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Details

Name of person completing return (for correspondence if necessary)

Alison Love on behalf of Tandra Forster Head of Adult Social Care

Email address of person completing return

As I will be leaving West Berkshire Council can you please send any further correspondence to Tandra Forster
tforster@westberks.gov.uk

Local Authority to which the return relates (from dropdown list)

West Berkshire

Staying Healthy

GP registers

The Learning Disabilities Quality and Outcomes Framework register in primary care.

LD registers reflect prevalence data AND data stratified in every required data set (e.g. age / complexity / Autism diagnosis / black and minority ethnicities etc.).

LD registers reflect prevalence data but are not stratified in every required data set (e.g. age / complexity).

The numbers of people on LD registers reflect the requirements outlined in QOF.

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

489 people with a learning disability are on the Learning Disability QOF Register. The register contains information related to age, ethnicity and autism.

Long Term Health Conditions

Finding and Managing Long Term Health Conditions: obesity, diabetes, cardiovascular disease, epilepsy.

We compare treatment and outcomes for all four conditions between people with learning disabilities and others in: the area and at local GP level.

We compare treatment and outcomes for some of the conditions between people with learning disabilities and the general population in the area.

No comparative data available.

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

CCG uses the information to identify people that are eligible and track those that have been screened.

Annual health checks

This RAG question is based on coverage numbers and will be completed by the Learning Disabilities Observatory

If you have provided evidence about this programme locally on your website, enter the URL here

If you want to add further notes about the likely rating do so here: (max 1000 characters)

275 people had an Annual Health Check

Health Action Plans

Health Action Plans are generated at the time of Annual Health Checks (AHC) in primary care.

70% or more than of Annual Health Checks generate specific health improvement targets (Health Action Plan).

50% - 69% of Annual Health Checks generate specific health improvement targets (Health Action Plan).

Fewer than 50% of Annual Health Checks generate specific health improvement targets (Health Action Plan).

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

Nearly all people have had an Annual Health check. The CCG operates a Direct Enhanced Service.

Cancer Screening

This RAG question is based on coverage numbers and will be completed by the Learning Disabilities Observatory

If you have provided evidence about this programme locally on your website, enter the URL here

If you want to add further notes about the likely rating do so here: (max 1000 characters)

Primary / Secondary care communication

Primary care communication of LD status to other healthcare providers

Secondary care and other healthcare providers can evidence that they have a system for identifying LD status on referrals based upon the LD identification in primary care and acting on any reasonable adjustments suggested. There is evidence that both an individual's capacity and consent are inherent to the system employed.

There is evidence of a local area team/clinical commissioning group wide system for ensuring LD status and suggested reasonable adjustments if required, are included in referrals. There is evidence that both an individual's capacity and consent are inherent to the system employed.

There is no local area team/clinical commissioning group wide system for ensuring LD status and suggested reasonable adjustments are included in the referrals.

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

Information related to the person's disability is communicated to other health providers to make reasonable adjustments. The Royal Berkshire Hospital confirmed that a LD Liason Manager supports people through outpatient, in-patient and emergency services.

Acute LD liaison function

Learning disability liaison function or equivalent process in acute settings

Designated learning disability function in place or equivalent process, aligned with known learning disability activity data in the provider sites and there is broader assurance through executive board leadership and formal reporting /

Designated learning disability liaison function or equivalent process in place and details of the provider sites covered has been submitted. Providers are not yet using known activity data to effectively employ LD liaison function against No designated learning disability liaison function or equivalent process in place in one or more acute provider trusts per

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

Learning Disability Manager in place at the Royal Berkshire Hospital

Reasonable Adjustments in primary care

Considering NHS commissioned primary care services - dentistry, optometry, community pharmacy and podiatry.

All people with learning disability accessing/using service are known and patient experience is captured. All of these services are able to provide evidence of reasonable adjustments and plans for service improvement.

Some of these services are able to provide evidence of reasonable adjustments and plans for service improvements.

People with learning disability accessing/using these services are not flagged or identified. There are no examples of reasonable adjusted care.

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

People with learning disabilities report reasonable adjustments are in place in some of these services. Dental services make reasonable adjustments. Optometry and pharmacy are less certain.

Offender Health and the Criminal Justice System

Local Commissioners have and act on data about the numbers and prevalence of people with a learning disability in the criminal justice system.

- Local commissioners have a working relationship with regional, specialist prison health commissioners AND
- There is good information about the health needs of people with LD in local prisons and wider criminal justice system and a clear plan about how such needs are to be met AND
- Prisoners and young offenders with LD have had an annual health check which generates a health action plan, or are scheduled to have one in the coming 6 months AND
- Evidence of 100% of all care packages including personal budgets reviewed at least annually.

In the absence of the above (or elements of the above) An assessment process has been agreed to identify people with LD in all offender health services e.g. learning disability screening questionnaire. Offender health teams receive LD awareness training to know how best to support individuals to meet their health needs AND There is easy read accessible information provided by the criminal justice system.

There is no systematic collection of data about the numbers of people with LD in the criminal justice system. There is no systematic learning disability awareness training for staff within the criminal justice system. The local offender health team does not yet have informed representation of the views and needs of people with learning disability.

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

There is no local prison therefore no local offender health team. However the local Learning Disability Trust and the CTPLD teams do keep data on the number of people in prison and do work with prison staff to ensure that their needs are being met.

Keeping Safe

Individual health and social care package reviews

Commissioners know that all funded individual health and social care packages for people with learning disability, across all life stages, are reviewed regularly.

Evidence of 100% of all care packages including personal budgets reviewed within the 12 months covered by this self

Evidence of at least 90% of all care packages including personal budgets reviewed within the 12 months covered by this self assessment.

Less than 90% of all care packages including personal budgets reviewed within the 12 months covered by this self

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

Local Authority LD services did complete 100% of their reviews last year. The local authority employed additional staff to do this. However not all CHC and Section 117 reviews were completed.

Learning disability services contract compliance

Contract compliance assurance for services primarily commissioned for people with a learning disability and their

Evidence of 100% of health and social care commissioned services for people with learning disability: 1) have had full scheduled annual contract reviews; 2) demonstrate a diverse range of indicators and outcomes supporting quality assurance and including un announced visits . Evidence that the number regularly reviewed is reported at executive

Evidence of at least 90% of health and social care commissioned services for people with learning disability: 1) have had full scheduled annual contract reviews; 2) demonstrate a diverse range of indicators and outcomes supporting quality assurance. Evidence that the number regularly reviewed is reported at executive board level in both health & social care.

Less than 90% of health and social care commissioned services for people with learning disability: 1) have had full scheduled annual contract reviews; 2) demonstrate a diverse range of indicators and outcomes supporting quality

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

Berkshire Healthcare Trust is compliant with contract and the CCG receives monthly updates. The CCG does not make unannounced visits. West berkshire Council is also compliant with all contracts receiving an annual contract review.

Monitor Assurances

Assurances given regularly in Monitor Risk Assessment Framework for Foundation Trusts

Commissioners review Monitor returns and review actual evidence used by Foundation Trusts in agreeing ratings. Evidence that commissioners are aware of and working with non-Foundation Trusts in their progress towards Monitor Commissioners review Monitor returns of Foundation Trust providers. Evidence that commissioners are aware of and working with non-Foundation Trusts in their progress towards Monitor compliance.

Commissioners do not assure themselves of the on-going compliance, via Monitor returns, for each Foundation Trust - OR - for non-Foundation Trusts, commissioners are not aware of the Trust’s position in working towards Monitor standards and Foundation Trust status.

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

Adult Safeguarding

Assurance of safeguarding for people with a learning disability.

Evidence of robust, transparent and sustainable governance arrangements in place. in all statutory organisations including Local Safeguarding Adults Board(s), Health & Well-Being Boards and Clinical Commissioning Executive Boards. The provider can demonstrate that delivery of Safeguarding Adults within the current Statutory Accountability and Assurance Framework includes people with learning disabilities. This assurance is gained using DH Safeguarding Adults Assurance (SAAF) framework or equivalent. Every learning disability provider service has assured their board and others that quality, safety and safeguarding for people with learning disabilities is a clinical and strategic priority within all services. Key lessons from national reviews are included. There is evidence of active provider forum work addressing the Regular Board reporting and key points and lessons learned are included in action plans. Evidence that Learning Disability Partnership Board(s) and/or health sub group(s) are involved in reviewing progress. The provider can demonstrate that delivery of Safeguarding Adults within the current Statutory Accountability and Assurance Framework includes people with learning disabilities. This assurance is gained using DH Safeguarding Adults Assurance (SAAF) framework or equivalent. Every learning disability provider service has assured their board that quality, safety and safeguarding for people with learning disabilities is a clinical and strategic priority within all services.

No Board assurance and learning points not identified. Action plan(s) either not in place, or not yet discussed with

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

Safeguarding has been embedded across partnerships, Boards and providers locally and there are a number of mechanisms set up to quality assure training etc. Through the Safeguarding Adults Partnership Board for Berkshire West.

Involvement of Self-Advocates and Carers in training and recruitment

In Learning Disability specific services there is evidence of all of services involving people with learning disabilities and families in recruitment and training.

Commissioners of universal services can provide evidence of contracting for Learning Disability awareness training (for example as part of Disability Equality Training).

In Learning Disability specific services there is evidence of some services involving people with learning disabilities and families in recruitment and training.

Commissioners of universal services can provide evidence of contracting for Learning Disability awareness training (for example as part of Disability Equality Training).

No evidence of involvement in recruitment and training and appropriate levels of disability equality training.

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

In most Learning Disability services there is evidence of service users and their families being involved in recruitment and some training. Learning Disability awareness training is provided by both the Local Authority and the Healthcare Trust and all staff and providers of any service can access this.

Compassion, dignity and respect

This item is answered by family carers and self advocates. Family carers and people with a learning disability agree that providers treat people with compassion, dignity and respect.

Family carers and people with a learning disability agree that all providers do.

Family carers and people with a learning disability agree that some providers do.

Family carers and people with a learning disability agree that few or no providers do.

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

The people with learning disability we spoke were very positive about being treated with compassion, respect and dignity by service users. Carers were critical of how some providers treated the people they provide a service to.

Commissioning strategy Impact Assessments

Commissioning strategies for support, care and housing are the subject of Impact Assessments and are clear about how they will address the needs and support requirements of people with learning disabilities

Up to date commissioning strategies and Impact Assessments are in place.

Up to date commissioning strategies and Impact Assessments are in place.

Not all commissioning strategies and Impact Assessments are in place.

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

Impact Assessments are not in place for Commissioning strategies in the local authority but are for the CCG.

Complaints lead to changes

Commissioners can demonstrate that all providers change practice as a result of feedback from complaints, whistleblowing experience

90 % or more of commissioned services can demonstrate improvements, based on the use of feedback from people who use services (for example complaints, surveys, quality checking),. There is evidence of effective use of a whistleblowing policy where appropriate.

50-89% of commissioned services can demonstrate improvements, based on the use of feedback from people who use services (for example complaints, surveys, quality checking),. There is evidence of effective use of a whistleblowing policy where appropriate.

Less than 50% of commissioned services can demonstrate improvements, based on the use of feedback from people who use services (for example complaints, surveys, quality checking),. There is evidence of effective use of a whistleblowing policy where appropriate

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

We have had several incidents of whistleblowing from both service users and staff about providers we have used this to plan improvement via our Care Quality team. We have also had several examples of service users complaining to our Learning Disability team that we have managed to resolve satisfactorily and changed our process as a result.

Mental Capacity Act and Deprivation of Liberty Safeguards

Appropriate use of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Commissioners can evidence that all relevant providers have well understood policies in relation to the MCA and DoLS in place and routinely monitor their implementation.

Commissioners have limited evidence about the adoption and implementation of policies in relation to MCA and DoLS by relevant providers.

Commissioners cannot produce any evidence about the adoption and implementation of policies in relation to MCA and DoLS by relevant providers.

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

There was evidence of slowly increasing knowledge by providers of the adoption and implementation of policies re MCA and DoLS. This has increased rapidly more recently due to the Chester West judgement.

Living Well

Effective joint working

Effective joint working across health and social care.

There are well functioning formal partnership agreements and arrangements between health and social care organisations. There is clear evidence of single point of health and social care leadership, joint commissioning strategies and or pooled budgets, integrated health and social care teams.

There are some examples of functioning formal partnership agreements and arrangements between health and social care organisations. There is clear evidence of at least on of the following:

- single point of health and social care leadership,
- joint commissioning strategy and/ or pooled budgets and,
- integrated health and social care teams.

Joint working has not met either of the above measures.

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

There is a formal partnership for Winterbourne Improvement and Learning Disability joint commissioning. There is an integrated Community Team for People with Learning Disability and a commissioning strategy for people with challenging behaviour.

Local amenities and transport

Extensive and equitably distributed examples of people with learning disability having access to reasonably adjusted local transport services, changing places and safe places (or similar schemes) in public venues and evidence that such schemes are communicated effectively.

Local but not widespread examples of all of these types of schemes.

Reasonably adjusted levels of support in these schemes do not reach any of the standards above.

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

Rail and bus services locally have made adjustments to signage and assistance available to people with a learning disability and the Council's Transport officer attends the LDPB. However this mostly applies in urban areas. Rural areas have poor public transport and so is not readily accessible.

Arts and Culture

Extensive and equitably distributed examples of people with learning disabilities having access to reasonably adjusted facilities and services that enable them to use amenities such as cinema, music venues, theatre, festivals and that the accessibility of such events and venues are communicated effectively.

Local but not widespread examples of people with learning disabilities having access to reasonably adjusted facilities in these amenities. The accessibility of such events and venues are communicated effectively.

Reasonable adjustments of these amenities do not reach any of the standards above.

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

Some people we spoke to talked about attending music,drama and singing groups and one person attended a knitting group in the library. However other people were not aware of such groups.

Sport and leisure Sport and leisure

Extensive and equitably geographically distributed examples of people with learning disability having access to reasonably adjusted sports and leisure activities and venues for example use of local parks, leisure centres, swimming pools and walking groups. Designated participation facilitators with learning disability expertise are available. There is evidence that such facilities and services are communicated effectively.

Local but not widespread examples of people with learning disability having access to reasonably adjusted sports and leisure activities and venues for example use of local parks, leisure centres, swimming pools and walking groups. Designated participation facilitators with learning disability expertise are available. There is evidence that such facilities and services are communicated effectively.

Reasonable adjustments of these amenities do not reach any of the standards above.

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

Some people reported attending swimming and the gym and this included one person in a wheelchair who was hoisted into the pool. Other people did not use sports facilities and were not aware of what was available.

Employment

Supporting people with learning disability into and in employment

Clear published local strategy for supporting people with learning disabilities into paid employment. Relevant data is available and collected and shows the strategy is achieving its aims.

Clear published strategy for supporting people with learning disabilities into paid employment but limited evidence of aims being met or outcomes achieved.

Not meeting either of the above measures.

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

Due to financial constraints for the Council and the current economic situation there is no current strategy for supporting people into employment. We refer people to the local DEA and Progress to work services.

Transition to Adulthood

Preparing for Adulthood in Education, Health and Social Care

There is a monitored strategy, service pathways and multi-agency involvement across education, health and social care. There is evidence of clear preparing for adulthood services or functions that have joint health & social care scrutiny and ownership across children and adult services.

There is some evidence of clear preparing for adulthood services or functions that have joint education, health & social care scrutiny and ownership across children and adult services..

There is no evidence of clear preparing for adulthood services or functions that include joint education, health & social care scrutiny and ownership across children and adult services.

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

There are clear protocols in place and much work has been done by social care and SEN services to improve the transition process for families. However the NHS were not fully engaged in these changes.

Involvement in service planning and decision making

People with learning disability and family carers are involved in service planning and decision making.

For the purposes of this assessment Co Production means that people with learning disabilities and family carers are actively involved in discussion and decision making about service planning and strategy.

Clear evidence of co-production in universal services and learning disability services. The commissioners use this to inform commissioning practice.

Clear evidence of co-production in all learning disability services that the commissioner uses to inform commissioning practice. Inconsistent or no evidence of co-production in universal services.

There is no evidence that people with learning disability and families have been involved in co-production of service planning and decision making.

If you have provided supporting evidence on your website, enter the URL here

If you want to add further notes about this rating do so here: (max 1000 characters)

There is evidence of local commissioners involving service users and their families in service changes, contracting processes and some universal services.

Carer satisfaction rating

This measure should be rated by family carers.

Most carers are satisfied that their needs were being met.

Most carers were neither satisfied nor dissatisfied that their needs were being met

Most carers thought that their needs were not being met.

If you have provided supporting evidence on your website, enter the URL here

Add brief notes about how this rating was undertaken: (max 1000 characters)

From discussions with carers.

A. Demographics

How many people have learning disability?

Aged 0-13

	17
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Aged 14-17

	28
--	----

Aged 18-34

	157
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Aged 35-64

	246
--	-----

Aged 65 & over

	41
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Add a comment about these numbers if you wish

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How many people have LD with complex or profound disability?

Aged 0-13

	3
--	---

Aged 14-17

	4
--	---

Aged 18-34

	15
--	----

Aged 35-64

	30
--	----

Aged 65 & over

	10
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Add a comment about these numbers if you wish

How many people have LD with autistic spectrum disorder

Aged 0-13

3

Aged 14-17

11

Aged 18-34

27

Aged 35-64

15

Aged 65 & over

2

Add a comment about these numbers if you wish

How many people have learning disability? ONLY ANSWER THIS IF YOU WERE UNABLE TO PROVIDE A FULLER AGE BREAKDOWN IN Q27 (above)

Aged 0-17

2

Aged 18 & over

5

Add a comment about these numbers if you wish

How many people have LD with complex or profound disability? ONLY ANSWER THIS IF YOU WERE UNABLE TO PROVIDE A FULLER AGE BREAKDOWN IN Q28 (above)

Aged 0-17

Aged 18 & over

Add a comment about these numbers if you wish

How many people have LD with autistic spectrum disorder? ONLY ANSWER THIS IF YOU WERE UNABLE TO PROVIDE A FULLER AGE BREAKDOWN IN Q29 (above)

Aged 0-17

Aged 18 & over

Add a comment about these numbers if you wish

How many people have learning disability: All ages ONLY ANSWER THESE QUESTIONS IF YOU ARE NOT ABLE TO PROVIDE ANY AGE BREAKDOWN IN THE QUESTIONS ABOVE

How many people have learning disability: All ages

How many people have LD with complex or profound disability: All ages

How many people have LD with autistic spectrum disorder: All ages

Add a comment about these numbers if you wish

B.Cancer screening

Cervical cancer screening: In each case enter the number of women are there in the age range 25 to 64 inclusive who have not had a hysterectomy

Eligible women aged 25-64 - all whether or not they have a learning disability

Eligible women aged 25-64 - all whether or not they have a learning disability -who have had a cervical screening test within the prescribed period.

Eligible women with learning disability aged 25-64

period.

Add a comment about these numbers if you wish

Breast cancer screening

How many women are there in the age range 50-69 inclusive (includes women with and without learning disability)?

18370

How many eligible women are there in the age range 50-69 inclusive (includes women with and without learning disability) who have been screened in past three years?

11197

How many women are there in the age range 50-69 inclusive with learning disability?

52

How many eligible women are there in the age range 50-69 inclusive with learning disability who have been screened in past three years?

25

Add a comment about these numbers if you wish

Bowel cancer screening

How many people are there in the age range 60 to 69 inclusive (includes people with and without learning disabilities): Eligible people aged 60-69

16634

How many people are there in the age range 60 to 69 inclusive (includes people with and without learning disabilities): Eligible people aged 60-69 and screened in past two years

9286

How many people are there in the age range 60 to 69 inclusive with learning disabilities?

40

years

Add a comment about these numbers if you wish

C.Wider Health

General health and healthcare

BMI recorded

On the 31st March 2014 - How many people are there aged 18 and over with learning disabilities who have a record of their body mass index?

331

BMI 30 and over

On the 31st March 2014 - How many people are there aged 18 and over with learning disabilities who have a body mass index in the obese range (30 or higher)?

144

BMI less than 18.5

On the 31st March 2014 How many people are there aged 18 and over with learning disabilities who have a body mass index in the underweight range (where BMI is less than 18.5)? (Note threshold changed from SAF 2014 to align with national obesity observatory work and international standards)

1

Coronary Heart Disease

How many people with learning disabilities aged 18 and over are known to their doctor to have coronary heart disease? As per the QOF Established Cardiovascular Disease Primary Prevention Indicator Set

1

Diabetes

On the 31st March 2014 - How many people of any age with learning disabilities are known to their doctor to have diabetes (include both type I and type II diabetes here)? As per the QOF Established Diabetes Indicator Set?

31

Asthma

On the 31st March 2014 - How many people of any age with learning disabilities are known to their doctor to have asthma? As per the QOF Established Asthma Indicator

51

On the 31st March 2014 - How many people of any age with learning disabilities are known to their doctor to have dysphagia?

2

Epilepsy

On the 31st March 2014 - How many people of any age with learning disabilities are known to their doctor to have epilepsy? As per the QOF Established Epilepsy Indicator Set?

76

Add a comment about these numbers if you wish

D.Mortality

How many people with a learning disability died in the year to March 2014?

Aged 0-13

0

Aged 14-17

0

Aged 18-34

0

Aged 35-64

2

Aged 65 & over

1

Add a comment about these numbers if you wish

F.General Hospital Services

General Hospital Services

How many HOSPITAL PROVIDER SPELLS of inpatient Secondary Care were been received under any consultant specialty EXCEPT the psychiatric specialties (Specialty codes 700-715) between 1st April 2013 and 31st March 2014?
Persons with LD

39

How many HOSPITAL PROVIDER SPELLS of inpatient Secondary Care were been received under any consultant specialty EXCEPT the psychiatric specialties (Specialty codes 700-715) between 1st April 2013 and 31st March 2014?
All persons

27684

How many Secondary Care Outpatient ATTENDANCES were been received by people under any consultant specialty EXCEPT the psychiatric specialties (Specialty codes 700-715) between 1st April 2013 and 31st March 2014? Persons with LD

56

Outpatient attendances

How many Secondary Care Outpatient ATTENDANCES were been received by people under any consultant specialty EXCEPT the psychiatric specialties (Specialty codes 700-715) between 1st April 2013 and 31st March 2014? All persons

88409

A & E attendances

How many ATTENDANCES at Accident & Emergency between 01 April 2013 - 31 March 2014? Persons with LD

45

A & E attendances

How many ATTENDANCES at Accident & Emergency between 01 April 2013 - 31 March 2014? All persons

11811

A & E people with 3 or more attendances

How many PEOPLE have attended Accident & Emergency 01 April 2013 - 31 March 2014 more than 3 times? (only required for persons with LD) Persons with LD

Add a comment about these numbers if you wish

Figures for people with 3 or more attendances not available

Continuing Health Care and Section 117 after care

Continuing Health Care

How many people with learning disabilities are in receipt of Continuing Health Care (CHC)?

22

Section 117

How many people with learning disabilities are in receipt of care funded through an arrangement under Section 117 of the Mental Health Act?

