Improving Health and Lives: Learning Disabilities Observatory

Stoke-on-Trent

Population		Local value	Eng. avg.	Eng. lowest	Range	Eng. highest
1	Adults with learning disability known to GPs	6.76	4.33	1.93		6.97
2	Adults (18 to 64) with learning disability known to Local Authorities	5.13	4.27	2.17		7.97
3	Children with autistic spectrum known to schools	5.89	7.58	2.49		17.43
4	Children with moderate learning difficulties known to schools	39.81	19.79	7.05		55.18
5	Children with severe learning difficulties known to schools	1.78	3.60	0.92		7.05
6	Children with profound and multiple learning difficulties known to schools	0.54	1.22	0.00		3.48
7	Children with learning difficulties known to schools	42.13	24.61	10.69		62.43

Health		Local value	Eng. avg.	Eng. worst	England Range	Eng. best
8	Proportion of eligible adults with a learning disability having a GP health check	30.33	48.64	4.89		87.06
9	Median age at death	59.50	55.00	3.00		71.00
10	Emergency hospital admissions as % of total	39.51	49.96	75.27		12.59
11	Admission rate for psychiatric ambulatory care sensitive conditions in people with LD	2.25	2.87	18.48		0.00
12	Admission rate for non-psychiatric ambulatory care sensitive conditions in people with LD	21.54	23.27	89.59		5.57
13	Identifying people with learning disability in general hospital statistics	45.40	27.12	5.75		45.40
14	Identifying people with learning disability in psychiatric in-patient statistics	93.13	55.61	0.00		100.00
15	Persons admitted psychiatric specialty for challenging behaviour	0.37	0.95	9.74		0.00
Accommodation social care						
16	Living in settled accommodation	45.10	58.98	19.66		84.12
17	Living in non-settled accommodation	16.34	20.14	41.86		1.23
18	Accommodation status unknown to LA	38.56	20.88	66.67		0.00
19	Accommodation severely unsatisfactory	0.00	0.21	2.17		0.00
20	Adults (age 18-64) using day services	379.08	352.42	46.88		614.65
21	Adults(age 18-64) receiving community services	784.31	807.26	437.50		1,181.53
22	Adults with learning disability in paid employment	5.23	6.27	0.00		25.00
23	Adults (age 18-64) receiving direct payments	12.50	24.01	5.00		89.47
24	Gross current expenidture for residential personal social services per 1,000 people known to LAs with LD	11.56	16.21	2.80		37.18
25	Rates of referral for abuse of vulnerable person	150.33	103.31	0.00		397.06
Coordination and local planning						
26	Comparison of LA and QOF prevalence estimates	31.82	1.57	0.18		63.01

Key

Regional average

Not significant

Significance Not Tested

Where percieved polarity:

Significantly worse

Significantly better

England worst | England average | England best

25th percentile | 75th percentile

Where no percieved polarity:

Significantly lower

Significantly higher

England lowest | England average | England highest

25th percentile | 75th percentile

Stoke-on-Trent

Introduction

Health profiles are numbers which help people who plan health services.

They come as reports for local areas. Our health profiles are for the areas of Local Authorities that run Adult Social Services. They are used by planners in health services and social services. They are also interesting for self-advocates and family carers.

They try to show

- How many people have learning disabilities,
- How healthy they are,
- How much health care they get,
- How well social services are looking out for them.

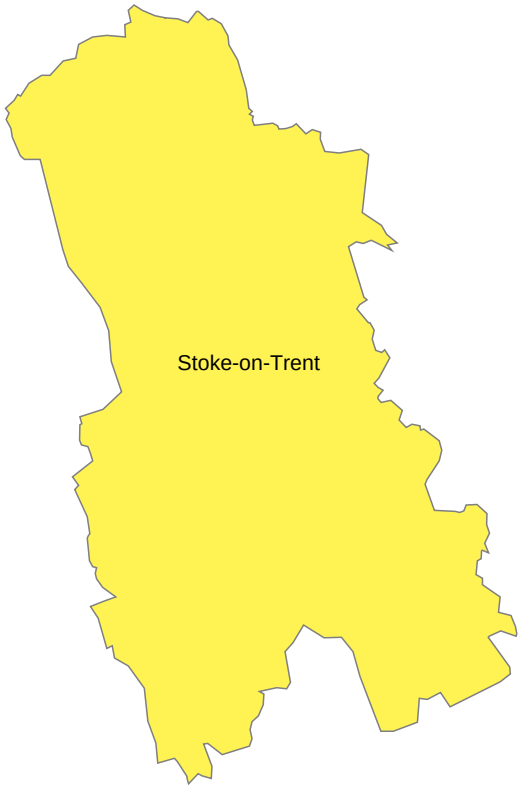
They show how your area compares with others.

Good numbers for all these things are hard to find. The numbers on the website are our first attempt. We have picked the best we can. Please tell us what you think about them.

- Do you think there are better numbers we could show?
- How could we display them more clearly?

We will be revising the site late in the summer. So any good ideas will be useful. Please send them by e-mail to profiles@ihal.org.uk

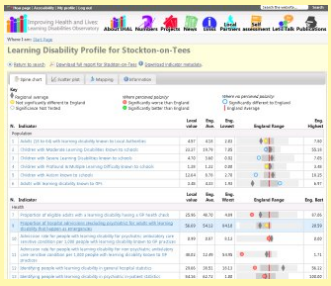
This profile covers Stoke-on-Trent

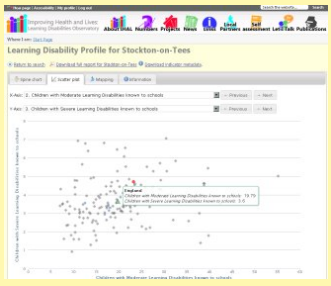


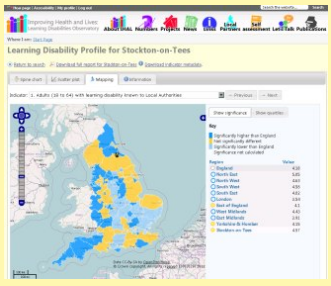
How to find out more information

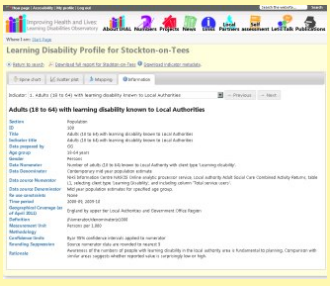
The web based version of the health profiles shows more information on your area. You can see this at http://www.ihal.org.uk/profiles or scan the QR code below.

- On the spine chart if you click on an indicator name you will get a bar chart showing where your area lies in relation to others. There is an option to print the graph directly or download it as an image file.
- Clicking on the scatter plot allows you to make a scatter graph of any indicator against any other. There is an option to print the graph directly or download it as an image file.
- The map tab allows you to draw maps either by rates for the indicator (shown as quartiles) or of areas that are statistically significantly different from the national figure in one direction or another.
- The information tab allows you to look at the detailed definition showing how each indicator is calculated and where the data come from.
- The download tab allows you to download either the full report for the area you have chosen as a .pdf file, an excel spreadsheet of the data for your area or a guide to the indicators









www.ihal.org.uk/profiles

Learning Disability Profiles are produced by the Improving Health and Lives Learning Disabilites Observatory.

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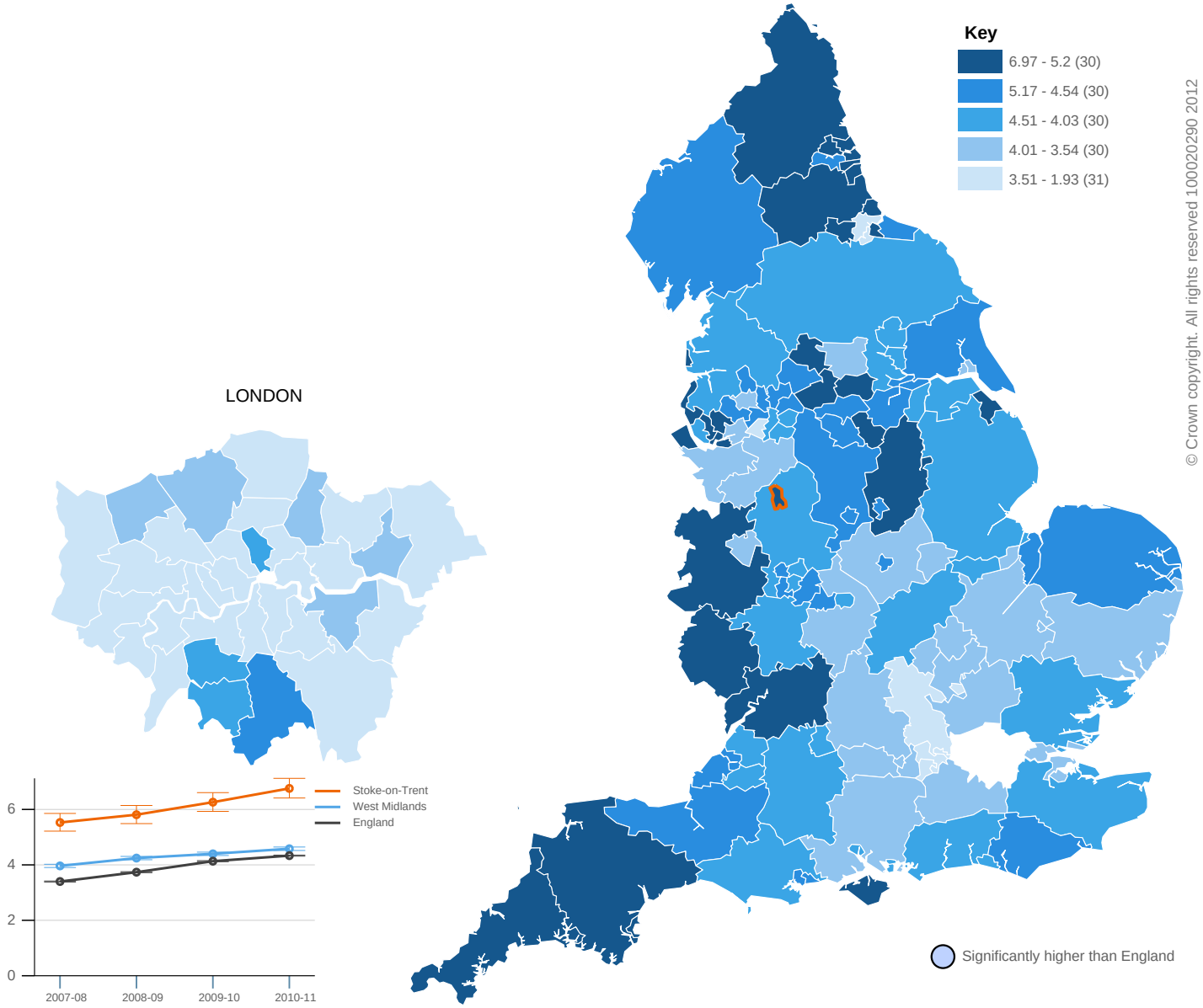
Population

1. Adults with learning disability known to GPs

Each year GPs are asked how many of the adults on their practice list have learning disability. These numbers are reported for health service areas-(primary care trusts or 'PCTs'). The indicator shows the number of people in every thousand that GPs identify.

Period	England Average	West Midlands	Stoke-on-Trent	Number of Adults
2007-08	3.40	3.96	5.53	1,169.93
2008-09	3.74	4.24	5.81	1,232.07
2009-10	4.13	4.40	6.26	1,334.98
2010-11	4.33	4.58	6.76	1,414.60



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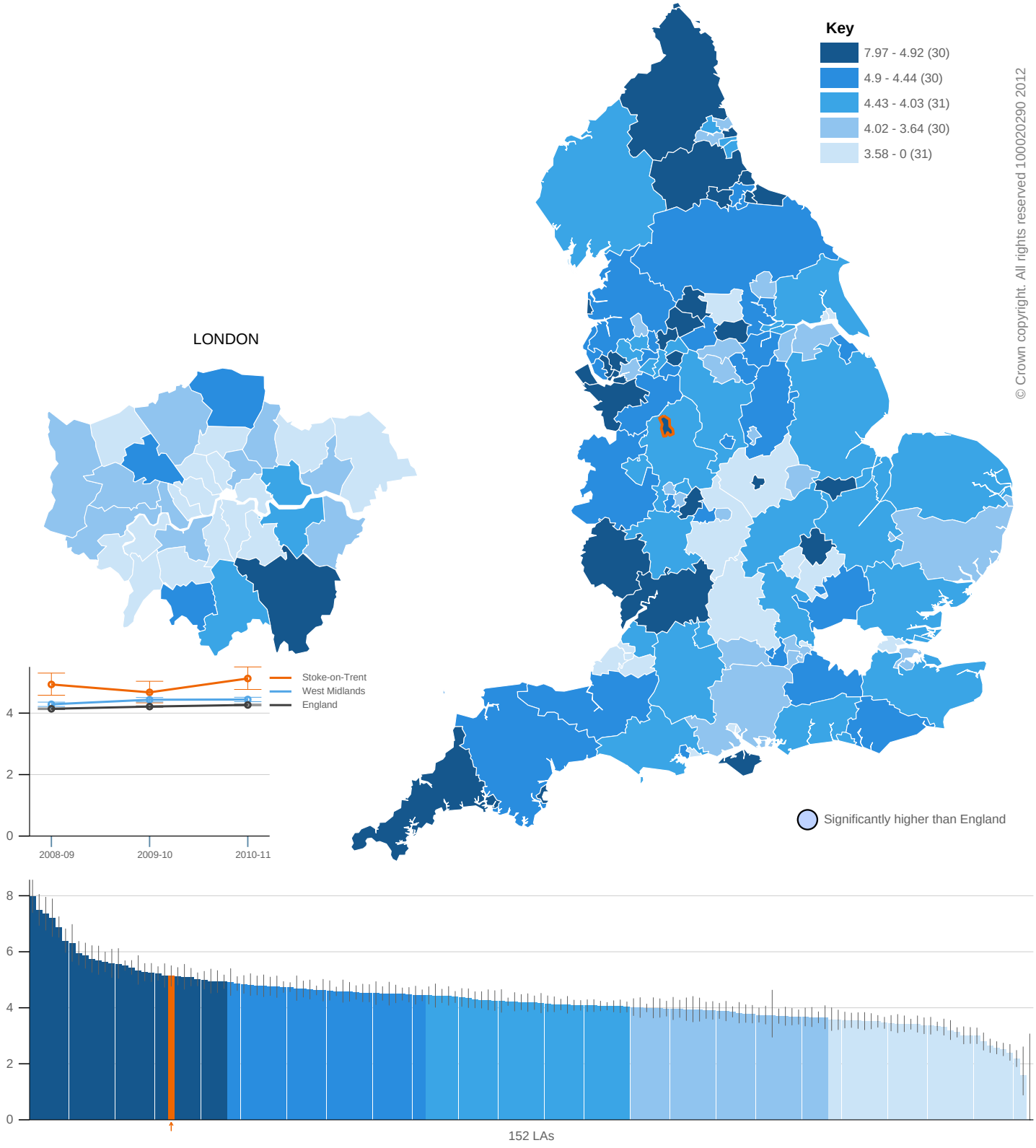
Stoke-on-Trent

Population continued

2. Adults (18 to 64) with learning disability known to Local Authorities

Awareness of the numbers of people with learning disability in the local authority area is fundamental to planning. Comparison with similar areas suggests whether reported value is surprisingly low or high.

Period	England Average	West Midlands	Stoke-on-Trent	Number of adults
2008-09	4.14	4.29	4.93	735.00
2009-10	4.21	4.43	4.68	695.00
2010-11	4.27	4.44	5.13	765.00



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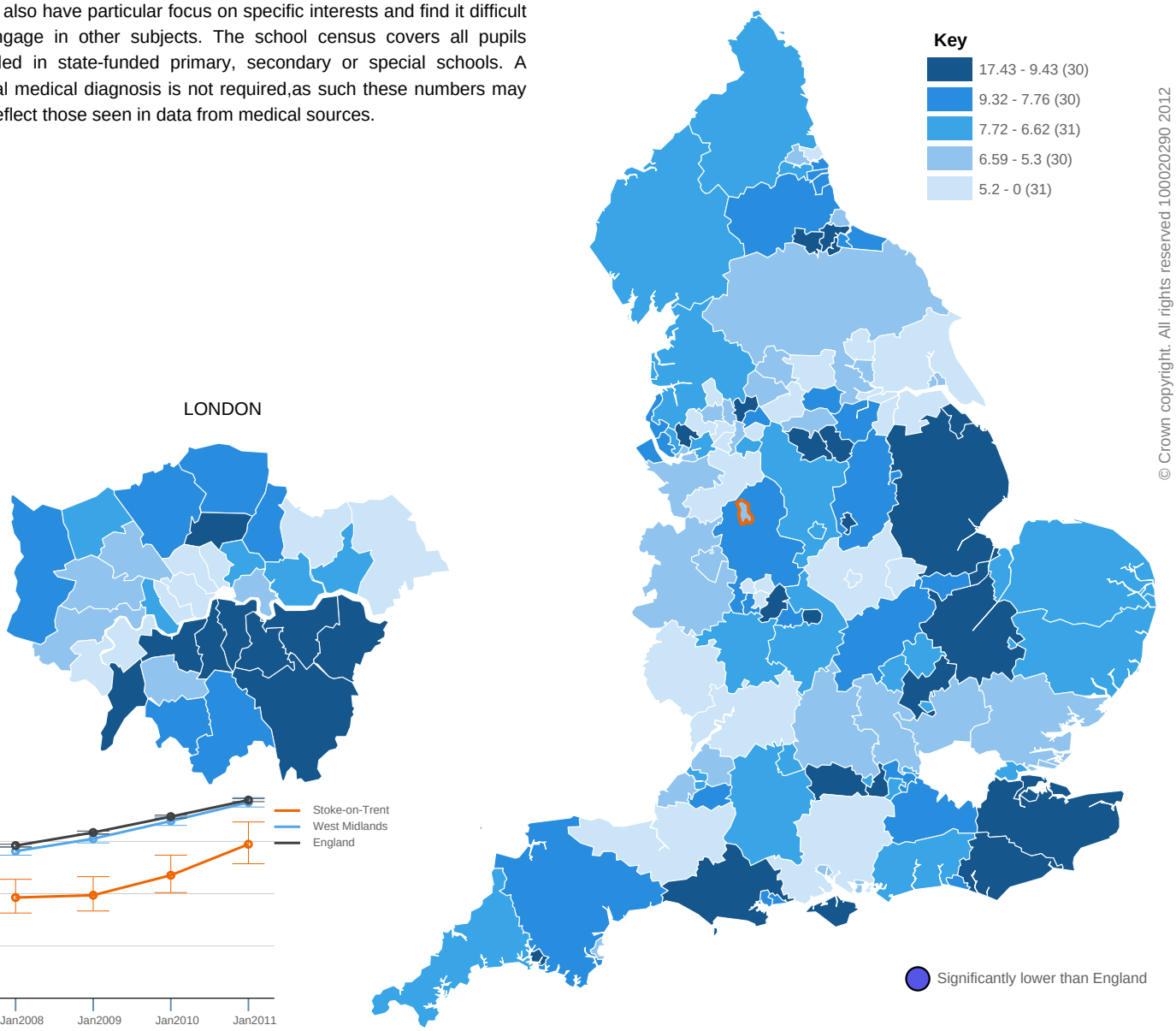
Population continued

3. Children with autistic spectrum known to schools

Schools are very aware of children who have particular difficulties in learning. Every term they report to the Department for education about all children who have special educational needs. This indicator shows the number of children in every thousand who have autistic spectrum disorders. These children have a combination of difficulties with verbal communication, interacting with other children or adults. They often also have particular focus on specific interests and find it difficult to engage in other subjects. The school census covers all pupils enrolled in state-funded primary, secondary or special schools. A formal medical diagnosis is not required,as such these numbers may not reflect those seen in data from medical sources.

Period	England Average	West Midlands	Stoke-on-Trent	Number of pupils
Jan2008	5.84	5.62	3.85	137.00
Jan2009	6.34	6.10	3.94	139.00
Jan2010	6.95	6.78	4.70	166.00
Jan2011	7.58	7.49	5.89	208.00



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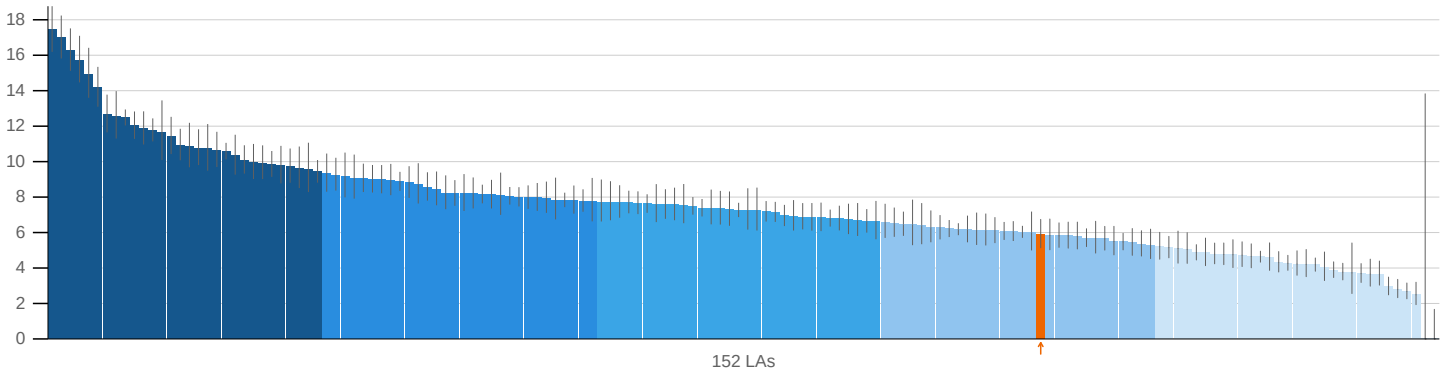


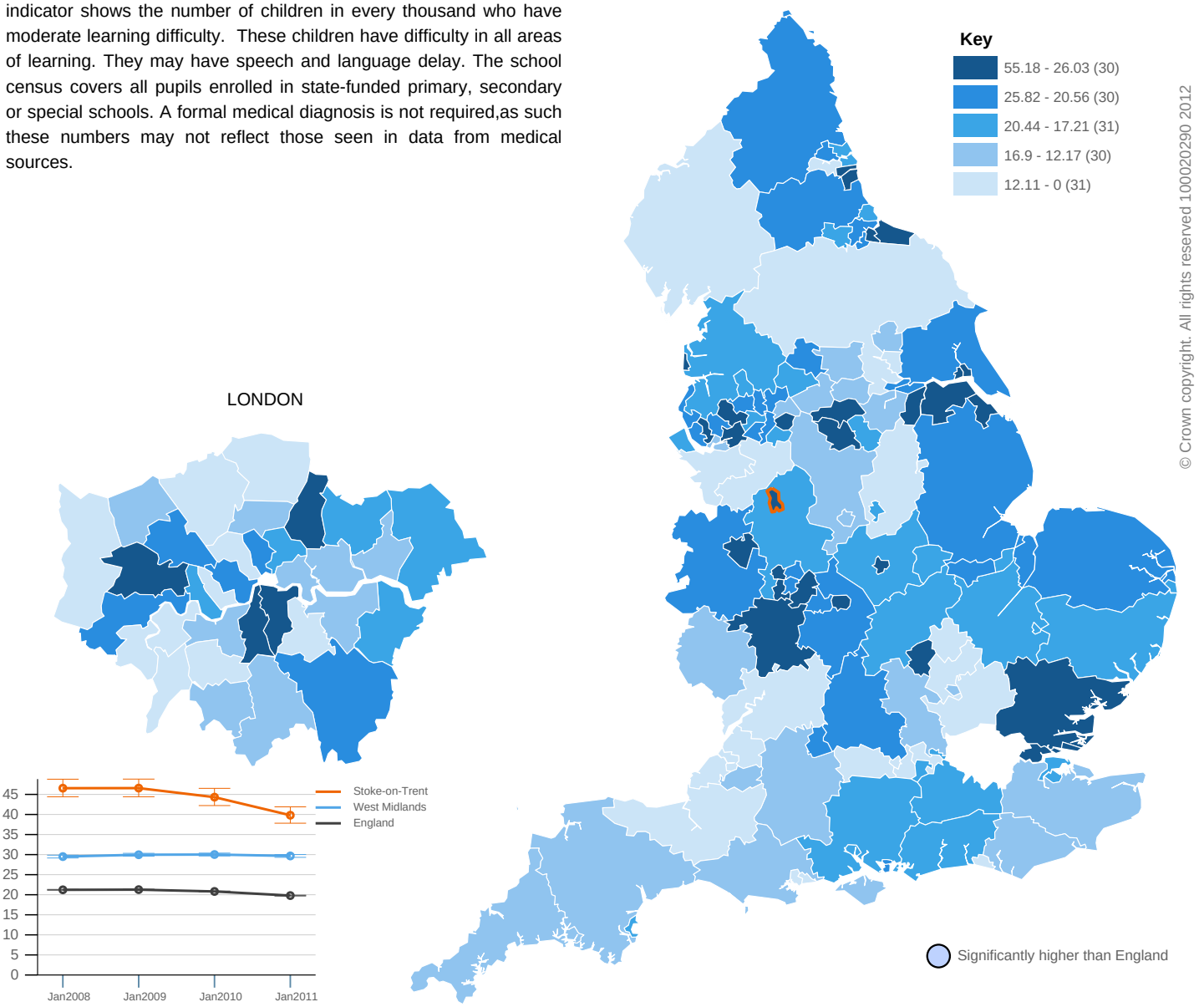
Stoke-on-Trent

Population continued

4. Children with moderate learning difficulties known to schools

Schools are very aware of children who have particular difficulties in learning. Every term they report to the Department for education about all children who have special educational needs. They say what sort of needs the children have. There are four levels of learning difficulties: specific difficulties (like dyslexia), moderate learning difficulties, severe learning difficulties and profound and multiple learning difficulties. The indicator shows the number of children in every thousand who have moderate learning difficulty. These children have difficulty in all areas of learning. They may have speech and language delay. The school census covers all pupils enrolled in state-funded primary, secondary or special schools. A formal medical diagnosis is not required,as such these numbers may not reflect those seen in data from medical sources.

Period	England Average	West Midlands	Stoke-on-Trent	Number of pupils
Jan2008	21.22	29.50	46.55	1,656.00
Jan2009	21.27	29.96	46.57	1,643.00
Jan2010	20.82	30.02	44.31	1,564.00
Jan2011	19.79	29.67	39.81	1,406.00



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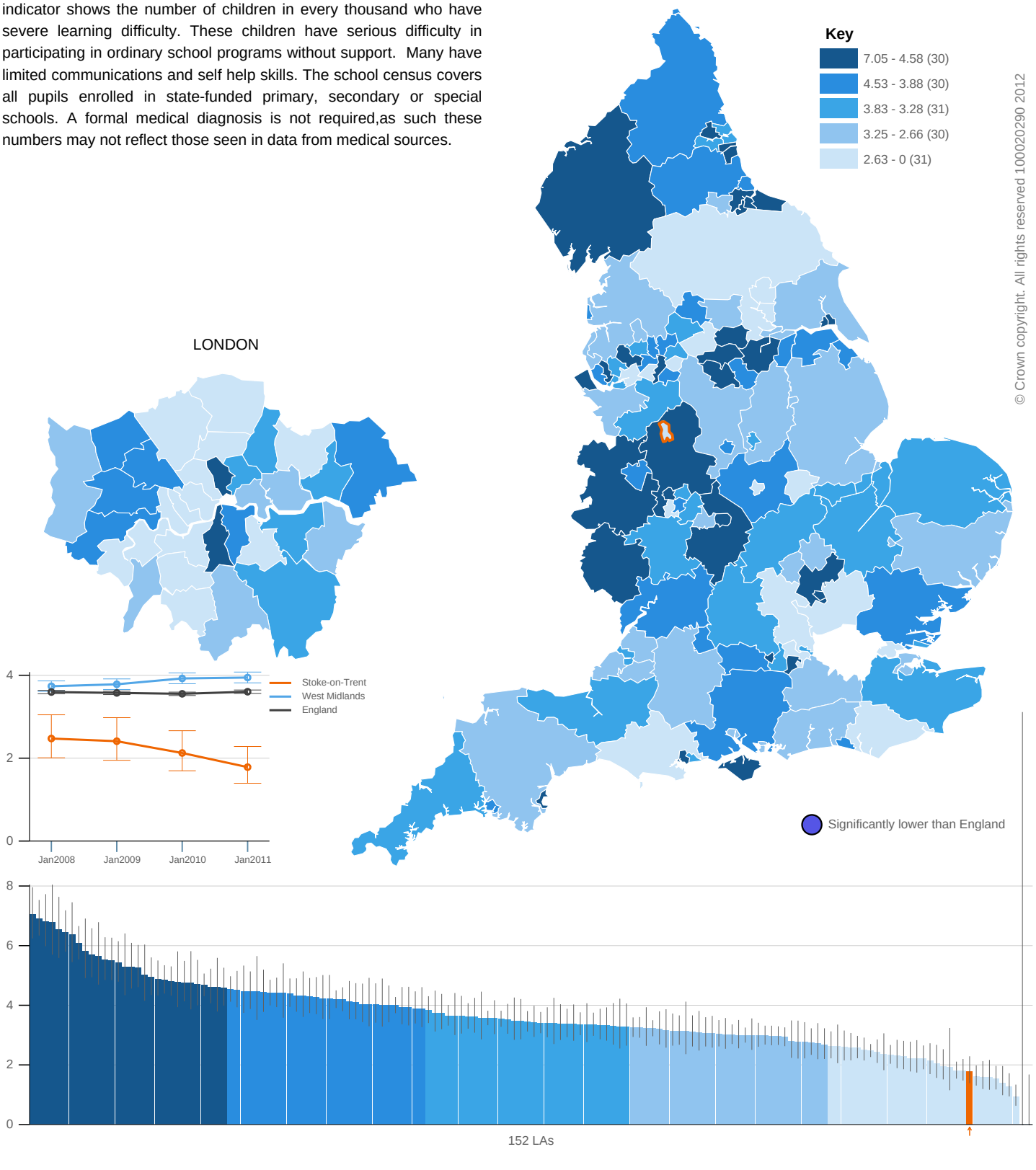
Population continued

5. Children with severe learning difficulties known to schools

Schools are very aware of children who have particular difficulties in learning. Every term they report to the Department for education about all children who have special educational needs. They say what sort of needs the children have. There are four levels of learning difficulties: specific difficulties (like dyslexia), moderate learning difficulties, severe learning difficulties and profound and multiple learning difficulties. The indicator shows the number of children in every thousand who have severe learning difficulty. These children have serious difficulty in participating in ordinary school programs without support. Many have limited communications and self help skills. The school census covers all pupils enrolled in state-funded primary, secondary or special schools. A formal medical diagnosis is not required,as such these numbers may not reflect those seen in data from medical sources.

Period	England Average	West Midlands	Stoke-on-Trent	Number of pupils
Jan2008	3.60	3.74	2.47	88.00
Jan2009	3.57	3.78	2.41	85.00
Jan2010	3.55	3.92	2.12	75.00
Jan2011	3.60	3.94	1.78	63.00



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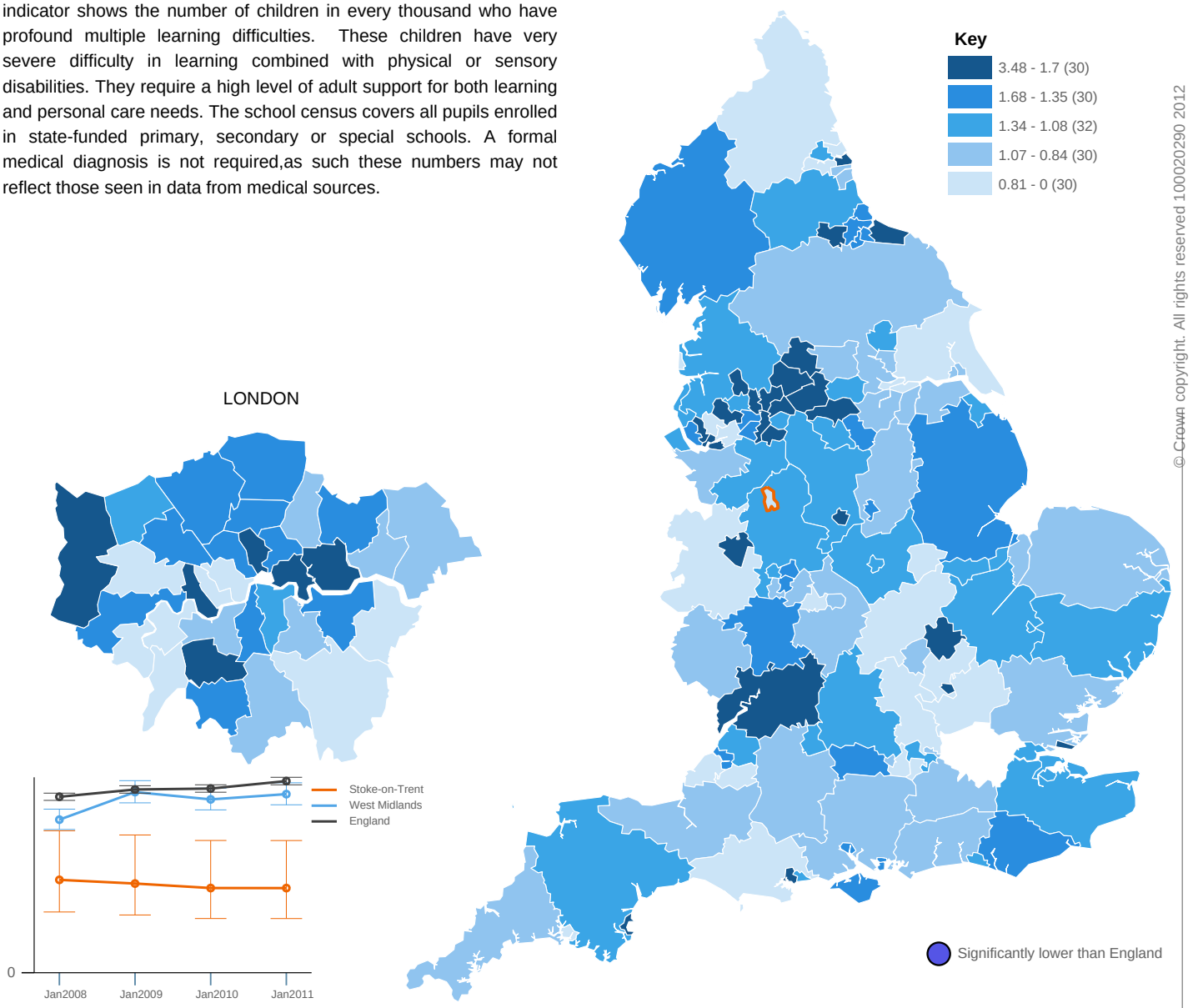
Stoke-on-Trent

Population continued

6. Children with profound and multiple learning difficulties known to schools

Schools are very aware of children who have particular difficulties in learning. Every term they report to the Department for education about all children who have special educational needs. They say what sort of needs the children have. There are four levels of learning difficulties: specific difficulties (like dyslexia), moderate learning difficulties, severe learning difficulties and profound and multiple learning difficulties. The indicator shows the number of children in every thousand who have profound multiple learning difficulties. These children have very severe difficulty in learning combined with physical or sensory disabilities. They require a high level of adult support for both learning and personal care needs. The school census covers all pupils enrolled in state-funded primary, secondary or special schools. A formal medical diagnosis is not required,as such these numbers may not reflect those seen in data from medical sources.

Period	England Average	West Midlands	Stoke-on-Trent	Number of pupils
Jan2008	1.12	0.97	0.59	21.00
Jan2009	1.16	1.15	0.57	20.00
Jan2010	1.17	1.10	0.54	19.00
Jan2011	1.22	1.14	0.54	19.00



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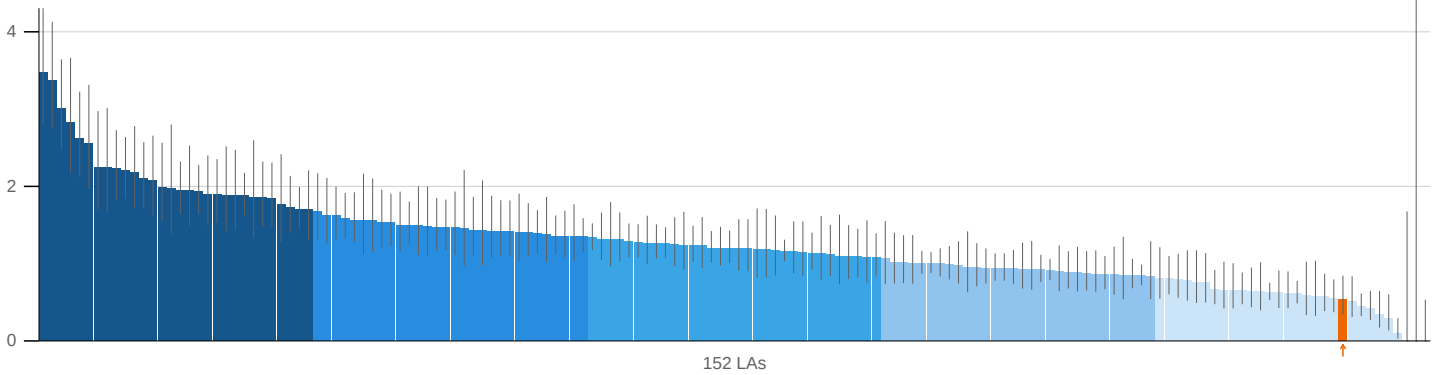
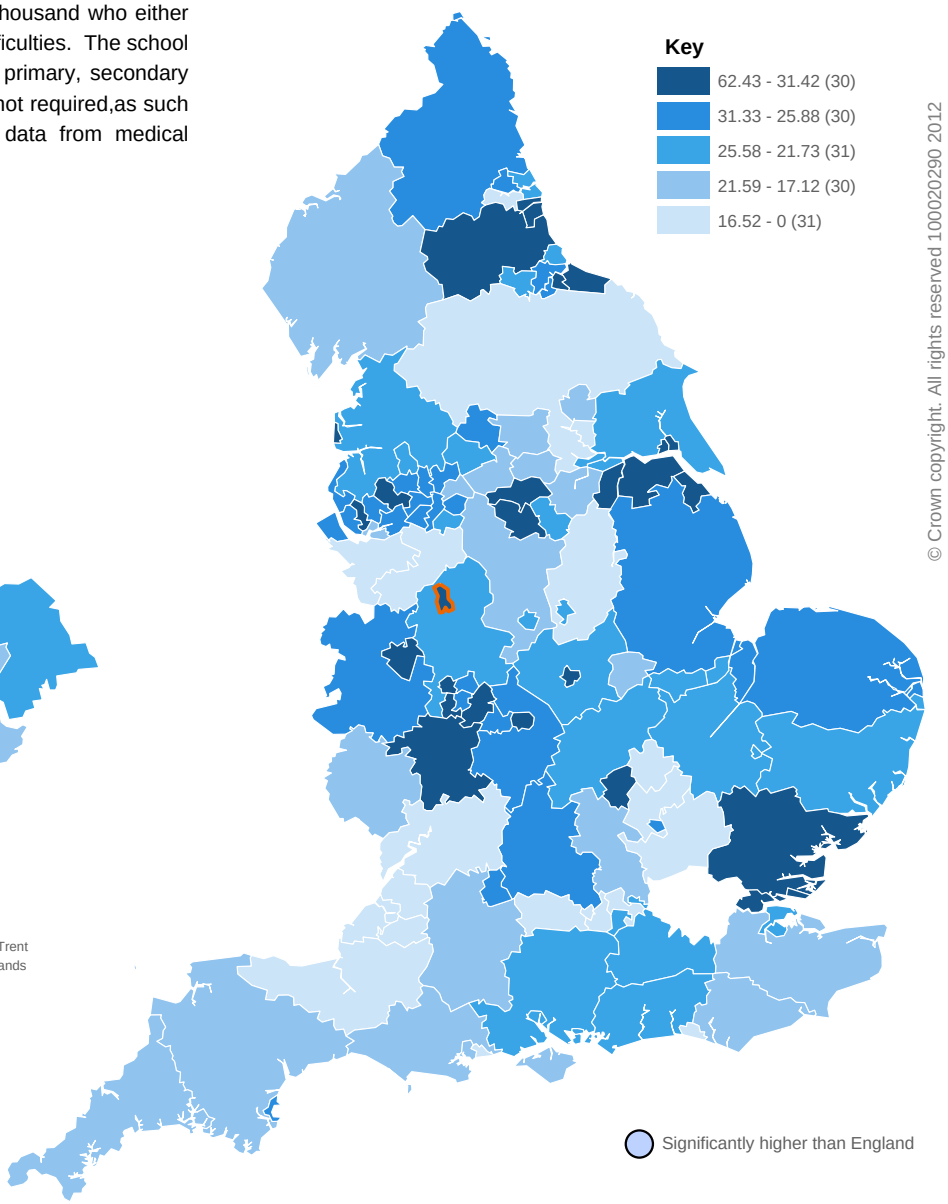


Population continued

7. Children with learning difficulties known to schools

Schools are very aware of children who have particular difficulties in learning. Every term they report to the Department for education about all children who have special educational needs. They say what sort of needs the children have. There are four levels of learning difficulties: specific difficulties (like dyslexia), moderate learning difficulties, severe learning difficulties and profound and multiple learning difficulties. The indicator shows the number of children in every thousand who either moderate, severe or profound multiple learning difficulties. The school census covers all pupils enrolled in state-funded primary, secondary or special schools. A formal medical diagnosis is not required,as such these numbers may not reflect those seen in data from medical sources.

Period	England Average	West Midlands	Stoke-on-Trent	Number of pupils
Jan2008	25.94	34.21	49.61	1,765.00
Jan2009	26.01	34.89	49.54	1,748.00
Jan2010	25.54	35.04	46.97	1,658.00
Jan2011	24.61	34.75	42.13	1,488.00



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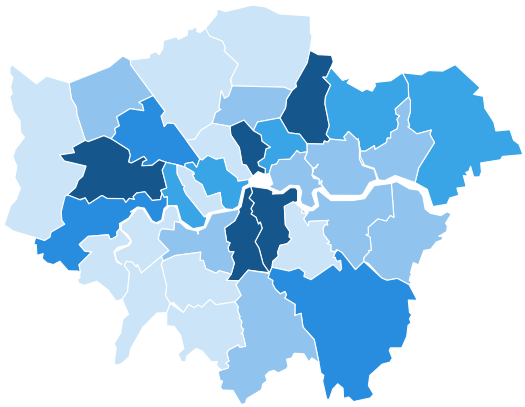
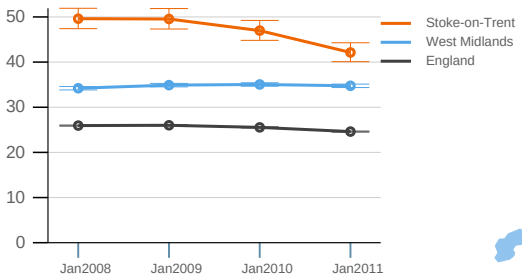
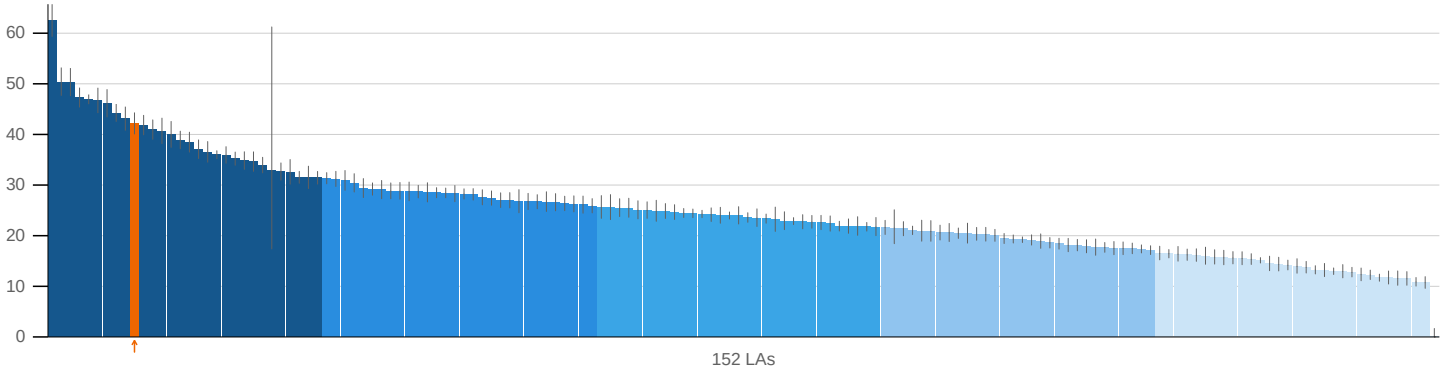






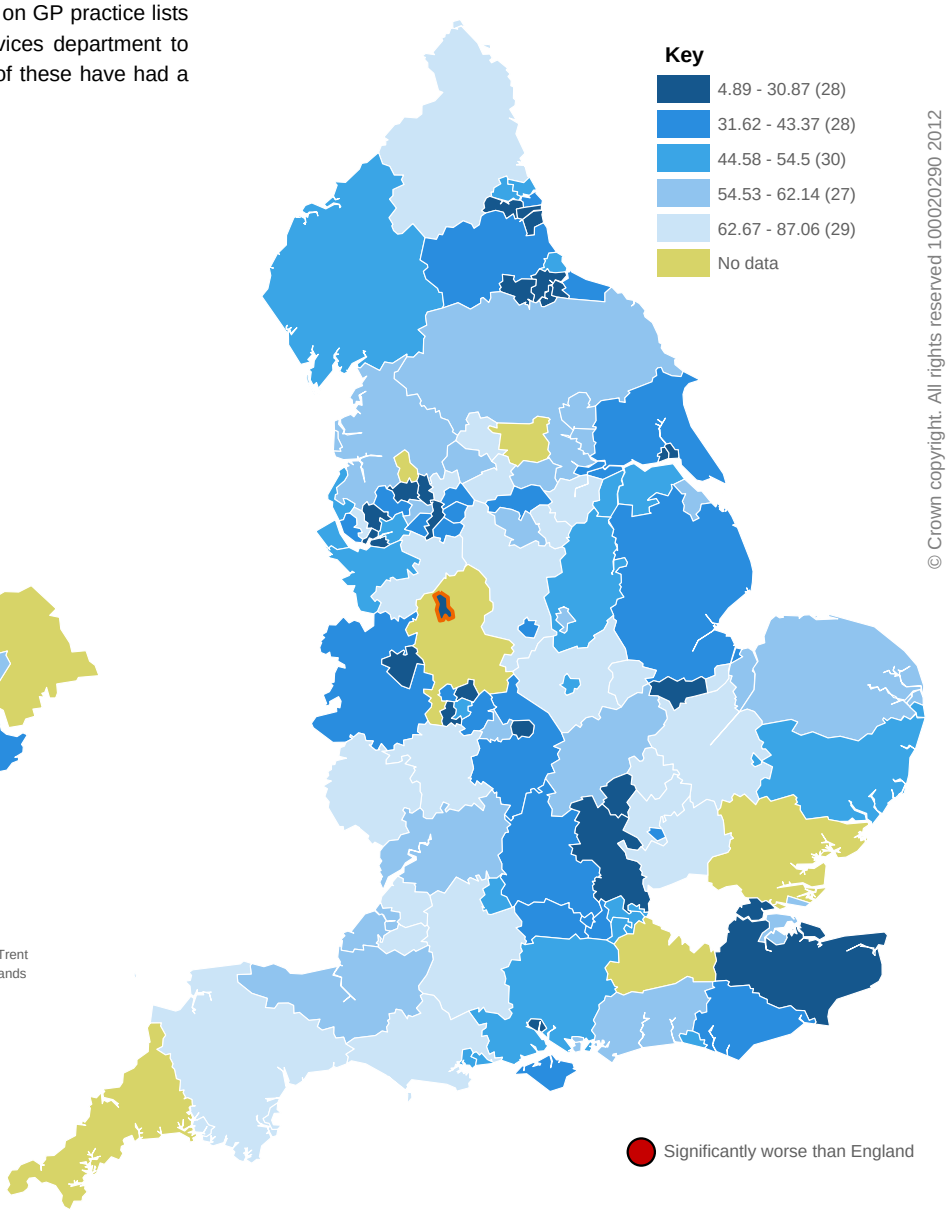
Stoke-on-Trent

Health

8. Proportion of eligible adults with a learning disability having a GP health check

People with learning disability have more difficulty than others in recognising ordinary health problems and getting treatment for them. Each year GPs are supposed to offer regular health checks to make sure important problems are identified and treated. PCTs report to the Department of Health how many people there are on GP practice lists known both to their GP and the local social services department to have a learning disability. They show how many of these have had a health check in the last year.

Period	England Average	West Midlands	Stoke-on-Trent	Received health checks	Not received health checks
2008-09	22.83	27.65	62.21	776.72	471.86
2009-10	40.66	38.14	31.16	361.17	798.08
2010-11	48.64	38.24	30.33	441.76	1,014.59



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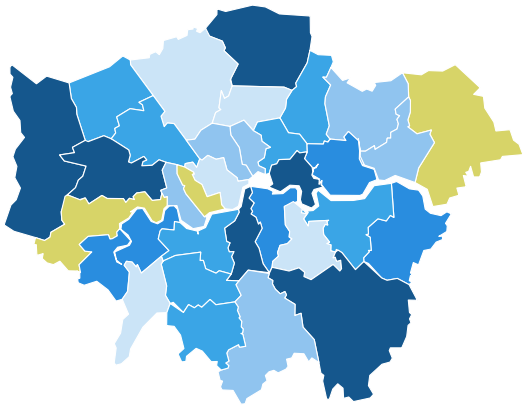

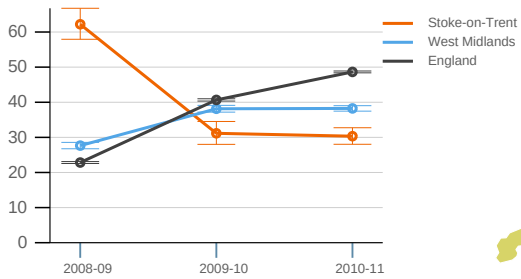

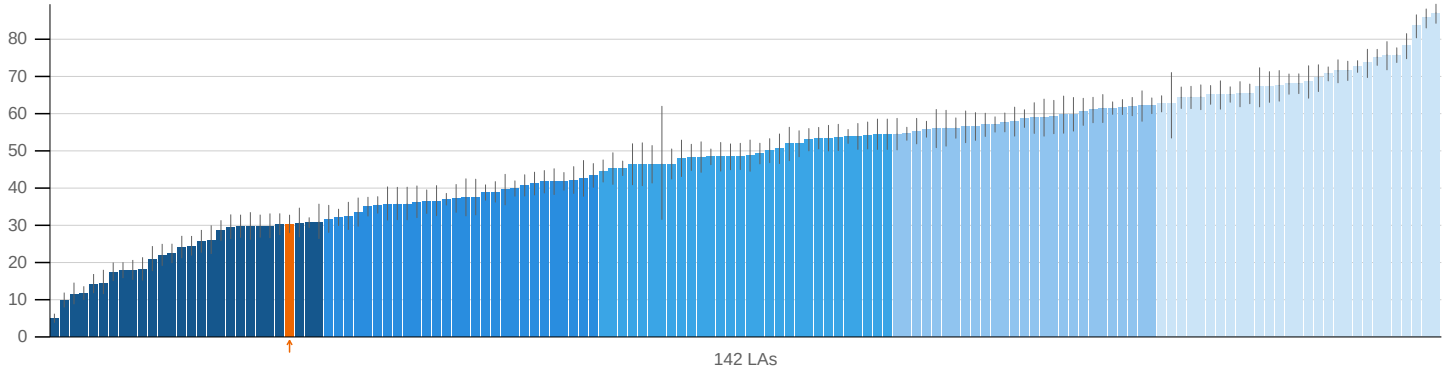

Health continued

9. Median age at death

People with learning disabilities die at younger ages than other people. This indicator shows the midpoint of the ages of all of the people who have died and whose death certificates show that they had learning disabilities. It is a little incomplete because often, doctors do not record learning disabilities on death certificates if they consider it had no relationship to the person's death.

We have included people with medical conditions like Down's syndrome where learning disability is nearly always present. People dying with conditions like cerebral palsy, where learning disability is present in fewer than half of cases are only included if the death certificate also specifically states they had learning disability.

Period	England Average	West Midlands	Stoke-on-Trent	Median Age
2006-10	55.00	56.00	59.50	UNKNOWN

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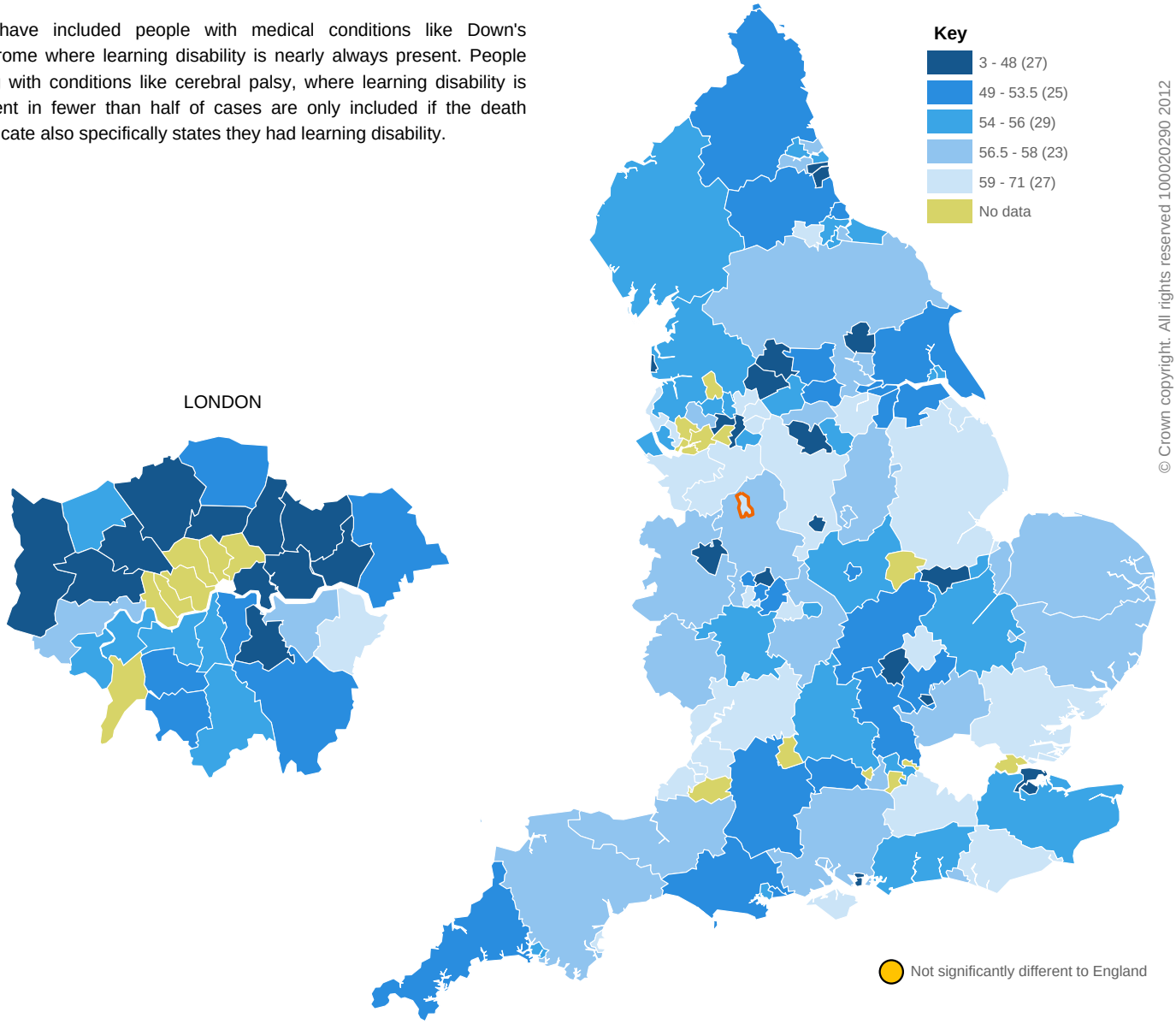

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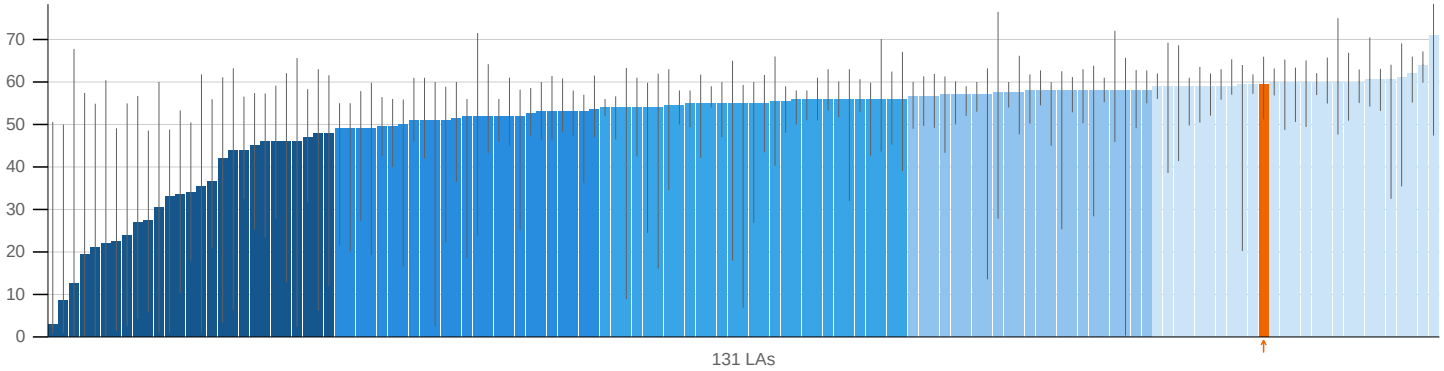


Stoke-on-Trent

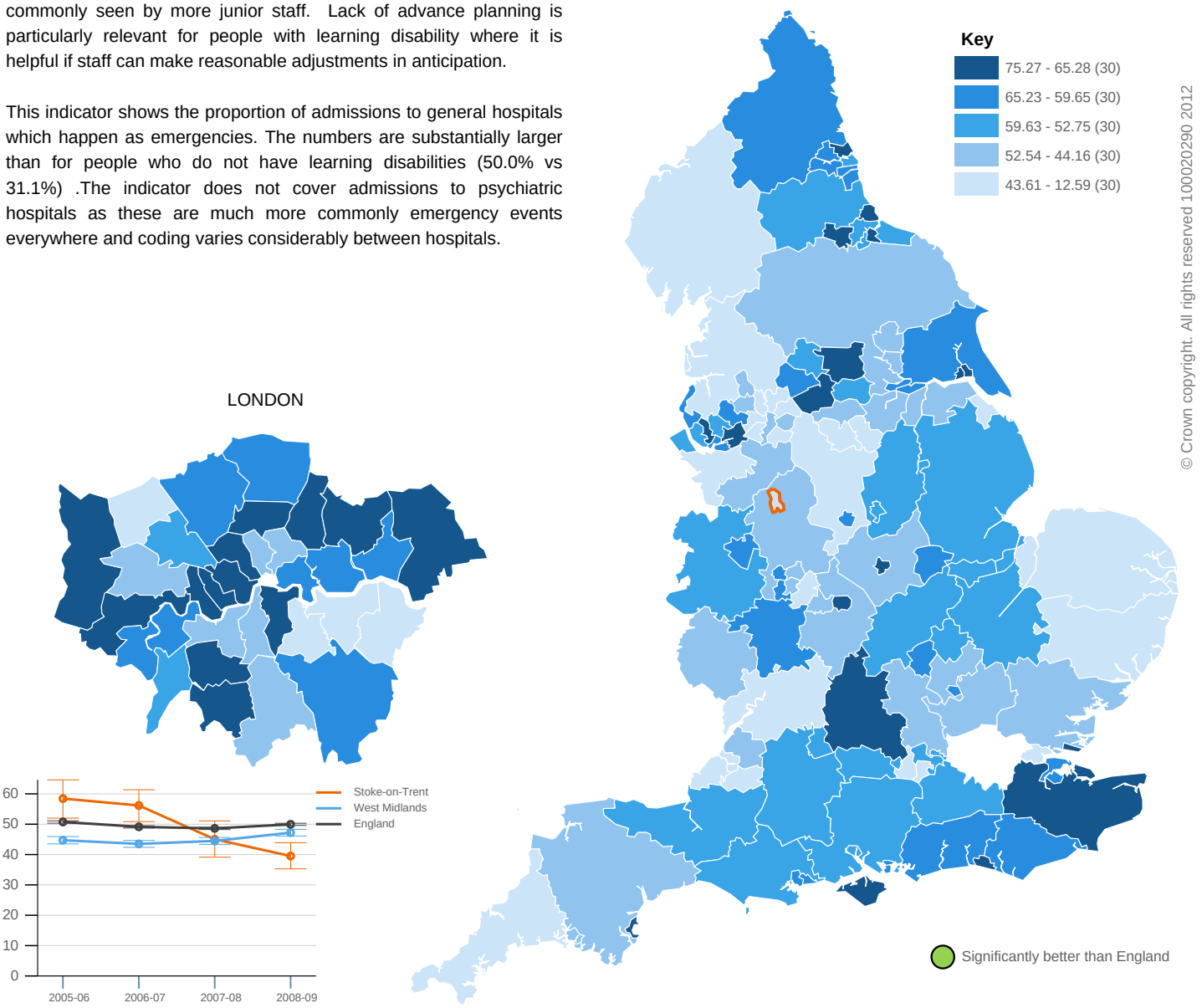
Health continued

10. Emergency hospital admissions as % of total

Ideally, people who need treatment in hospital should be admitted before their illness reaches a critical stage where they have to be admitted as an emergency. Where illnesses are left to a late stage, this often involves more suffering on the part of the patient and poorer outcomes of treatment. Emergency admissions are also less satisfactory as less advance planning is possible and patients are commonly seen by more junior staff. Lack of advance planning is particularly relevant for people with learning disability where it is helpful if staff can make reasonable adjustments in anticipation.

This indicator shows the proportion of admissions to general hospitals which happen as emergencies. The numbers are substantially larger than for people who do not have learning disabilities (50.0% vs 31.1%) .The indicator does not cover admissions to psychiatric hospitals as these are much more commonly emergency events everywhere and coding varies considerably between hospitals.

Period	England Average	West Midlands	Stoke-on-Trent	Emergency admissions	Planned admissions
2005-06	50.74	44.72	58.44	135.00	96.00
2006-07	49.13	43.51	56.18	191.00	149.00
2007-08	48.62	44.49	45.04	118.00	144.00
2008-09	49.96	47.21	39.51	194.00	297.00



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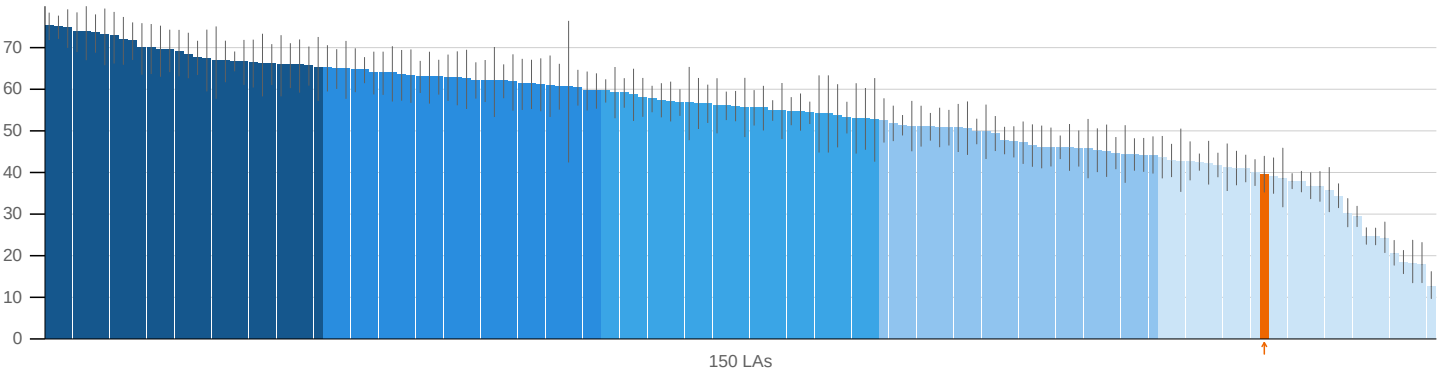


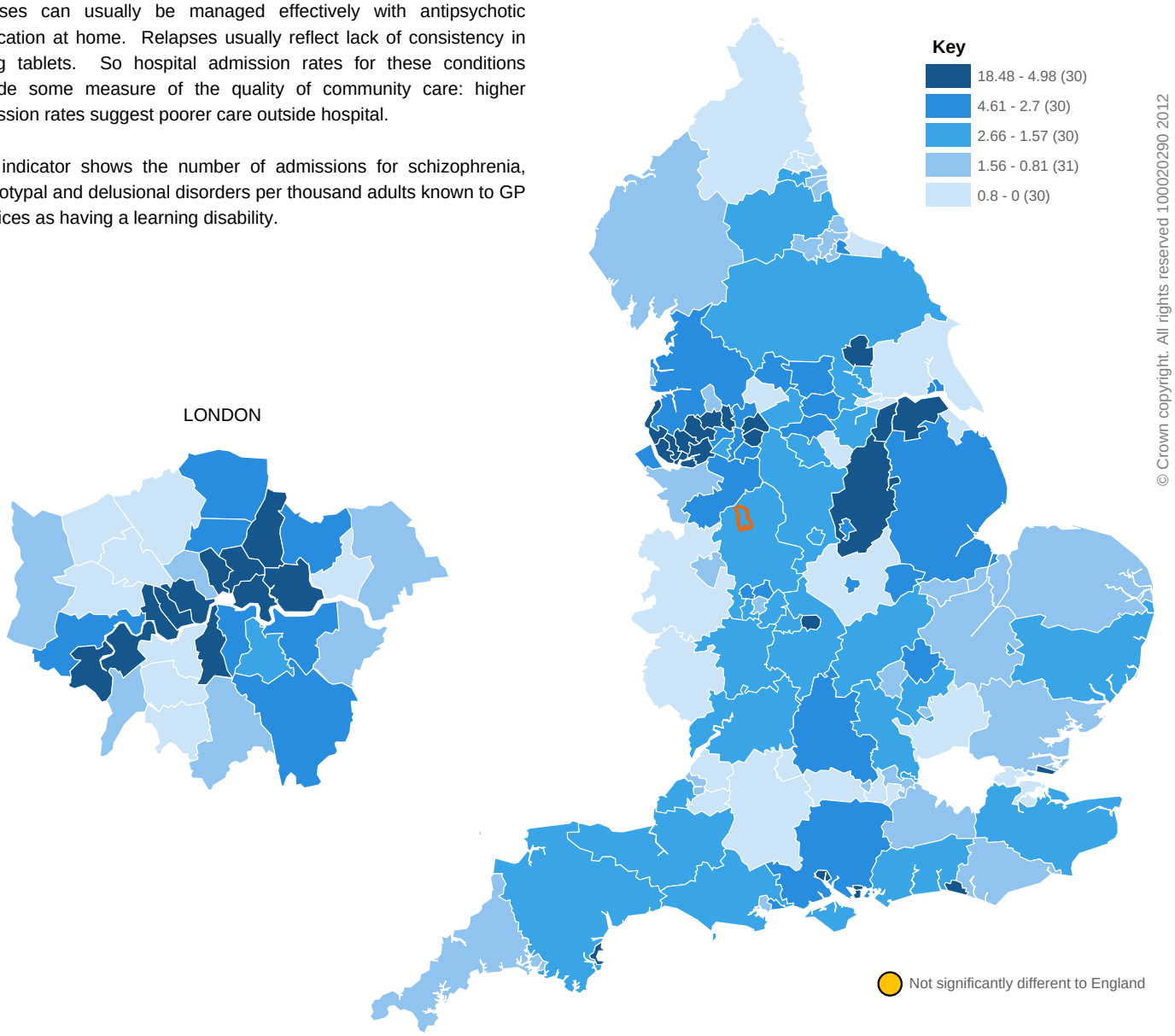
Health continued

11. Admission rate for psychiatric ambulatory care sensitive conditions in people with LD

Period	England Average	West Midlands	Stoke-on-Trent	Admissions
2005/06 - 2008/09	2.87	2.27	2.25	12.00

For some types of illness, once a diagnosis is clear, care can usually be managed without patients going into hospital. Hospitalisation is usually unpleasant for patients and expensive for services. After initial episodes people with learning disabilities who develop psychotic illnesses can usually be managed effectively with antipsychotic medication at home. Relapses usually reflect lack of consistency in taking tablets. So hospital admission rates for these conditions provide some measure of the quality of community care: higher admission rates suggest poorer care outside hospital.

This indicator shows the number of admissions for schizophrenia, schizotypal and delusional disorders per thousand adults known to GP practices as having a learning disability.



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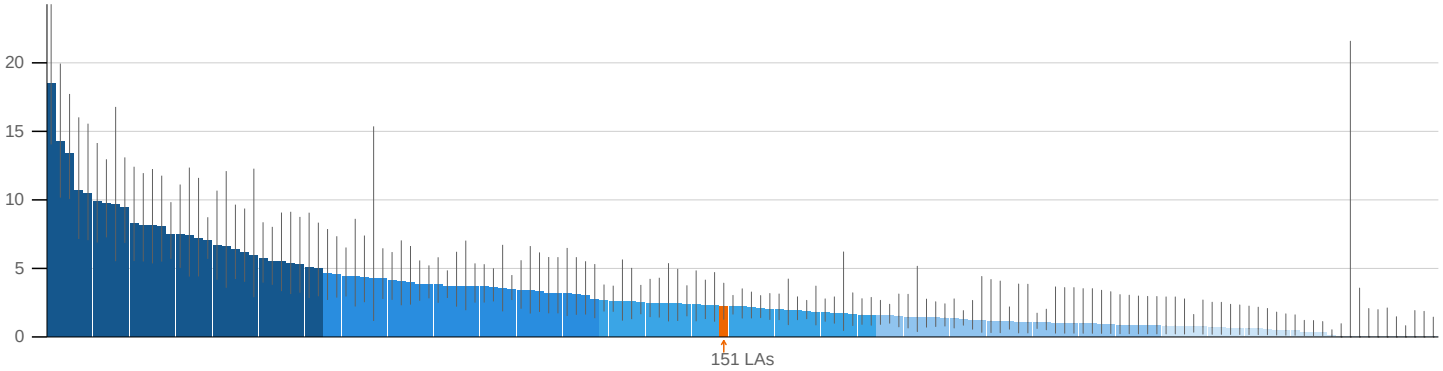


Stoke-on-Trent

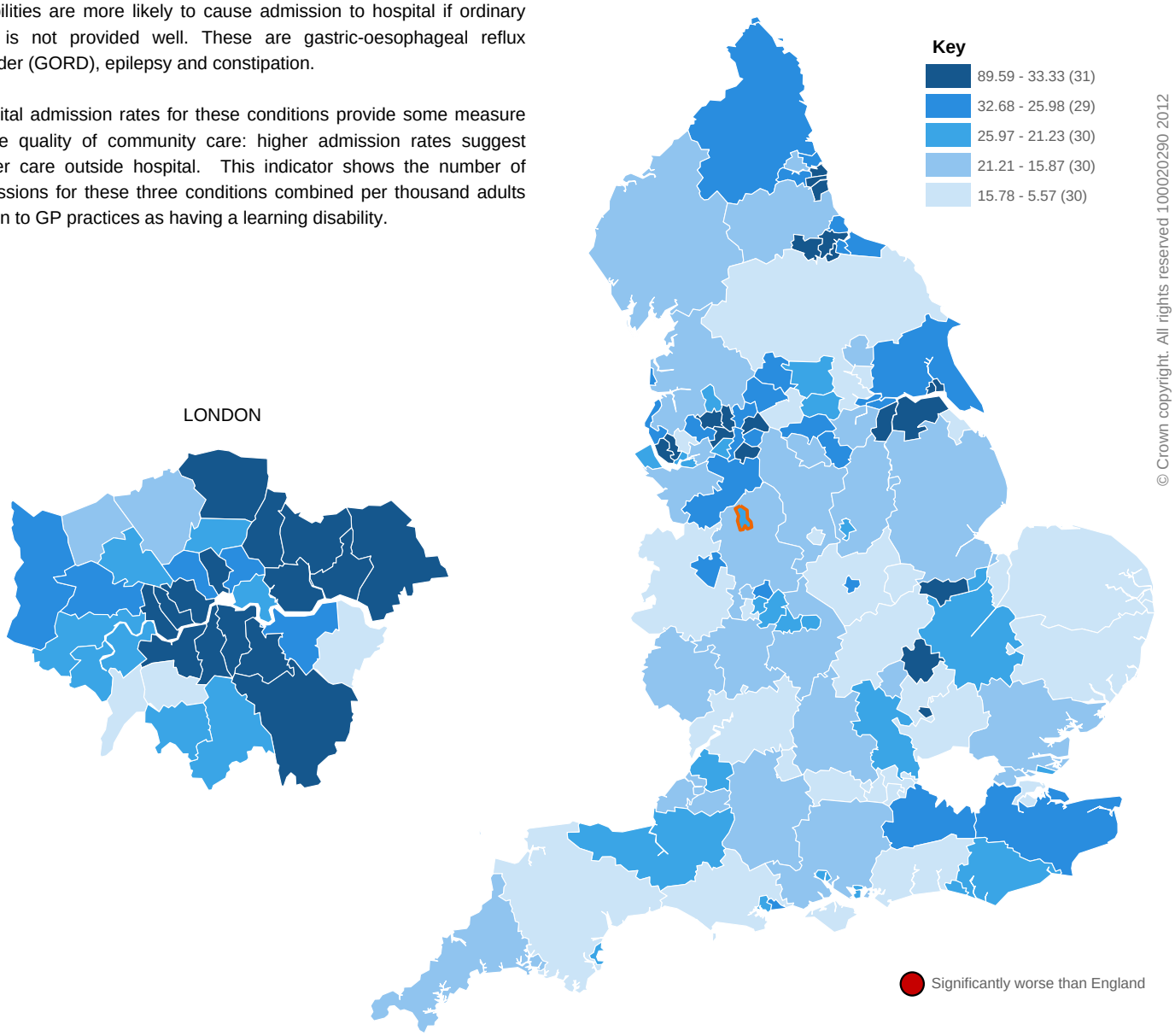
Health continued

12. Admission rate for non-psychiatric ambulatory care sensitive conditions in people with LD

Period	England Average	West Midlands	Stoke-on-Trent	Admissions
2005/06 - 2008/09	23.27	21.70	21.54	115.00

For some types of illness, once a diagnosis is clear, care can usually be managed without patients going into hospital. Hospitalisation is usually unpleasant for patients and expensive for services. Three types of physical health condition common in people with learning disabilities are more likely to cause admission to hospital if ordinary care is not provided well. These are gastric-oesophageal reflux disorder (GORD), epilepsy and constipation.

Hospital admission rates for these conditions provide some measure of the quality of community care: higher admission rates suggest poorer care outside hospital. This indicator shows the number of admissions for these three conditions combined per thousand adults known to GP practices as having a learning disability.



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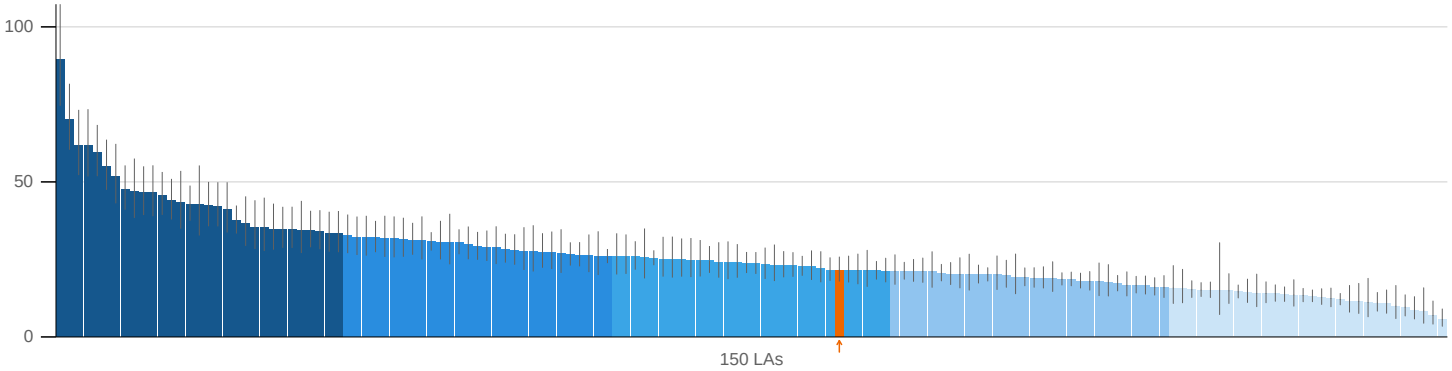
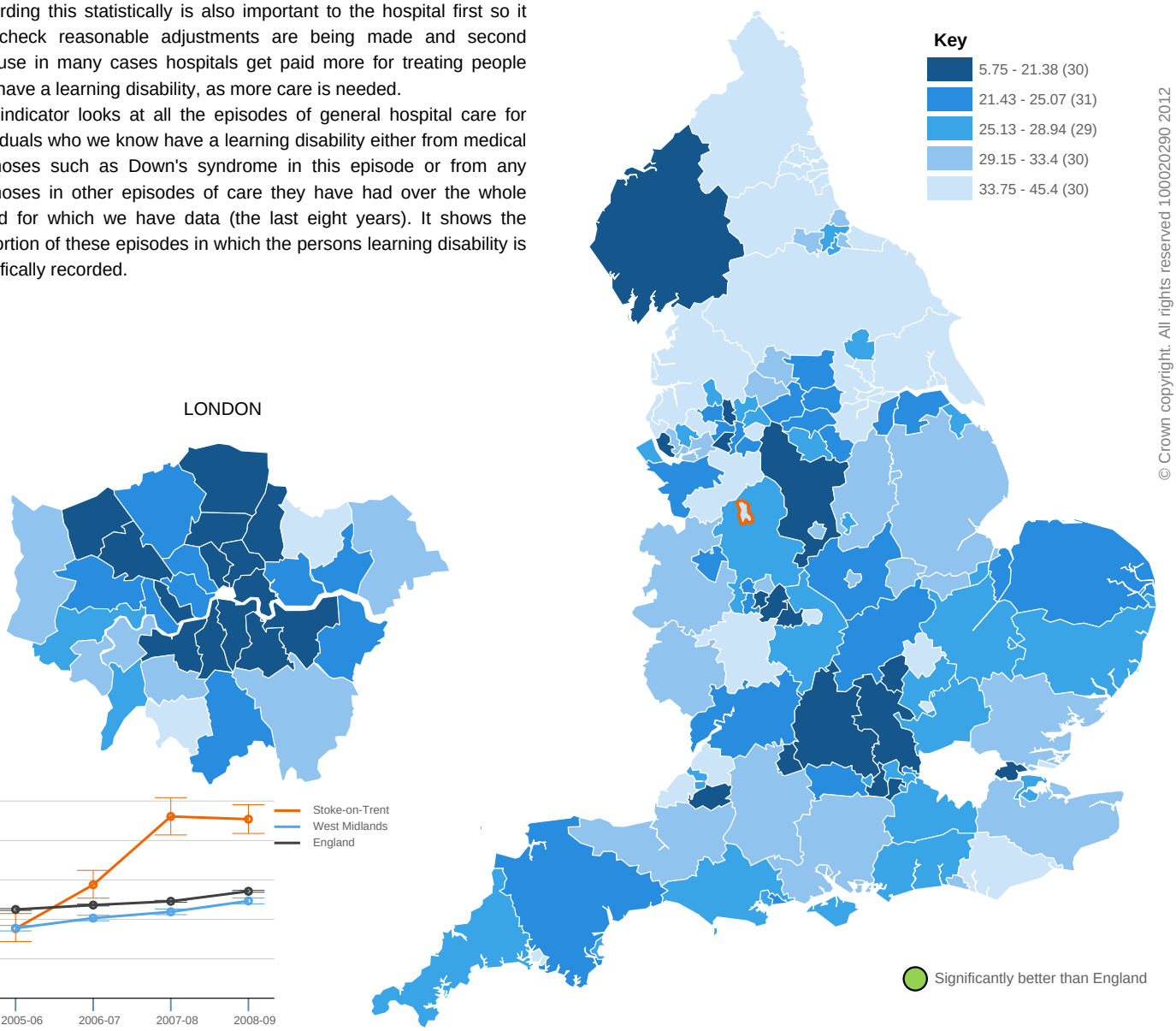


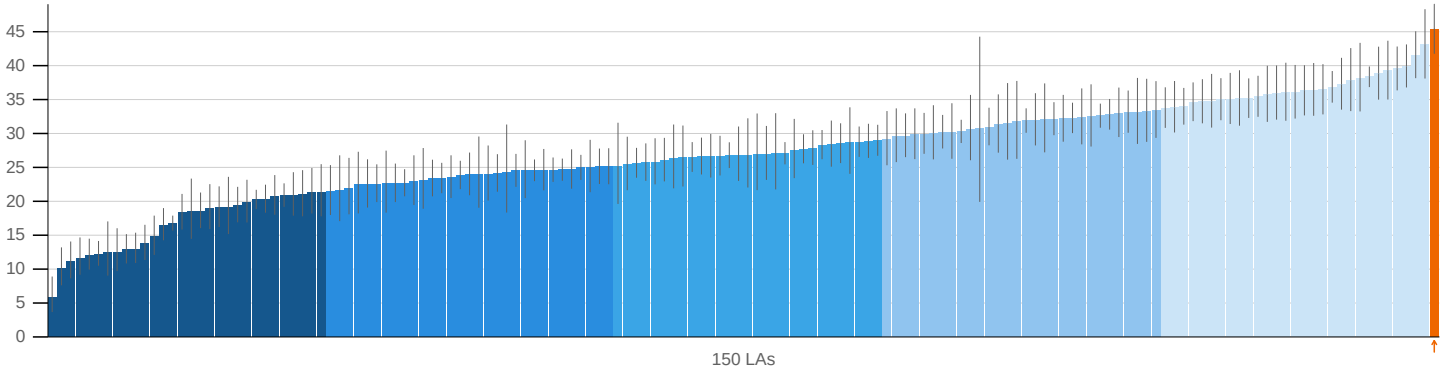
Health continued

13. Identifying people with learning disability in general hospital statistics

Hospitals can only make appropriate reasonable adjustments for people with learning disability if they know they need to. Learning disability 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 disability 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 a learning disability, as more care is needed.
This indicator looks at all the episodes of general hospital care for individuals who we know have a learning disability 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 persons learning disability is specifically recorded.

Period	England Average	West Midlands	Stoke-on-Trent	Episodes LD identified	Episodes LD not identified
2005-06	22.50	17.75	17.65	78.00	364.00
2006-07	23.63	20.32	28.78	181.00	448.00
2007-08	24.58	21.91	46.10	195.00	228.00
2008-09	27.12	24.67	45.40	326.00	392.00





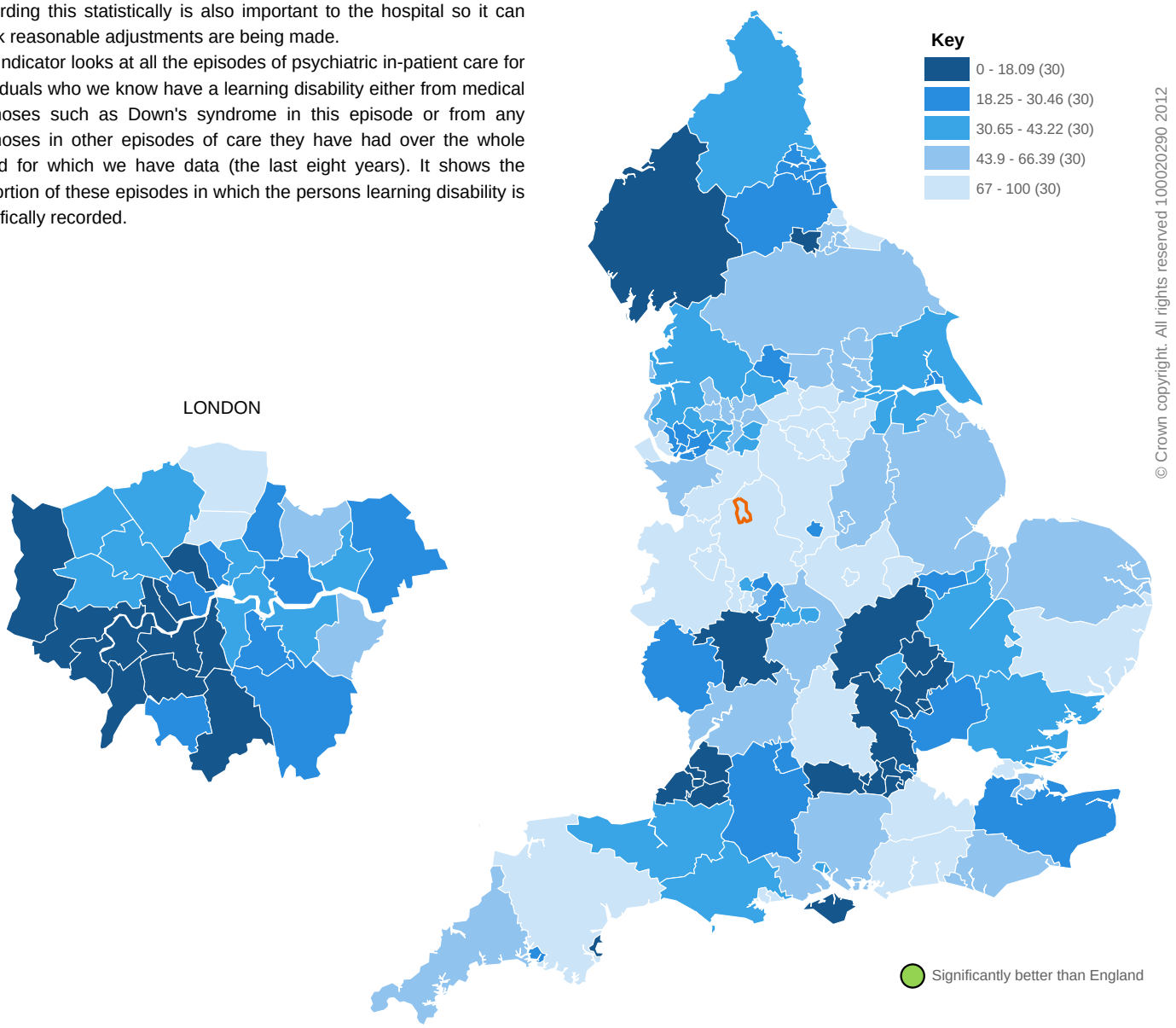
Stoke-on-Trent

Health continued

14. Identifying people with learning disability in psychiatric in-patient statistics

Hospitals can only make appropriate reasonable adjustments for people with learning disability if they know they need to. Learning disability 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 disability into account in assessing symptoms and progress.
Recording this statistically is also important to the hospital so it can check reasonable adjustments are being made.
This indicator looks at all the episodes of psychiatric in-patient care for individuals who we know have a learning disability 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 persons learning disability is specifically recorded.

Period	England Average	West Midlands	Stoke-on-Trent	Episodes LD identified	Episodes LD not identified
2005/06 - 2008/09	55.61	48.14	93.13	1,071.00	79.00



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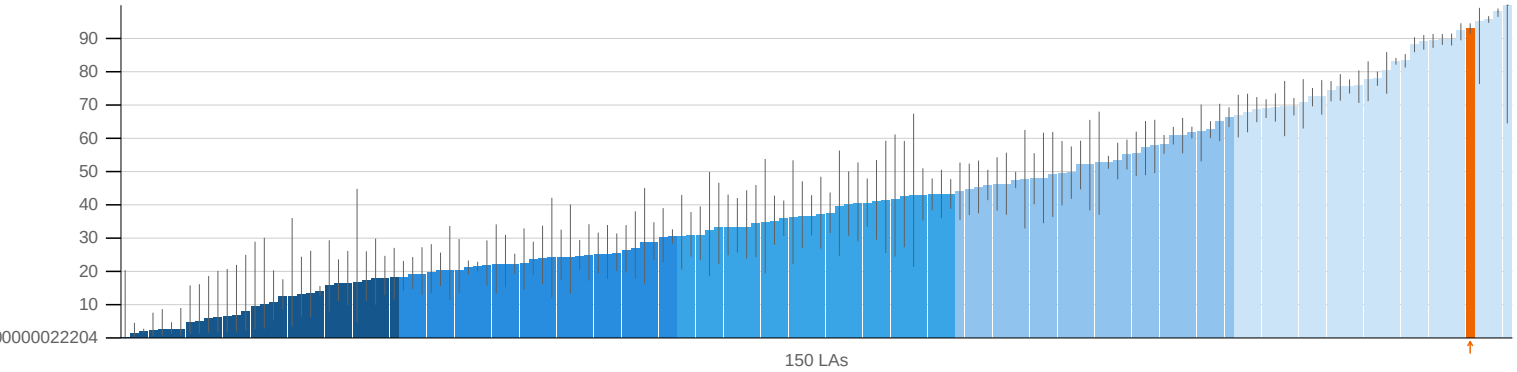


Health continued

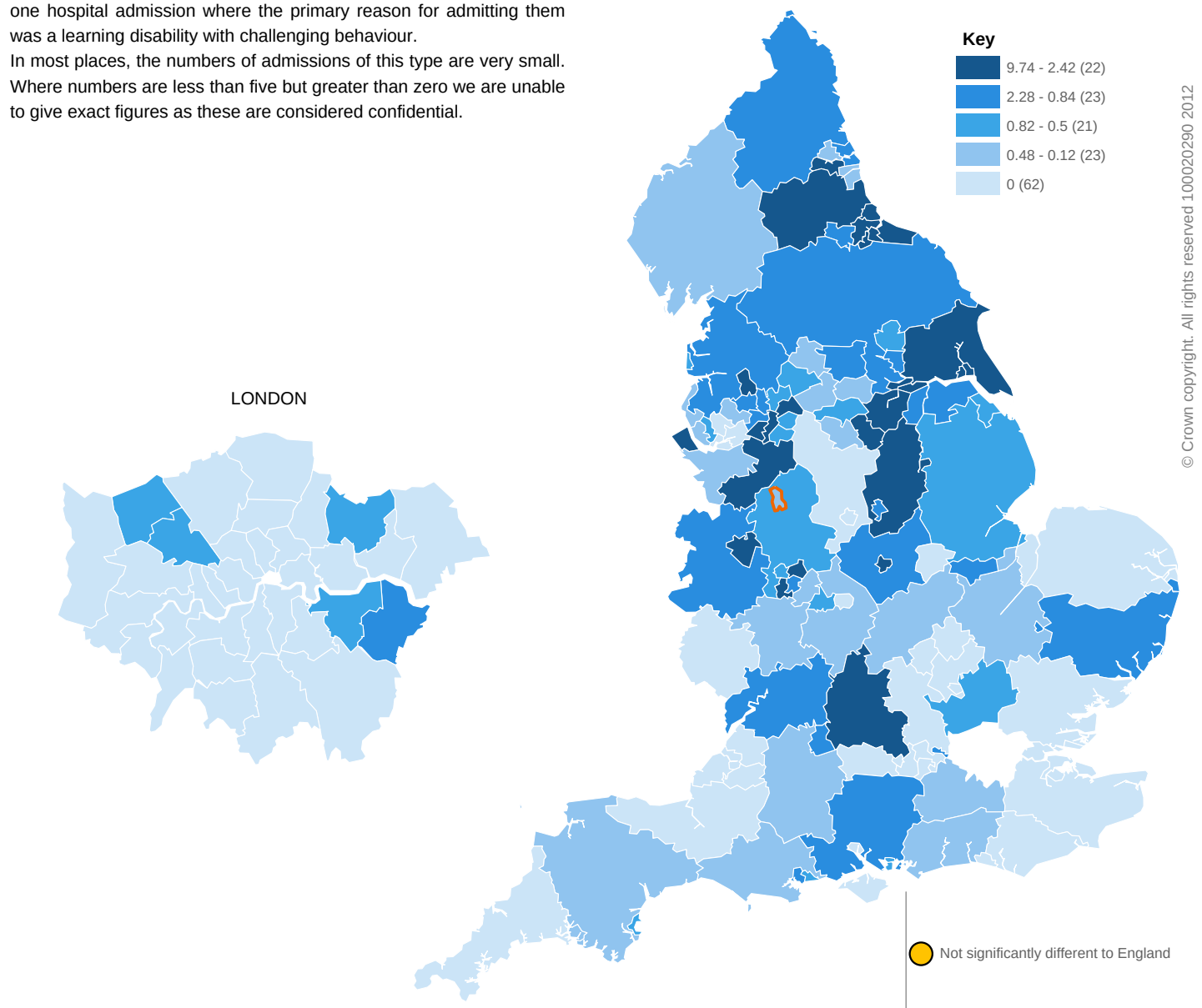
15. Persons admitted psychiatric specialty for challenging behaviour

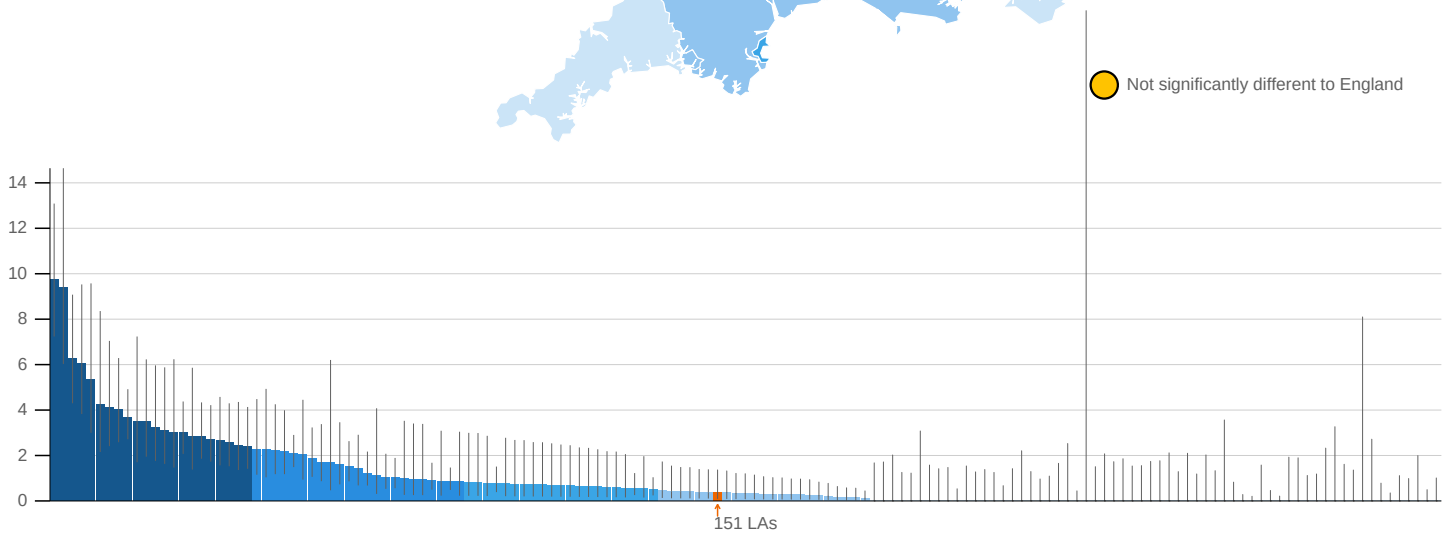
Ideally challenging behaviour should be managed by family members, informal carers or residential care staff, in people's own home. In some situations problems get bad enough for hospital treatment to be considered necessary.

This indicator shows the number of adults (aged 18 and over), per thousand with a learning disability known to GPs, who had at least one hospital admission where the primary reason for admitting them was a learning disability with challenging behaviour.

In most places, the numbers of admissions of this type are very small. Where numbers are less than five but greater than zero we are unable to give exact figures as these are considered confidential.

Period	England Average	West Midlands	Stoke-on-Trent	Persons with challenging behaviour
2005/06 - 2008/09	0.95	1.05	0.37	2.00





Stoke-on-Trent

Accommodation social care

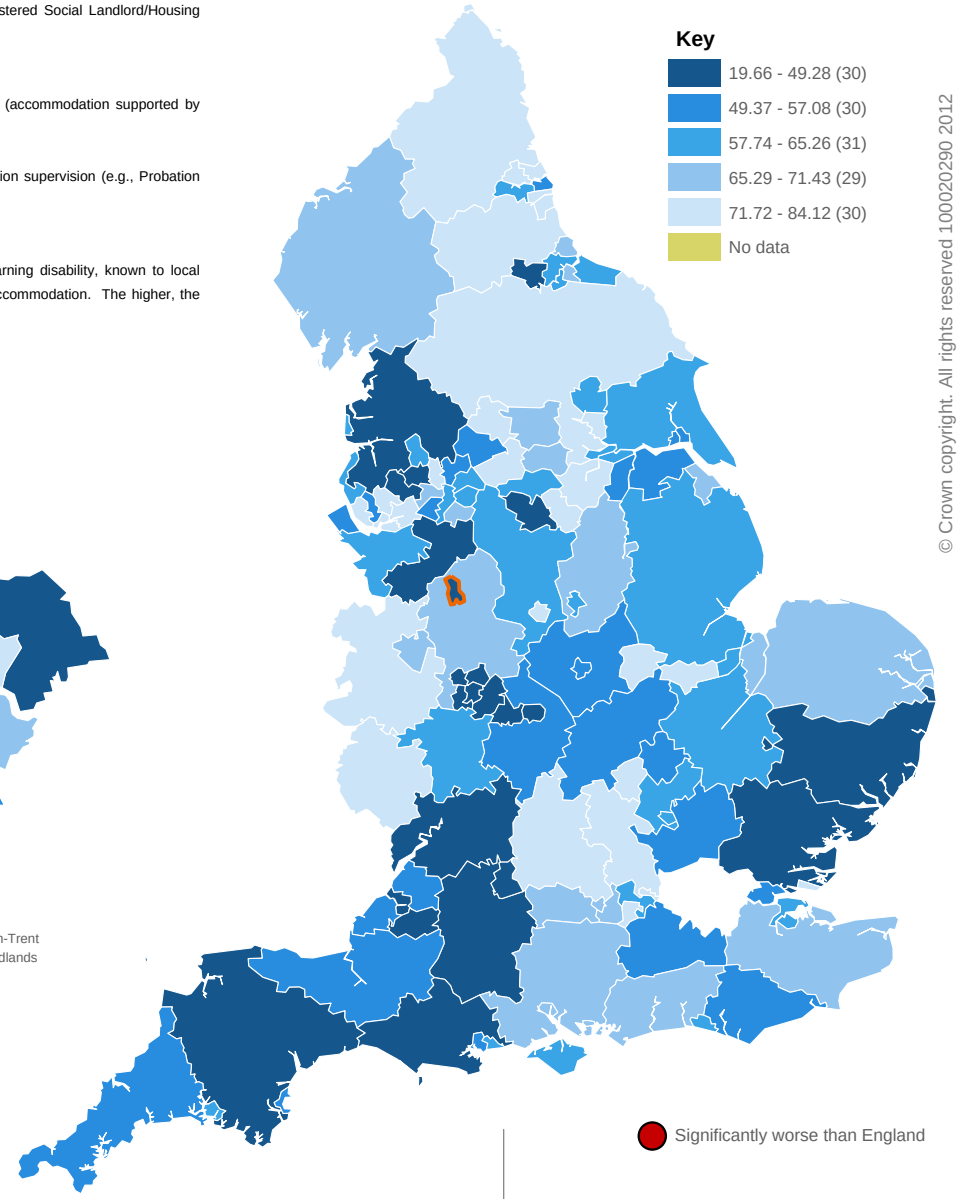
16. Living in settled accommodation

Arranging where they live poses difficulties for many people with learning disability. Local authority social service departments commonly help here. Accommodation can be divided into settled accommodation, where the person can reasonably expect to stay as long as they want and unsettled accommodation which is either unsatisfactory or, where, like in residential care homes, residents do not have security of tenure. Local authorities are asked each year about the sort of accommodation the working age adults with learning disability they know are living in. Categories of 'settled accommodation' include:

* Owner Occupier/Shared ownership scheme (where tenant purchases percentage of home value from landlord)
* Tenant - Local Authority/Arms Length Management Organisation/Registered Social Landlord/Housing Association
* Tenant - Private Landlord
* Settled mainstream housing with family/friends (including flat-sharing)
* Supported accommodation/Supported lodgings/Supported group home (accommodation supported by staff or resident caretaker)
* Adult placement scheme
* Approved premises for offenders released from prison or under probation supervision (e.g., Probation Hostel)
* Sheltered Housing/Extra care sheltered housing/Other sheltered housing
* Mobile accommodation for Gypsy/Roma and Traveller community

This indicator shows the percentage of adults (aged 18 to 64) with learning disability, known to local authorities, who the LAs report are living in any one of these types of accommodation. The higher, the better.

Period	England Average	West Midlands	Stoke-on-Trent	Number settled accommodation
2008-09	33.27	29.71	23.13	170.00
2009-10	60.55	59.93	51.80	360.00
2010-11	58.98	51.68	45.10	345.00



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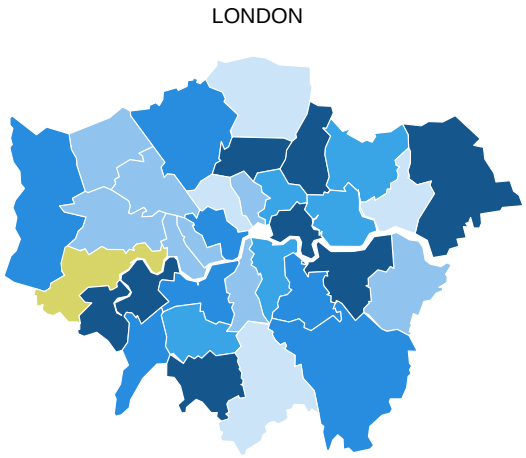
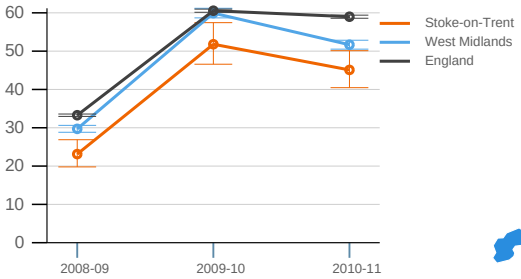
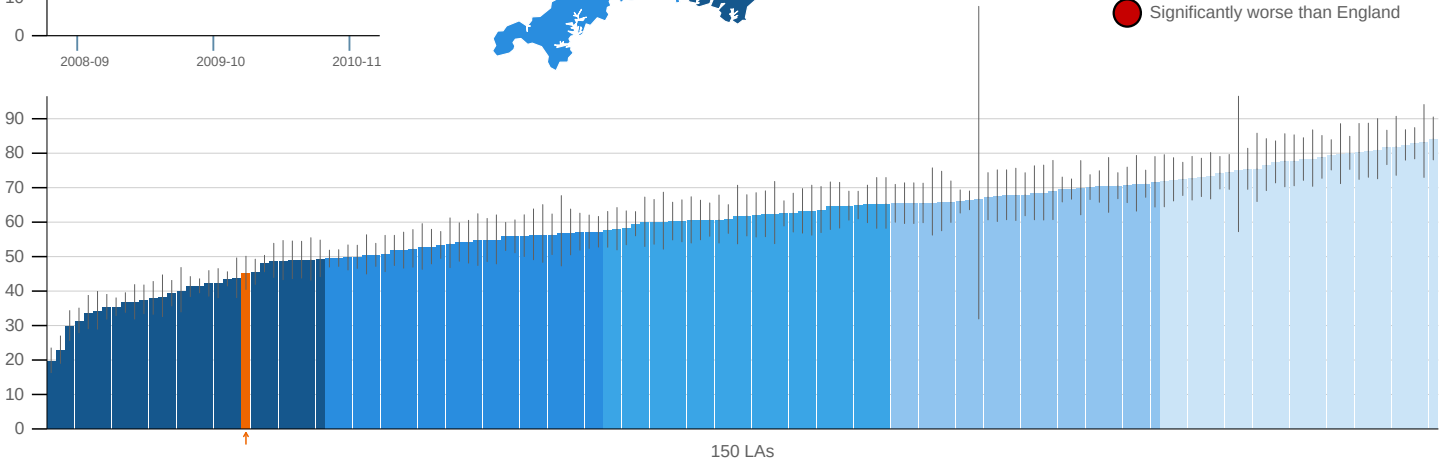






Accommodation social care continued

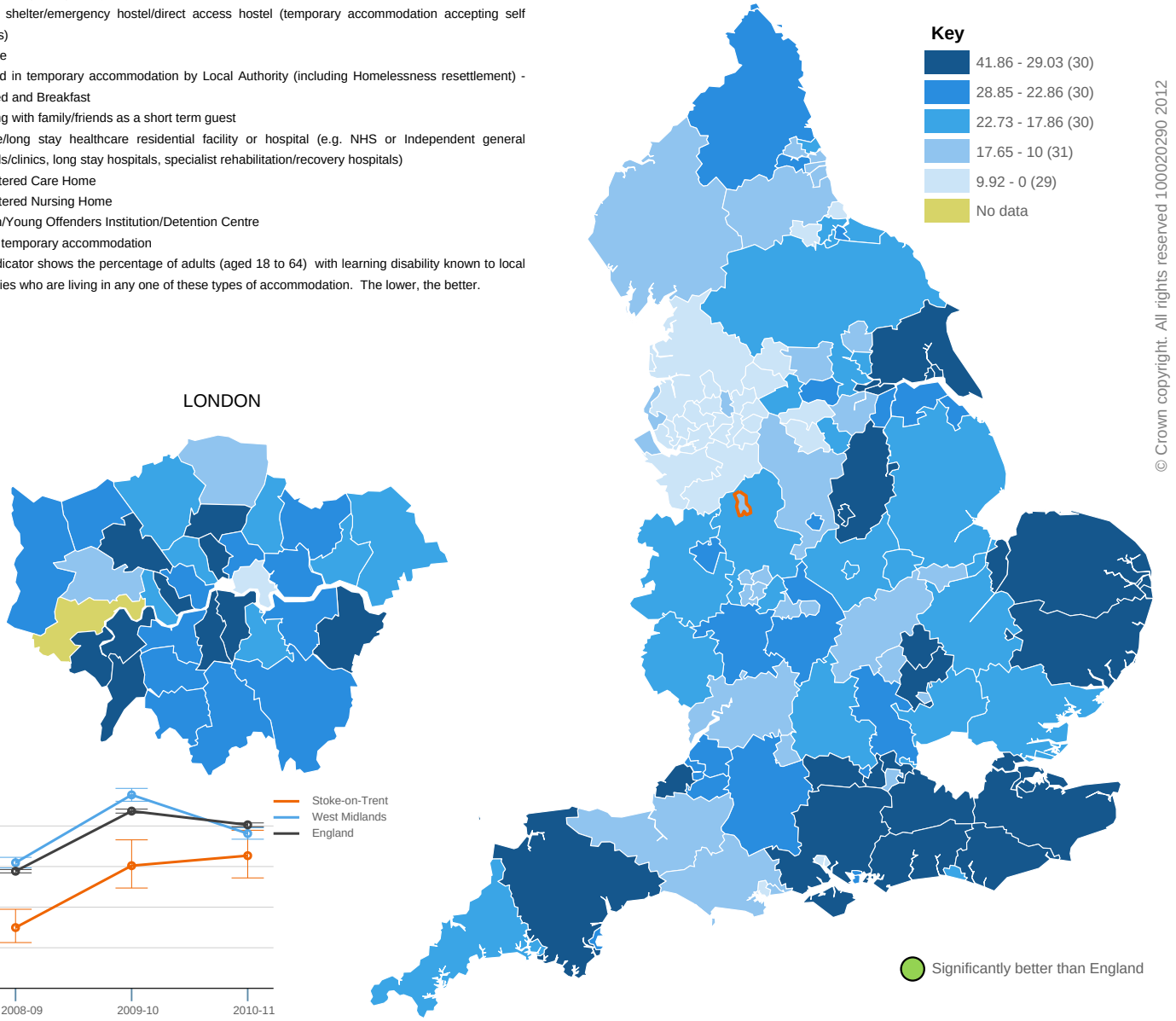
17. Living in non-settled accommodation

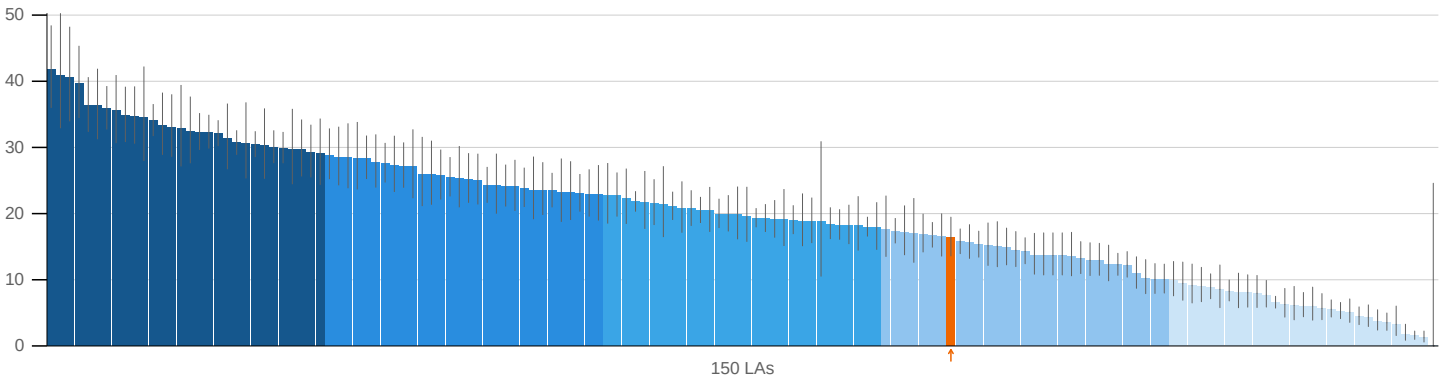
Arranging where they live poses difficulties for many people with learning disability. Local authority social service departments commonly help here. Accommodation can be divided into settled accommodation, where the person can reasonably expect to stay as long as they want and unsettled accommodation which is either unsatisfactory or, where, like in residential care homes, residents do not have security of tenure. Local authorities are asked each year about the sort of accommodation the working age adults with learning disability they know are living in. Categories of 'non-settled accommodation' include:

* Rough sleeper/Squatting
* Night shelter/emergency hostel/direct access hostel (temporary accommodation accepting self referrals)
* Refuge
* Placed in temporary accommodation by Local Authority (including Homelessness resettlement) - e.g., Bed and Breakfast
* Staying with family/friends as a short term guest
* Acute/long stay healthcare residential facility or hospital (e.g. NHS or Independent general hospitals/clinics, long stay hospitals, specialist rehabilitation/recovery hospitals)
* Registered Care Home
* Registered Nursing Home
* Prison/Young Offenders Institution/Detention Centre
* Other temporary accommodation

This indicator shows the percentage of adults (aged 18 to 64) with learning disability known to local authorities who are living in any one of these types of accommodation. The lower, the better.

Period	England Average	West Midlands	Stoke-on-Trent	Number non-settled accommodation
2008-09	14.43	15.47	7.48	50.00
2009-10	21.83	23.83	15.11	105.00
2010-11	20.14	19.07	16.34	125.00





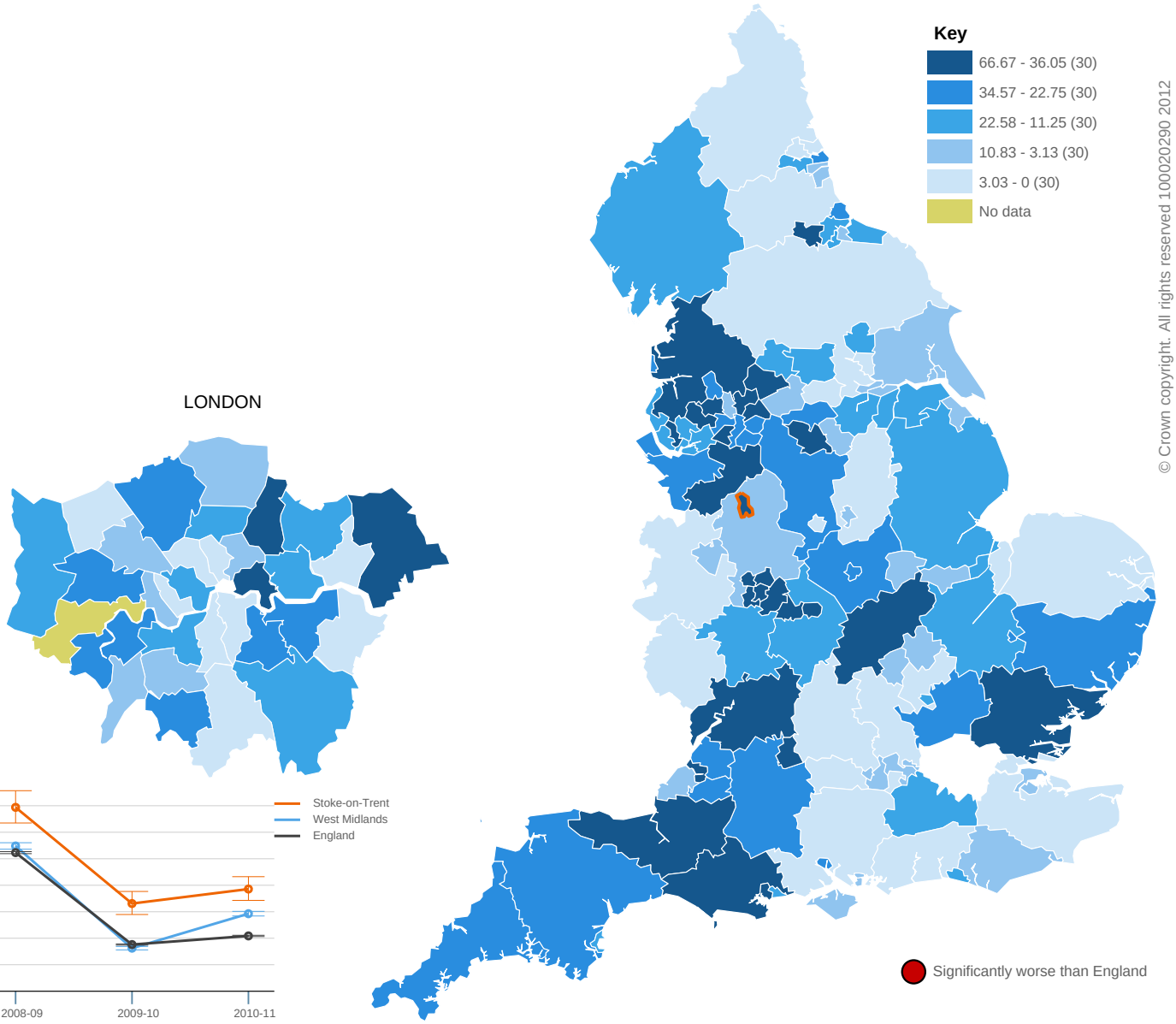
Stoke-on-Trent

Accommodation social care continued

18. Accommodation status unknown to LA

Looking at local authority figures for types of accommodation for working age adults with learning disability, it is apparent that social services departments do not know about everyone.
This indicator shows the percentage of adults (aged 18 to 64) with learning disability known to the local authority for whom no information about accommodation is available. The lower this is the better.

Period	England Average	West Midlands	Stoke-on-Trent	Number unknown
2008-09	52.30	54.81	69.39	510.00
2009-10	17.62	16.25	33.09	230.00
2010-11	20.88	29.26	38.56	295.00



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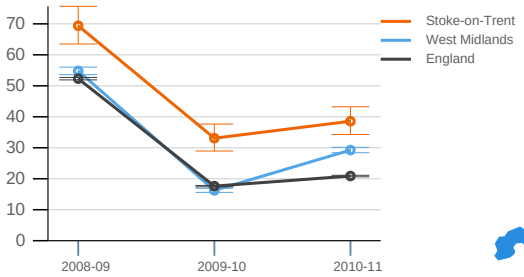
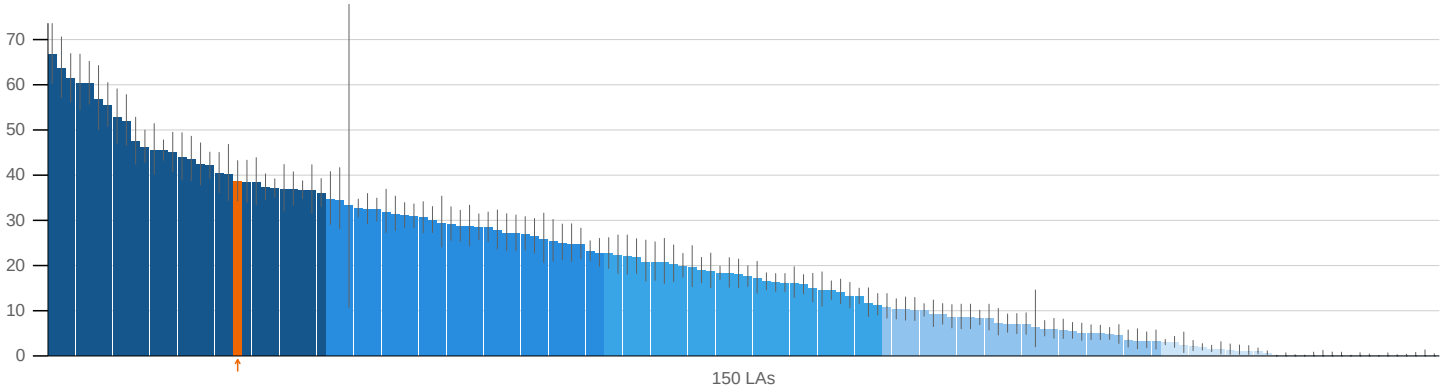




Accommodation social care continued

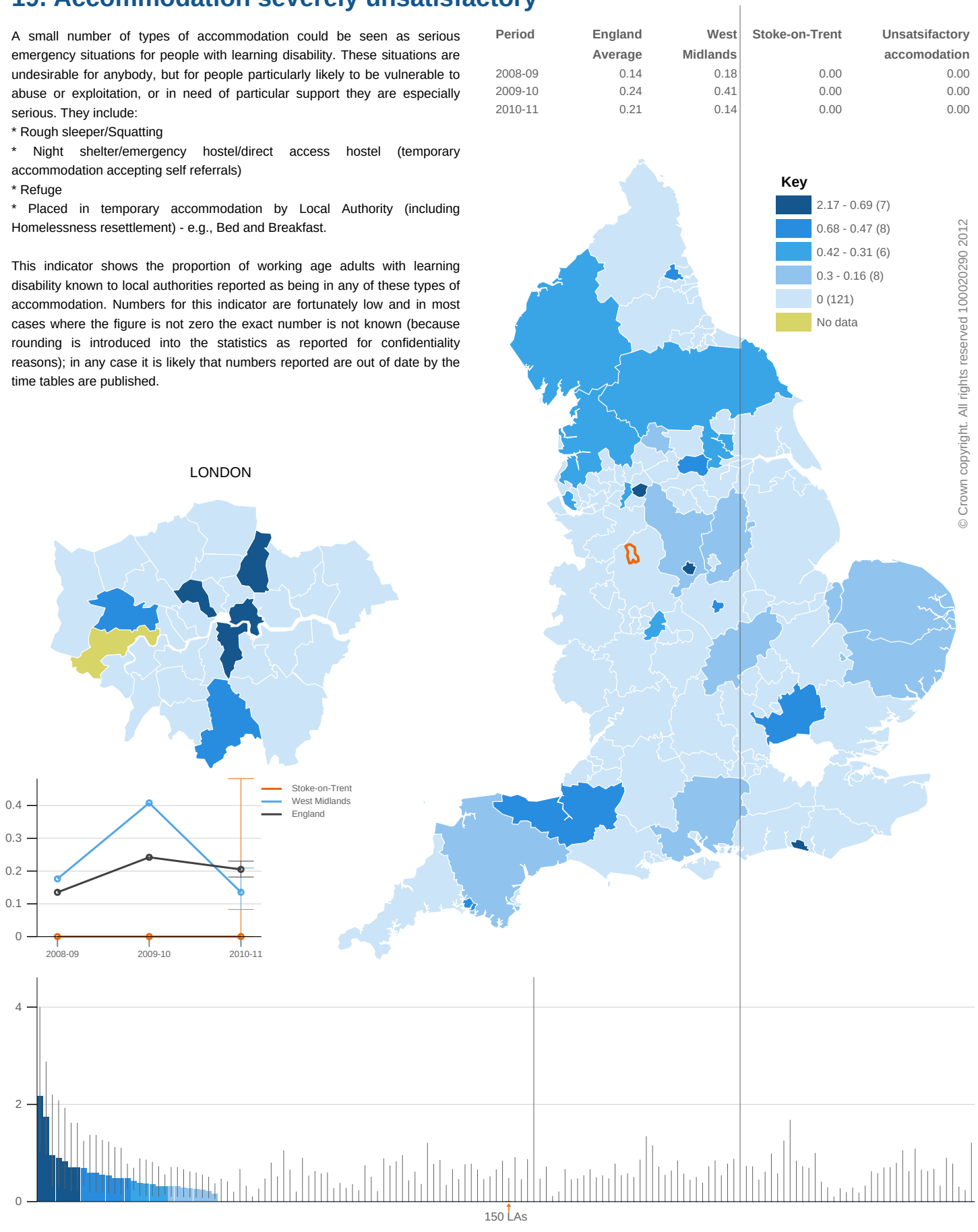
19. Accommodation severely unsatisfactory

A small number of types of accommodation could be seen as serious emergency situations for people with learning disability. These situations are undesirable for anybody, but for people particularly likely to be vulnerable to abuse or exploitation, or in need of particular support they are especially serious. They include:

* Rough sleeper/Squatting
* Night shelter/emergency hostel/direct access hostel (temporary accommodation accepting self referrals)
* Refuge
* Placed in temporary accommodation by Local Authority (including Homelessness resettlement) - e.g., Bed and Breakfast.

This indicator shows the proportion of working age adults with learning disability known to local authorities reported as being in any of these types of accommodation. Numbers for this indicator are fortunately low and in most cases where the figure is not zero the exact number is not known (because rounding is introduced into the statistics as reported for confidentiality reasons); in any case it is likely that numbers reported are out of date by the time tables are published.

Period	England Average	West Midlands	Stoke-on-Trent	Unsatisfactory accomodation
2008-09	0.14	0.18	0.00	0.00
2009-10	0.24	0.41	0.00	0.00
2010-11	0.21	0.14	0.00	0.00



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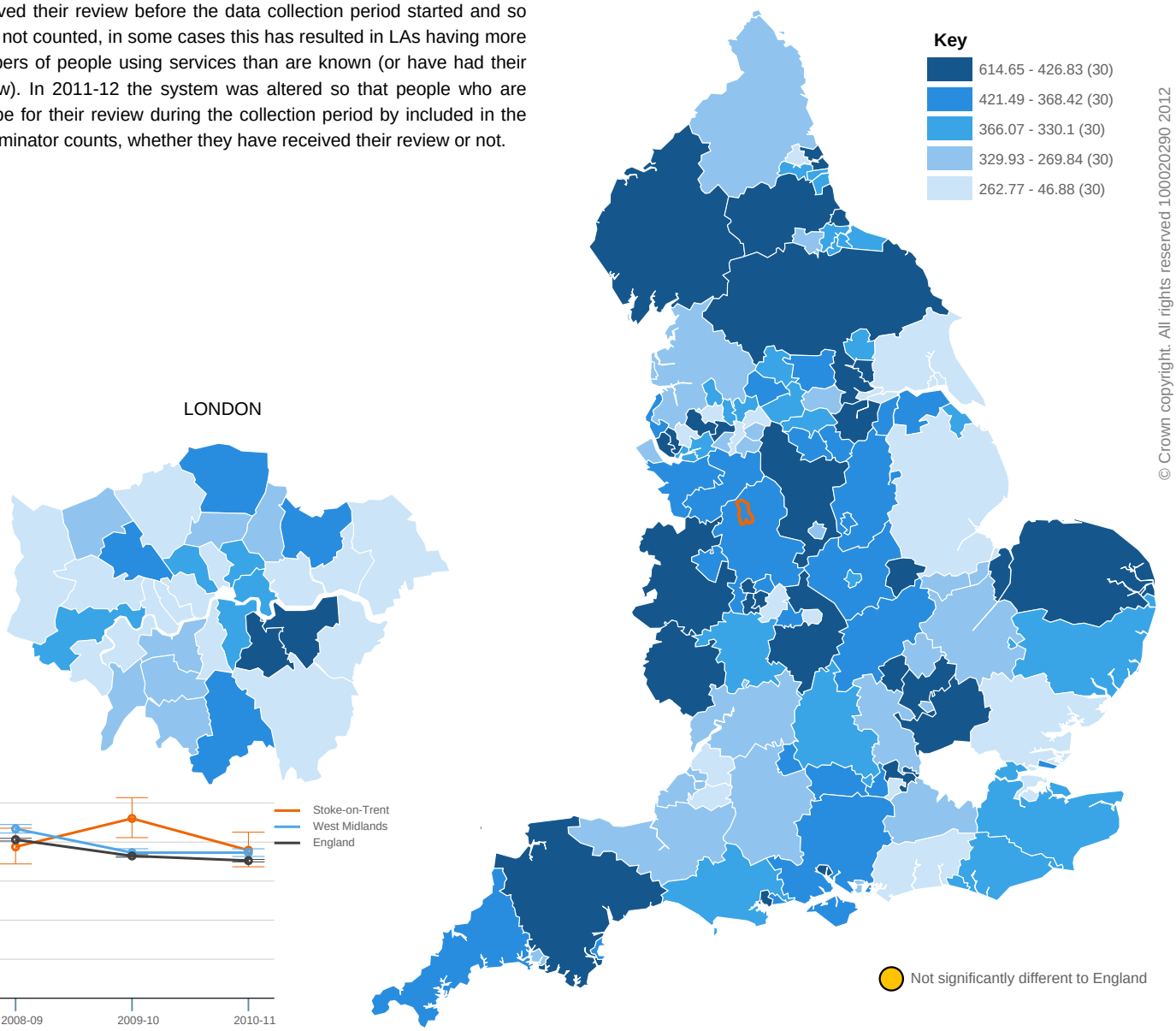
Stoke-on-Trent

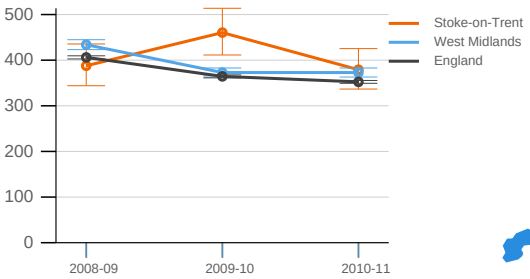
Accommodation social care continued

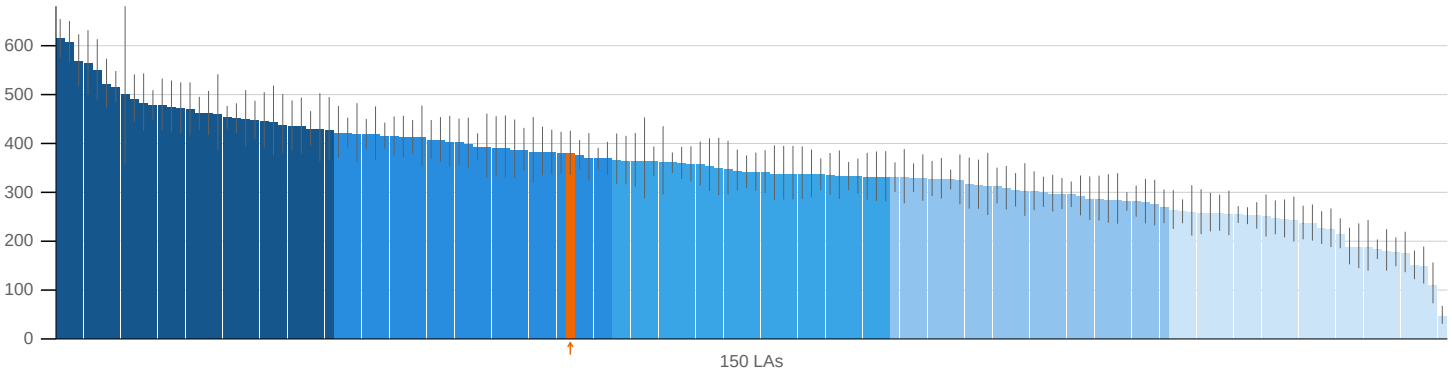
20. Adults (age 18-64) using day services

This indicator shows the extent to which Local Authorities are providing day care services for people with learning disabilities known to them. To be included in the denominator data people must have had a review in the last 12 months, whereas to be in the numerator they need only be using services. All people who are using council services should have had a review, however they may not all have received their review before the data collection period started and so were not counted, in some cases this has resulted in LAs having more numbers of people using services than are known (or have had their review). In 2011-12 the system was altered so that people who are eligilbe for their review during the collection period by included in the denominator counts, whether they have received their review or not.

Period	England Average	West Midlands	Stoke-on-Trent	Using day services
2008-09	406.14	433.91	387.76	285.00
2009-10	364.47	372.88	460.43	320.00
2010-11	352.42	372.84	379.08	290.00





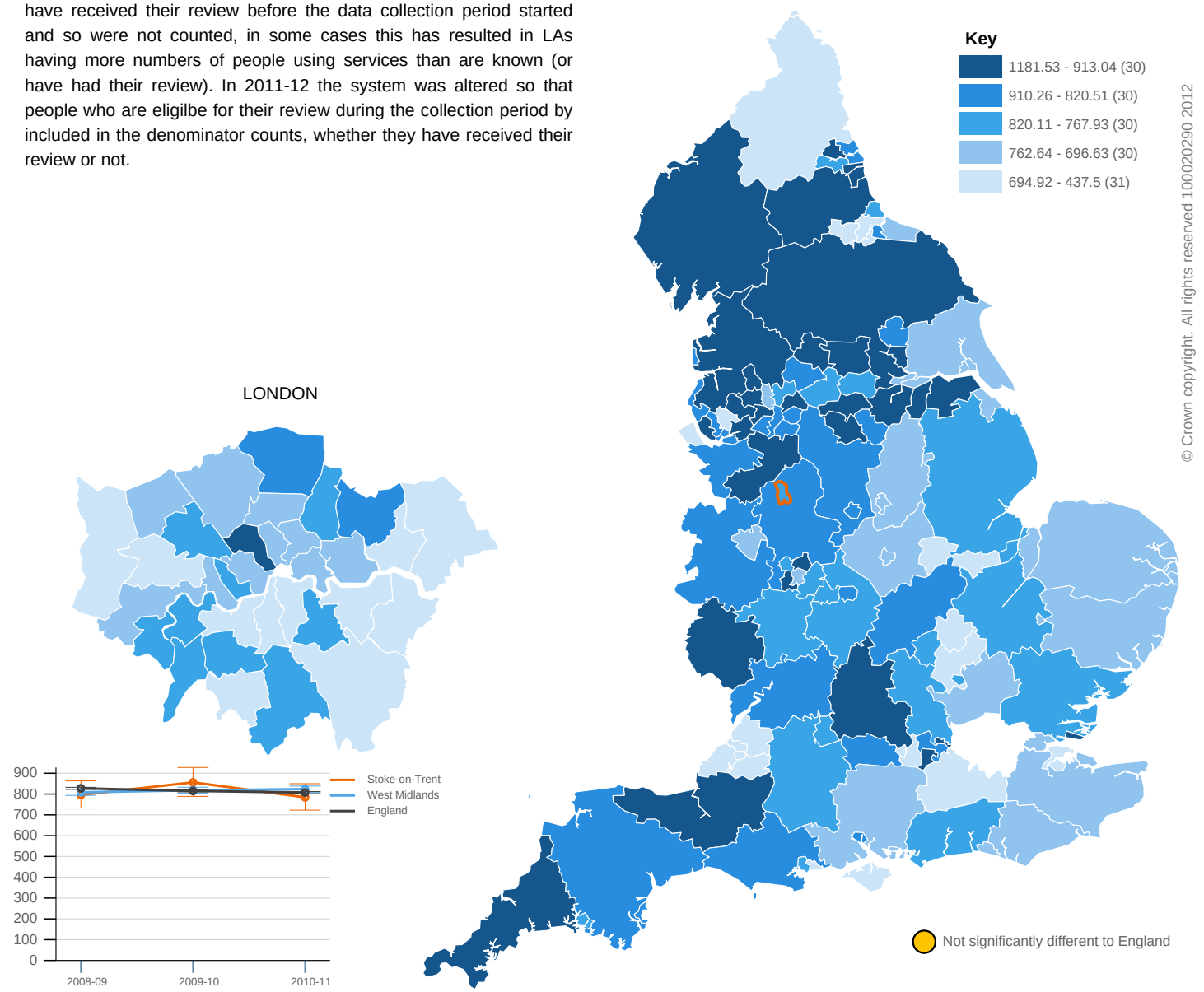


Accommodation social care continued

21. Adults(age 18-64) receiving community services

This indicator shows the extent to which Local Authorities are providing community services for people with learning disabilities known to them. To be included in the denominator data people must have had a review in the last 12 months, whereas to be in the numerator they need only be using services. All people who are using council services should have had a review, however they may not all have received their review before the data collection period started and so were not counted, in some cases this has resulted in LAs having more numbers of people using services than are known (or have had their review). In 2011-12 the system was altered so that people who are eligilbe for their review during the collection period by included in the denominator counts, whether they have received their review or not.

Period	England Average	West Midlands	Stoke-on-Trent	Receiving community services
2008-09	827.48	808.25	795.92	585.00
2009-10	814.92	818.15	856.12	595.00
2010-11	807.26	823.57	784.31	600.00



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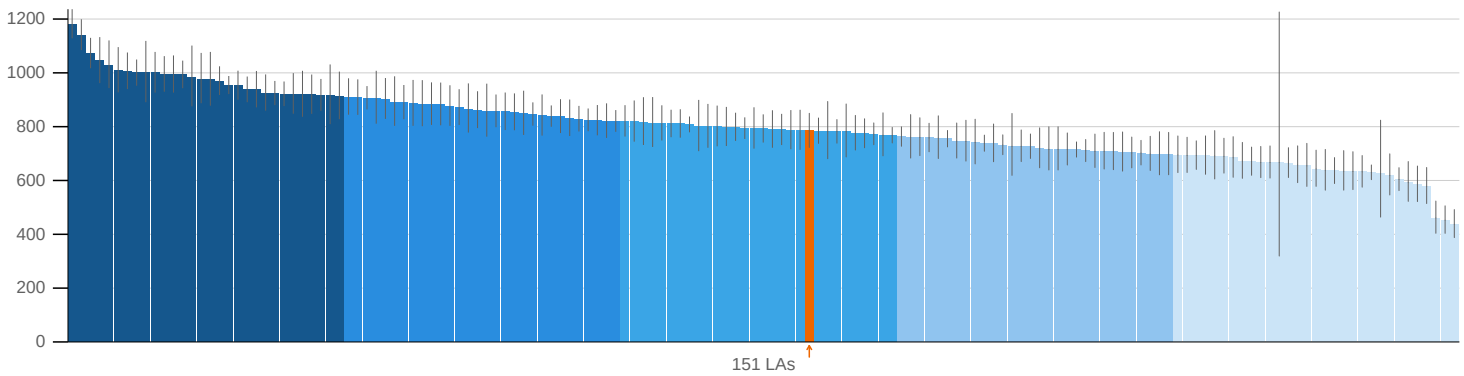


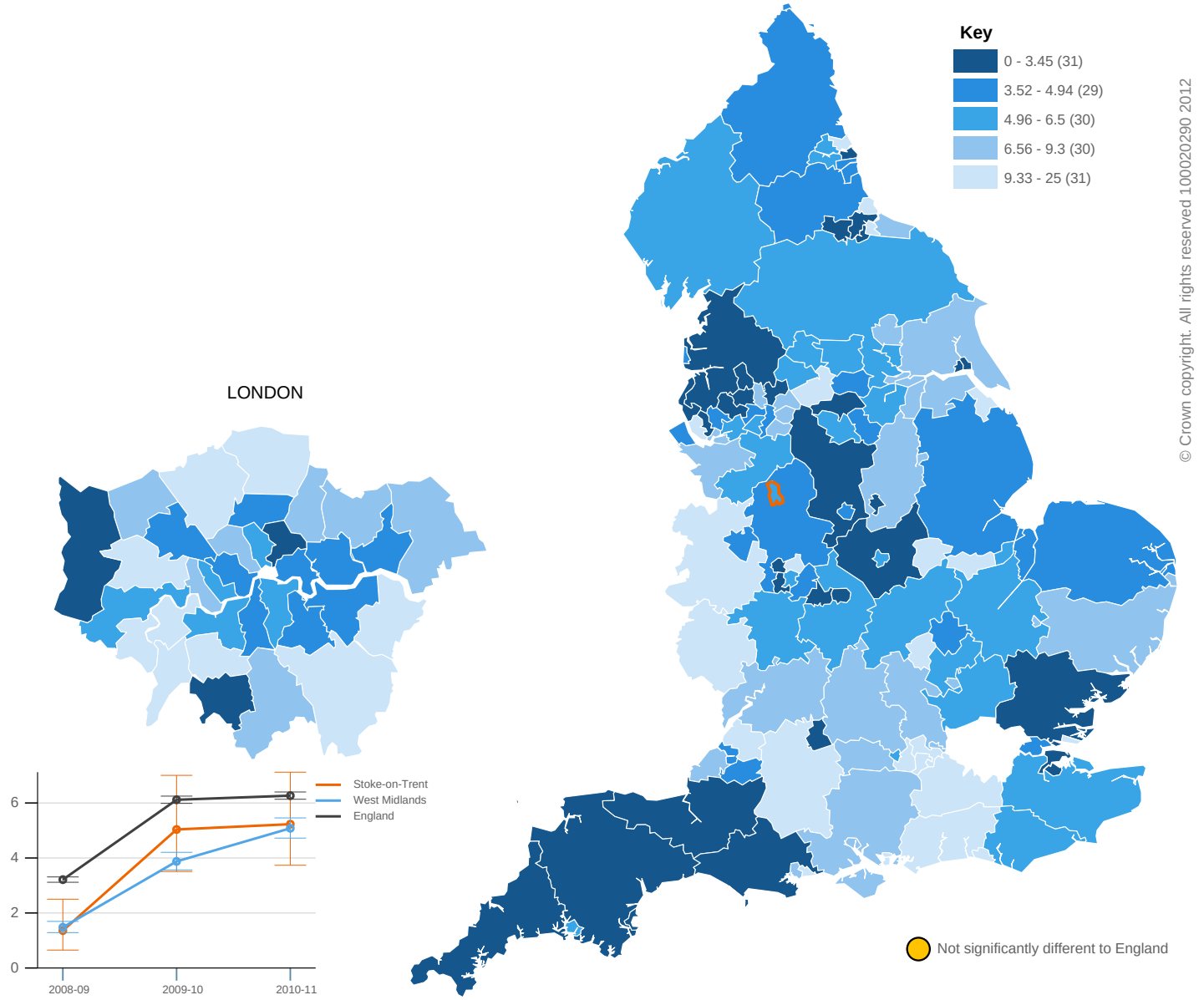
Stoke-on-Trent

Accommodation social care continued

22. Adults with learning disability in paid employment

Paid work provides recognition of a valued social role, useful day time occupation, important social opportunities, and in a few cases a helpful level of financial reward. Government policy has emphasised the importance of maximising work opportunities for people with learning disabilities since the publication of *Valuing People* (2001). This indicator is the same as the former National Indicator 146.

Period	England Average	West Midlands	Stoke-on-Trent	In paid employment
2008-09	3.21	1.48	1.36	10.00
2009-10	6.12	3.87	5.04	35.00
2010-11	6.27	5.08	5.23	40.00



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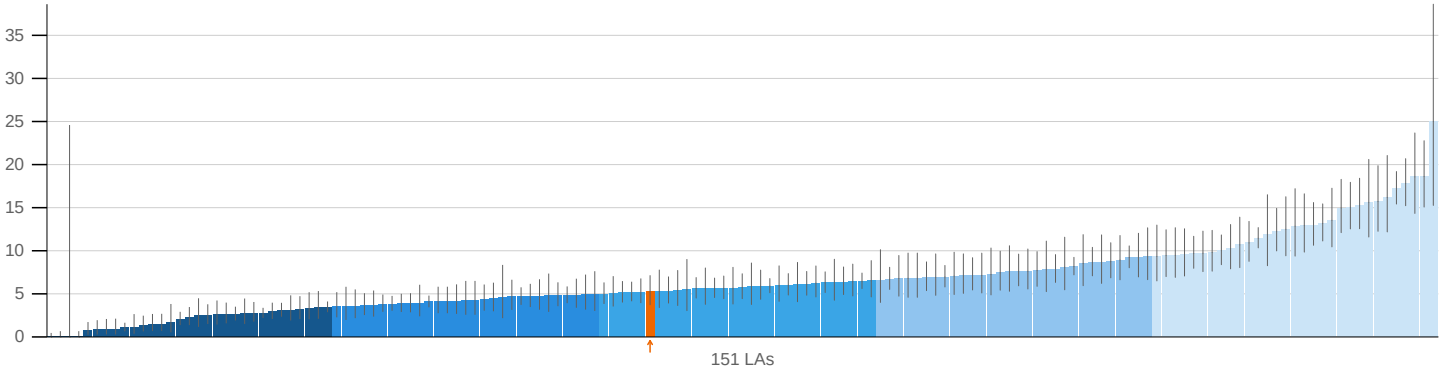
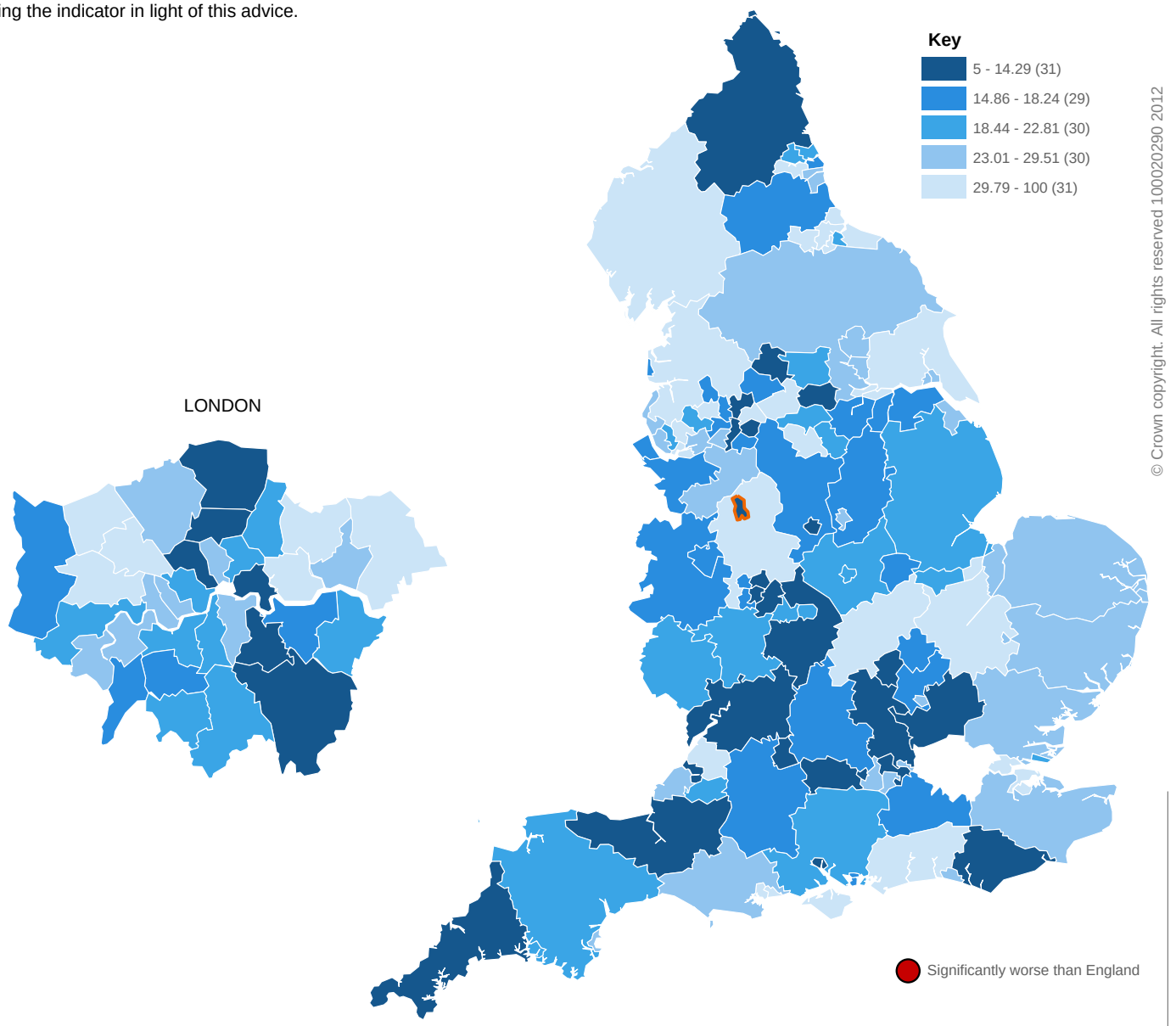


Accommodation social care continued

23. Adults (age 18-64) receiving direct payments

Government policy emphasises the use of personal budgets and/or direct payments to maximise the capacity of service users and their carers to tailor service packages to personal requirements and tastes. This indicator shows the extent of progress with Personal Budgets. Following consultation it appears that a differently scoped indicator to include personal budgets as well would be preferable. We will be revising the indicator in light of this advice.

Period	England Average	West Midlands	Stoke-on-Trent	Receiving direct payments
2010-11	24.01	17.85	12.50	75.00



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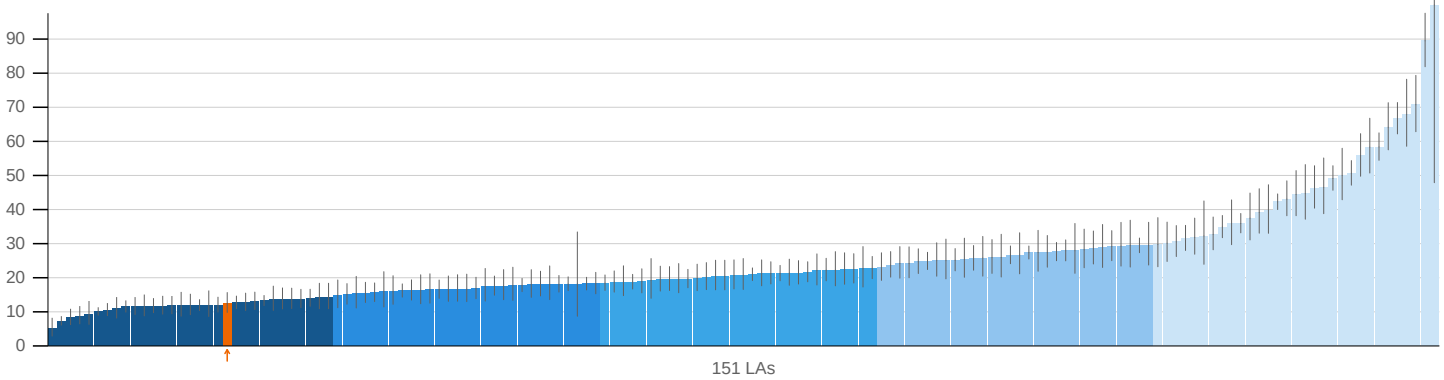


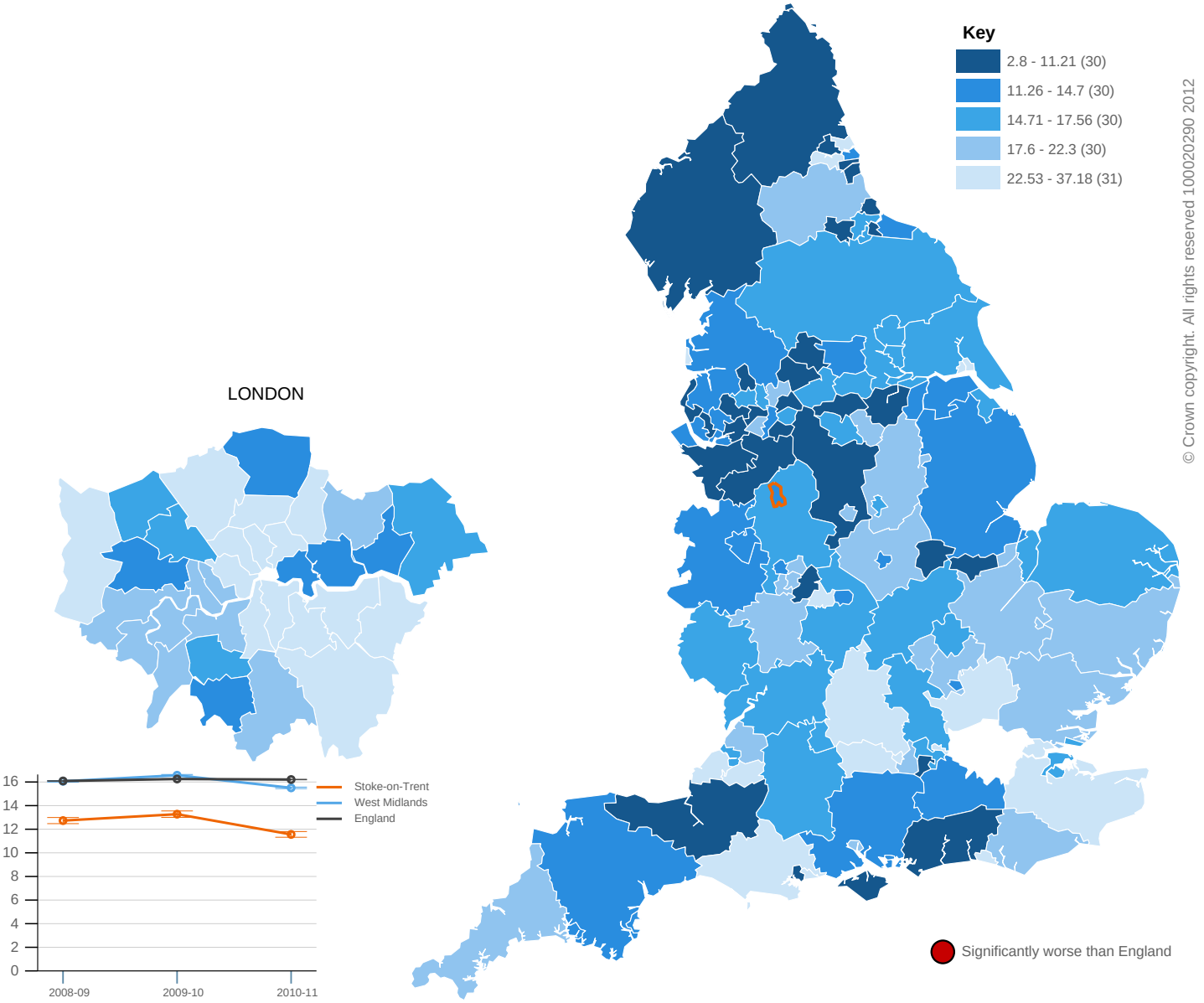
Stoke-on-Trent

Accommodation social care continued

24. Gross current expenidture for residential personal social services per 1,000 people known to LAs with LD

This indicator shows the spend per head by local authority department of adult social care on people with learning disabilities.

Period	England Average	West Midlands	Stoke-on-Trent	Expenditure (£000s)
2008-09	16.09	16.06	12.73	9,357.00
2009-10	16.25	16.57	13.27	9,226.00
2010-11	16.21	15.50	11.56	8,843.00



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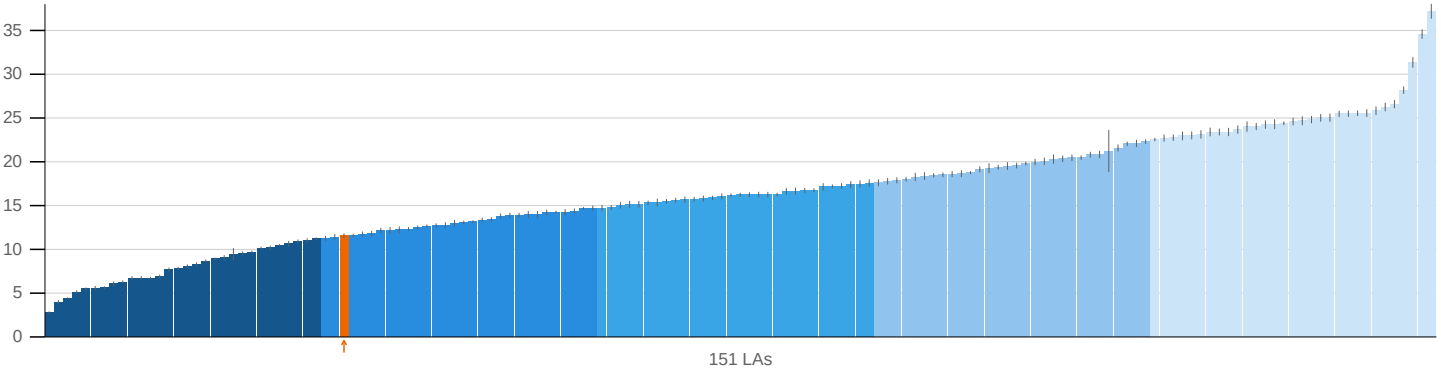
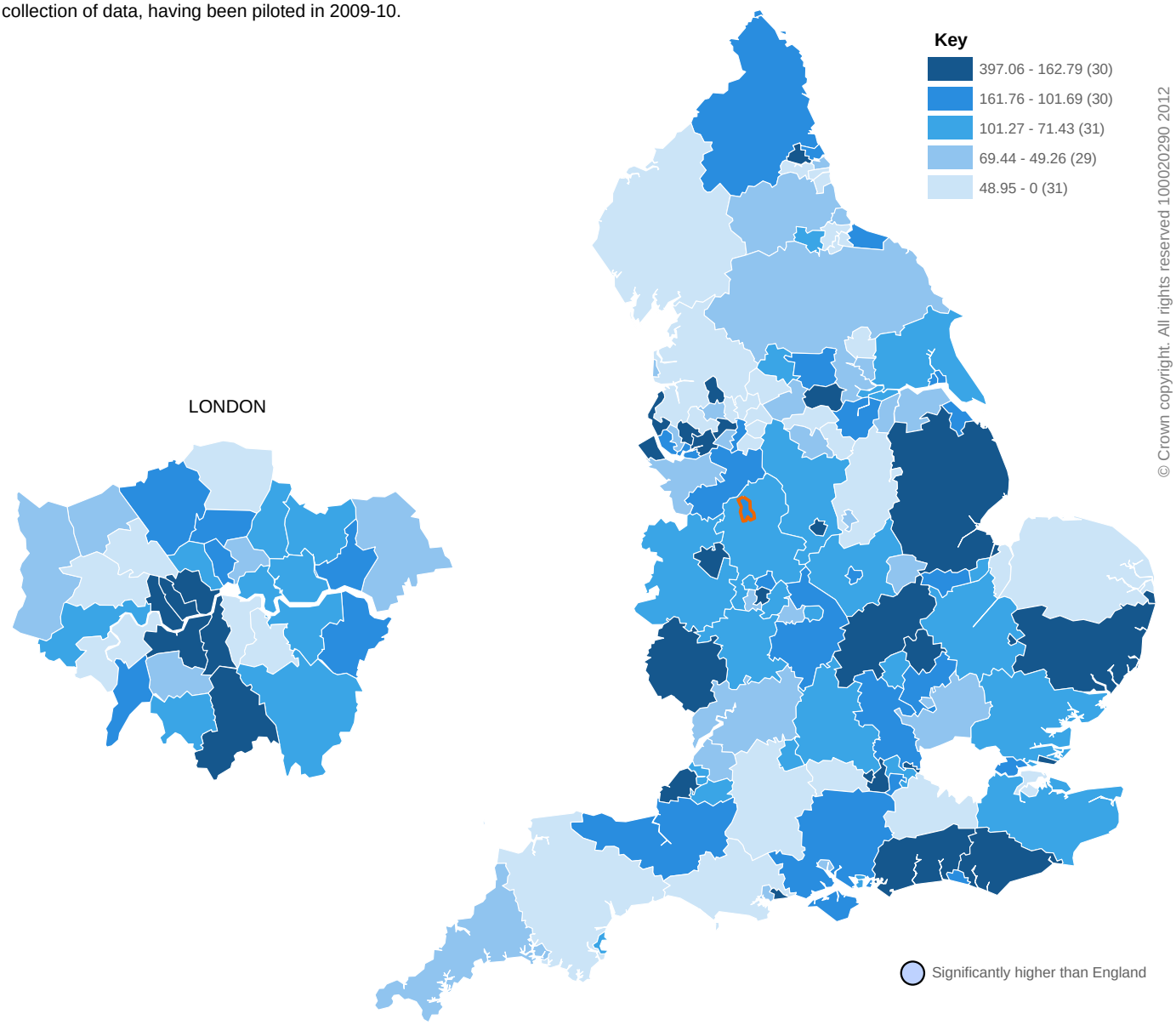


Accommodation social care continued

25. Rates of referral for abuse of vulnerable person

The Minister for Care Services mandated that data be collected in 2010-11 on the number of alerts and referrals to adult social care safeguarding teams. The information presented here shows the number of completed referrals regarding concerns about alleged abuse of vulnerable adults; for the purpose of these health profiles this is only looking at persons known to have learning disabilities. This is a new collection of data, having been piloted in 2009-10.

Period	England Average	West Midlands	Stoke-on-Trent	Completed referrals
2010-11	103.31	105.32	150.33	115.00



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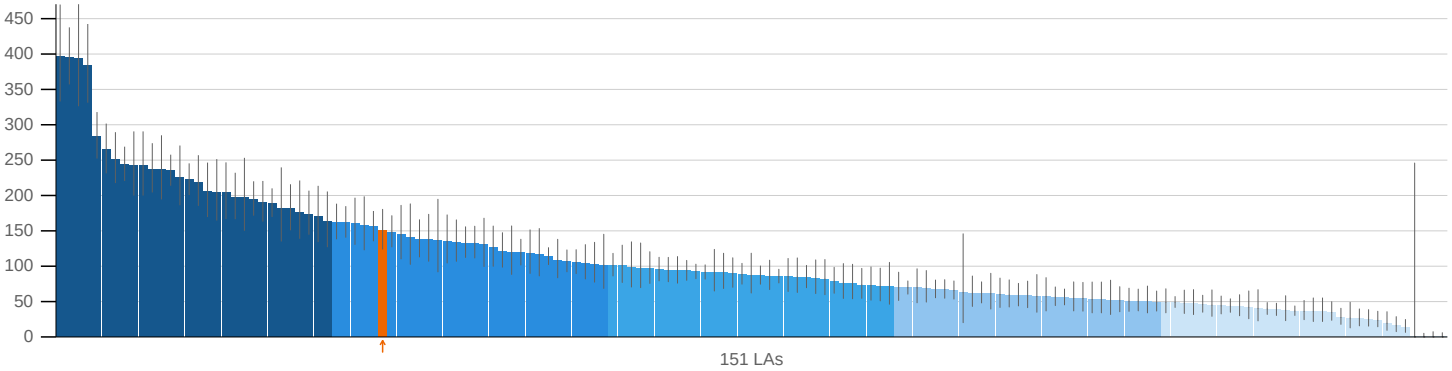
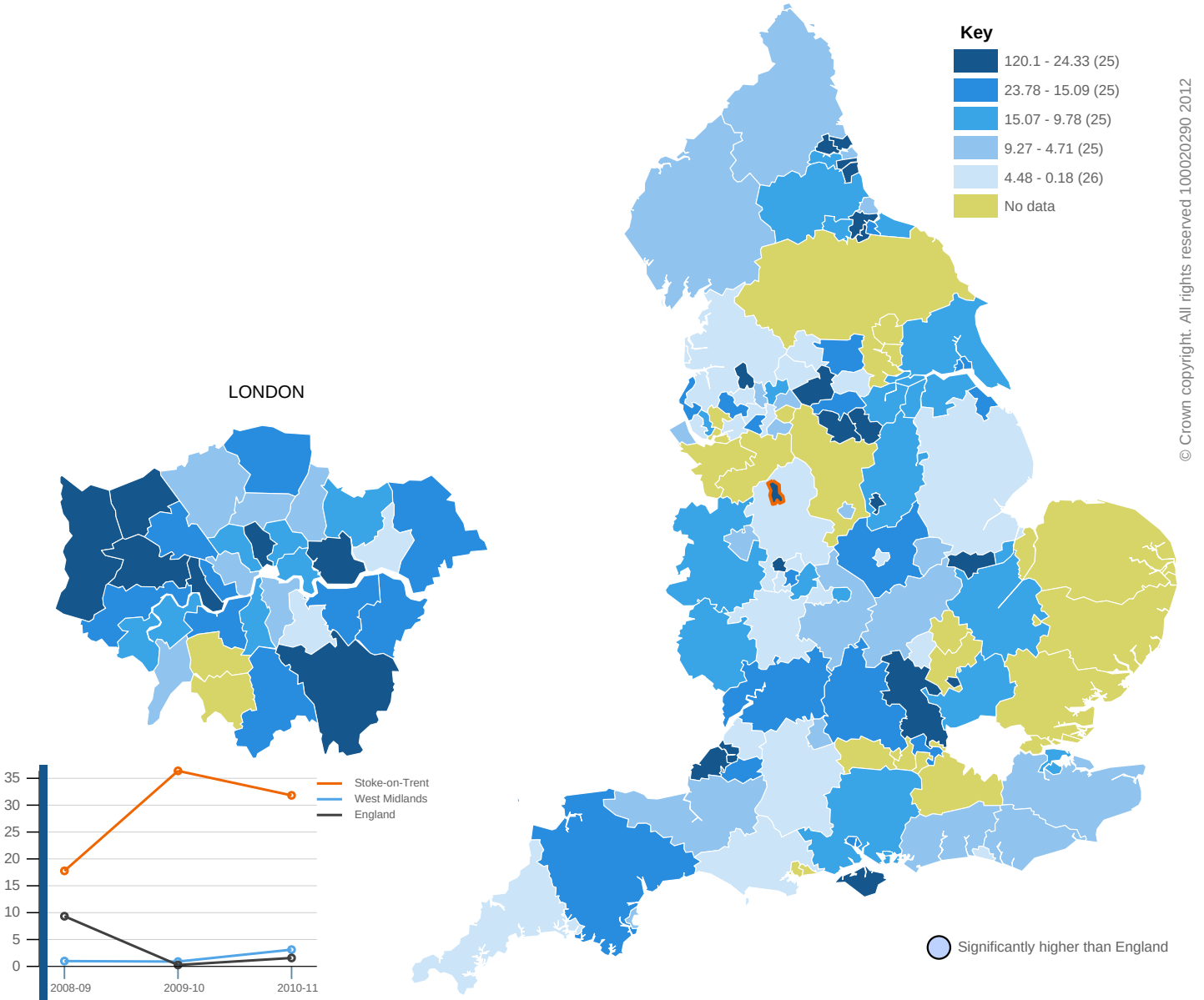


Coordination and local planning

26. Comparison of LA and QOF prevalence estimates

The difference between the prevalence of people with learning disability known to local authorities and the prevalence of people with learning disability on GP practice lists, ideally the numbers should be the same or similar as there is a slight discrepancy in age profiles of the lists.

Period	England Average	West Midlands	Stoke-on-Trent
2008-09	9.33	0.99	17.78
2009-10	0.26	0.90	36.38
2010-11	1.57	3.12	31.82



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