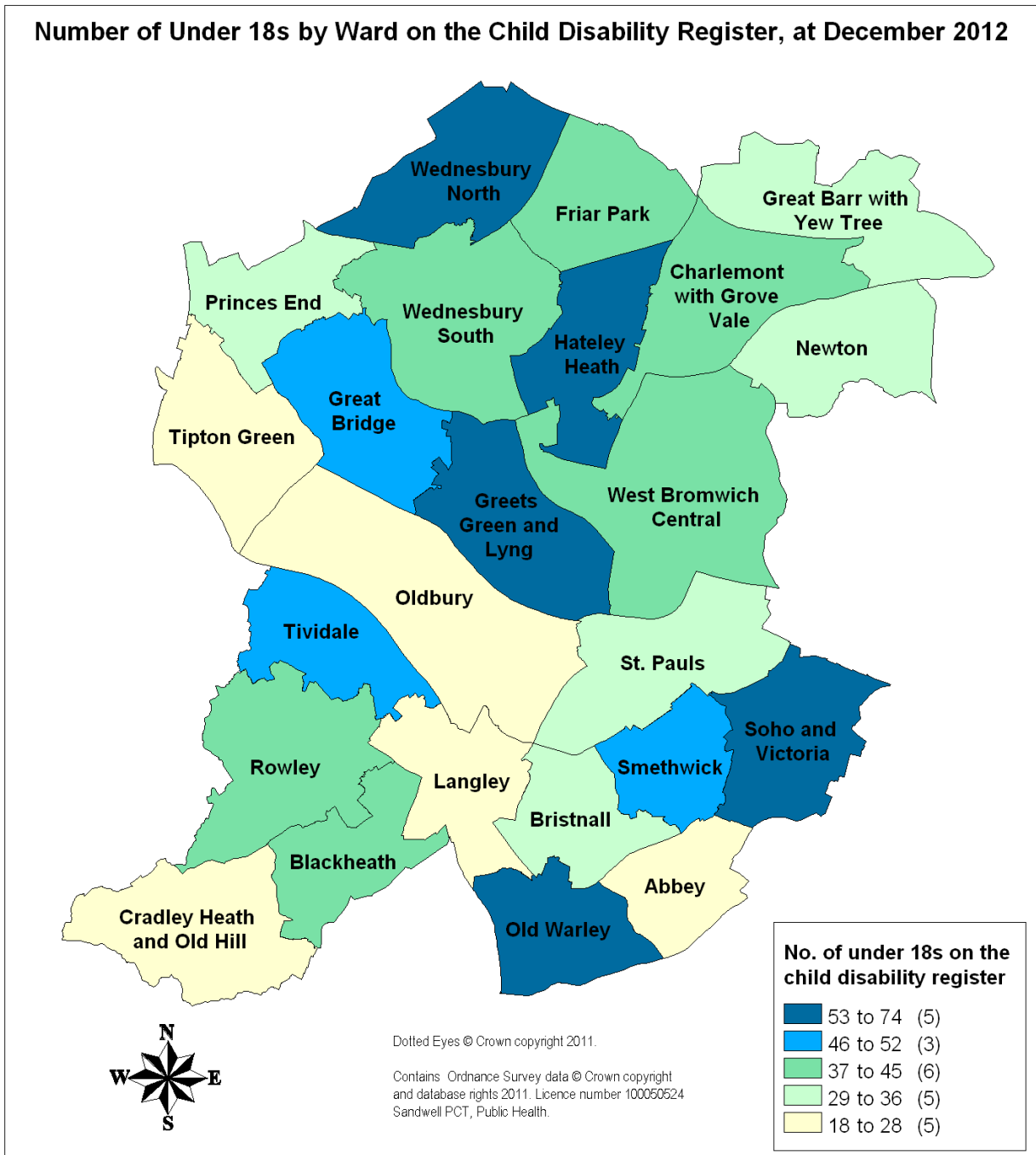
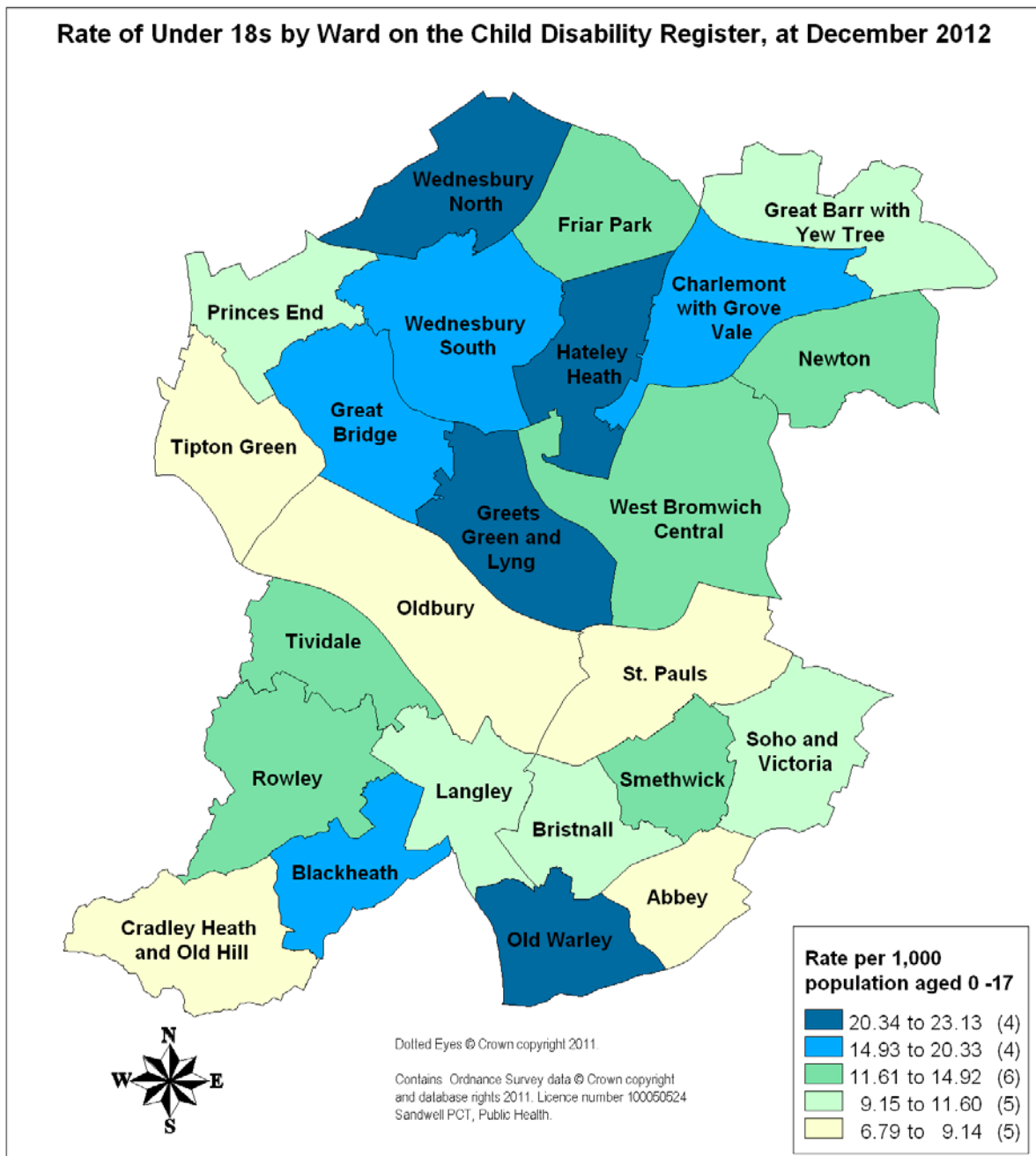


Figure 2.7: Rate per 1,000 young people aged under 18 with a learning disability on the child disability register in Sandwell



3. Health Services

Key Findings

- There are over a thousand (1,219) people with learning disabilities on GP practice lists
- GPs are recognising more people with learning disabilities on their practice lists, 3.5 in every thousand in 2012
- About 26% of people with learning disabilities received a health check in 2012/13 which is an increase on previous years
- The proportion of admissions to general hospitals as emergencies was 45.7% for people with learning disabilities
- Hospital admission for an ambulatory care sensitive condition is often used as an indicator of deficient primary care. Over the period 2005-9 there were
 - 99 admissions of people with learning disabilities for the non psychiatric ambulatory care sensitive conditions of gastric-oesophageal reflux disorder (GORD), epilepsy and constipation
 - 7 admissions of people with learning disabilities for the psychiatric ambulatory care sensitive conditions of schizophrenia, schizotypal and delusional disorders
- In 2008/09, 18.53% of episodes of general hospital care in Sandwell for individuals who are known to have learning disabilities specifically recorded the persons learning disability
- There were 75 episodes of psychiatric inpatient care during the period 2005/09 for individuals known to have learning disabilities of which 61.98% were in people where LD was specifically recorded
- Over the period 2005-9, 10 (2.17 per 1,000 people) people were admitted to hospital where the primary reason for admission was challenging behaviour

Strategic Actions

- Examine the reasons for higher than expected emergency admission to Hospital
- Continue to promote access into NHS health checks for people with Learning Disabilities and consider other similar programmes.

- Raise awareness of learning disabilities amongst general practitioners
- Ensure that there are no hospital admissions where primary reason is challenging behaviour

Quality and Outcomes Framework Register

3.1 The clinical domain of the Quality and Outcomes Framework (QOF) has an indicator (LD1) on learning disabilities. This requires GPs to keep registers of people on their list who have learning disabilities. The data is collated by the department of health and is readily available from the QOF database. Table 3.1 below shows the total number of people on Sandwell GP learning disabilities registers and the number of people per thousand population identified by GPs as having learning disabilities (prevalence) for the years 2007 to 2012.

Table 3.1: Prevalence data from GP Learning Disability Registers (age 18 and over)

	2007	2008	2009	2010	2011	2012
Sandwell						
Total number of people on GP learning disabilities registers	1,017	1,058	1,148	1,152	1,186	1,219
Rate per 1,000	3.12	3.21	3.43	3.40	3.47	
West Midlands SHA						
Total number of people on GP learning disabilities registers	16,858	17,788	19,156	19,200	20,847	21,888
Rate per 1,000	2.96	3.10	3.33	3.45	3.59	
England						
Total number of people on GP learning disabilities registers	139,321	144,909	159,717	174,138	186,657	198,877
Rate per 1,000	2.60	2.68	2.95	3.25	3.42	

Data Source: QOF database

3.2 Over the six year period 2007-2012 the number of people on GP learning disabilities registers gradually increased from 1,107 to 1,219 with a rate of 3.47 per 1,000 population. This is lower compared to the West Midlands (3.59) and slightly higher than the England rate (3.42).

Health Checks

3.3 Between 2008/9 and 2011/12 the number of adults with learning disabilities reported to have received a health check increased by 38% from 281 to 387 (see Table 3.2). Over the same period the number of adults with learning disabilities reported to be eligible to receive a health check increased by 7% and percentage uptake increased by 13 percentage points (from 47% to 60%).

Table 3.2: Annual health checks for people with learning disabilities 2008/09 to 2012/13

	2008-09	2009-10	2010-11	2011-12	2012-13	% change 2011/12 - 2012/13
Sandwell						
Number of people with LD who received a health check	281	212	263	387	323	-17%
Number of people with LD eligible to receive a health check	600	547	540	644	1243	93%
% of eligible people with LD who received a health check	47%	39%	49%	60%	26%	-34%
West Midlands						
Number of people with LD who received a health check	3569	6062	6515	8191	8375	2%
Number of people with LD eligible to receive a health check	12,908	15,893	16,480	17,911	20,437	14%
% of eligible people with LD who received a health check	28%	38%	40%	46%	41%	-35%
England						
Number of people with LD who received a health check	27,011	58,919	72,782	86,023	92,329	18% 7%
Number of people with LD eligible to receive a health check	118,230	145,130	149,480	162,945	177,389	9% 9%
% of eligible people with LD who received a health check	23%	41%	49%	53%	52%	4%

Data Source: Improving Health and Lives Learning Disabilities Observatory ([IHaL 2012-07 LD Health Checks 2008-9 to 2011-12 for Download.xlsx](#))

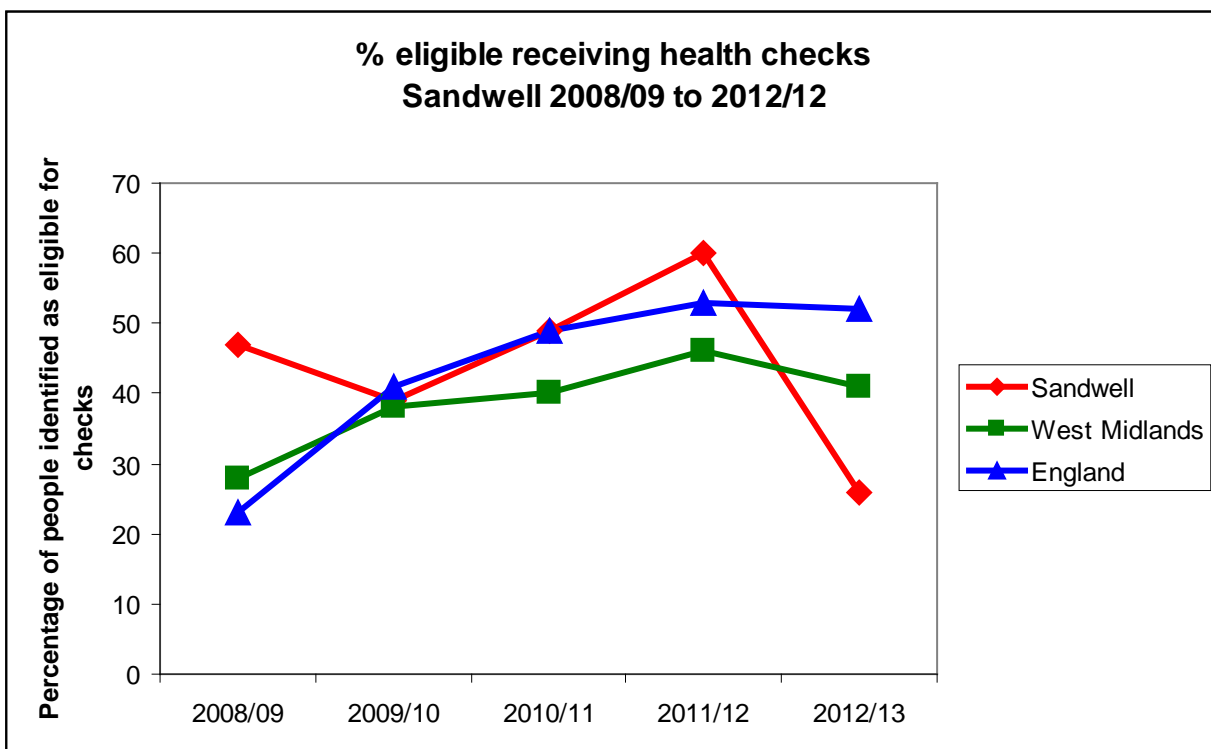
3.4 The number of adults with a learning disability who received a health check decreased by 17% from 387 to 323 between 2011/12 and 2012/13. During the same period the number of people eligible to receive a health check increased by 93% whilst the uptake decreased by 34 percentage points from 60% to 26%. These decreases were much higher than the West Midlands Region and England.

3.5 In 2012/13, 26% of people with learning disabilities in Sandwell received a health check. This was much lower compared to the West Midlands Region (41%) and England (52%).

Coverage across Sandwell

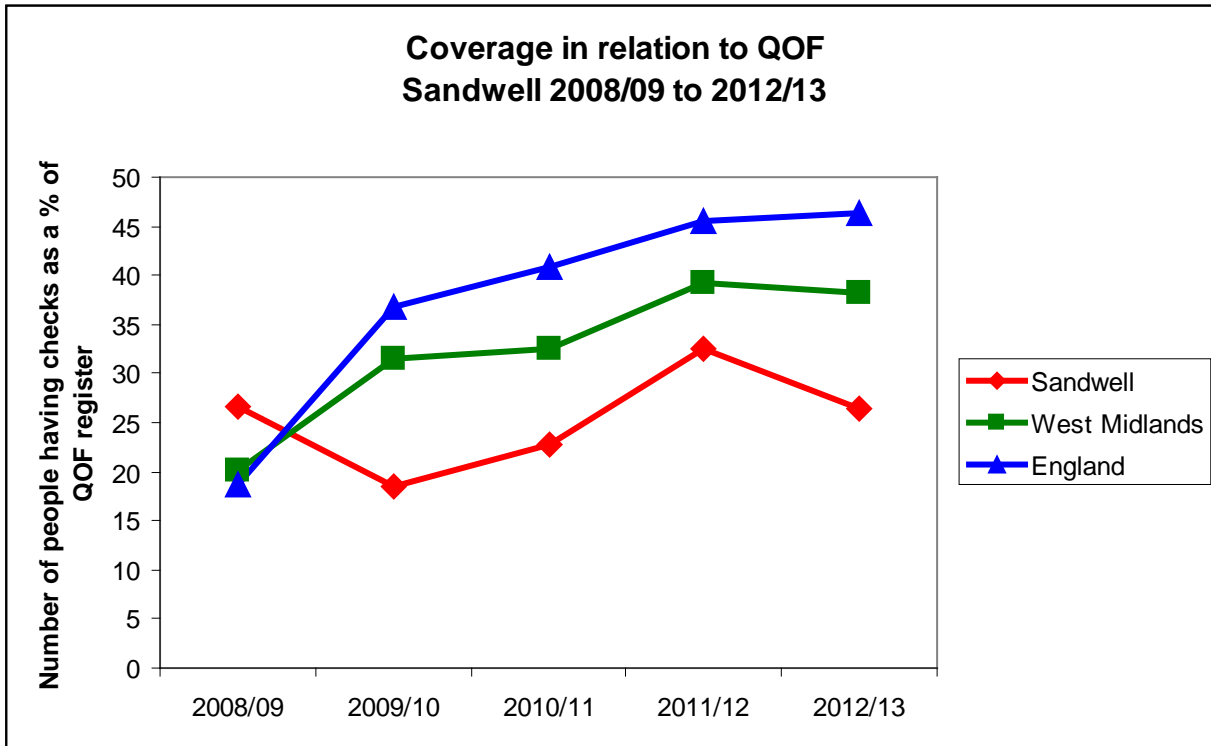
3.6 Figure 3.1 below shows the percentage of eligible people receiving health checks in Sandwell over the period 2008/09 to 2012/13. Whilst the coverage across the West Midlands and England has gradually increased, in Sandwell it has declined sharply over the last year.

Figure 3.1



3.7 Figure 3.2 below shows coverage of health checks in relation to the number of people on the GP QOF registers. Whilst the coverage in West Midlands and England has gradually increased, it has been lower in Sandwell and fallen over the last year 2011/12.

Figure 3.2



Non-Psychiatric Emergency Hospital Admissions

3.8 In Sandwell in 2008/09 there were 503 hospital admissions (excluding psychiatric) for adults with learning disabilities of which 230 were emergencies (45.7%). The figures for the preceding three years were:

- 2007-08: 545 hospital admissions, 223 as emergencies (41.0%)
- 2006-07: 617 hospital admissions, 172 as emergencies (27.9%)
- 2005-06: 464 hospital admissions, 160 as emergencies (34.5%)

Table 3.3: Percentage of hospital admissions for adults with learning disabilities that happened as emergencies 2005/06-2008/09

	% of all admissions (95% Confidence Interval)			
	2005-06	2006-07	2007-08	2008-09
Sandwell	34.5 (30.3-38.9)	27.9 (24.5-31.5)	41.0 (36.9-45.1)	45.7 (41.2-50.1)
West Midlands	44.7 (43.5-45.9)	43.5 (42.4-44.7)	44.5 (43.4-45.6)	47.2 (46.1-48.3)
England	50.7 (50.3-51.1)	49.1 (48.8-49.5)	48.6 (48.3-49.0)	50.0 (49.6-50.3)

Data Source: Local profile data

Admissions for Psychiatric Ambulatory Care Sensitive Conditions

3.9 Table 3.4 below shows the number of admissions and the rate for psychiatric ambulatory care sensitive conditions per thousand adults known to GP practices as having learning disabilities. In Sandwell during the period 2005/06 to 2008/09, seven admissions were of people with learning disabilities for schizophrenia, schizotypal and delusional disorders at a rate of 1.5 per 1,000 adults known to GP practices.

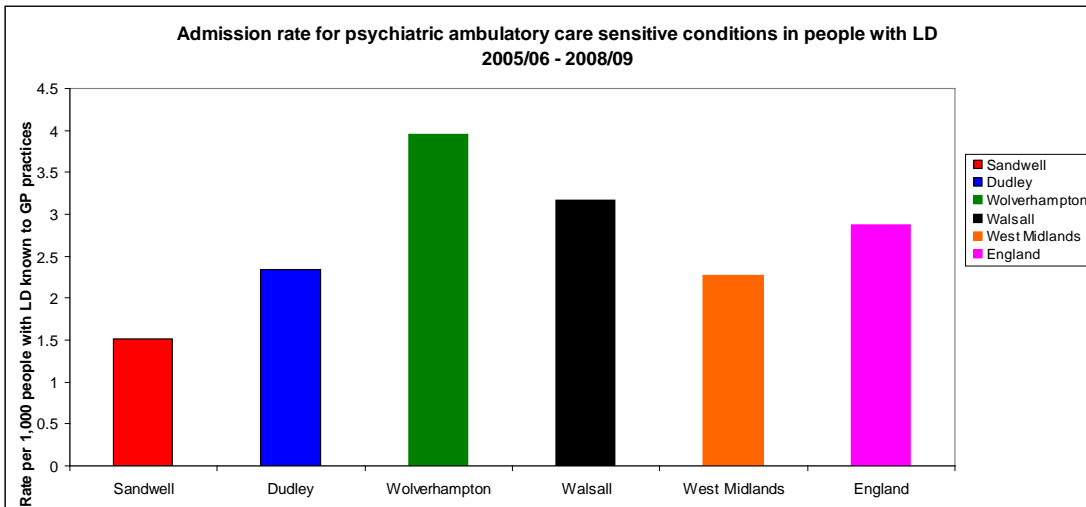
Table 3.4: Admission rate for people with learning disabilities

	Number of admissions	Rate per 1,000
Sandwell	7	1.5 (95% CI 0.74-3.13)
West Midlands	181	2.27 (95% CI 1.96-2.62)
England	2055	2.87 (95% CI 2.75-2.99)

Data Source: Local profile data

3.10 Figure 3.3 below shows that Sandwell has a lower admission rate compared to the other Black Country Boroughs, West Midlands and England

Figure 3.3: Admission rate for psychiatric ambulatory care sensitive conditions in people with Learning Disabilities



Data Source: Local profile data

Identifying people with Learning Disabilities in Psychiatric In-Patient Statistics

3.11 This indicator looks at all the episodes of psychiatric inpatient care for individuals who are known to have learning disabilities either from medical diagnoses such as Down's syndrome in this episode or from any diagnoses in other episodes of care they have had over the eight year period 2005-06 to 2008-09. It shows the proportion of these episodes in which the person's learning disability is specifically recorded.

3.12 In Sandwell, for the period 2005/06 to 2008/09 there were 75 episodes of psychiatric inpatient care for individuals who were known to have learning disabilities. In 61.98% of the episodes the person's learning disability was specifically recorded.

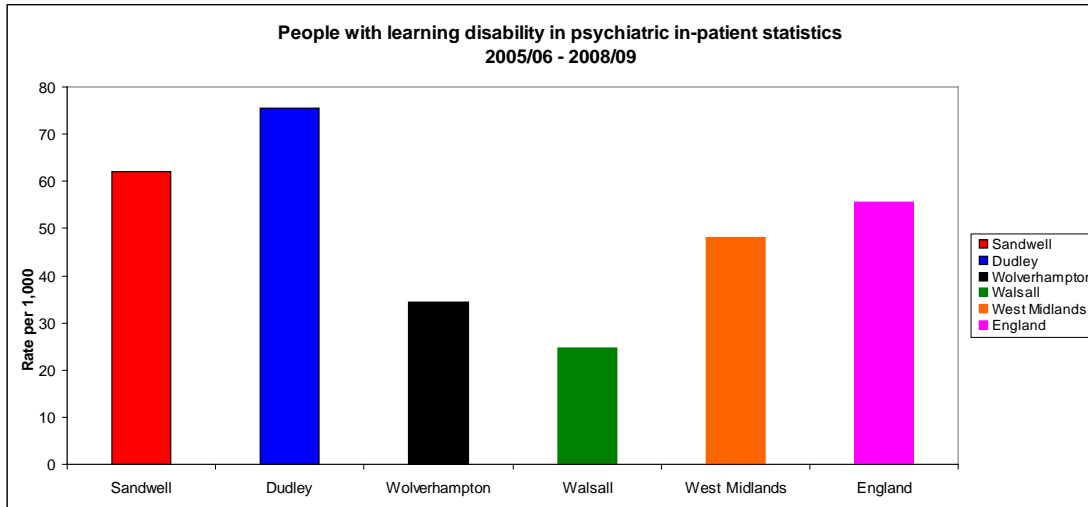
Table 3.5: Episodes of psychiatric in-patient care where person's learning disability is specifically recorded

	Number of episodes of psychiatric in patient care	Percentage of episodes in which a person's LD specifically recorded
Sandwell	75	61.98%
West Midlands	5,301	48.14%
England	34,391	55.61%

Data Source: Local profile data

3.13 Figure 3.4 below shows that in Sandwell the rate per 1,000 people of episodes where a person’s learning disability was specifically recorded was higher when compared to other Black Country Boroughs, West Midlands and England.

Figure 3.4: People with learning disability in psychiatric in-patient statistics



Data Source: Local profile data

Psychiatric Admissions for challenging behaviour

Ideally challenging behaviour should be managed by family members, informal carers or residential care staff, in people’s own homes. Professor Eric Emerson defined it as "culturally abnormal behaviour(s) of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to the use of ordinary community facilities [2] In some situations, problems get bad enough for hospital treatment to be considered necessary. This indicator shows the number of adults (aged 18 and over), per thousand with learning disabilities known to GPs, who had at least one hospital admission where the primary reason for admission was learning disabilities with challenging behaviour.

3.14 Table 3.6 below shows that during the period 2005/06 to 2008/09 in Sandwell there was a small number of admissions (10) with challenging behaviour compared to West Midlands (84) and England (679).

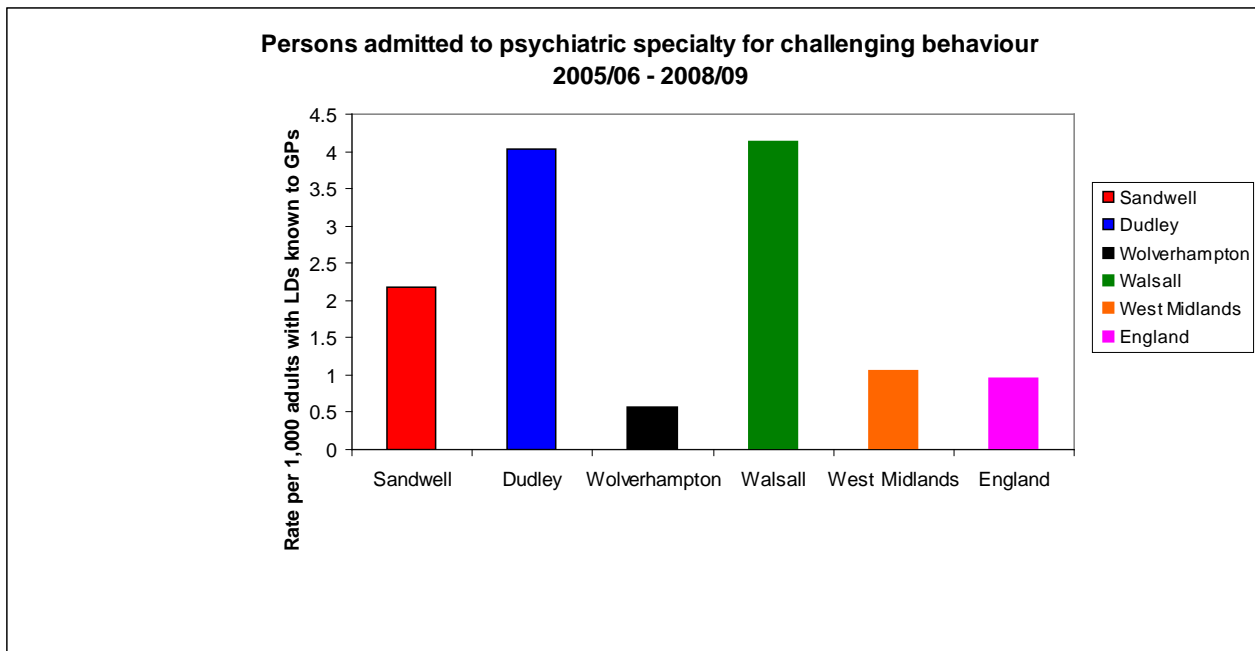
Table 3.6: Number of admissions with challenging behaviour 2005/6 to 2008/9

	Number of people with at least one hospital admission due to challenging behaviour	Rate per 1,000 adults with LDs known to GPs
Sandwell	10	2.17
West Midlands	84	1.05
England	679	0.94

Data Source: Local profile data

3.15 Figure 3.5 shows that the rate in Sandwell was higher than the West Midlands and England levels.

Figure 3.5: Rate of persons admitted to psychiatric specialty for challenging behaviour



Data Source: Local profile data

Admissions for Non-Psychiatric Ambulatory Care Sensitive Conditions

3.16 Table 3.7 below shows the rate of admissions for non-psychiatric ambulatory care sensitive conditions per thousand adults known to GP practices as having learning disabilities. In the period 2005/06 to 2008/09; 99 admissions were of people with learning disabilities for gastric-oesophageal reflux disorder (GORD), epilepsy and constipation at a rate of 21.48 per 1,000 adults.

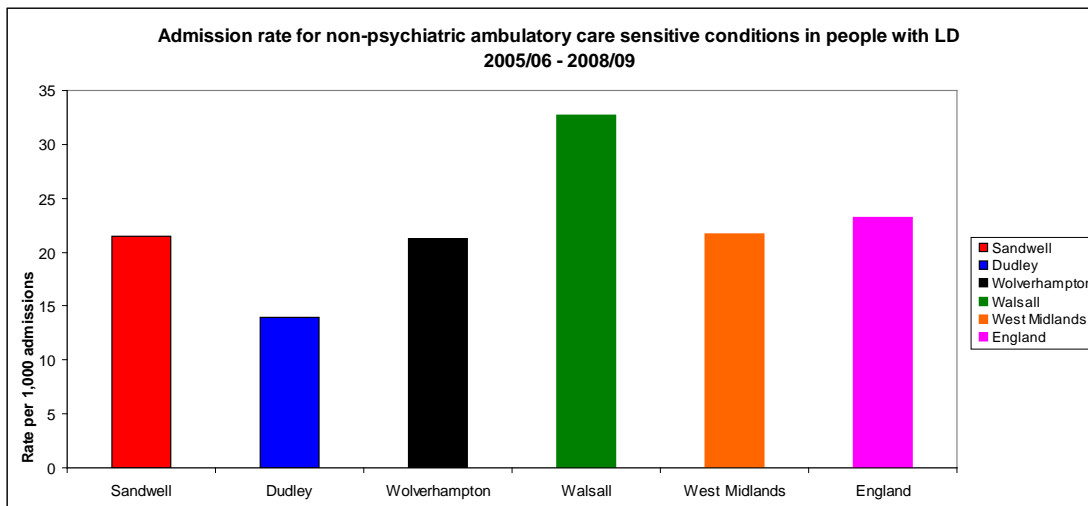
Table 3.7: Number of admissions and rate for non psychiatric ambulatory care sensitive conditions

	Number of admissions	Rate per 1,000
Sandwell	99	21.48 (95% CI 17.68-26.10)
West Midlands	1,734	21.70 (95% CI 20.72-22.74)
England	16,666	23.26 (95% CI 22.92-23.62)

Data Source: Local profile data

3.17 Figure 3.6 below shows that the rate of admissions for non psychiatric ambulatory care sensitive condition in Sandwell was lower than when compared to the West Midlands and England levels.

Figure 3.6: Admission rate for non psychiatric ambulatory care sensitive conditions in people with LD



Data Source: Local profile data

Identifying people with Learning Disabilities in General Hospital Statistics

3.18 Hospitals can only make appropriate reasonable adjustments for people with learning disabilities if they know they need to. Learning disabilities is always important, as adjustments will always be required to make sure these patients understand fully what is happening and what they are consenting to, and that doctors and nurses take their learning disabilities into account in assessing symptoms and progress. Recording this statistically is also important to the hospital, first so it can check reasonable adjustments are being made, and second because in many cases hospitals get paid more for treating

people who have learning disabilities, as more care is needed. This section looks at all the episodes of general hospital care for individuals who we know have learning disabilities either from medical diagnoses such as Down's syndrome in this episode or from any diagnoses in other episodes of care they have had over the whole period for which we have data (the last eight years). It shows the proportion of these episodes in which the person's learning disability is specifically recorded

3.19 In 2008-09, 18.53% of episodes of general hospital care in Sandwell for individuals who were known to have learning disabilities specifically recorded the person's learning disability. This was an increase from 13.65% in 2005-06

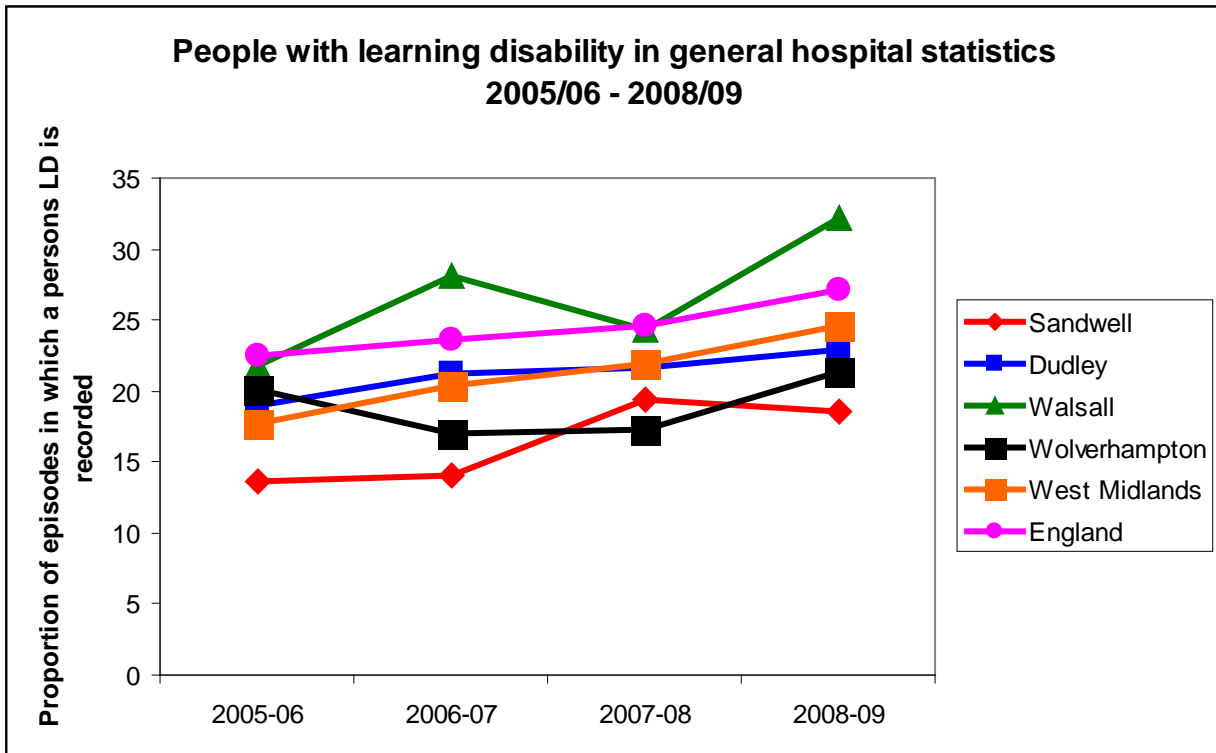
Table 3.8: Proportion of episodes of general hospital care in which the persons learning disability is specifically recorded

	Proportion of episodes where a LD is recorded			
	2005-06	2006-07	2007-08	2008-09
Sandwell	13.65	14.02	19.43	18.53
West Midlands	17.75	20.32	21.91	24.67
England	22.50	23.63	24.58	27.12

Data Source: Local profile data

3.20 The figure 3.7 below shows the proportion of episodes in which a persons learning disability is specifically recorded. Sandwell proportions were lower in each of the years from 2005/06 to 2008/08 compared to West Midlands and England

Figure 3.7: Proportion of episodes where a persons learning disability is recorded



Data Source: Local profile data

4. Adult Social Care

Key Findings

People with learning disabilities known to Sandwell SMBC

- 759 (as at 20th February 2013) people were known to adult social services receiving service provided or commissioned by the authority
- 57% were men compared to 43% women
- 6% had a carer
- 6% had hearing and 12% visual impairment
- The majority receiving services were in the age groups 20-29 and 45-49
- The number of men receiving services was high in all age groups except in the age groups 35-39 and 70-79 where it was higher in women
- 84.3% of people with learning disabilities were of white, 9.7% Asian and 4.3% black ethnic groups
- The majority (30.1%) of people were receiving day care services followed by residential 18.9% and supported living 14.9%
- The highest rates of learning disability per 1,000 population were in Wednesbury North, Greet Green and Lyng, West Bromwich Central wards

Adult Social Care

For residential social care service

- Of the 695 adults with LDs reported by the local authority to be in some form of accommodation in 2012/13, adults were most commonly reported living permanently with family or friends (320 people, 46%)
- 515 adults (74% of the total number in some form of accommodation) were reported to be in permanent accommodation in 2012/13: they were most likely to be living in registered care homes (135, 19% of the total), supported accommodation/lodgings/ group home (160, 23%), or registered nursing home (30, 4.3%)
- The total number of adults with LD in residential care remained relatively stable 190 (2006/07) to 230 (2012/13)

- The number of adults with learning disabilities aged 18+ admitted to local authority supported residential care in 2012/13 was 5
- The number of adults with learning disabilities aged 18-64 using short term residential services supported by local authority was 10 in 2012/13
- In 2012/13, the largest component of local authority expenditure on residential services for people with learning disabilities was for people with LD was on residential care placements (£8.589 million), followed by supported and other accommodation (£4.739 million) and nursing care (£3.115 million). Supporting People expenditure was in 2012/13 was £1.157 million
- In 2012/13 the average unit cost of nursing care for adults with learning disability was £2,006 per week or (£104,312 per year)
- In the 2012/13 the average unit cost of residential care for adults with learning disability was £1,136 (£59,072 per year)

For Community social care

- In 2012/13, 570 adults with learning disabilities were using local authority funded community services. These included
 - 340 adults using local authority funded day services
 - 310 adults using local authority funded home care
- In 2012/13, the local authority was spending £4.3 million on day services for adults with learning disabilities
- In 2012/13, the local authority was spending £4.970 million on home care for adults with LD aged 18-64

For Social care assessment and review

- In 2012/13, there were 510 existing adult clients with learning disabilities who had undergone completed reviews
- In 2012/13, the local authority spent £2.319 million assessment and care management for adults with learning disabilities

For direct payments and personal budgets

- In Sandwell, the proportion of adults with learning disabilities receiving direct payments was lower compared to the West Midlands and England
- In 2012/13, 360 adults with learning disabilities were using direct payments or self directed support
- In 2012/13, the local authority was spending £1.244 million on direct payments for adults with learning disabilities

Employment

- In 2011/12, 5.8% of adults with learning disabilities were reported to be in some form of paid employment which was lower compared to the West Midlands and England

Abuse of Vulnerable Adults

- Referral rates for abuse of vulnerable persons in Sandwell in 2010/11 was higher compared to the West Midlands and England
- No alerts concerning adults with learning disabilities were reported in 2012/13
- In 2011/12, 200 referrals and 180 completed referrals were reported
- The most common type of alleged abuse in adults with learning disabilities aged 18-64 was physical abuse (40%), followed by neglect (26%), emotional / psychological (14%)
- There were no reported allegations of multiple abuse in people with learning disabilities and other vulnerable groups
- The most common relationship of alleged perpetrator to vulnerable adult was social care staff (40%) followed by another vulnerable adult (30%) and another family member (15%)
- In 2012/13, around 84% (135) referrals were made by social care staff. Other sources of referrals included health care staff (12.5%)
- The most common outcome of referrals was continued monitoring (26%), no further action (18%), counselling / training / treatment (21%) and disciplinary action (15%)

Deprivation of Liberty Safeguards

- In 2011/12, 8 completed applications were made under Deprivation of Liberty Safeguards (DOLS) concerning adults with learning disabilities. Most of these (75%) were made by the local authority with 25% made by the PCT
- 5 (62.5%) applications were granted

Carers

- The number of carers receiving assessments / reviews increased by 21% from 115 in 2011/12 to 145 in 2012/13. Of the completed assessments in 2012/13, 5 involved the carers of adults with learning disabilities who were aged 65 or over
- The number of carers receiving services increased by 8% from 115 in 2011/12 to 125 in 2012/13. The number of carers receiving information and advice decreased by 75% from 5 in 2011/12 to 20 in 2012/13

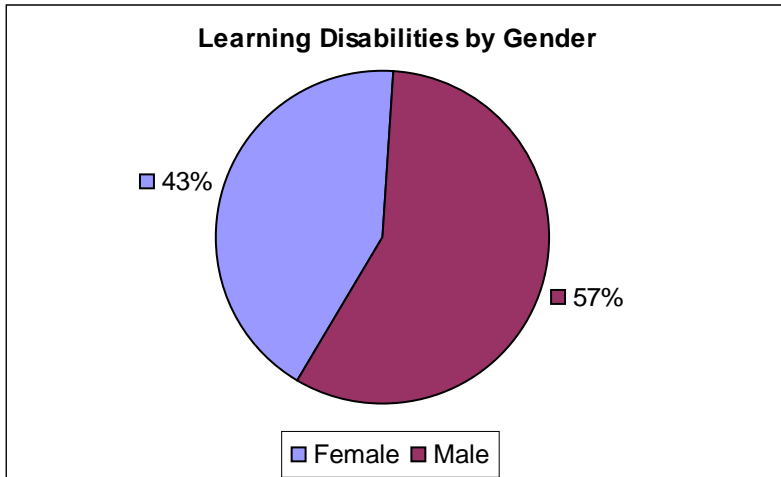
Strategic Actions

- Identify services that support independent living and reduce reliance on social care services
- Monitor success of proposed specialist employment support provision launched in April 2013
- Promote employment opportunities and skills development for people with learning disabilities
- Find employment for people within existing day opportunity services
- Enhance and expand the range of employment opportunities and vocational support for young people leaving school or college
- Reduce risks to vulnerable people and promote effective safeguarding measures across all agencies
- Continue the work supporting carers for adults with learning disabilities.

Adults with learning disabilities known to Sandwell Adult Social Care

4.1 The following analysis is based on people with a learning disability aged 18+ receiving a service provided or commissioned by Sandwell Council Adult Social Care Services. As at 20th February 2013, 759 people were on the register of which 57% (434) were male and 43% (325) female (figure 4.1).

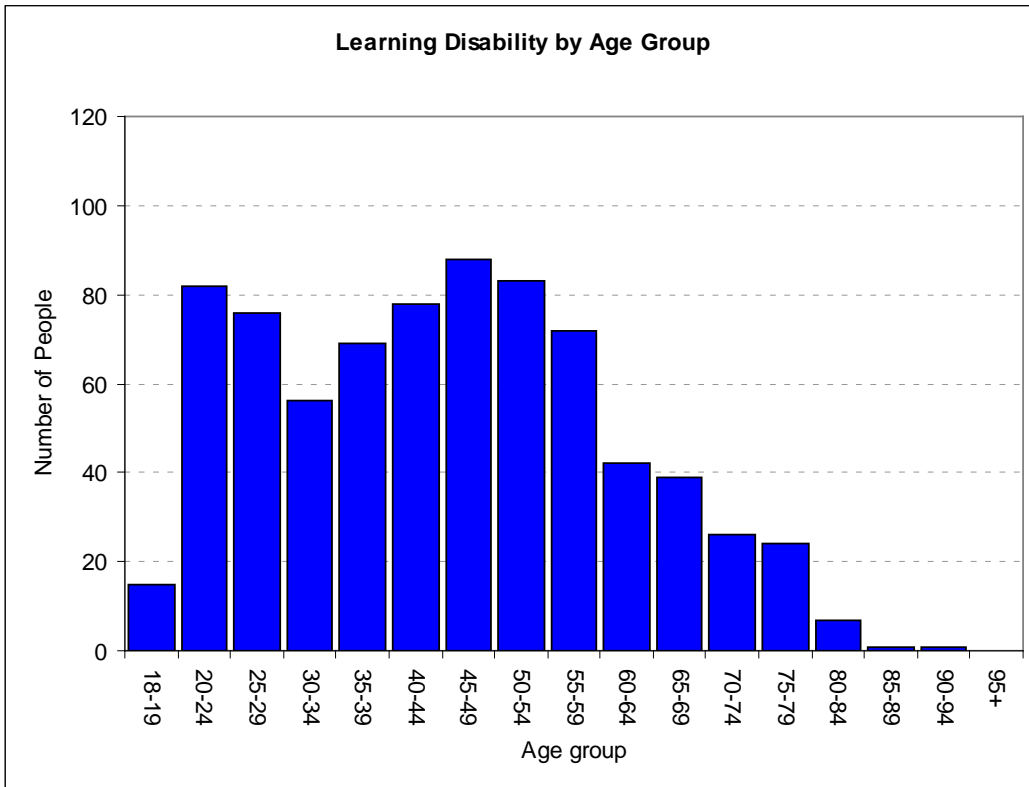
Figure 4.1: Learning disabilities by gender in Sandwell



Source: SMBC

4.2 Figure 4.2 below shows the age profile of all adults aged 18+ receiving services. The profile is relatively young with the majority of people aged 20-29 and 35-59 years old

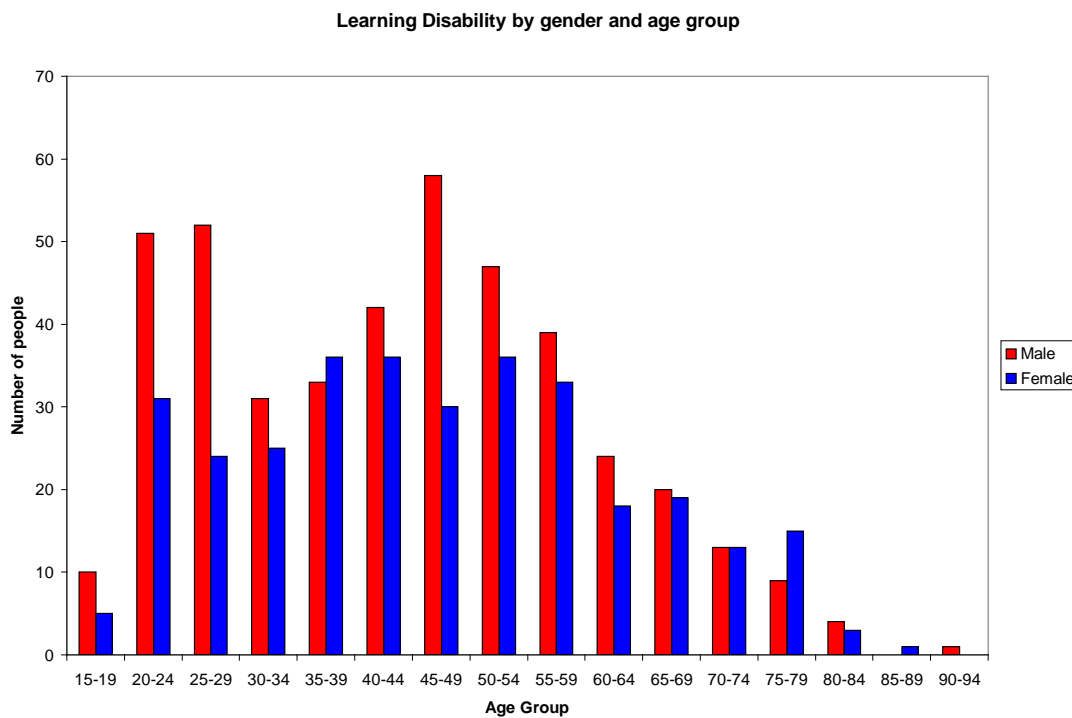
Figure 4.2: Learning disability by age group in Sandwell



Source: SMBC

4.3 Figure 4.3 below shows that the number of people with a learning disability is higher in all age groups in men except in women aged 35-39 and 75-79.

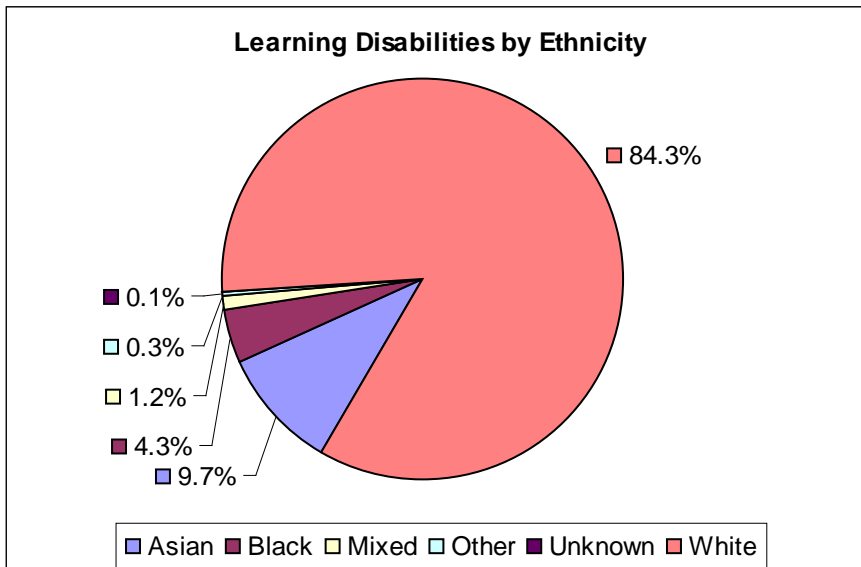
Figure 4.3: Learning disability by gender and age group



Source: SMBC

4.4 Figure 4.4 below shows that the majority (84%) of people receiving a service provided or commissioned by adult social care were from a white ethnic group followed by those from the Asian (9.7%) and Black (4.3%) ethnic groups respectively.

Figure 4.4: Learning disabilities by ethnic group



4.5 Table 4.1 below shows the range of services received by people with learning disabilities. There will be some people who could be receiving more than one service hence the increase in the total numbers. The majority (30.1%) were receiving day care followed by residential (18.9%) and supported living (14.96%) services.

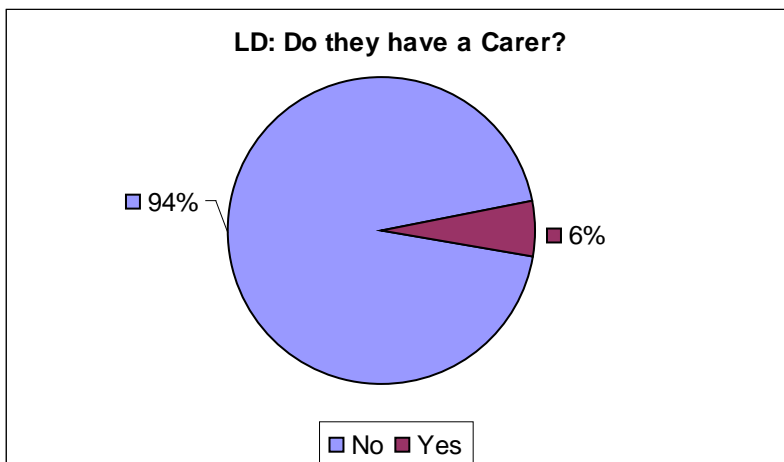
Table 4.1: People with learning disabilities receiving the range of services

Service	Male	Female	Total (%)
Day Care	212	171	383 (30.1%)
Residential	143	95	238 (18.9%)
Supported living	105	83	188 (14.9%)
STAY	77	55	132 (10.5%)
Domiciliary	52	53	105 (8.4%)
Direct payment	55	39	94 (7.5%)
Nursing	32	20	52 (4.1%)
Professional support	18	9	27 (2.2%)
Transport	9	9	18 (1.4%)
Extra care	4	4	8 (0.6%)
Adult placement	2	1	3 (0.2%)
Assessment and reablement	1	2	3 (0.2%)
Assessment and treatment	-	2	2 (0.2%)
Equipment	1	1	2 (0.2%)
Total	711	544	1,255

Source: SMBC

4.6 Figure 4.5 below shows that of the total 759 people with learning disabilities receiving services commissioned by the local authority, 6% (410) had a carer

Figure 4.5: People with learning disabilities and carers



Source: SMBC

4.7 Figures 4.6 and 4.7 show that of the total of 759 people with learning disabilities 6% (45) had hearing and 12% (90) visual impairments respectively.

Figure 4.6: People with learning disabilities and hearing impairment

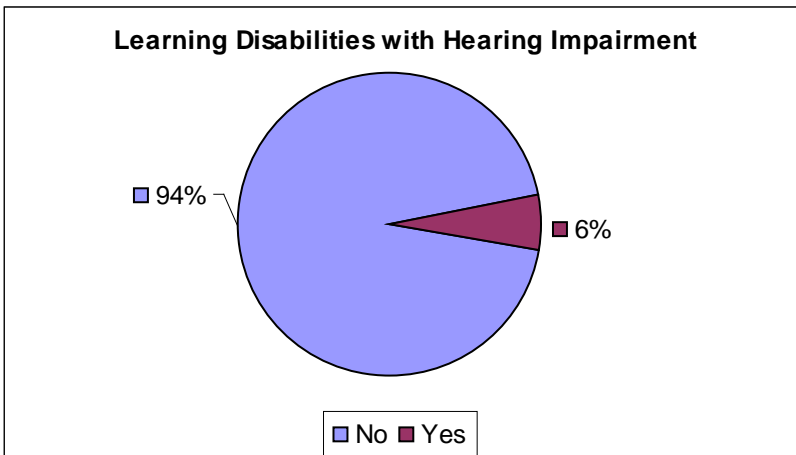
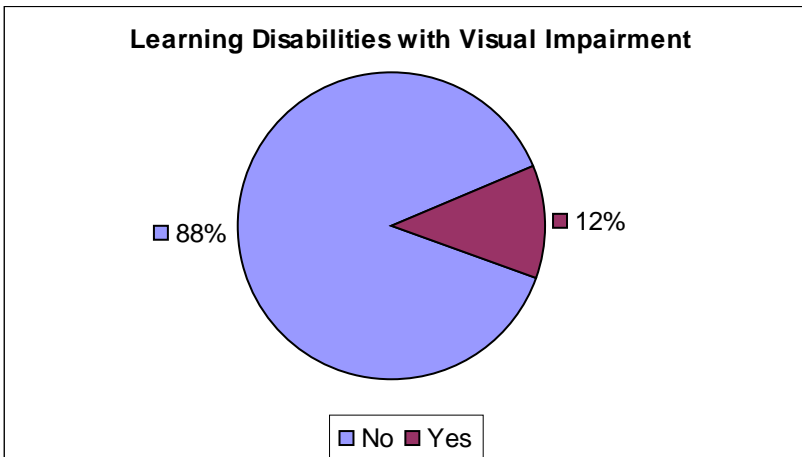


Figure 4.7: People with learning disabilities and visual impairment



Geographical distribution of people with a learning disability receiving a service from adult social care

4.8 Figure 4.8 below shows the distribution of people with a learning disability in the Borough receiving a service from adult social care. Wards with the highest number of people with a learning disability were in Wednesbury North, Hatley Heath, Greet Green and Lyng, West Bromwich Central, St Pauls and Bristnall wards.

Figure 4.9 below shows the rate per 1,000 adult population. The highest rates were in Wednesbury North, Greet Green and Lyng, West Bromwich Central wards.

Figure 4.8: Distribution of people with Learning Disability in Sandwell

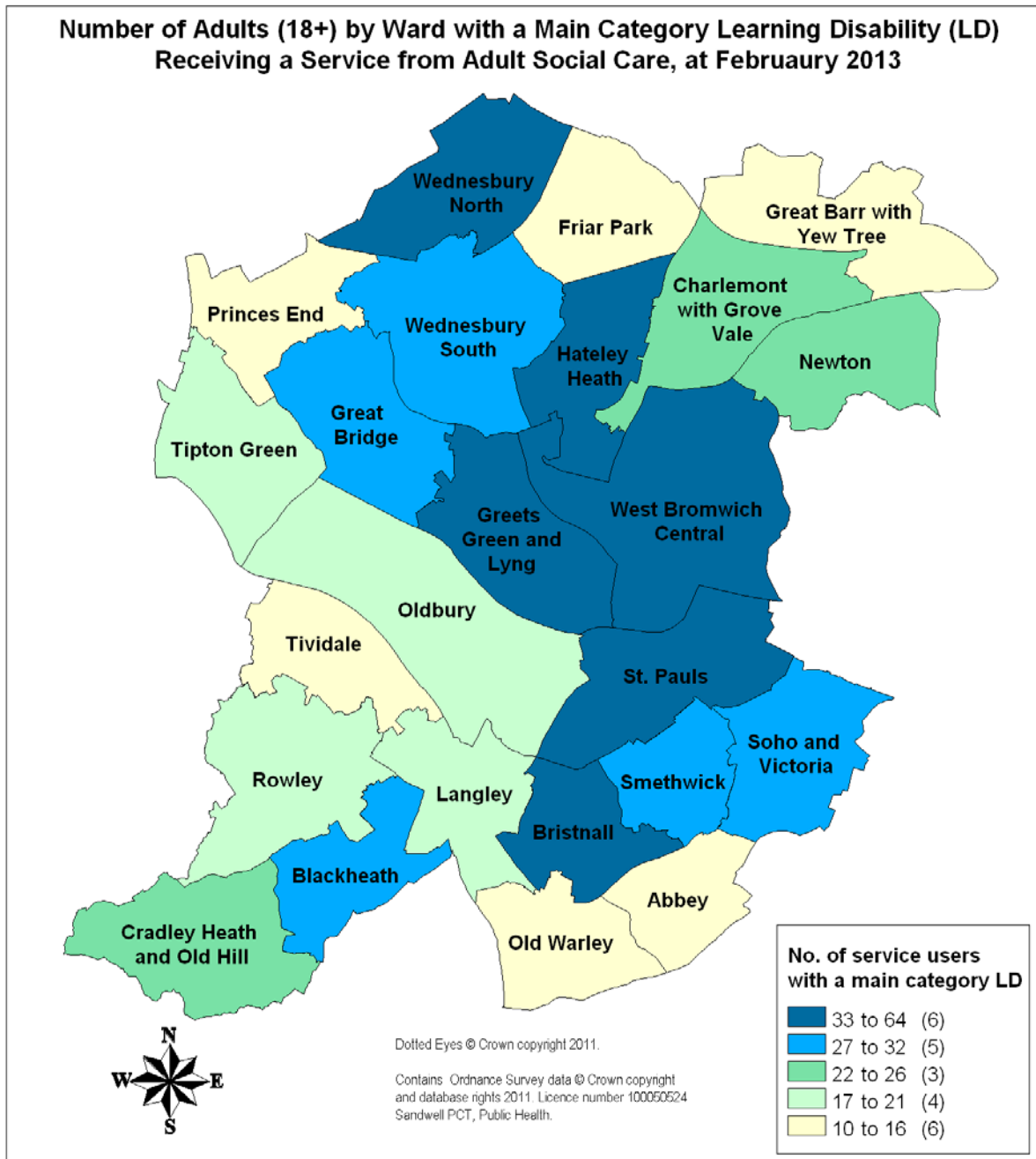
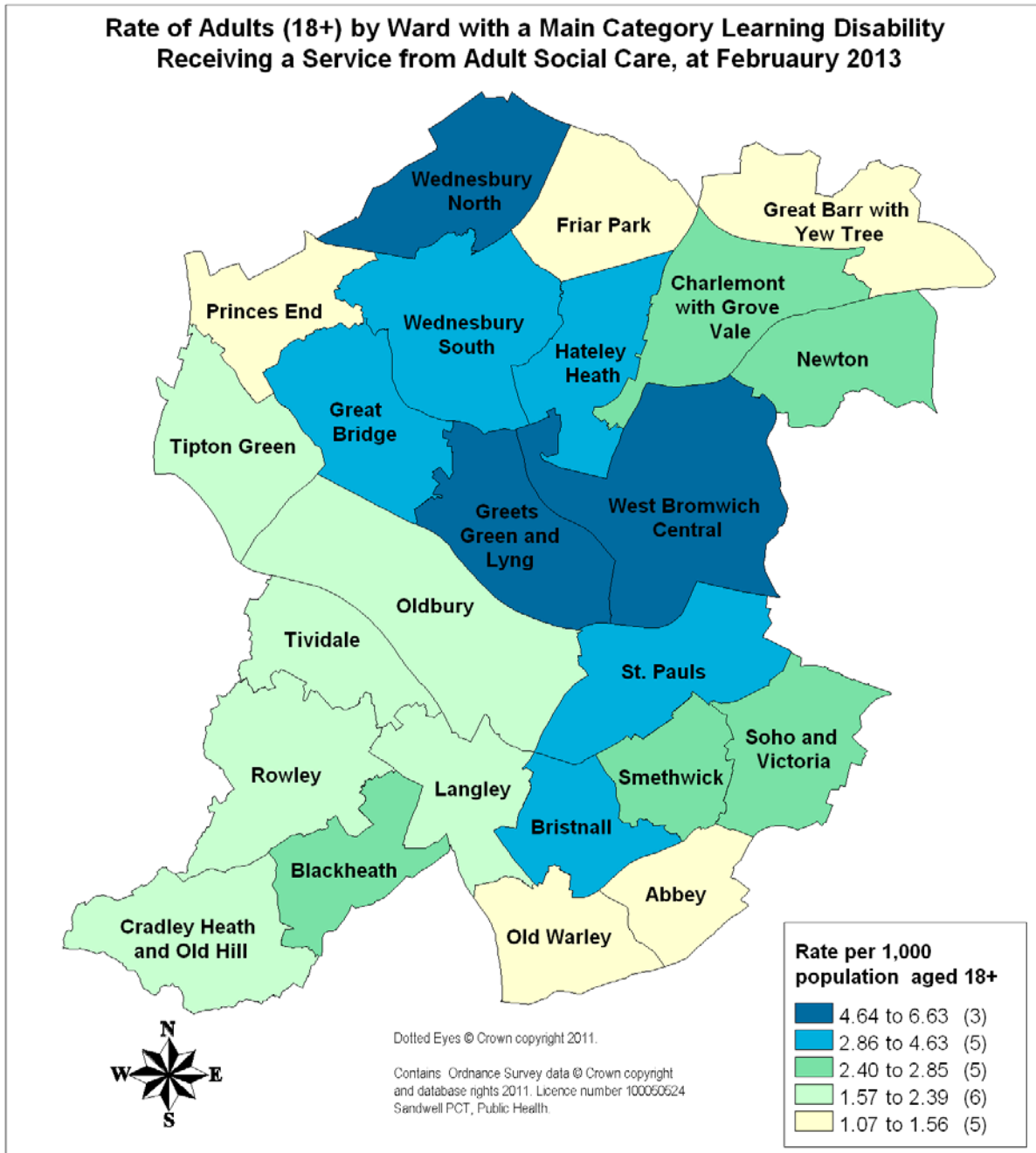


Figure 4.9: Rate per 1,000 adult population for people with a learning disability receiving a service from adult social care



Social Care

4.6 Table 4.2 below shows the number of adults with learning disabilities in Sandwell known to the local authority in all forms of accommodation (including non-residential service settings) between 1st April 2011 and 31st March 2013 (National Indicator 145).

4.7 In 2012/13, 695 adults with learning disabilities were reported by the local authority to be in some form of accommodation, although this total figure is slightly higher than the total obtained by adding the number of people in settled and non settled accommodation (685).

4.8 In 2012/13, the largest single category of accommodation was settled mainstream housing with family and friends (320).

4.9 135 people were living in registered care homes, 30 in nursing homes, none in healthcare residential facilities or hospitals, with 160 living in supported accommodation or group homes. Fifteen adults were living in accommodation with tenancies with the local authority or other organisations and 10 with private landlords. More (5) adults were living in adult placement schemes compared to none living in owner occupied or shared ownership accommodation

4.10 Across Sandwell, in 2012/13 74% of adults known to the council were reported to be living in settled accommodation at the time of their last assessment or review. There were no reported cases of adults living in less settled accommodation such as prisons and other offender institutions, approved premises for offenders, rough sleepers or squatters and in temporary hostel accommodation.

Table 4.2: Number of adults with learning disabilities in Sandwell in accommodation 1 April – 31 March (NI 145)

Type of accommodation	2010/11	2011/12	2012/13
Acute/long stay healthcare residential facility or hospital	0	5	0
Adult placement scheme	5	10	5
Approved premises for offenders released from prison or under probation supervision	0	0	0
Mobile accommodation for Gypsy/Roma and Traveller community	0	0	0
Night shelter/emergency hostel/direct access hostel	0	0	0
Other temporary accommodation	0	0	0
Owner occupier/shared ownership scheme	5	5	0
Placed in temporary accommodation by local authority (including homelessness resettlement)	0	0	0
Prisons/young offenders institution/detention centre	0	0	0
Refuge	0	0	0
Registered care home	70	125	135
Registered nursing home	15	30	30
Rough sleeper/squatting	0	0	0
Settled mainstream housing with family / friends (including flat sharing)	225	310	320
Sheltered housing/extra care housing/other sheltered housing	0	0	5
Staying with family/friends as a short term guest	0	0	0
Supported accommodation/supported lodgings/supported group home	70	115	160
Tenant - local authority/arms length management organisation / registered social landlord/housing association	25	25	15
Tenant – private landlord	5	20	10
Total non-settled accommodation	85	155	170
Total settled accommodation	340	490	515
Total	690	755	695

Data Source: NASC ASC-CAR (Adult Social Care – Combined Activity returns) Table L2

4.11 Table 4.3 below shows the number of adults with learning disabilities in Sandwell receiving council funded residential support in the form of adult placements, nursing care or residential care. Across all age groups the most common form of residential care was independent sector residential care (180 adults aged 18+ in 2012/13, 78% of the total), with smaller percentage living in nursing care (20%) and adult placement (2.2%).

Table 4.3: Number of adults with learning disabilities in Sandwell supported by local authority at 31 March in residential care

	Year						
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
18-64							
Adult placement	5	5	10	5	10	5	5
Nursing Care	25	35	40	45	45	30	30
Independent Residential Care	120	140	140	140	145	135	145
LA Staffed Residential Care	15	15	5	10	5	0	0
Total	165	195	195	200	205	170	180
Aged 65+							
Adult Placement	0	0	0	0	0	0	0
Nursing Care	5	10	10	15	15	10	15
Independent Residential Care	20	20	30	30	30	30	35
LA Staffed Residential Care	0	0	0	0	0	0	0
Total	25	30	40	45	45	40	50
Total Aged 18+							
Adult Placement	5	5	10	5	10	5	5
Nursing Care	30	45	50	60	60	40	45
Independent Residential Care	140	160	170	170	175	165	180
LA Staffed Residential Care	15	15	5	10	5	0	0
Total	190	225	235	245	250	210	230

Data source: NASC ASC-CAR (Adult Social Care – Combined Activity Returns) Table S1

4.12 Table 4.4 below shows the number of adults with learning disabilities aged 18-64 and aged 65+ who had been permanently admitted to local authority supported residential care between 1 April and 31 March in each year from 2006/07 to 2012/13.

4.13 Across all adult ages in 2012/13, although small in number the most common permanent admissions to LA authority supported residential care were to independent sector residential care facilities (5). The majority of permanent admissions were in adults aged 18-64 years old.

Table 4.4: Number of adults with learning disabilities aged 18+ in Sandwell permanently admitted to LA supported residential care (excluding group homes) 1 April – 31 March.

	Year						
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
18-64							
Adult placement	0	0	0	0	0	0	0
Nursing Care	0	0	5	0	5	0	0
Residential Care Independent	10	5	5	5	10	5	5
Local Auth.	0	0	0	0	0	0	0
Total	10	5	5	5	15	5	5
65+							
Adult Placement	0	0	0	0	0	0	0
Nursing Care	0	0	0	0	0	0	0
Residential Care Independent	0	0	0	0	0	0	5
Local Auth.	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	5
Total Aged 18+							
Adult Placement	0	0	0	0	0	0	0
Nursing Care	0	0	5	0	5	0	0
Residential Care Independent	10	5	5	5	10	5	10
Local Auth.	0	0	0	0	0	0	0
Total	10	5	10	5	10	5	10

Data source: NASCIS ASC-CAR (Adult Social Care – Combined Activity Returns) Table S3

4.14 Table 4.5 below shows the total number of adults with learning disabilities using short term residential services financially supported by the local authority. In 2012/13, 10 adults with learning disabilities were using local authority funded short term residential services, the majority of whom (67%) were adults aged 18-64.

Table 4.5: Total number of adults with learning disabilities in Sandwell aged 18+ using short term residential services supported by local authority

	Year						
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Age 18-64	5	5	5	0	5	10	10
Age 65+	0	0	0	5	0	0	5
Total	5	5	5	5	5	10	15

Data Source: NASCIS RAP (Referrals, Assessments and Packages of Care) Table P2F

4.15 Table 4.6 below shows the number of WTE local authority personal social services staff working in homes / hostels mainly for children and in homes / hostels mainly for adults with learning disabilities. In 2010 there were 30 WTE staff working in local authority homes / hostels mainly for adults with learning disabilities and none for children with LDs.

Table 4.6: Total amount of WTE local authority personal social services staff working in local authority homes/hostels mainly for children with learning disabilities and working in local authority homes/hostels mainly for adults with learning disabilities 30th Sept.

	Year			
	2001	2006	2009	2010
Working in local authority homes / hostels mainly for children with learning disabilities	15	0	0	0
Working in local authority homes / hostels mainly for adults with learning disabilities	95	60	30	30

Data Source: Personal Social Services Staff of Social Services Departments

4.16 Table 4.7 below shows the gross current expenditure by the local authority on personal social services by financial year (April to March) concerning residential services for adults with learning disabilities aged under 65. Specific data for adults over 65 is not available as adults 65 or over are placed in a single older people category.

4.17 In 2012/13, the biggest expenditure by the local authority related to residential services for adults with LDs aged under 65 was in residential placements (£8.589 million), compared to supported and other accommodation (£4.739 million) and nursing care (£3.115 million). Supporting people expenditure in 2012/13 was £1.157 million.

4.18 The expenditure in 2012/13 compared to 2011/12 increased for nursing care placements by 11% and decreased for residential care placements (1%), supported & other accommodation (11%) and supporting people (20%).

Table 4.7: Local authority gross current expenditure relating to residential personal social services for adults with learning disabilities aged under 65 (in thousands)

Gross Current Expenditure (1000's)	Year						
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Nursing Care Placements	2,363	2,516	2,580	2,829	2,613	2,797	3,115
Residential Care Placements	5,845	5,750	6,160	6,651	7,062	8,687	8,589
Supported and other accommodation	1,911	2,534	2,582	2,761	2,806	5,305	4,739
Supporting People	2,290	2,177	2,196	2,218	1,638	1,451	1,157

Data source: NASCIS PSSEX (Personal social services expenditure data) Gross Current Expenditure

4.19 Table 4.8 below shows the unit costs per week of expenditure by the local authority by financial year (April to March) concerning residential services for adults with learning disabilities aged under 65

4.20 In 2012/13, the average unit cost of nursing care for adults with learning disabilities was £2,006 per week (£104, 312 per year). This was a 29% increase on the previous year. During the same period the average unit cost for residential care was £1,136 (£59,072 per year), a 7% decrease.

Table 4.8: Local authority unit costs per week of residential personal social services for adults with learning disabilities aged under 65

Unit costs	Year					
	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Nursing care	2,660	1,885	2,107	1,764	1,559	2,006
Residential care	1,291	1,331	1,381	1,499	1,216	1,136

Data source: NASCIS PSSEX (Personal social services expenditure data) Unit Costs

Community Social Care

4.21 Table 4.9 below shows data from the NASCIS RAP dataset (Table PF2) collected nationally on the total number of adults with learning disabilities receiving local authority funded community services. These total numbers include people using direct payments and personal budgets but do not include people using residential services. In 2012/13, 570 adults in Sandwell were using local authority funded community services, which is a slight decrease from the previous year.

Table 4.9: Total number of adults with learning disabilities in Sandwell aged 18+ receiving community services supported by the local authority (this category does not include community based residential services)

	Year						
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/2013
Total adults aged 18+	555	615	630	535	515	585	570

Data Source: NASCIS RAP (Referrals, Assessments and Packages of Care) Table PF2

Day services

Within the community social care services statistics, there are a number of sources of data relating to day services for adults with learning disabilities.

4.22 Table 4.10 below shows data from the NASCIS RAP dataset (Table PF2). In 2012/2013, 340 adults with learning disabilities in Sandwell used local authority funded day services, the majority of whom (93%) were adults aged 18-64 years old

4.23 The number of adults with learning disabilities using local authority funded day services has decreased compared to the previous year in those aged 18-64 and 65+ age groups.

Table 4.10: Total number of adults with learning disabilities in Sandwell aged 18+ using day services supported by the local authority

	Year						
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Aged 18-64	400	395	415	310	325	335	315
Age 65+	20	25	40	35	35	35	25
Total	420	420	455	345	360	370	340

Data Source: NASCIS RAP (Referrals, Assessments and Packages of Care) Table PF2

4.24 Each year the local authorities have to make a submission on the number of staff (both in terms of numbers of staff and the total amount of whole time equivalent (WTE) staff) employed by the social services by 30th September. Table 4.11 below shows that in 2010, 85 staff were working in local authority days centres in Sandwell. These numbers have increased since 2001 with a slight decrease in 2010.

Table 4.11: Total amount of WTE local authority personal social services staff working in day centres for adults with learning disabilities at 30th September

Total WTE staff	Year			
	2001	2006	2009	2010
Working in day centres for adults with learning disabilities	30	40	90	85

Data source: Personal Social Services Staff of Social Services Department

4.25 Table 4.12 below shows the gross expenditure and the unit costs of days services for adults with learning disabilities aged under 65. Specific date for adults over 65 is not available. In 2012/13 Sandwell local authority was spending £4.322 million on day services for adults with learning disabilities at an average unit cost of £287 per person per week (£14,924 per year) which is lower compared to 2011/12.

Table 4.12: Local Authority gross current expenditure (in thousands) and unit costs of day services for adults with learning disabilities age under 65

	Year						
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Gross social services expenditure on day services (,000s)	3,215	3,219	3,800	3,926	4,123	4,801	4,322
Unit costs of day services	240	315	360	na	441	341	287

Data Source: NASCIS PSSEX (Personal Social Services expenditure data) Gross Current Expenditure and Unit Costs of Day Services

Other community service

4.26 Table 4.13 below shows data from NASCIS RAP dataset (Table 2PF) on the total number of adults with learning disabilities using a range of community services funded by the local authority, including equipment and adaptations, home care, meals, professional support and 'other'

4.27 In 2012/13 the most widely used of local authority funded community services was home care used by 310 adults with learning disabilities, the vast majority of whom (87%) were adults aged 18-64.

4.28 In 2012/13, the next most widely used local authority funded community services was equipment and adaptations, used by 120 adults, the vast majority whom (79%) were adults aged 18-64.

4.29 In 2012/13, no adults with learning disabilities received professional support.

Table 4.13: Total number of adults with learning disabilities in Sandwell aged 18+ using other community services supported by the local authority

	Year						
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Equipment & adaptations							
Age 18 to 64	60	75	80	65	70	65	95
Age 65+	10	15	15	15	15	15	25
Total	70	90	95	80	85	80	120
Home care							
Age 18 to 64	170	195	240	225	230	260	270
Age 65+	20	35	40	40	45	50	40
Total	190	230	280	265	275	310	310
Meals							
Age 18 to 64	5	5	5	0	0	0	0
Age 65+	0	0	0	0	0	0	0
Total	5	5	5	0	0	0	0
Professional support							
Age 18 to 64	20	60	45	40	5	40	0
Age 65+	0	5	5	5	5	5	0
Total	20	65	50	45	10	45	0
Other							
Age 18 to 64	5	0	5	5	10	25	30
Age 65+	0	0	0	0	0	5	5
Total	5	0	5	5	10	30	35

Data Source: NASCIS RAP (Referrals, Assessments and Packages of Care) Table 2PF

4.30 Table 4.14 below shows data on the gross expenditure incurred by the local authority on other community services and the unit costs of local authority funded home care for adults aged under 65. No specific data is available for adults aged 65 and over.

4.31 In 2012/13, Sandwell Council was spending £4.970 million on home care for adults with learning disabilities aged 18-64 at an average cost of £417 per person per week (£21,684 per year). From 2006/07 to 2012/13 there has been a continuous increase in local authority expenditure on home care for adults.

4.32 In 2012/13, Sandwell local authority was spending £424,000 on other services for adults with learning disabilities aged under 18-64. There has been a decrease in expenditure on other services from 2006/07 to 2012/13.

Table 4.14: Local authority gross current expenditure (in thousands) and unit costs of other community services for adults with learning disabilities aged under 65

	Year						
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Gross social services expenditure on equipment & adaptations	0	0	0	0	0	0	0
Gross social services expenditure on meals	19	22	27	4	4	2	0
Gross social services expenditure on other services	178	0	226	107	422	1,126	424
Gross social services expenditure on home care	610	744	902	883	980	1,836	4,970
Unit cost of home care	100	124	120	na	141	150	417

Data Source: NASCIS PSSEX (Personal social services expenditure data) Gross Current Expenditure and Unit Costs of Other Community Services

Social Care Assessment and Review

4.33 There is substantial amount of data available concerning social care assessment and processes for adults with learning disabilities which is collected nationally. Table 4.15 below shows data from the NASCIS RAP dataset (Table A1) on the number of existing clients with learning disabilities with completed reviews from 1st April to 31st March.

4.34 In 2012/13 there were 510 existing clients with completed local authority reviews, 85% of whom were aged 18-64 years old.

Table 4.15: Number of new adult clients with learning disabilities with completed assessments and number of existing adult clients with learning disabilities with completed reviews 1 April to 31 March

	Year						
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
New adult clients with learning disabilities with completed assessments							
Age 18 to 64	20	20	0	0	0	0	0
Age 65+	5	0	0	0	0	0	0
Total	25	20	0	0	0	0	0
Existing adult clients with learning disabilities with completed reviews							
Age 18 to 64	490	550	520	475	240	460	435
Age 65+	45	65	65	75	50	70	75
Total	535	615	585	550	290	530	510
Total adult clients with learning disabilities with completed assessments or reviews							
Age 18 to 64	510	570	520	475	240	460	435
Age 65+	50	65	65	75	50	70	75
Total	560	635	585	550	290	530	510

Data source: NASCIS RAP (Referrals, Assessments and Package of Care) Table A1

4.35 Table 4.16 below shows data from NASCIS RAP dataset on the time from first contact to completed assessment for new adult clients with learning disabilities.

Table 4.16: Time from first contact to completed assessment for new adult clients with learning disabilities

	Year				
	2007/08	2008/09	2009/10	2010/11	2011/12
Less than or equal to 2 days					
Age 18-64	0	0	5	45	25
Age 65+	0	0	0	0	0
Total	0	0	5	45	25
More than 2 days and less than or equal to 2 weeks					
Age 18-64	0	0	0	0	10
Age 65+	0	0	0	0	0
Total	0	0	0	0	10
More than 2 weeks and less than or equal to 4 weeks					
Age 18-64	5	0	0	0	5
Age 65+	0	0	0	0	0
Total	5	0	0	0	5
More than 4 weeks and less than or equal to 3 months					
Age 18-64	5	0	0	5	15
Age 65+	0	0	0	0	0
Total	5	0	0	5	15
Over 3 months					
Age 18-64	5	5	0	0	10
Age 65+	0	0	0	0	0
Total	5	5	0	0	10

Data source: NASCIS RAP (Referrals, Assessments and Package of Care) Table A7

4.36 Table 4.17 below shows data on the gross current expenditure by the local authority on the assessment and care management of adults with learning disabilities aged under 65. Specific data for adults aged 65 or over is not available. In 2012/13, Sandwell Council was spending £2.319 million on assessment and care management for adults with learning disabilities. Compared to 2011/12 there was a reduction in expenditure in 2012/13 by about £441,000.

Table 4.17: Local authority gross current expenditure on assessment and care management for adults with learning disabilities aged under 65 (in thousands)

	Year						
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Gross social services expenditure on assessment and care management	2,055	2,239	2,339	2,170	1,815	2,760	2,319

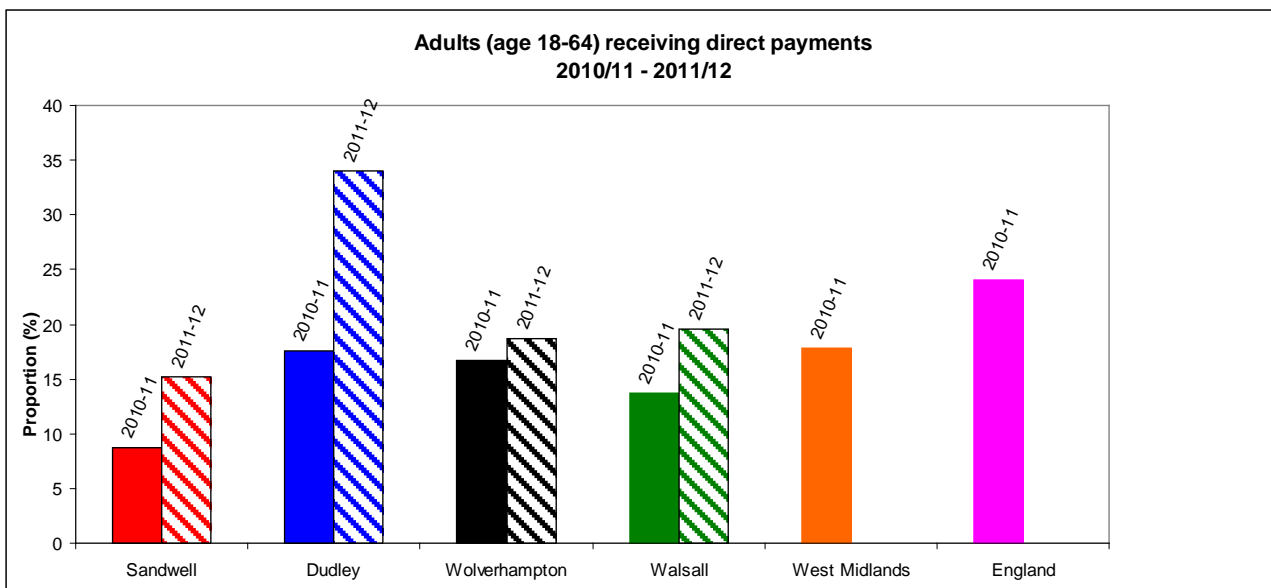
Data Source: NASCIS PSSEX (Personal social services expenditure data) Gross Current Expenditure on Assessment and Care Management

Direct Payments and Personal Budgets

4.37 Direct payments and personal budgets support service users and their carers to tailor service packages that meet their identified needs based on their own assessment of what they require most. In Sandwell the proportion of people receiving direct payments is much lower (15%) compared to West Midlands (17.85%) and England (45%).

4.38 Figure 4.5 below shows that the number of people receiving direct payments in Sandwell is lower when compared to the other Black Country Boroughs, West Midlands and England.

Figure 4.10: Adults receiving Direct Payments 2010/11 - 2011/12



Data Source: Local Profile Data

4.39 Table 4.18 shows data from the NASCIS RAP dataset (Table SD1) on the number of adults using direct payments and/or self directed support funded by the local authority. In 2012/13, a total of 360 adults with learning disabilities were reported by the local authority to be making use of a direct payment and/or self directed support of which 25 were using direct payment and 335 were using self directed support.

4.40 In 2012/13 there was a significant increase in the numbers of adults making use of direct payments and/or self directed support compared to 2011/12. The biggest increase in usage of self directed support from 2011/12 to 2012/13 was in 'council services only' self directed supported.

Table 4.18: Number of adults with learning disabilities in Sandwell using direct payments and self directed support, supported by local authority

Types of direct payment / self directed support	Year		
	2010/11	2011/12	2012/13
Direct Payment (not self directed support)	0	35	25
Self-Directed Support			
- Direct payment only	40	35	40
- Council services only	15	90	245
- Both direct payments and council services	0	10	50
Self Directed Support total	55	135	335
Total Direct Payments and Self Directed Support	55	170	360

Data Source: NASCIS RAP (Referrals, Assessments and Packages of Care) Table SD1

4.41 Table 4.19 shows data from the NASCIS RAP dataset (Table P2F) on usage of direct payments not as part of self directed support over a longer time period.

Table 4.19: Number of adults with learning disabilities in Sandwell receiving direct payments supported by local authority (not part of self directed support)

	Year						
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Adults aged 18+	25	50	55	0	45	80	115

Data Source: NASCIS RAP (Referrals, Assessments and Packages of Care) Table P2F

4.42 Table 4.20 below shows the gross current expenditure and unit costs of local authority funded direct payments for adults with learning disabilities aged under 65. Specific data for adults aged 65 or over is not available. In 2012/13, the local authority was spending £1,224,000 on direct payments for adults aged 18-64 with learning disabilities, at an average unit cost of £272 per person per week (£14,144 per year).

4.43 There has been a substantial increase in expenditure on direct payments from 2006/07 to 2012/13. The average unit cost of a direct payment has increased compared to the cost in 2011/12

Table 4.20: Local authority gross current expenditure and unit costs of direct payments for adults with learning disabilities aged under 65 (in thousands)

	Year						
	2006/07	2007/08	2008/9	2009/10	2010/11	2011/12	2012/13
Gross social services expenditure on direct payments	77	80	193	238	365	441	1,224
Unit cost of direct payments	62	55	106	0	343	139	272

Data Source: NASCIS PSSEX (Personal social services expenditure data) Gross Current Expenditure and Unit Costs of Direct Payments

Employment

4.44 Data on employment is collected by the National Audit of Social Care Intelligence Service (NASCIS) on the number of people with learning disabilities in all forms of work, including paid and unpaid, full and part time hours. In 2010/11 the number of people with learning disabilities recorded as being in some sort of regular work (paid or unpaid) was 4.8%. This was an increase of 2.3 percentage points on the previous year 2009/10. However, the number of people with learning disabilities in employment in Sandwell was lower when compared to the West Midlands Region (5.5%) and England (6.6%). The level of employment was higher in men (5.7%) compared to women (3.6%).

4.45 In 2011-12 Sandwell supported 5.8% of people with learning disabilities in employment (45 people), an increase from 4.8% in 2010-2011 (33 people). This percentage was lower than the West Midlands (6.4%) and England (7.2%).

4.46 Sandwell is the only local authority area within the West Midlands that has not had a specialist employment support provision, and a new service is being proposed to be up and running from April 2013.

4.47 A consultation on "employment for people with learning disabilities" took place from September 2011 to January 2012 which identified the need to have a locally based Supported Employment service. In addition two specific areas of need were identified

- To find employment for people within existing day opportunity services
- To enhance and expand the range of employment opportunities and vocational support for young people leaving school or college

4.48 In addition the consultation highlighted the need to develop a range of employment options, including

- Supported access to ordinary employment opportunities
- Developing social enterprises
- Supporting people to become self employed

4.49 In Sandwell the aim is to reach the regional average for numbers of people with learning disabilities in employment by 2014, and to reach the national average by 2016.

Table 4.21: Percentage of adults with learning disabilities known to local authority in employment 2008/09 to 2011/12

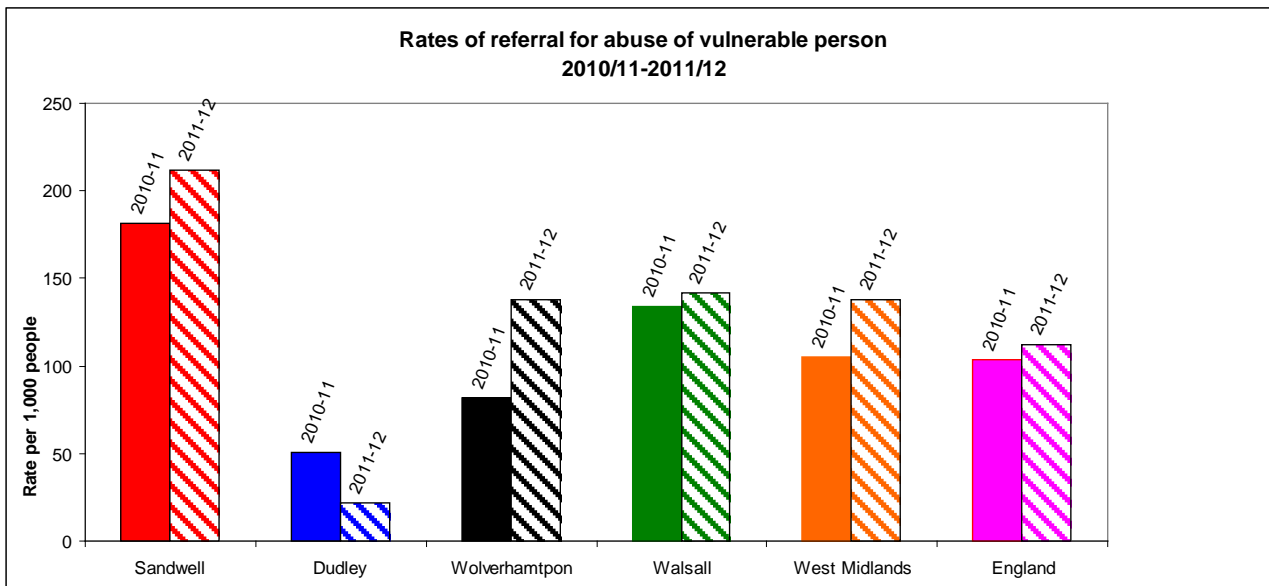
	2008/09	2009/10	2010/11	2011/12
Sandwell	1.8	2.5	4.8	5.8
West Midlands	5.4	4.1	5.5	6.4
England	6.8	6.4	6.6	7.2

Data Source: Indicator 146 from the National Indicator Set

Abuse of vulnerable adults

4.50 Figure 4.11 below shows the rate of completed referrals regarding concerns about abuse of vulnerable adults i.e. persons known to have learning disabilities. Sandwell has a higher referral rate (212 per 1,000) compared to the West Midlands (138 per 1,000) and England (112 per 1,000). The 2011/12 referrals in Sandwell increased from 181 to 212 per 1,000 compared to 2010/11.

Figure 4.11: Rates of referral for abuse of vulnerable person



Data Source: Local Data Profile

4.51 Table 4.22 below shows data on the number of alerts, referrals and completed referrals reported by the local authority in 2012/13 compared to 2011/12. This information is broken down by age, gender and adults with learning disability versus all other

vulnerable adults. In 2012/13 no alerts were reported however 165 (180 in 2011/12) referrals and 110 (90 in 2011/12) completed referrals were reported.

4.52 Of the 165 reported completed referrals concerning adults with learning disabilities aged 18-64 years allegations of abuse were substantiated in 64% of cases, partly substantiated 4% and not substantiated in 25% with a further 4% reported as not determined / inconclusive. In comparison to other vulnerable adults 41% of allegations were substantiated, none were partly substantiated, 47% not substantiated and 6% were not determined / inconclusive.

Table 4.22: Abuse of vulnerable adults (AVA) statistics 2012/13 (2011/12 data in brackets): Number of AVA alerts, referrals, completed referrals and case conclusion status

	Alerts	Referrals	Completed referrals	Case conclusion status for completed referrals			
				Substantiated	Partly substantiated	Not substantiated	Not determined / inconclusive
Age 18 – 64							
Learning disabilities							
Female	0 (0)	65 (70)	50 (65)				
Male	0 (0)	100 (110)	90 (100)				
Total	0 (0)	165 (180)	140 (165)	90 (55)	5 (10)	35 (80)	5 (20)
All other groups							
Male	0 (0)	45 (35)	35 (35)				
Female	0 (0)	65 (55)	50 (50)				
Total	0 (0)	100 (90)	85 (85)	5 (5)	5 (5)	60 (55)	15 (15)
Aged 65+							
Learning disabilities							
Male	0	0 (5)	10 (5)				
Female	0	5 (15)	15 (15)				
Total	0	5 (20)	25 (20)	na	na	na	na
All other groups							
Male	0	(155)	105 (150)				
Female	0	(340)	250 (325)				
Total	0	(495)	355 (475)	na	na	na	na
Total Aged 18+							
Learning disabilities							
Male	0	(115)	100 (105)				
Female	0	(85)	65 (75)				
Total	0	(200)	165 (180)	na	na	na	na
All other groups							
Male	0	(190)	140 (185)				
Female	0	(395)	300 (375)				

Total	0	(585)	440 (560)	na	na	na	na
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Data Source: AVA Table 1 and Table 7

4.53 Table 4.23 below shows the number of referrals concerning allegations of abuse broken down by the nature of the alleged abuse. These categories are not mutually exclusive as allegations concerning multiple forms of abuse can be made. In 2012/13 the most common type of alleged abuse in adults with learning disabilities aged 18-64 was physical abuse (40%), followed by neglect (26%), emotional / psychological abuse (14%), sexual abuse (11%) and financial abuse (9%). There were no reported allegations of multiple abuse both in people with learning disabilities and other vulnerable groups.

Table 4.23: Abuse of vulnerable adults (AVA) statistics 2012/13 (2011/12 data in brackets): Nature of alleged abuse

	Physical	Sexual	Emotional/ Psychol- ogical	Financial	Neglect	Discrim- -inatory	Instit- -utional	N. unique referrals which involved multiple types of abuse	Total
Aged 18-64									
Learning disability	70 (95)	20 (20)	25 (20)	15 (15)	45 (30)	0 (0)	0 (0)	0 (0)	175 (180)
All other groups	35 (50)	5 (10)	15 (10)	25 (10)	20 (10)	0 (0)	0 (0)	0 (0)	100 (90)
Total	105 (145)	25 (30)	40 (30)	40 (25)	65 (40)	0 (0)	0 (0)	0 (0)	275 (270)
Aged 65+									
Total	185 (235)	10 (20)	40 (40)	110 (85)	190 (135)	0 (0)	0 (0)	0 (0)	535 (515)

Data Source: AVA table 4b

4.54 Table 4.24 below shows the number of referrals concerning allegations of abuse broken down by the relationships of the alleged abuser to the vulnerable adult

4.55 In 2012/13 the most common perpetrator was social care staff (42%), vulnerable adult (30%), followed by another family member (15%). Similarly for other vulnerable groups the most commonly reported alleged perpetrator was social care staff (40%), another vulnerable adult (25%) and another family member (20%).

Table 4.24: Abuse of vulnerable adults (AVA) statistics 2012/13 (2011/12 data in brackets): Relationships of alleged perpetrator to vulnerable adult

	Source of referral										
	Partner	Other family member	Health care worker	Volunteer-Befriender	Social care staff	Other professional	Other vulnerable adult	Neighbour / friend	Stranger	Not known	Other
Aged 18-64											
LD	5 (5)	25 (20)	0 (5)	0 (0)	70 (45)	0 (0)	50 (60)	5 (5)	5 (0)	5 (40)	0 (0)
All Other Groups	5 (10)	20 (10)	5 (5)	0 (0)	40 (10)	0 (0)	25 (25)	5 (5)	0 (0)	0 (25)	0 (0)
Total	10 (15)	45 (30)	5 (10)	0 (0)	110 (55)	0 (0)	75 (85)	10 (10)	5 (0)	5 (65)	0 (0)
Aged 65+											
Total	35 (25)	110 (75)	10 (10)	0 (0)	220 (130)	15 (0)	90 (125)	30 (15)	0 (0)	20 (130)	0 (0)

Data Source AVA Table 6b

4.56 Table 4.25 below shows that for adults with learning disabilities aged 18-64, the majority 135 (82%) referrals were made by social care staff. Within this category of social care staff, referrals were most commonly made by other social care staff (100 referrals), self directed care staff (20 referrals), social workers / care managers (10 referrals) and residential care staff (5 referrals).

4.57 The next most common source of referral for adults with learning disabilities was health care staff (20 referrals; 12%). Within this category, referrals most commonly came from primary / community health staff (10 referrals) and secondary health staff (10 referrals).

4.58 Other sources of referrals for adults with learning disabilities aged 18-64 included family member (3%).

4.59 For other vulnerable groups aged 18-64 the most commonly reported sources of referral were social care staff (65% referrals) and health staff (25% referrals).

Table 4.25: Abuse of vulnerable adults (AVA statistics) 2012/13 (2011/12 data is in brackets)

	Relationship of alleged perpetrator to vulnerable adult										
	Social care staff	Health Staff	Self referral	Family member	Friend / neighbour	Other service user	CQC	Housing	Education training/ workplace	Police	Other
Aged 18-64											
LD	135 (150)	20 (20)	0 (0)	5 (5)	0 (0)	0 (0)	0 (0)	0 (5)	0 (0)	0 (0)	5 (5)
All Other Groups	65 (45)	25 (40)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	5 (5)	0 (0)	0 (0)	5 (0)
Total	200 (195)	45 (60)	0 (0)	5 (5)	0 (0)	0 (0)	0 (0)	5 (10)	0 (0)	0 (0)	10 (5)
Aged 65+											
Total	350 (310)	115 (145)	0 (0)	15 (15)	5 (5)	0 (0)	0 (0)	25 (25)	0 (0)	5 (5)	15 (10)

Data Source: AVA table 3

4.60 Table 4.26 below shows the outcomes of completed referrals by outcome type with 170 outcomes in total reported for adults with learning disabilities aged 18-64 years and 80 outcomes for other vulnerable adults in 2012/13.

Table 4.26: Abuse of vulnerable adults (AVA) statistics 2013/13 (data in brackets for 2011/12): Outcome of completed referral

Outcome	Age 18 – 64 years			Age 65+ years
	Learning disability	All other groups	Total	
Criminal prosecution / formal caution	0 (0)	0 (0)	0 (0)	0 (0)
Police action	0 (0)	0 (0)	0 (0)	10 (5)
Community care assessment	5 (0)	0 (0)	5 (0)	15 (5)
Removal from property or service	5 (5)	0 (0)	5 (5)	15 (25)
Management of access to the vulnerable adult	15 (5)	5 (5)	20 (10)	20 (10)
Referred to PoVA list / ISA	0 (0)	0 (0)	0 (0)	5 (5)
Referral to registration body	0 (0)	0 (0)	0 (0)	0 (0)
Disciplinary action	25 (15)	10 (5)	35 (20)	50 (45)
Action by CQC	0 (0)	0 (0)	0 (0)	0 (0)
Continued monitoring	45 (25)	15 (5)	60 (30)	65 (50)
Counselling/ training/ treatment	35 (20)	15 (5)	50 (25)	65 (45)
Referral to court mandated treatment	0 (0)	0 (0)	0 (0)	0 (0)
Referral to MAPPA	0 (0)	0 (0)	0 (0)	0 (0)
Action under Mental Act	0 (0)	0 (0)	0 (0)	0 (5)
Action by contract compliance	0 (0)	0 (0)	0 (0)	0 (0)
Exoneration	5 (0)	10 (0)	15 (0)	35 (0)
No further action	30 (75)	20 (40)	50 (115)	140 (255)
Not known	5 (20)	5 (10)	10 (30)	10 (50)

Data Source: AVA Table 9

Deprivation of Liberty Safeguards (DOLS) Assessments

4.61 As a requirement of the Mental Capacity Act (2005) all PCTs and local authorities are required to complete returns concerning Deprivation of Liberty Safeguards (DOLS) assessment.

4.62 In 2011/12 there were a total of 8 completed applications made under DOLS concerning adults with learning disabilities, 9.3% of the total number of DOLS applications made in 2011/12. Most of the applications were made by the local authority (75%) which was slightly higher when compared to other adults (56%). 5 of the applications concerning people with learning disabilities (62.5%) were granted, a similar proportion to that reported for other adults (66.7%). 66.7% of LA DOLS applications and 50% PCT DOLS applications were granted. This contrasts to 20% LA DOLS applications in 2010/11 and none from the PCT. DOLS applications for adults with learning disabilities and for other adults increased from 2010/11 to 2011/12 by 60% and 53% respectively.

Table 4.27: Number of DOLS completed applications and not granted for adults with learning disabilities and all other groups

	2010/11			2011/12		
	Total Completed Applications	Granted	Not Granted	Total Completed Applications	Granted	Not Granted
Adults with learning disabilities aged 18+						
LA applications	5	1	4	6	4	2
PCT applications	0	0	0	2	1	1
Total applications	5	1	4	8	5	3
All other adults aged 18+						
LA applications	35	23	12	44	34	10
PCT applications	16	7	9	34	18	16
Total applications	51	30	21	78	52	26
Total adults aged 18+						
LA applications	40	24	16	50	38	12
PCT applications	16	7	9	36	19	17
Total applications	56	31	25	86	57	29

Data source: Sandwell MBC

Carers

4.63 Table 4.28 below shows that in 2012/13 an estimated 145 assessments / reviews involving carers with learning disabilities were completed. Of these 130 involved separate and 15 joint carer review / assessments. The majority (97%) of the assessments were completed in those aged 18-64 compared to the over 65s (3%). In 2012/13 an estimated 15 carers declined an assessment or review. Over the period 2005/06 to 2012/13 the number of assessments completed increased by 263%.

Table 4.28: Estimated numbers of carers of an adult with a learning disability for whom assessments or reviews were completed

	Carers assessed or reviewed separately			Carers assessed or reviewed jointly with client			Carers declining an assessment		
	All client ages	Aged 18- 64	Aged 65 and over	All client ages	Aged 18- 64	Aged 65 and over	All client ages	Aged 18- 64	Aged 65 and over
2005/06	40	40	0	0	0	0	5	5	0
2006/07	80	75	5	0	0	0	0	0	0
2007/08	50	45	5	140	95	45	0	0	0
2008/09	105	70	35	15	10	5	0	0	0
2009/10	130	70	60	5	5	0	0	0	0
2010/11	70	70	0	5	5	0	0	0	0
2011/12	110	105	5	5	5	0	10	10	0
2012/13	130	125	5	15	15	0	15	15	0

Data source: RAP Table C1

4.64 Table 4.29 below shows that in 2012/13, 145 carers received some form of services or information. 125 carers received services and 20 received information and advice only. In 2012/13, the majority of carers (97%) receiving services or information.

Table 4.29: Estimated numbers of carers of an adult with a learning disability receiving services and information

	Total number of carers receiving services or information			Services, including breaks for the carer and/or other carers' specific services			Information and advice only		
	All client ages	Aged 18- 64	Aged 65 and over	All client ages	Aged 18- 64	Aged 65 and over	All client ages	Aged 18- 64	Aged 65 and over
2005/06	15	15	0	15	15	0	0	0	0
2006/07	80	75	5	75	70	5	5	5	0
2007/08	180	135	45	30	30	0	150	105	45
2008/09	125	85	40	105	70	35	20	15	5
2009/10	135	75	60	125	70	55	10	5	5
2010/11	70	70	0	60	60	0	10	10	0
2011/12	120	115	5	115	110	5	5	5	0
2012/13	145	140	5	125	120	5	20	20	0

Data Source: RAP Table C2

Social Care Indicators from the National Indicator Set

4.65 The National Indicator NI 135 was used to collate information on the number of carers (caring for someone age 18-64) receiving needs assessment or review and a specific carers' service, or advice and information within a given year as a percentage of people (aged 18-64) receiving a community based service. Table 4.30 below shows slight variation in Sandwell between 2008-09 and 2010-11 for the number of people with a learning disability receiving services or advice as a percentage of all people receiving community based service.

Table 4.30: Percentage of carers (caring for someone aged 18-64) receiving needs assessment or review and a specific carers' service, or advice and information as a percentage of people (aged 18-64) receiving a community based service

	2008-2009	2009-2010	2010-11
Sandwell	14.3	15.3	15.9
West Midlands	31.5	33.9	36.5
England	32.3	33.2	33.4

Source: NHS Information Centre and sourced from RAP data

Hospital Admissions

4.66 A report titled 'How people with disabilities die' [Ref Glover and Mohammed - 2006] studied the ages and causes of deaths for people with learning disabilities, or conditions which can cause learning disabilities. The authors produced a list of all conditions that can cause learning disabilities and divided these into conditions that 'usually cause learning disabilities', that 'sometimes do' (more than 1 in 7 – 15%), that 'rarely do' (less than 1 in 7 – 15%), and degenerative conditions that lead to learning disabilities. The authors compared this list with one produced by researchers in the NHS Information Centre and sought the advice of two experts. This list together with the ICD 10 codes (Appendix 1) was used to analyse admissions to Sandwell hospitals. Table 4.31 below shows that over the period 2005/06 to 2011/12, 874 admissions were associated with LDs, 1947 sometimes, 310 rarely and 114 were associated with degenerative conditions.

Table 4.31: Number of hospital admissions associated with learning disabilities in Sandwell

Year	Associated with LDs	Sometimes associated with LDs	Rarely associated with LDs	Degenerative conditions
2005-2006	128	246	25	13
2006-2007	101	226	34	21
2007-2008	98	222	31	25
2008-2009	103	250	45	10
2009-2010	127	302	41	9
2010-2011	138	335	50	19
2011-2012	179	366	84	17
Total	874	1,947	310	114

4.67 Figure 4.7 below shows that since 2008/09 the trend in admissions of conditions 'sometimes associated' with learning disabilities has been on the increase. There is a similar pattern for admissions of conditions 'associated' with LDs but much lower. Figure 4.8 below shows the number of admissions by age group.

Figure 4.7: Hospital Admissions for Learning Disabilities

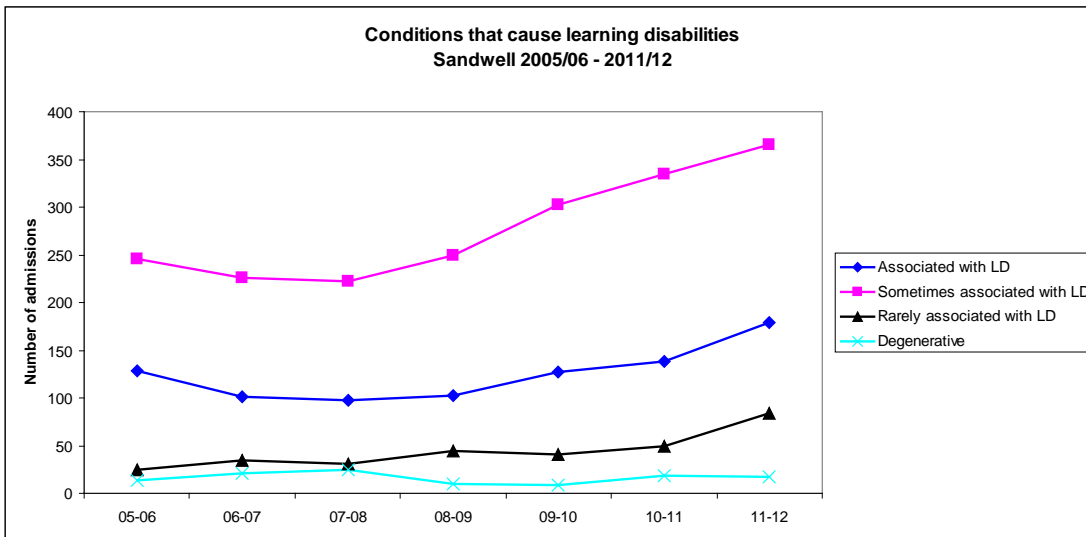
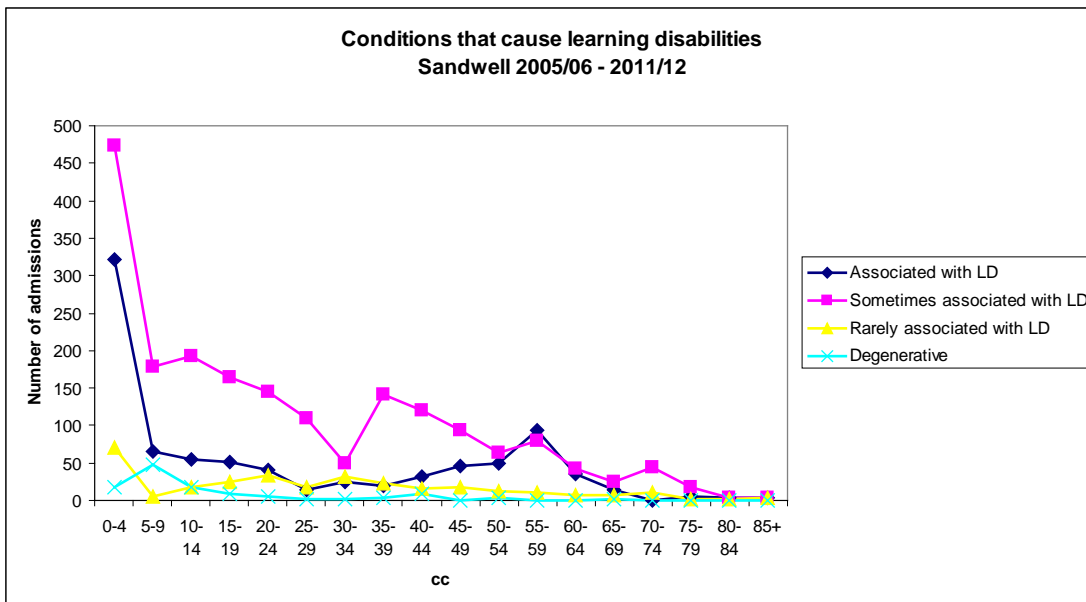


Figure 4.8: Hospital Admissions for Learning Disabilities by Age



References

1. Eric Emerson and Chris Hatton of the Institute for Health Research, Lancaster University. Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England, June 2004
2. Emerson, 1995, cited in Emerson, E (2001, 2nd edition): *Challenging Behaviour: Analysis and intervention in people with learning disabilities*. Cambridge University Press.

Appendix A

Table a: Public Health Outcomes framework 2013/16

1 Improving the wider determinants of health	2. Health improvement	3. Health protection	4. Healthcare public health and preventing premature mortality
Objective			
Improvements against wider factors which affect health and wellbeing and health inequalities	People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities	The population's health is protected from major incidents and other threats, whilst reducing health inequalities	Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities
1.1 Children in poverty	2.1 Low birth weight of term babies	3.1 Fraction of mortality attributable to particulate air pollution	4.1 Infant mortality* (NHSOF 1.6i)
<i>1.2 School readiness (Placeholder)</i>	2.2 Breastfeeding	3.2 Chlamydia diagnoses (15-24 year olds)	4.2 Tooth decay in children aged 5 olds
1.3 Pupil absence	2.3 Smoking status at time of delivery	3.3 Population vaccination coverage	4.3 Mortality rate from causes considered preventable** (NHSOF 1a)
1.4 First time entrants to the youth justice system	2.4 Under 18 conceptions	3.4 People presenting with HIV at a late stage of infection	4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)* (NHSOF 1.1)
1.5 16-18 year olds not in education, employment or training	<i>2.5 Child development at 2-2 and a half years (Placeholder)</i>	3.5 Treatment completion for Tuberculosis (TB)	4.5 Under 75 mortality rate from cancer* (NHSOF 1.4i)
<i>1.6 Adults with a learning disability/in contact with secondary mental health</i>	2.6 Excess weight in 4-5 and 10-11	3.6 Public sector organisations with a board approved sustainable	4.6 Under 75 mortality rate from liver

services who live in stable and appropriate accommodation† (ASCOF 1G, 1H)	year olds	development management plan	disease* (NHSOF 1.3)
1.7 People in prison who have a mental illness or a significant mental illness (Placeholder)	2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s	3.7 Comprehensive, agreed inter-agency plans for responding to public health incidents and emergencies (Placeholder)	4.7 Under 75 mortality rate from respiratory diseases* (NHSOF 1.2)
1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services * (i-NHSOF 2.2) †† (ii-ASCOF 1E) ** (iii-NHSOF 2.5) †† (iii-ASCOF 1F)	2.8 Emotional well-being of looked after children		4.8 Mortality rate from infectious and parasitic diseases
1.9 Sickness absence rate	2.9 Smoking prevalence – 15 year olds (Placeholder)		4.9 Excess under 75 mortality rate in adults with serious mental illness* (NHSOF 1.5)
1.10 Killed and seriously injured casualties on England's roads	2.10 Self-harm (Placeholder)		4.10 Suicide rate
1.11 Domestic abuse (Placeholder)	2.11 Diet		4.11 Emergency readmissions within 30 days of discharge from hospital* (NHSOF 3b)
1.12 Violent crime (including sexual violence)	2.12 Excess weight in adults		4.12 Preventable sight loss
1.13 Re-offending levels	2.13 Proportion of physically active and inactive adults		4.13 Health-related quality of life for older people (Placeholder)
1.14 The percentage of the population affected by noise	2.14 Smoking prevalence – adults (over 18s)		4.14 Hip fractures in people aged 65 and over

1.15 Statutory homelessness	2.15 Successful completion of drug treatment		4.15 Excess winter deaths
1.16 Utilisation of outdoor space for exercise/health reasons	2.16 People entering prison with substance dependence issues who are previously not known to community treatment		4.16 Estimated diagnosis rate for people with dementia* (NHSOF 2.6i)
1.17 Fuel poverty (Placeholder)	2.17 Recorded diabetes		
1.18 Social isolation (Placeholder) † (ASCOF 1I)	2.18 Alcohol-related admissions to hospital (Placeholder)		
1.19 Older people's perception of Community Safety †† (ASCOF 4A)	2.19 Cancer diagnosed at stage 1 and 2		
	2.20 Cancer screening coverage		
	2.21 Access to non-cancer screening programmes		
	2.22 Take up of the NHS Health Check programme – by those eligible		
	2.23 Self-reported well-being		
	2.24 Injuries due to falls in people aged 65 and over		
<p>1 = * Shared Indicator NHSOF 2.2.</p> <p>1 = ** Complementary Indicators iii-NHSOF 2.5</p> <p>2 = † Shared Indicator ASCOF 1G and 1H) & (ASCOF 1I)</p> <p>3 = †† Complementary indicators ii-ASCOF 1E), (iii-ASCOF 1F) & (ASCOF 4A)</p>	<p>0 = * Shared Indicator NHSOF</p> <p>0 = ** Complementary Indicators NHSOF</p> <p>0 = † Shared Indicator ASCOF</p> <p>0 = †† Complementary indicators ASCOF</p> <p>4 = Indicators placeholders, pending development or identification</p>	<p>0 = * Shared Indicator NHSOF</p> <p>0 = ** Complementary Indicators NHSOF</p> <p>0 = † Shared Indicator ASCOF</p> <p>0 = †† Complementary indicators ASCOF</p> <p>1 = Indicators placeholders, pending development or identification</p>	<p>8 = * Shared Indicator NHSOF 1.1, NHSOF 1.2, NHSOF 1.3, NHSOF 1.4i, NHSOF 1.5, NHSOF 1.6i, NHSOF 2.6i & NHSOF 3b..</p> <p>1 = ** Complementary Indicators NHSOF 1a</p> <p>0 = † Shared Indicator ASCOF</p> <p>0 = †† Complementary indicators ASCOF</p>

<i>4 = Indicators placeholders, pending development or identification</i>			<i>1 = Indicators placeholders, pending development or identification</i>
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Alignment across the Health and Care System

* Indicator shared with the NHS Outcomes Framework.

** Complementary to indicators in the NHS Outcomes Framework

† Indicator shared with the Adult Social Care Outcomes Framework

†† Complementary to indicators in the Adult Social Care Outcomes Framework

Indicators in italics are placeholders, pending development or identification

Table b: Adult social care Outcomes Framework 2013/14

<p>1 Enhancing quality of life for people with care and support needs</p>	<p>2. Delaying and reducing the need for care and support</p>	<p>3. Ensuring that people have a positive experience of care and support</p>	<p>4. Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm</p>
<p>Objective</p>			
		<p>People who use social care and their carers are satisfied with their experience of care and support services</p>	
<p>1A. Social care-related quality of life ** (NHSOF 2)</p>	<p>2A. Permanent admissions to residential and nursing care homes, per 1,000 population</p>	<p>3A. Overall satisfaction of people who use services with their care and support</p>	<p>4A. The proportion of people who use services who feel safe †† (PHOF 1.19)</p>
<p>People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs</p>	<p>Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs</p> <p>Earlier diagnosis, intervention and reablement means that people and their carer are less dependent on intensive services</p>		<p>Everyone enjoys physical safety and feels secure</p> <p>People are free from physical and emotional abuse, harassment, neglect and self-harm</p> <p>People are protected as far as possible from avoidable harm, disease and injuries</p> <p>People are supported to plan ahead and have the freedom to manage risks the way that they wish</p>
<p>1B. Proportion of people who use</p>	<p>2B. Proportion of older people (65</p>	<p>3B. Overall satisfaction of carers with</p>	<p>4B. The proportion of people who</p>

services who have control over their daily life	and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services * (NHSOF 3.6i)	social services	use services who say that those services have made them feel safe and secure
		Carers feel that they are respected as equal partners throughout the care process.	
<i>1C. Proportion of people using social care who receive self-directed support, and those receiving direct payments To be revised from 2014/15:</i>	2C. Delayed transfers of care from hospital, and those which are attributable to adult social care	3C. The proportion of carers who report that they have been included or consulted in discussions about the person they care for	<i>4C: Proportion of completed safeguarding referrals where people report they feel safe. New placeholder</i>
Carers can balance their caring roles and maintain their desired quality of life		People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.	
1D. Carer-reported quality of life ** (NHSOF 2.4) & †† (PHOF 1.6)	<i>2D. The outcomes of short-term services: sequel to service. New measure for 2014/15:</i>	3D. The proportion of people who use services and carers who find it easy to find information about support	
People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation		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.	
1E. Proportion of adults with a learning disability in paid employment ** NHSOF 2.2 & †† PHOF 1.8	<i>2E: Effectiveness of reablement services New placeholder</i>	<i>3E: Improving people's experience of integrated care * (NHS OF 4.9) New placeholder</i>	

	When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.		
1F. Proportion of adults in contact with secondary mental health services in paid employment ** NHSOF 2.5 & †† PHOF 1.8	<i>2F: Dementia – a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life . * (NHSOF 2.6ii) New placeholder</i>		
1G. Proportion of adults with a learning disability who live in their own home or with their family † (PHOF 1.6)			
1H. Proportion of adults in contact with secondary mental health services living independently, with or without support † (PHOF 1.6)			
1I. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like. † (PHOF 1.18) New measure for 2013/14			
		<i>This information can be taken from the Adult Social Care Survey and used for analysis at the local level.</i>	
0 = Shared Indicator NHSOF 4 = ** Complementary Indicators NHSOF 2, NHSOF 2.2, NHSOF 2.4 & NHSOF 2.5	2 = Shared Indicator NHSOF 3.6i & 2.6ii (New placement) 0 = ** Complementary Indicators NHSOF	1 = Shared Indicator NHSOF 4.9 (New placement) 0 = ** Complementary Indicators NHSOF	0 = Shared Indicator NHSOF 0 = ** Complementary Indicators 0 = † Shared Indicator PHOF

<p>2 = † Shared Indicator <i>PHOF 1.18 & PHOF 1.6</i></p> <p>2 = †† Complementary indicators <i>PHOF 1.6 & PHOF 1.8</i></p> <p>2 = <i>Indicators placeholders, pending development or identification</i></p>	<p>0 = † Shared Indicator <i>PHOF</i></p> <p>0 = †† Complementary indicators <i>PHOF</i></p> <p>3 = <i>Indicators placeholders, pending development or identification</i></p>	<p>0 = † Shared Indicator <i>PHOF</i></p> <p>0 = †† Complementary indicators <i>PHOF</i></p> <p>1 = <i>Indicators placeholders, pending development or identification</i></p>	<p>1 = †† Complementary indicators <i>PHOF 1.19</i></p> <p>1 = <i>Indicators placeholders, pending development or identification</i></p>
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Alignment across the Health and Care System

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Indicators in italics are new measures or placeholders, pending development or identification

Table c: NHS Outcomes Framework 2013/14

<p>1 Preventing people from dying prematurely</p>	<p>2. Enhancing quality of life for people with long-term conditions</p>	<p>3. Helping people to recover from episodes of ill health or following injury</p>	<p>4. Ensuring that people have a positive experience of care</p>	<p>5. Treating and caring for people in a safe environment and protect them from avoidable harm</p>
<p>Objective</p>				
<p>1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare <i>i Adults</i> <i>ii Children and young people (** PHOF 4.3 additional link CG)</i></p>	<p>2 Health-related quality of life for people with long-term conditions†† (ASCOF 1A)</p>	<p>3a Emergency admissions for acute conditions that should not usually require hospital admission</p>	<p>4a Patient experience of primary care <i>i GP services</i> <i>ii GP Out of Hours services</i> <i>iii NHS Dental Services</i></p>	<p>5a Patient safety incidents reported</p>
<p>1b Life expectancy at 75 <i>i Males</i> <i>ii Females</i></p>		<p>3b Emergency readmissions within 30 days of discharge from hospital* (PHOF 4.11)</p>	<p>4b Patient experience of hospital care</p>	<p>5b Safety incidents involving severe harm or death</p>
			<p>4c <i>Friends and family test</i></p>	<p>5c <i>Hospital deaths attributable to problems in care</i></p>
<p>Improvement areas</p>				
<p>Reducing premature mortality from the major causes of death</p>	<p>Ensuring people feel supported to manage their condition</p>	<p>Improving outcomes from planned treatments</p>	<p>Improving people's experience of outpatient care</p>	<p>Reducing the incidence of avoidable harm</p>
<p>1.1 Under 75 mortality rate from</p>	<p>2.1 Proportion of people feeling</p>	<p>3.1 Total health gain as</p>	<p>4.1 Patient experience of</p>	<p>5.1 Incidence of hospital-</p>

cardiovascular disease* (PHOF 4.4)	supported to manage their condition ††	assessed by patients for elective procedures i Hip replacement ii Knee replacement iii Groin hernia iv Varicose veins v Psychological therapies	outpatient services	related venous thromboembolism (VTE)
	Improving functional ability in people with long-term conditions	Preventing lower respiratory tract infections (LRTI) in children from becoming serious	Improving hospitals' responsiveness to personal needs	
1.2 Under 75 mortality rate from respiratory disease* (PHOF 4.7)	2.2 Employment of people with long-term conditions (* PHOF 1.8 & † ASCOF 1E)	3.2 Emergency admissions for children with LRTI	4.2 Responsiveness to in-patients' personal needs	5.2 Incidence of healthcare associated infection (HCAI) i MRSA ii C.difficile
	Reducing time spent in hospital by people with long-term conditions	Improving recovery from injuries and trauma	Improving people's experience of accident and emergency services	
1.3 Under 75 mortality rate from liver disease* (PHOF 4.6)	2.3 i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	3.3 Proportion of people who recover from major trauma	4.3 Patient experience of A&E services	5.3 Incidence of newly-acquired category 2, 3 and 4 pressure ulcers
	Enhancing quality of life for carers	Improving recovery from stroke	Improving access to primary care services	

<p>1.4 Under 75 mortality rate from cancer* (PHOF 4.5)</p> <p><i>i One-and</i></p> <p><i>ii Five-year survival from all cancers</i></p> <p><i>iii One-and</i></p> <p><i>iv Five-year survival from breast, lung and colorectal cancer</i></p>	<p>2.4 Health-related quality of life for carers †† (ASCOF 1D)</p>	<p>3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months</p>	<p>4.4 Access to</p> <p>i GP services and</p> <p>ii NHS dental services</p>	<p>5.4 Incidence of medication errors causing serious harm</p>
<p>Reducing premature death in people with serious mental illness</p>	<p>Enhancing quality of life for people with mental illness</p>	<p>Improving recovery from fragility fractures</p>	<p>Improving women and their families' experience of maternity services</p>	<p>Improving the safety of maternity services</p>
<p>1.5 Excess under75 mortality rate in adults with serious mental illness* (PHOF 4.9)</p>	<p>2.5 Employment of people with mental illness (** PHOF 1.8 & †† ASCOF 1F)</p>	<p>3.5 Proportion of patients recovering to their previous levels of mobility/walking ability at</p> <p>i 30 and</p> <p>ii 120 days</p>	<p>4.5 Women's experience of maternity services</p>	<p>5.5 Admission of full-term babies to neonatal care</p>
<p>Reducing deaths in babies and young children</p>	<p>Enhancing quality of life for people with dementia</p>	<p>Helping older people to recover their independence after illness or injury</p>	<p>Improving the experience of care for people at the end of their lives</p>	<p>Delivering safe care to children in acute settings</p>
<p>1.6</p> <p><i>i Infant mortality* (PHOF 4.1)</i></p> <p><i>ii Neonatal mortality and stillbirths</i></p> <p><i>iii Five year survival from all cancers in children</i></p>	<p>2.6</p> <p><i>i Estimated diagnosis rate for people with dementia* (PHOF 4.16)</i></p> <p><i>ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life † (ASCOF 2F)</i></p>	<p>3.6</p> <p><i>i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation service† (ASCOF 2B)</i></p> <p><i>ii Proportion offered rehabilitation following discharge from acute or</i></p>	<p>4.6 Bereaved carers' views on the quality of care in the last 3 months of life</p>	<p>5.6 Incidence of harm to children due to 'failure to monitor</p>

		community hospital		
Reducing premature death in people with a learning disability			Improving experience of healthcare for people with mental illness	
<i>1.7 Excess under 60 mortality rate in adults with a learning disability</i>			4.7 Patient experience of community mental health services	
			Improving children and young people's experience of healthcare	
			<i>4.8 An indicator is under development</i>	
			Improving people's experience of integrated care	
			<i>4.9 An indicator is under development † (ASCOF 3E)</i>	
<p>6 = * Shared Indicator <i>PHOF 4.1, PHOF 4.4, PHOF 4.5, PHOF 4.6, PHOF 4.7, & PHOF 4.9</i></p> <p>1 = ** Complementary Indicators <i>PHOF</i></p> <p>0 = † Shared Indicator <i>ASCOF</i></p> <p>0 = †† Complementary indicators <i>ii-ASCOF</i></p> <p>1 = Indicators placeholders, pending development or identification</p>	<p>2 = * Shared Indicator <i>PHOF 1.8 & PHOF 4.6</i></p> <p>1 = ** Complementary Indicators <i>PHOF 1.8</i></p> <p>2 = † Shared Indicator <i>ASCOF 1E & ASCOF 1F</i></p> <p>4 = †† Complementary indicators <i>ASCOF 1A, ASCOF 1E & ASCOF 1F</i></p> <p>0 = Indicators placeholders, pending development or identification</p>	<p>1 = * Shared Indicator <i>PHOF 4.11</i></p> <p>0 = ** Complementary Indicators <i>PHOF</i></p> <p>1 = † Shared Indicator <i>ASCOF 2B</i></p> <p>0 = †† Complementary indicators <i>ii-ASCOF</i></p> <p>0 = Indicators placeholders, pending development or identification</p>	<p>0 = * Shared Indicator <i>PHOF</i></p> <p>0 = ** Complementary Indicators <i>PHOF</i></p> <p>1 = † Shared Indicator <i>ASCOF 3E</i></p> <p>0 = †† Complementary indicators <i>ASCOF</i></p> <p>3 = Indicators placeholders, pending development or identification</p>	<p>0 = * Shared Indicator <i>PHOF</i></p> <p>0 = ** Complementary Indicators <i>PHOF</i></p> <p>0 = † Shared Indicator <i>ASCOF</i></p> <p>0 = †† Complementary indicators <i>ii-ASCOF</i></p> <p>1 = Indicators placeholders, pending development or identification</p>

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Alignment across the Health and Care System

* Indicator shared with the Public Health Outcomes Framework.

** Complementary to indicators in the Public Health Outcomes Framework

† Indicator shared with the Adult Social Care Outcomes Framework

†† Complementary to indicators in the Adult Social Care Outcomes Framework

Indicators in italics are new measures or placeholders, pending development or identification

Figure c: What is being monitored in partnerships across Health and Social Care? – Shared Indicators

PH OF

- 1.6 Adults with a LD who live in stable accommodation† (ASCOF 1G, 1H)
- 1.18 Social isolation (Placeholder) † (ASCOF 1I)
- 4.1 Infant mortality* (NHSOF 1.6i)
- 4.4 < 75 mortality rate from all cardiovascular diseases* (NHSOF 1.1)
- 4.5 < 75 mortality rate from cancer* (NHSOF 1.4i)
- 4.6 < 75 mortality rate from liver disease* (NHSOF 1.3)
- 4.7 < 75 mortality rate from respiratory diseases* (NHSOF 1.2)
- 4.9 Excess < 75 mortality rate in adults with serious mental illness* (NHSOF 1.5)
- 4.11 Emergency readmissions within 30 days of discharge from hospital* (NHSOF 3b)

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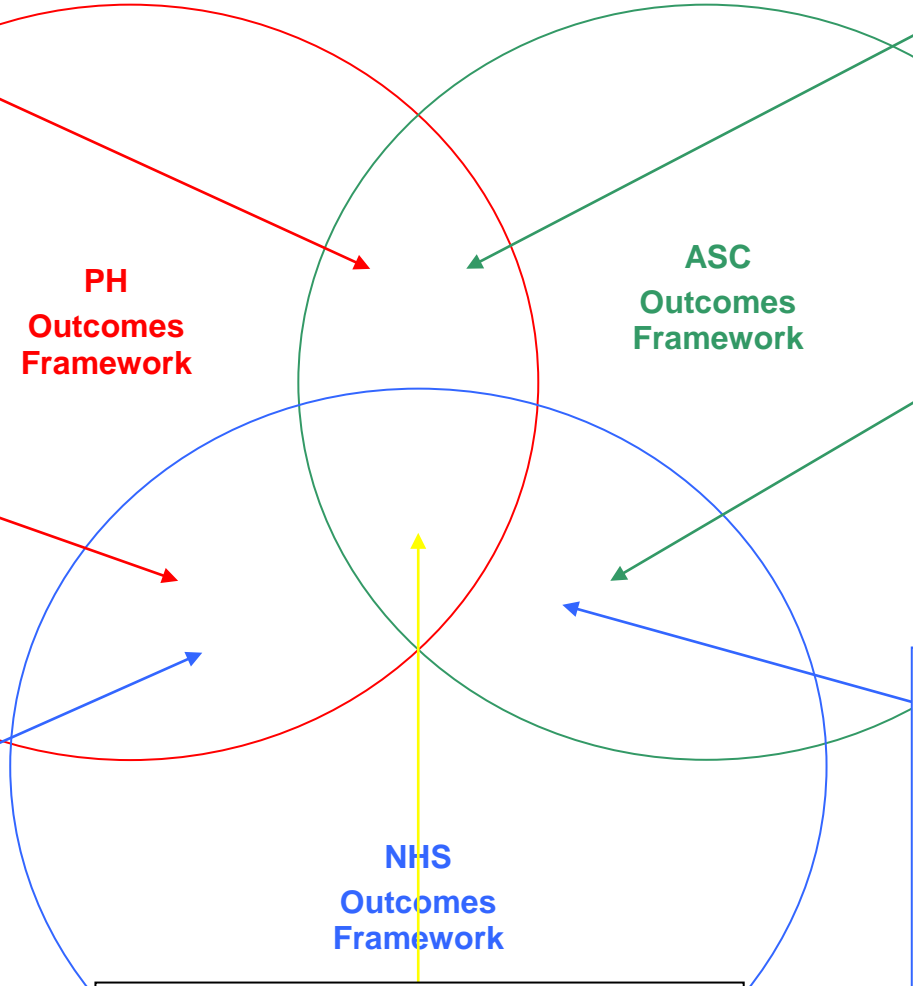
- 1G. % of adults with a LD who live in their own home or with their family † (PHOF 1.6)
- 1H. % of adults in contact with secondary mental health services living independently, with or without support † (PHOF 1.6)
- 2B. % of older people (65 and over) at home after discharge into reablement/rehabilitation services * (NHSOF 3.6i)
- 2F: Dementia –a measure of the effectiveness of post-diagnosis.* (NHSOF 2.6ii) New placeholder

NHS OF

- 1.1 Under 75 mortality rate from cardiovascular disease* (PHOF 4.4)
- 1.2 Under 75 mortality rate from respiratory disease* (PHOF 4.7)
- 1.3 Under 75 mortality rate from liver disease* (PHOF 4.6)
- 1.4 Under 75 mortality rate from cancer* (PHOF 4.5)
- 1.5 Excess under75 mortality rate in adults with serious mental illness*(PHOF 4.9)
- 1.6 i Infant mortality* (PHOF 4.1)
- 2.6 i Estimated diagnosis rate for people with dementia*(PHOF 4.16)
- 3b Emergency readmissions within 30 days of discharge from hospital* (PHOF 4.11)

NHS OF (cont)

- 2.6 ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life † (ASCOF 2F)
- 3.6 i % of older people (65 and over) at home after discharge into reablement/rehabilitation services † (ASCOF 2B)



Combined OF

- 1.8 PHOF: Employment LTC including LD in contact with secondary mental health services
- 2.2 NHSOF: Employment of people with long-term conditions
- 11E. ASCOF: Proportion of adults with a learning disability in paid employment

Figure d: What is being monitored in partnerships across Health and Social Care? – Complimentary indicators

PH OF

1.19 Older people's perception of Community Safety †† (ASCOF 4A)

*4.3 Mortality rate from causes considered preventable** (NHSOF 1a)*

ASC OF

4A. The proportion of people who use services who feel safe †† (PHOF 1.19)

1A. Social care-related quality of life ** (NHSOF 2)

NHS OF

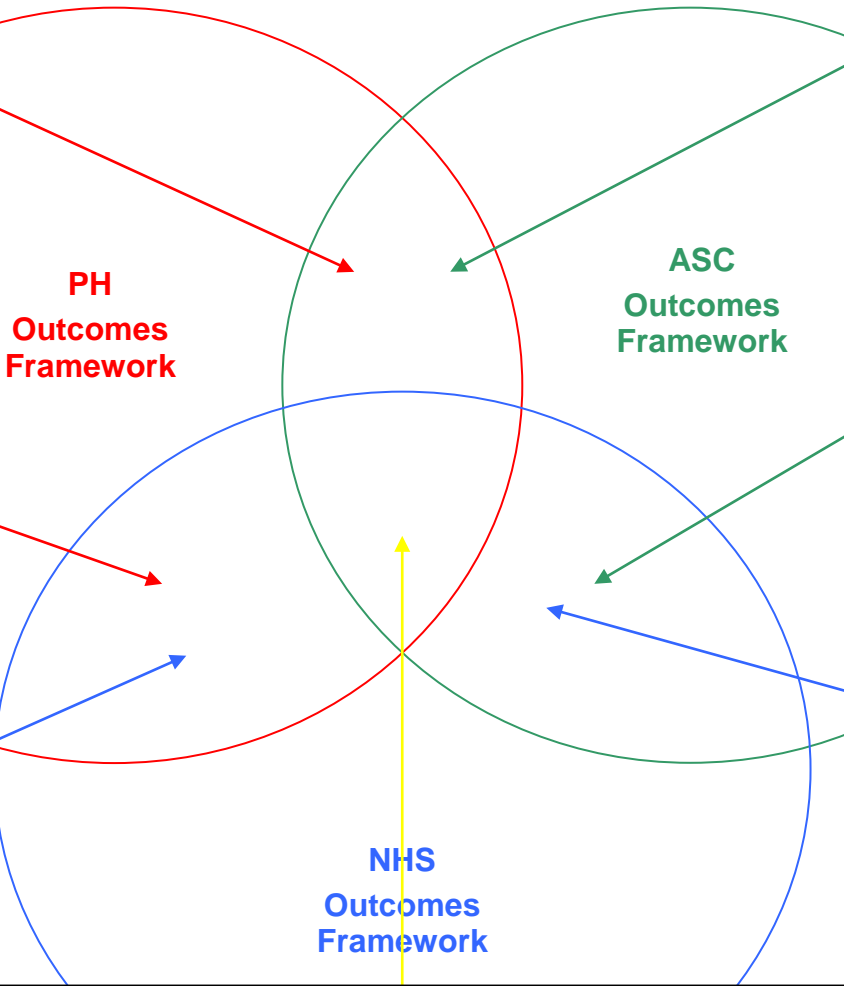
1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare

NHS OF (cont)

2 Health-related quality of life for people with long-term conditions †† (ASCOF 1A)

2.1 Proportion of people feeling supported to manage their condition ††

2.4 Health-related quality of life for carers †† (ASCOF 1D)



Combined OF

1.8 PHOF: Employment LTC including LD in contact with secondary mental health services

1F. Proportion of adults in contact with secondary mental health services in paid employment ** NHSOF 2.5 & †† PHOF 1.8

1D. Carer-reported quality of life ** (NHSOF 2.4) & †† (PHOF 1.6)

1E. Proportion of adults with a learning disability in paid employment ** NHSOF 2.2 & †† PHOF 1.8

2.5 Employment of people with mental illness (** PHOF 1.8 & †† ASCOF 1F)

Appendix B

Conditions associated with learning disabilities

1. Conditions usually associated with learning disabilities

ICD10 code	Condition
D821	Di George's syndrome
E000	Congenital iodine-deficiency syndrome, neurological type
E001	Congenital iodine-deficiency syndrome, myxedematous type
E002	Congenital iodine-deficiency syndrome, mixed type
E009	Congenital iodine-deficiency syndrome, unspecified
E700	Classical phenylketonuria
E771	Defects in glycoprotein degradation
E778	Other disorders of glycoprotein metabolism
E791	Lesch-Nyhan syndrome
E798	Other disorders of purine and pyrimidine metabolism
F83	Mixed specific developmental disorders
F842	Rett's syndrome
F843	Other childhood disintegrative disorder
F844	Overactive disorder associated with mental retardation and stereotyped movements
F848	Other pervasive developmental disorders
F849	Pervasive developmental disorder, unspecified
Q00	Anencephaly and similar malformations
Q000	Anencephaly
Q001	Craniorachischisis
Q002	Iniencephaly
Q041	Arhinencephaly
Q042	Holoprosencephaly
Q043	Other reduction deformities of brain
Q048	Other specified congenital malformations of brain
Q851	Tuberous sclerosis
Q878	Other specified congenital malformation syndromes, not elsewhere classified
Q90	'Down's syndrome '
Q900	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q902	Trisomy 21, translocation
Q909	Down's syndrome, unspecified
Q91	Edwards' syndrome and Patau's syndrome
Q910	Trisomy 18, nonmosaicism (meiotic nondisjunction)
Q911	Trisomy 18, mosaicism (mitotic nondisjunction)
Q912	Trisomy 18, translocation
Q913	Trisomy 18, unspecified
Q914	Trisomy 13, nonmosaicism (meiotic nondisjunction)

Q915	Trisomy 13, mosaicism (mitotic nondisjunction)
Q916	Trisomy 13, translocation
Q917	Trisomy 13, unspecified
Q92	Other trisomies and partial trisomies of the autosomes, not elsewhere classified
Q920	Whole chromosome trisomy, nonmosaicism (meiotic nondisjunction)
Q921	Whole chromosome trisomy, mosaicism (mitotic nondisjunction)
Q922	Partial trisomy
Q923	Minor partial trisomy
Q927	Triploidy and polyploidy
Q933	Deletion of short arm of chromosome 4
Q934	Deletion of short arm of chromosome 5
Q992	Fragile X chromosome

2. Conditions sometimes associated with learning disabilities

ICD10 code Condition

A811	Subacute sclerosing panencephalitis
A818	Other atypical virus infections of central nervous system
B900	Sequelae of central nervous system tuberculosis
E70	Disorders of aromatic amino-acid metabolism
E701	Other hyperphenylalaninemias
E709	Disorder of aromatic amino-acid metabolism, unspecified
E723	Disorders of lysine and hydroxylysine metabolism
E75	Disorders of sphingolipid metabolism and other lipid storage disorders
E753	Sphingolipidosis, unspecified
E779	Disorder of glycoprotein metabolism, unspecified
F840	Autistic disorder
F841	Atypical autism
G80	Cerebral palsy
G800	Spastic quadriplegic cerebral palsy
G801	Spastic diplegic cerebral palsy
G802	Spastic hemiplegic cerebral palsy
G803	Athetoid cerebral palsy
G804	Ataxic cerebral palsy
G808	Other cerebral palsy
G809	Cerebral palsy, unspecified
P10	Intracranial laceration and haemorrhage due to birth injury
P100	Subdural hemorrhage due to birth injury
P101	Cerebral hemorrhage due to birth injury
P102	Intraventricular hemorrhage due to birth injury
P103	Subarachnoid hemorrhage due to birth injury
P104	Tentorial tear due to birth injury
P108	Other intracranial lacerations and hemorrhages due to birth injury
P109	Unspecified intracranial laceration and hemorrhage due to birth injury

P110	Cerebral edema due to birth injury
P111	Other specified brain damage due to birth injury
P112	Unspecified brain damage due to birth injury
P119	Birth injury to central nervous system, unspecified
Q01	Encephalocele
Q010	Frontal encephalocele
Q011	Nasofrontal encephalocele
Q012	Occipital encephalocele
Q018	Encephalocele of other sites
Q019	Encephalocele, unspecified
Q02	Microcephaly
Q030	Malformations of aqueduct of Sylvius
Q031	Atresia of foramina of Magendie and Luschka
Q039	Congenital hydrocephalus, unspecified
Q04	Other congenital malformations of brain
Q045	Megalencephaly
Q046	Congenital cerebral cysts
Q049	Congenital malformation of brain, unspecified
Q05	Spina bifida
Q050	Cervical spina bifida with hydrocephalus
Q051	Thoracic spina bifida with hydrocephalus
Q052	Lumbar spina bifida with hydrocephalus
Q053	Sacral spina bifida with hydrocephalus
Q054	Unspecified spina bifida with hydrocephalus
Q059	Spina bifida, unspecified
Q85	Phakomatoses, not elsewhere classified
Q850	Neurofibromatosis (nonmalignant)
Q859	Phakomatosis, unspecified
Q860	Fetal alcohol syndrome (dysmorphic)
Q871	Congenital malformation syndromes predominantly associated with short stature
Q901	Trisomy 21, mosaicism (mitotic nondisjunction)
Q924	Duplications seen only at prometaphase
Q925	Duplications with other complex rearrangements
Q926	Extra marker chromosomes
Q928	Other specified trisomies and partial trisomies of autosomes
Q929	Trisomy and partial trisomy of autosomes, unspecified
Q93	Monosomies and deletions from the autosomes, not elsewhere classified
Q932	Chromosome replaced with ring, dicentric or isochromosome
Q935	Other deletions of part of a chromosome
Q936	Deletions seen only at prometaphase
Q937	Deletions with other complex rearrangements
Q938	Other deletions from the autosomes
Q939	Deletion from autosomes, unspecified

Q950	Balanced translocation and insertion in normal individual
Q951	Chromosome inversion in normal individual
Q952	Balanced autosomal rearrangement in abnormal individual
Q953	Balanced sex/autosomal rearrangement in abnormal individual
Q954	Individuals with marker heterochromatin
Q955	Individual with autosomal fragile site

3. Conditions rarely associated with learning disabilities

ICD10 code	Condition
E702	Disorders of tyrosine metabolism
E720	Disorders of amino-acid transport
E721	Disorders of sulfur-bearing amino-acid metabolism
E722	Disorders of urea cycle metabolism
E724	Disorders of ornithine metabolism
E741	Disorders of fructose metabolism
E742	Disorders of galactose metabolism
E744	Disorders of pyruvate metabolism and gluconeogenesis
E803	Defects of catalase and peroxidase
E804	Gilbert's syndrome
E806	Other disorders of bilirubin metabolism
E851	Neuropathic hereditary amyloidosis
Q055	Cervical spina bifida without hydrocephalus
Q056	Thoracic spina bifida without hydrocephalus
Q057	Lumbar spina bifida without hydrocephalus
Q058	Sacral spina bifida without hydrocephalus
Q070	Arnold-Chiari syndrome
Q796	Ehlers-Danlos syndrome
Q858	Other phakomatoses, not elsewhere classified
Q86	Congenital malformation syndromes due to known exogenous causes, not elsewhere classified
Q861	Fetal hydantoin syndrome
Q862	Dysmorphism due to warfarin
Q930	Whole chromosome monosomy, nonmosaicism (meiotic nondisjunction)
Q931	Whole chromosome monosomy, mosaicism (mitotic nondisjunction)
Q96	'Turner's syndrome '
Q960	Karyotype 45, X
Q961	Karyotype 46, X iso (Xq)
Q962	Karyotype 46, X with abnormal sex chromosome, except iso (Xq)
Q963	Mosaicism, 45, X/46, XX or XY
Q964	Mosaicism, 45, X/other cell line(s) with abnormal sex chromosome
Q968	Other variants of Turner's syndrome
Q969	Turner's syndrome, unspecified
Q97	Other sex chromosome abnormalities, female phenotype, not elsewhere classified
Q971	Female with more than three X chromosomes
Q978	Other specified sex chromosome abnormalities, female phenotype
Q980	Klinefelter syndrome karyotype 47, XXY
Q981	Klinefelter syndrome, male with more than two X chromosomes
Q982	Klinefelter's syndrome, male with 46,XX karyotype
Q983	Other male with 46, XX karyotype
Q984	Klinefelter syndrome, unspecified

Q985	Karyotype 47, XYY
Q986	Male with structurally abnormal sex chromosome
Q987	Male with sex chromosome mosaicism
Q989	Sex chromosome abnormality, male phenotype, unspecified

4. Degenerative conditions associated with learning disabilities

ICD10 code	Condition
E740	Glycogen storage disease
E750	GM2 gangliosidosis
E751	Other gangliosidosis
E752	Other sphingolipidosis
E754	Neuronal ceroid lipofuscinosis
E755	Other lipid storage disorders
E756	Lipid storage disorder, unspecified
E76	Disorders of glycosaminoglycan metabolism
E760	Mucopolysaccharidosis, type I
E761	Mucopolysaccharidosis, type II
E762	Other mucopolysaccharidoses
E763	Mucopolysaccharidosis, unspecified
E768	Other disorders of glucosaminoglycan metabolism
E769	Glucosaminoglycan metabolism disorder, unspecified
E770	Defects in post-translational modification of lysosomal enzymes