

Improving Health & Lives:

The Learning Disabilities Public Health Observatory

Eric Emerson
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on Learning Disabilities

Supported by the Department of Health



The Plan

- Who are we?
- Why were we established?
- What do we do (and why)?
- What is our future?

Who Are We?

- A consortium
 - North East Public Health Observatory
 - Centre for Disability Research
 - National Development Team for Inclusion
- Based at NEPHO
- One of three national specialist Public Health Observatories
- DH funded (April 2010 - March 2013)
- Twin to the Confidential Inquiry into Premature Deaths of People with Learning Disabilities (University of Bristol)

Why Were We Set Up?

- Evidence of
 - Shorter life expectancy
 - Premature death
 - Increased morbidity: sensory & physical impairments; physical and mental health problems
- Existing information systems are inadequate to support effective commissioning

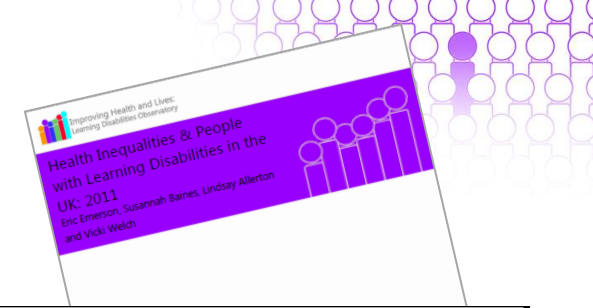


What Do We Do?

- Support **commissioning** and service development to reduce the health inequalities experienced by people with learning disabilities
 - Add to collective **knowledge** through the collation and dissemination of relevant information
 - **Advise** people involved in commissioning how to act on and make better use of information
 - Identify and work with relevant agencies to address **gaps** in information



Knowledge: Synthesis



Annual report: Health Inequalities

- Synthesis of UK research evidence
 - Extent and nature of health inequalities
 - Causes of these inequalities

1. Causes related to the nature of learning disability
 - Syndrome-specific risks
 - Communication and problem solving difficulties
2. Increased exposure to the common social determinants of health
3. Overt and systemic disability discrimination

Knowledge: National Collation/Dissemination

Annual report:

People with Learning Disabilities in England

- Compendium of information collected across government (DH, DfE, DWP)
- Trends over time

Annual report:

Uptake of Health Checks

Specific reports

- Causes of death
- Prevalence of autism
- Prevalence of visual impairment
- Future need for health and social care
- TLDR data briefs

Annual Data Collections & Reports

- Learning Disability Self-Assessment Framework
- Partnership Board Reports
- Autism Self-Assessment Framework

Reasonable Adjustments

- 151 (and growing) examples of how to make 'reasonable adjustments' to health care services
- Searchable by keyword, type of adjustment, activity area
- Quarterly themed reports (1st on cancer screening)

Reasonable Adjustments Database

Search in this category Search all categories

Trust: Region: Service Area:

Approved:

All adjustments

- Information
 - Capacity, consent and advocacy
 - Working in partnership with families and carers
 - Service delivery
 - Patient and public involvement
 - Training and employment

To give feedback/ask questions about this database please contact hazel@ihal.org.uk

Popular this month

- [The Traffic Light Hospital Assessment \(Nottinghamshire\)](#)
- [Gloucestershire Reasonable Adjustment Tool](#)
- [Health Action Plan and Health Passport](#)
- [The health of people with learning disabilities- questionnaire results](#)
- [Pre assessment pathway](#)
- [Pre-health check questionnaire](#)

Searching for service area: **Accident and Emergency** ✖

Showing results 1 - 4 of 4

Quick guide for Accident and Emergency staff
Staff guide by Calderdale and Huddersfield NHS Foundati

Health Checkers Project Report
Report by Speak Easy N.O.W, Worcestershire County Cou

Visiting the Emergency Department
Booklet by The Whittington Hospital NHS Trust

Accident and emergency staff guide
Staff guide by Calderdale and Huddersfield NHS Foundati

Showing results 1 - 4 of 4

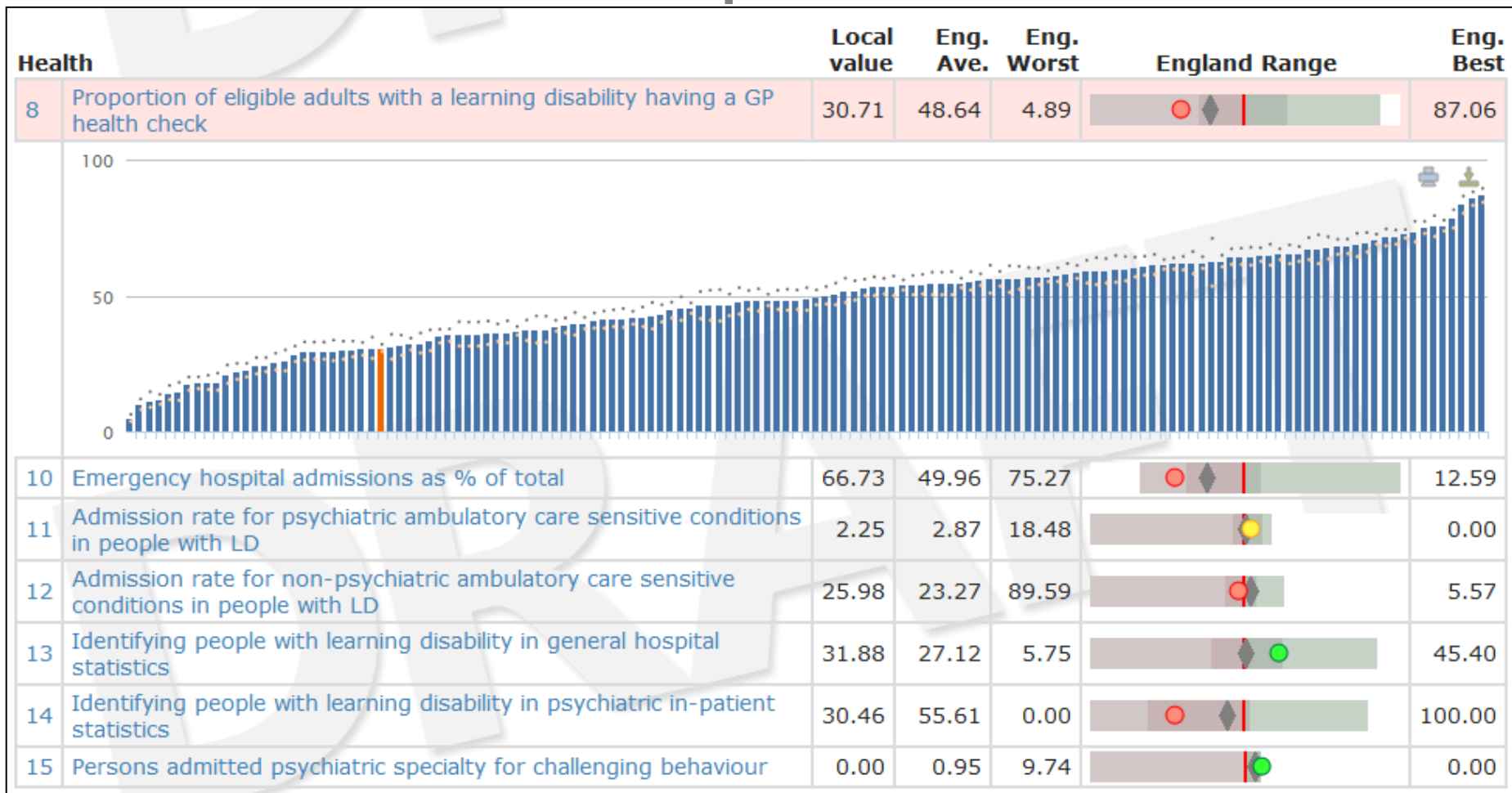
Knowledge: Local Information

Web-Based Interactive Tools: Local Health Profiles

- Local Authority (JSNA) focus
 - CCG boundaries in future?
- Downloadable local report with national benchmarks
 - comparator groups in future?
- Interactive maps

- 23 indicators (at present)
 - Prevalence (8)
 - Mortality (1)
 - Annual health checks (1)
 - Hospital admissions
 - 'ambulatory care sensitive conditions' (3)
 - emergency admissions (1)
 - Hospital records (2)
 - Housing (4)
 - Employment (1)
 - Direct payments (1)
 - Abuse of Vulnerable Adults (1)

Health Profile Spine Charts: Kent



Spine chart

Scatter plot

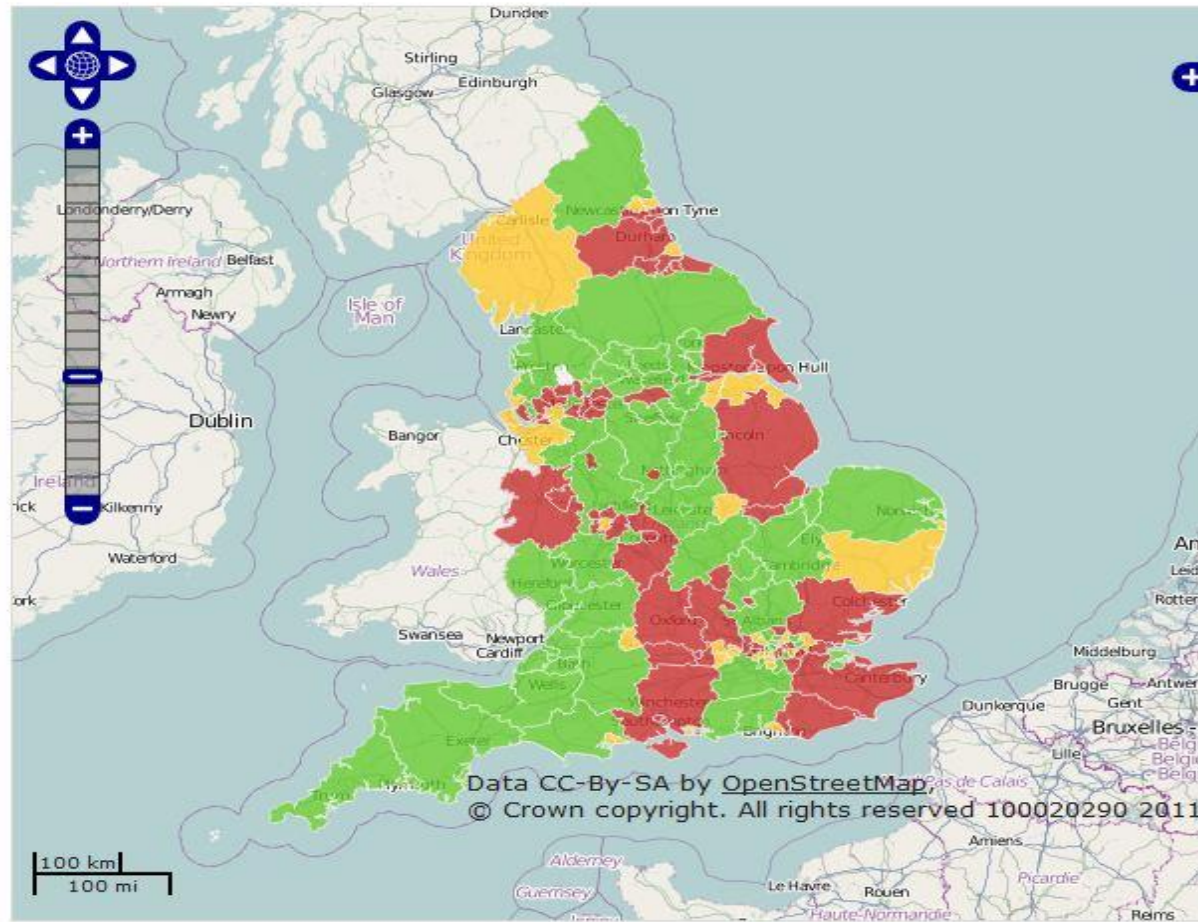
Mapping

Information

Indicator: 7. Proportion of eligible adults with a learning disability having a GP

← Previous

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Show significance

Key

- Significantly better than England
- Not significantly different
- Significantly worse than England

Region

Value

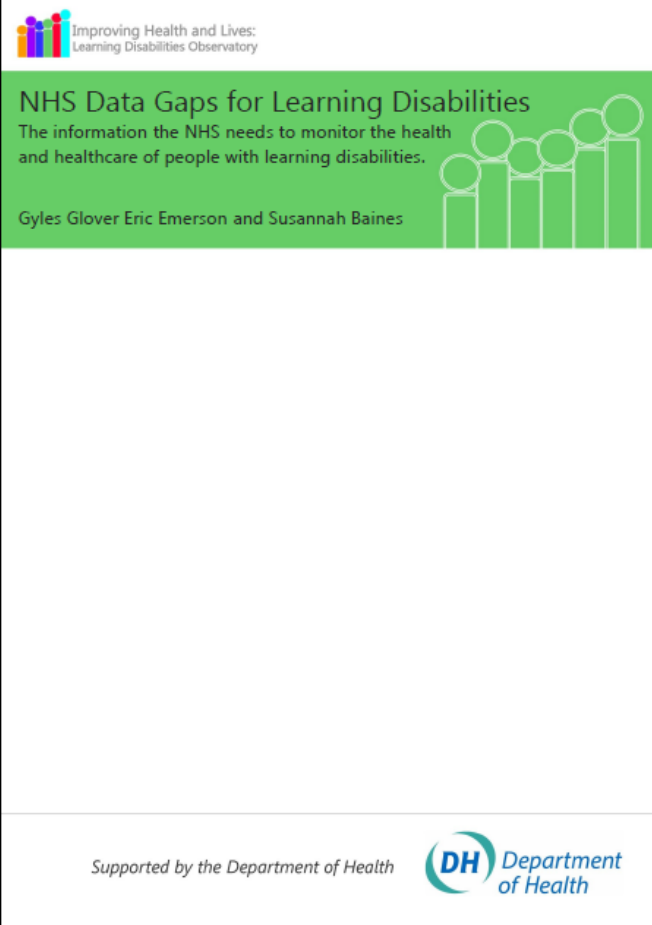
○ England	48.7
○ North West	47.18
○ North East	36.95
○ Yorkshire & Humber	55.15
○ East Midlands	55.41
○ East of England	52.22
○ South West	64.76
○ South East	40.87
○ London	46.41
○ West Midlands	39.53
○ Trafford	36.53

Advice

- General
 - Actions/messages for commissioners reports
 - Accessible reports
 - 'Sharing the Learning' (free) events
- Specific
 - Local partners (including Kent)
 - Pilot CCGs

Addressing Data Gaps

- HSE booster sample
- National Clinical Audit Programme
- Commissioning datasets
 - A&E attendance
 - Outpatient care
 - Elective admissions (waiting list)
 - Admitted patient care
- Enhanced primary care (QOF) data extraction (GPES)




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NHS Data Gaps for Learning Disabilities

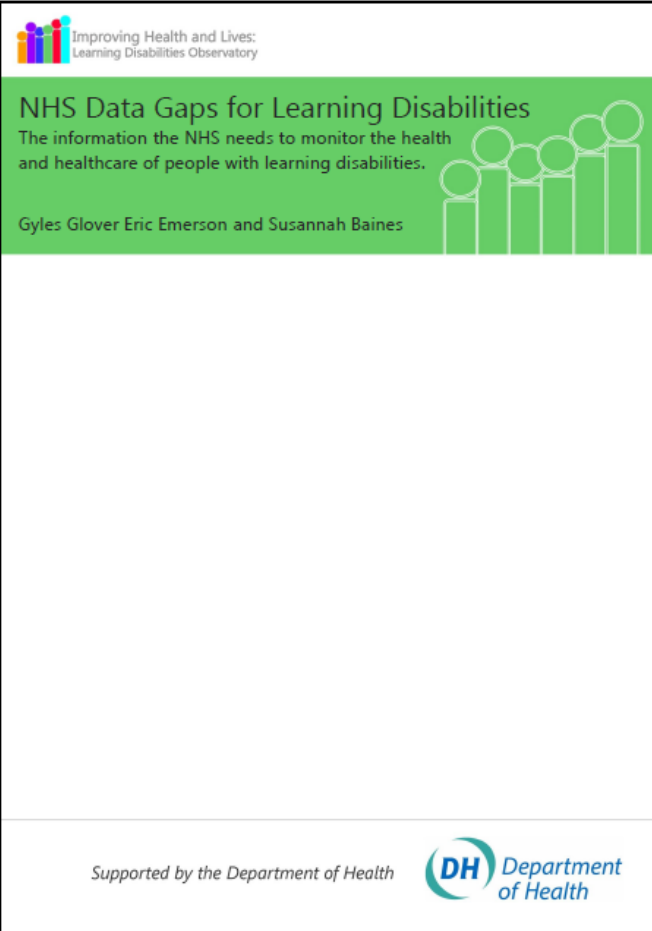
The information the NHS needs to monitor the health and healthcare of people with learning disabilities.

Gyles: Glover Eric Emerson and Susannah Baines

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The Future?

- DH funding ends March 2013
- The need for better information will still there
- Public Health England (PHE) becomes operational April 2013
- Suggestion that the national specialist Public Health Observatories will become incorporated into PHE
- Watch this space

Summary

- People with learning disabilities continue to face significant levels of health inequality
- These inequalities are (to an extent) avoidable
- Existing information systems are still not sufficient to support effective commissioning
- A continuing public health focus on learning disability would add significantly to current policy and practice





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