

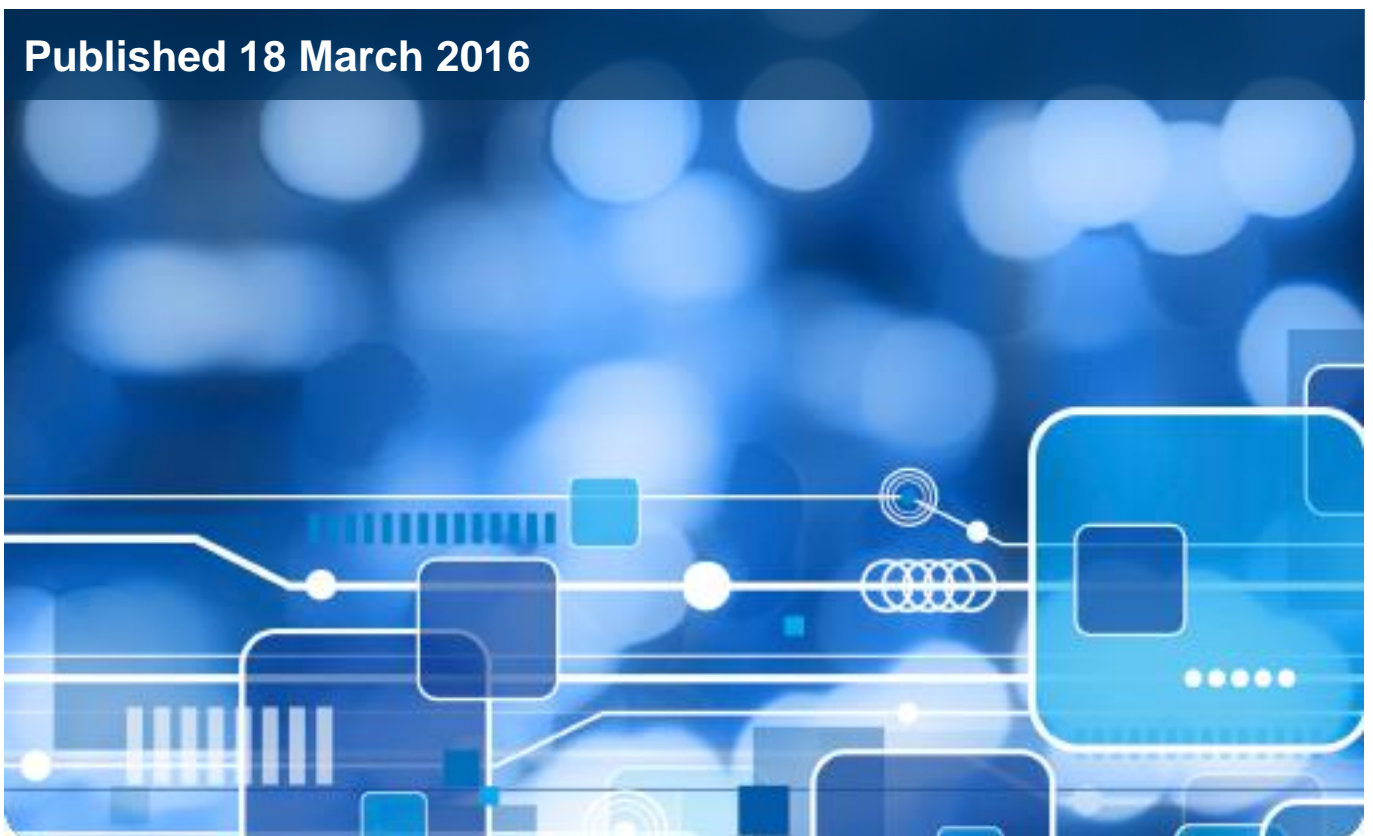


Health & Social Care
Information Centre

Learning Disability Census Further Analysis Report

England, 30 September 2015
Experimental Statistics

Published 18 March 2016



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This product may be of interest to the Department of Health, the Care Quality Commission and Public Health England. It will also be of interest to commissioners and providers of inpatient and community-based services for people with learning disabilities and/or autistic spectrum disorder (including Asperger's Syndrome). Charities and third sector organisations with a focus on people with learning disabilities, and/or autistic spectrum disorder (including Asperger's Syndrome) as well as patients themselves, and their family and friends, may also find this product useful.

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Introduction

This report presents further findings from the 2015 Learning Disability Census for key measures at Local Office level. The Health and Social Care Information Centre (HSCIC) collected data on behalf of the Department of Health, the Care Quality Commission, Public Health England and NHS England.

The 2015 Learning Disability Census was the third such collection recording key information about the location and level of inpatient care for patients with learning disabilities and/or Autism spectrum disorder (including Asperger's); previous collections took place on 30 September 2013 and 2014. Information on the Learning Disability Census can be found at <http://www.hscic.gov.uk/ldcensus>

The principal aim of the Learning Disability Census is to deliver action 17 in 'Transforming Care: A national response to Winterbourne View Hospital'¹ - "an audit of current services for people with challenging behaviour to take a snapshot of provision, numbers of out of area placements and lengths of stay".

The Learning Disability Census provides an individual record-level snapshot of inpatients with learning disabilities, autistic spectrum disorder and/or behaviour that challenges, and the services they receive, for patients who were inpatients in NHS and independent services at midnight on 30 September 2015.

These statistics are important as they present a definitive and comprehensive snapshot for 30th September 2015, about the population size, characteristics, and experience of care of people whose treatment, care and support needs may be similar to those treated in Winterbourne View. The Learning Disability Census collected a range of information about this group of patients and their treatment environment, including demographics, ward characteristics and information relating to out of area placements and lengths of stay.

These statistics are intended to help inform improvements in the provision of inpatient and community-based care for people with learning disabilities, autistic spectrum disorders, and/or behaviour that challenges and will be of interest to mental health professionals as well as patients, their families and representative organisations.

The 2015 Learning Disability Census presents a significant opportunity to undertake longer term monitoring of change and outcomes and to compare the changing shape of inpatient care since 2013. Information on learning disabilities is now included in the Mental Health and Learning Disabilities Data Set (MHLDDS) effective from September 2014². This dataset will expand to become the Mental Health Services Data Set (MHSDS) and replace the Learning Disability Census in 2016.

¹ Transforming Care: A national response to Winterbourne View Hospital:
<https://www.gov.uk/government/publications/winterbourne-view-hospital-department-of-health-review-and-response>

² <http://www.hscic.gov.uk/mhldds>

Structure of this report

This report highlights key items identified in the initial 2015 release and shows the data at Local Office level.

Areas covered in this report are shown below. This report highlights the following key items from the reference tables that accompany this release:

Reason for being in inpatient care

- Legal status on census day
- Need for inpatient care as per main treatment reason
- Behavioural risks

Care plan

- Need for inpatient care as per the details of the care plan

Experience of care

- Use of antipsychotic medication
- Incidents (self-harm, accidents, physical assault, restraint or seclusion)

Use of an independent advocacy

- Independent advocacy usage

Distance from home and length of stay

- Distance from home by distance bands
- Length of stay by time bands

Patients receiving care during 2013, 2014 and 2015 census collections

- Approximate rate of discharge

The full set of reference data tables is accessible here:

<http://www.hscic.gov.uk/pubs/lcensusfurther15>

Data presentation

In order to minimise the disclosure risk associated with small numbers, all figures presented within this report and within the reference data tables have had the following measures applied:

Suppression

Counts

- Values of 0-4 have been replaced by '*';
- All remaining values have been rounded to the nearest 5;

All figures have been calculated from the raw data, suppressed where needed and then rounded. This may mean that some totals presented in the reference data tables do not match the sum of the subtotals within the same table.

Percentage figures

Due to small numbers once the data is broken down by Local Office, the extra precaution of rounding the % figures to the nearest 5% was implemented. This is a further safeguard to protect patient confidentiality.

- Percentages lower than 5% have been replaced by '*';
- All remaining percentages have been rounded to the nearest 5%;
- Note this only applies to percentages at Local Office level. England level percentages are rounded to the nearest whole number as per the initial 2015 report.

All percentage figures have been calculated from the raw data, suppressed where needed and then rounded. This may mean that some subtotals will not add up to 100%.

Charts and reference data tables

All data are presented in terms of Local Office of ward stay (where the patient is receiving treatment) or Local Office of residence (the patients' home address). The use of these variables differs between measures and is clearly displayed in the titles of the charts in this report and tables in the reference data tables.

Charts displayed in this report show percentage data so that comparisons can be made between different sized Local Offices more easily. Where a percentage figure is suppressed, this is not shown on the chart and the corresponding Local Office will show a * before the name to identify that suppressed data is missing.

For each chart displayed by Local Office, the corresponding number of patients on census day 2015 is shown in brackets to provide more clarity for the percentages shown.

Postcode data

Postcodes were used to attribute the Local Office of Ward stay and Local Office of residence. For better data quality, patient records were sent to the HSCIC Personal Demographics Service (PDS) for NHS number verification and to trace a last known postcode of residence where that supplied by providers was invalid or unknown. Date of birth and gender were also

returned from PDS. This is described in more detail in the Background Methodology and Data Quality Report

For a Local Office of ward stay or residence to be calculated, a valid postcode was required (either supplied or traced through PDS). The tracing process considerably improved data quality for postcodes of residence, reducing the proportion of all Learning Disability Census records submitted by providers that had 'ZZ99' postcodes. For in-scope records, tracing increased the number of valid postcodes from 2,180 records (73%) to 2,980 records (99%) leaving 20 patients where it was not possible to calculate the Local Office of residence. Hospital postcode could not be traced; there were 30 patients with an unknown Local Office of ward stay.

All figures shown here are for the position as of 30 September 2015. Local Office geography came into being from 1 April 2015, this replaced Area Teams. Data at Area Team level are available as part of the data releases for the 2013 and 2014 census collections. These data are published in the reference tables for the further analysis for each collection:

<http://www.hscic.gov.uk/article/6468/Reports-from-the-Learning-Disability-Census-collections>

Background

The BBC One Panorama programme "Undercover Care: The Abuse Exposed"³ alerted viewers in May 2011 to the mistreatment and assault of adults with learning disabilities and autistic spectrum disorder within Winterbourne View Hospital. There followed a Serious Case Review conducted by South Gloucestershire Adult Safeguarding Board⁴ and a series of publications by the Department of Health.⁵

The Department of Health developed a change programme designed to address the transformation of care and support for people who have learning disabilities or autistic spectrum disorder and may also have mental health needs or behaviours experienced as challenging.

The Learning Disability Census was commissioned as one of 63 initiatives identified within 'Transforming Care: A national response to Winterbourne View Hospital' ('Transforming Care') in response to the abuse at Winterbourne View Hospital. The signatories to the Department of Health 'Winterbourne View Review Concordat: Programme of Action'⁶ ('Concordat') committed to a change programme in order to transform health and care services and in so doing improve the quality of the care offered to children, young people and adults with learning disabilities, autistic spectrum disorder and/or behaviour that challenges, to ensure better care outcomes for them.

The HSCIC undertook the first Learning Disability Census on 30 September 2013 and published reports in December 2013 and April 2014. In accord with the timetable of actions the census was repeated in 2014 and now again in 2015 to enable the Transforming Care Assurance Board to be informed and assess the extent to which change and progress had

³ <http://www.bbc.co.uk/programmes/b011pwt6> Note: the program is no longer available

⁴ <http://hosted.southglos.gov.uk/wv/report.pdf>

⁵ <https://www.gov.uk/government/publications/winterbourne-view-hospital-department-of-health-review-and-response>

⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213217/Concordat.pdf

been achieved. This is the second in a series of two reports on information from the 2015 learning disability census.

Census criteria

The census collected information on inpatients receiving treatment or care in a facility registered with the Care Quality Commission as a hospital operated by either an NHS or independent sector provider who provides mental or behavioural healthcare in England.

Record level returns reflect only inpatients (or individuals on leave with a bed held vacant for them) at midnight on 30 September 2015. The individual will have 'a bed' normally designated for the treatment or care of people with a learning disability or will have 'a bed' designated for mental illness treatment or care and will be diagnosed with or understood to have a learning disability and or autistic spectrum disorder and/or behaviour that challenges.

The following criteria were used to assess if a patient's details submitted in the 2015 census were sufficient for the patient to be considered to be 'in scope':

A service user needed to meet at least one of these criteria identified in the question set:	Additional criteria
Question 17b: On census day was a diagnostic category of Learning Disability (ICD-10 codes F70 to F79) applicable to the patient?	admission date was on or before 30 September 2015
Question 17c: On census day was a diagnostic category of Autistic Spectrum Disorder including Asperger's Syndrome (ICD-10 codes F840, F841 or F845) applicable to the patient?	
Question 36: Was the predominant service type of the ward Learning Disabilities?	
Question 17h: ICD-10 code of F84 (indicating autism)	

If none of these criteria were met then the patient was not included in the census analysis. For the 2015 census, 3,065 patient records were returned. After data cleansing, 65 did not meet the inclusion criteria and were removed from the analysis. This leaves a population size of 3,000 patients on census day 2015. The Background Methodology and Data Quality Report⁷ published as part of the initial 2015 release explains more about data cleansing undertaken.

⁷ <http://www.hscic.gov.uk/pubs/lcensus15>

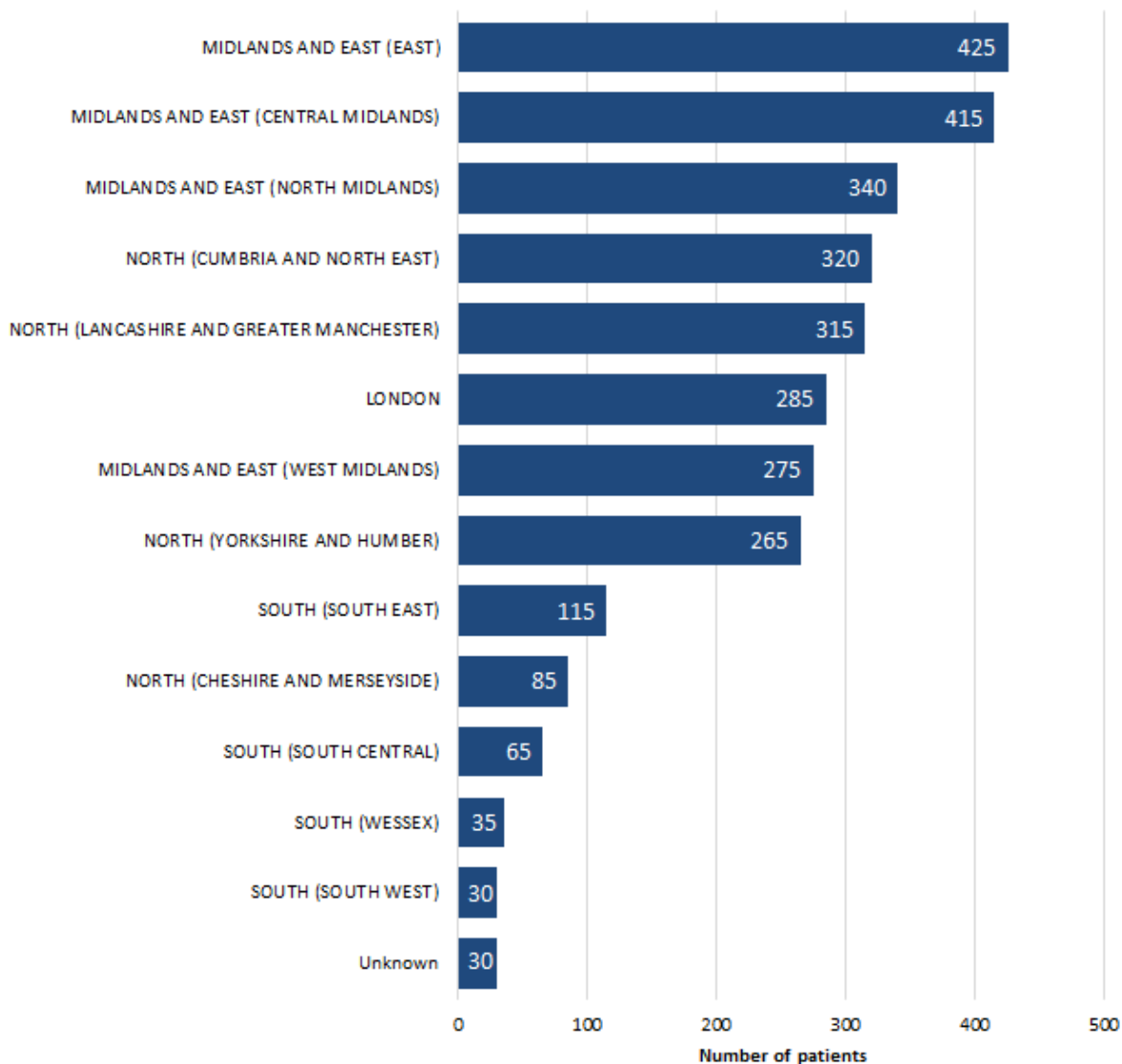
Key measures by Local Office

Responses from 89 provider organisations were received on behalf of 3,000 patients who met the inclusion criteria for the 2015 Learning Disability Census.

Counts

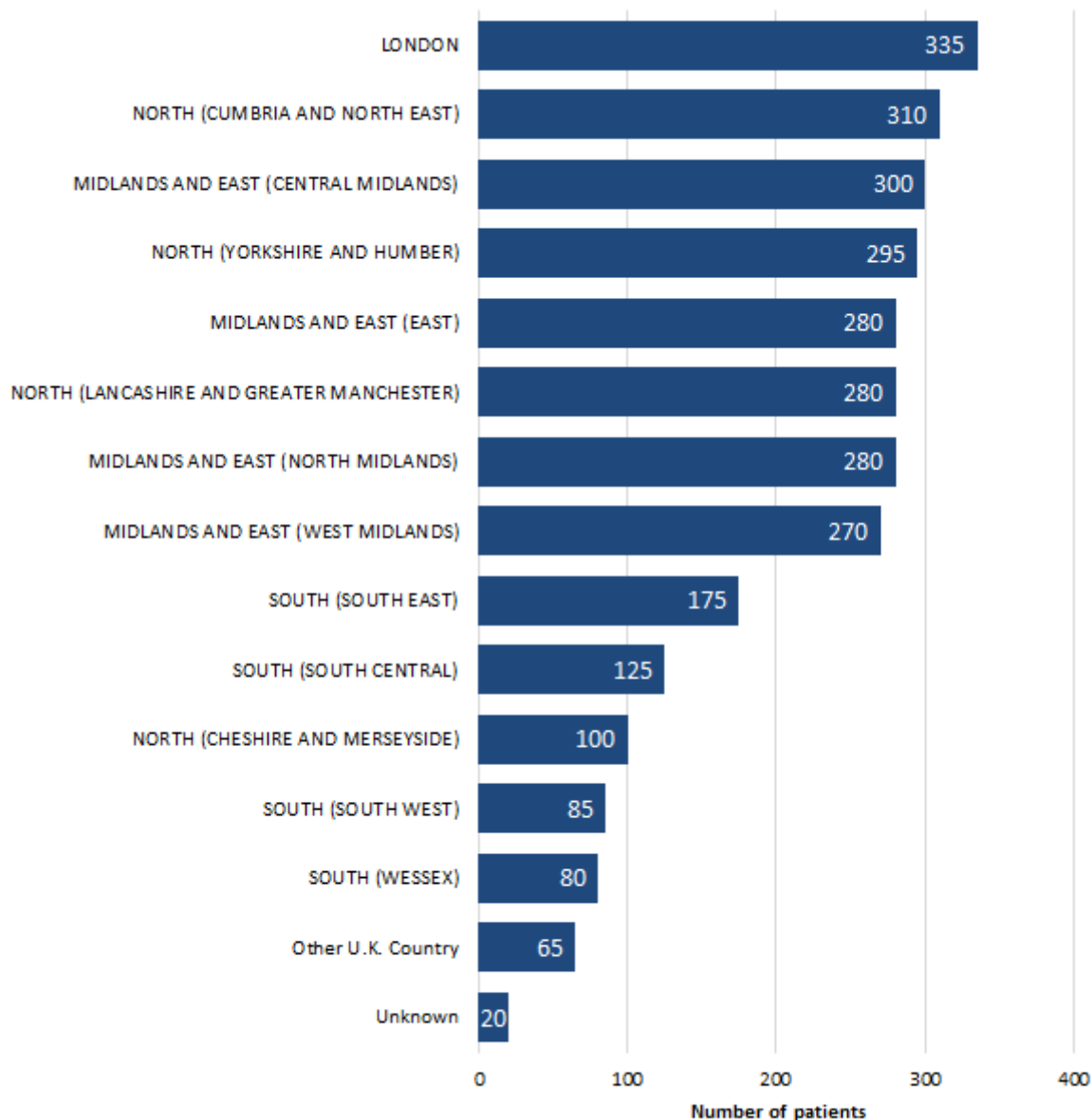
Figures 1 and 2 show the number of patients per Local Office of ward stay and Local Office of residence. Reference data table 1 also shows calculated net 'import' and 'export'. Calculations indicate that Midlands and East (East) Local Office was the largest importer since 425 patients received inpatient care in this region whilst 280 residents from this region needed inpatient care.

Figure 1: Number of patients by Local Office of ward stay



Source: Learning Disability Census 2015. Further Analysis - Reference Data Table 1
 Base: All patients (3,000)

Figure 2: Number of patients by Local Office of residence



Source: Learning Disability Census 2015. Further Analysis - Reference Data Table 1
 Base: All patients (3,000)

Reason for being in inpatient care

The initial report on the 2015 census identified key measures that could be used to assess why a patient may be receiving inpatient care on census day 2015. This section will consider the following at Local Office level:

- Legal status on census day;
- Need for inpatient care as per main treatment reason;
- Behavioural risks.

Legal status on census day

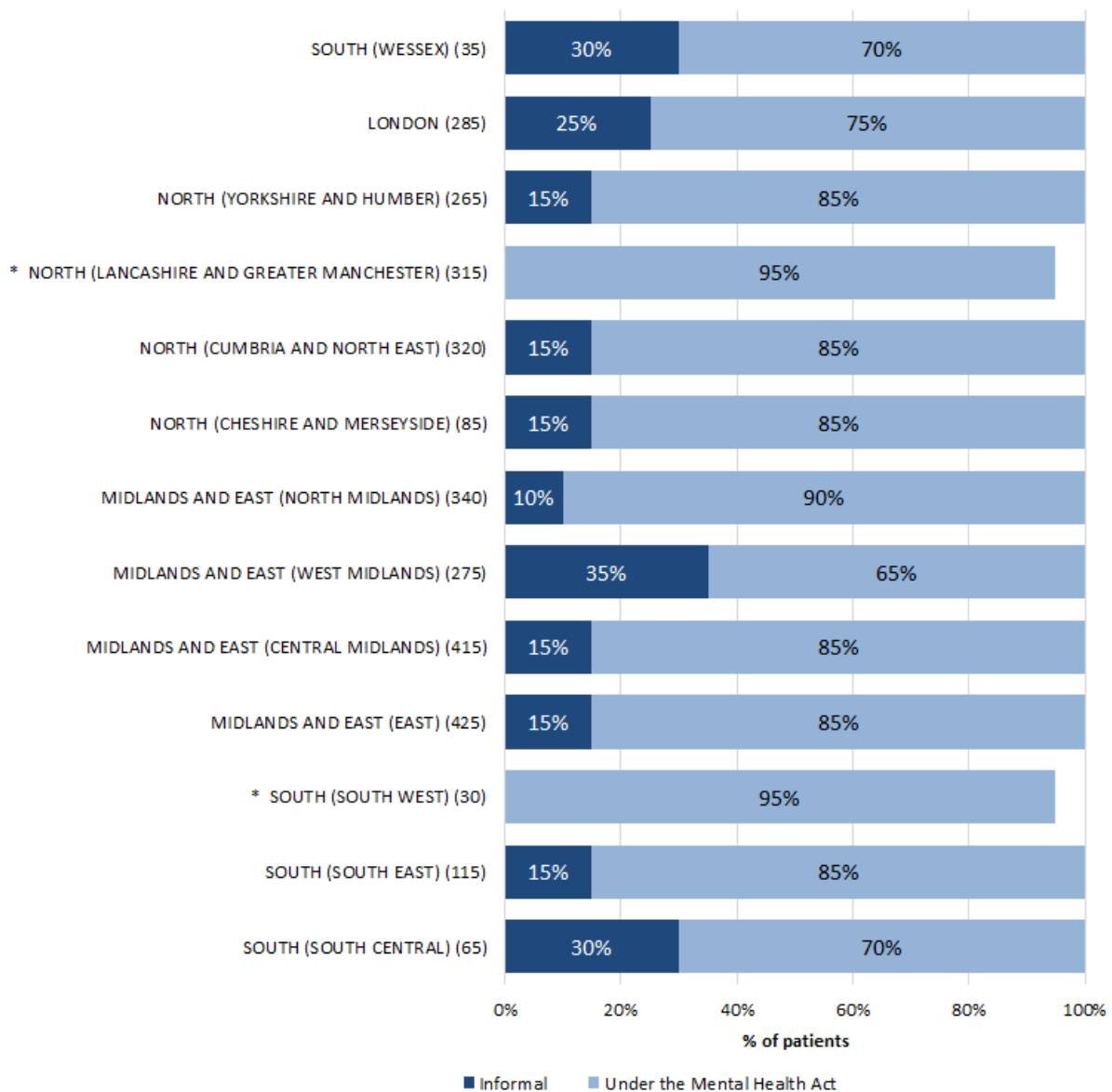
The initial 2015 report showed that on census day 2015:

- 2,500 patients (83%) were subject to the Mental Health Act on census day,

- 510 patients (17%) were receiving inpatient care on an informal basis.

These figures are shown by Local Office in Figure 3.

Figure 3: Percentage of patients subject to the Mental Health Act by Local Office of ward



Source: Learning Disability Census 2015. Further Analysis - Reference Data Table 2

Base: All patients with a valid ward postcode (2,970)

Note: Numbers in () denote the number of inpatients by Local Office of ward stay

Note: An '*' prior to an Local Office denotes that some data is suppressed due to small numbers

Note: Due to rounding, percentage figures may not add to 100%

Main treatment reason for being in care by Local Office of ward stay

The 2015 census asked a new question on the main treatment reason for a patient being in inpatient care on census day 2015. The responses were grouped as follows to allow easier analysis:

Need inpatient care for treatment:

- Current behaviour assessed as too risky for the Ministry of Justice to agree to any reduction in security level;
- Continuing need for inpatient care of mental illness;
- Continuing behavioural treatment programme.

Do not need inpatient care for treatment:

- Local step-down placement in inpatient psychiatric unit preparatory to community resettlement being actively sought;
- New community placement actively being sought as previous placement no longer viable;
- Residential care placement funding dispute.

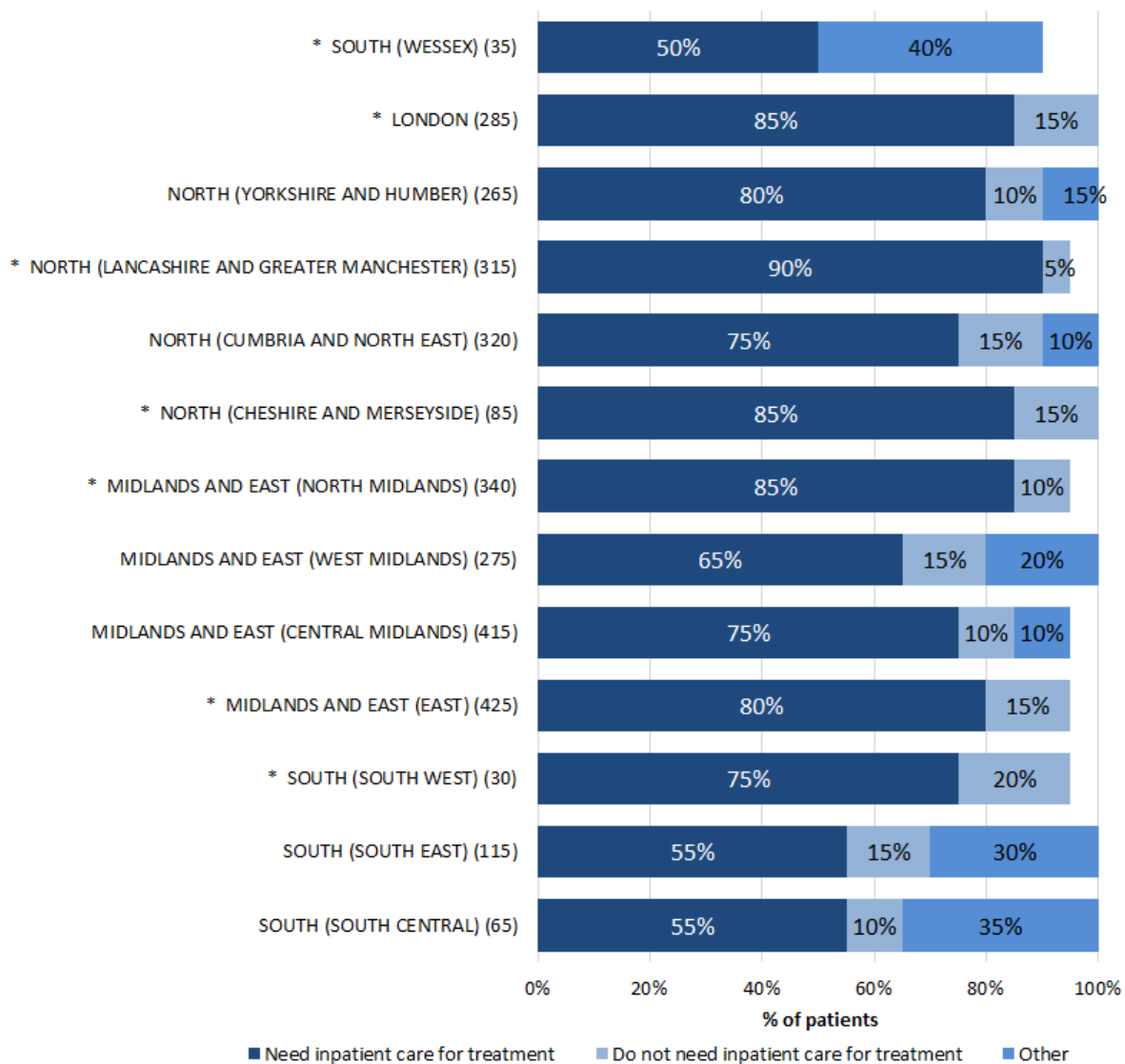
Other (Option for reasons not covered in the above list).

The initial 2015 report showed that on census day 2015:

- 2,340 patients (78%) were recorded as having a treatment reason that indicated they needed inpatient care;
- 380 patients (13%) did not need inpatient care for treatment;
- 280 patients (9%) had a response of 'other'.

The results are split by Local Office of ward stay in Figure 4. Reference data table 3 shows the individual responses for each Local Office.

Figure 4: Percentage of patients by the need for inpatient care (as per the main treatment reason) by Local Office of ward stay



Source: Learning Disability Census 2015. Further Analysis - Reference Data Table 3

Base: All patients with a valid ward postcode (2,970)

Note: Numbers in () denote the number of inpatients by Local Office of ward stay

Note: An '*' prior to an Local Office denotes that some data is suppressed due to small numbers

Note: Due to rounding, percentage figures may not add to 100%

Behavioural risks by Local Office of ward stay

The 2015 census asked a new question on the level of risk a patient presented and whether the risk was severe enough to require hospital treatment. The risks considered were:

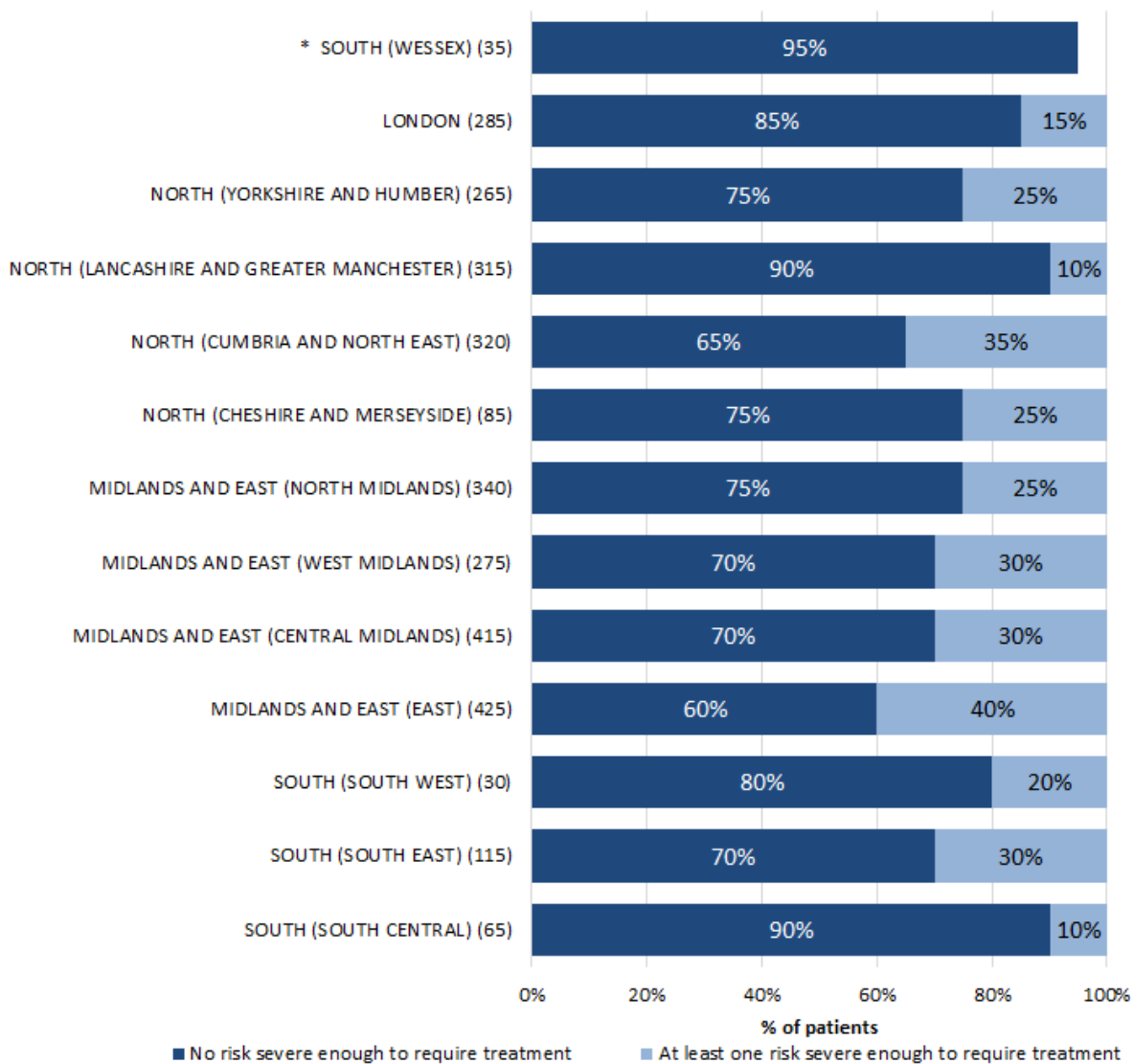
- violence or threats of violence to others;
- sexual behaviour constituting risk to others;
- sexual behaviour constituting risk to themselves;
- fire setting;
- self-injury;
- damage to property.

The initial 2015 report grouped these risks in order to consider patients who presented one or more risk. This showed that at England level, on census day 2015, 2,505 patients (84%) had at least one

or more risk present and approximately 805 patients (27%) had at least one risk present severe enough to require hospital treatment.

Figure 5 shows the percentage of patients with one or more risk severe enough to require hospital treatment by Local Office. Reference data table 4a shows each risk separately and the number of patients by Local Office who had each risk present or severe enough to require hospital treatment.

Figure 5: Percentage of patients recorded as having one or more behavioural risk severe enough to require hospital treatment by Local Office of ward stay



Source: Learning Disability Census 2015. Further Analysis - Reference Data Table 4b

Base: All patients with a valid ward postcode (2,970)

Note: Numbers in () denote the number of inpatients by Local Office of ward stay

Note: An '*' prior to an Local Office denotes that some data is suppressed due to small numbers

Note: Due to rounding, percentage figures may not add to 100%

Experience of care

The initial report on the 2015 census identified key measures that could be used to assess a patient's experience of care on census day 2015. This section will consider the following at Local Office level;

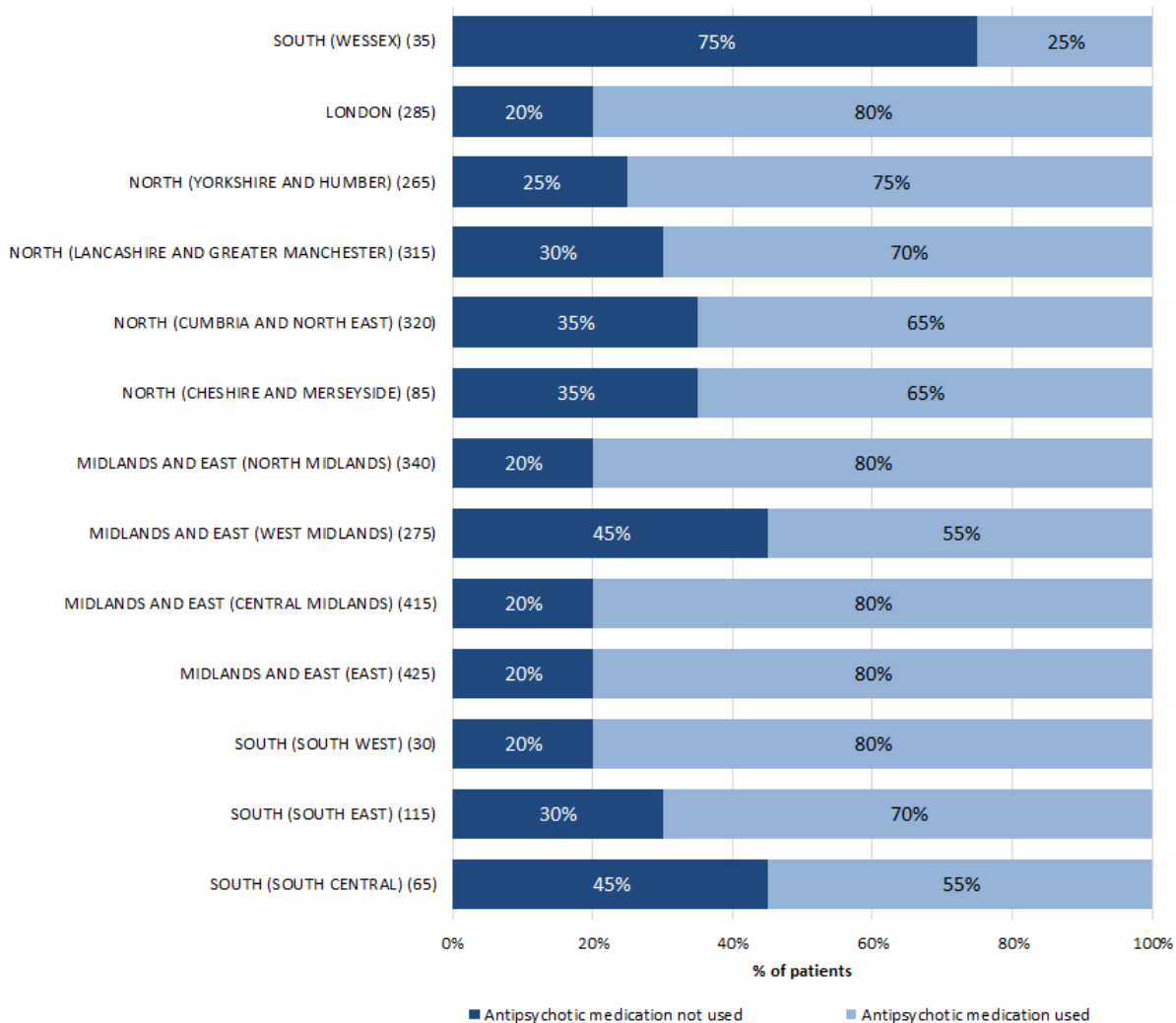
- Use of antipsychotic medication;
- Incidents.

Results are shown on the following pages.

Use of antipsychotic medication

The initial 2015 report showed that on census day 2015, 2,155 (72%) patients received antipsychotic medication either regularly or through PRN⁸ in the 28 days prior to census day compared with 2,345 (73%) patients in 2014. Figure 6 shows the use of antipsychotic medication by Local Office for 2015.

Figure 6: Percentage of patients who were given antipsychotic medication 28 days prior to census day by Local Office of ward stay



Source: Learning Disability Census 2015. Further Analysis - Reference Data Table 6a

Base: All patients with a valid ward postcode (2,970)

Note: Numbers in () denote the number of inpatients by Local Office of ward stay

⁸ PRN means Pro Re Nata (as need arises)

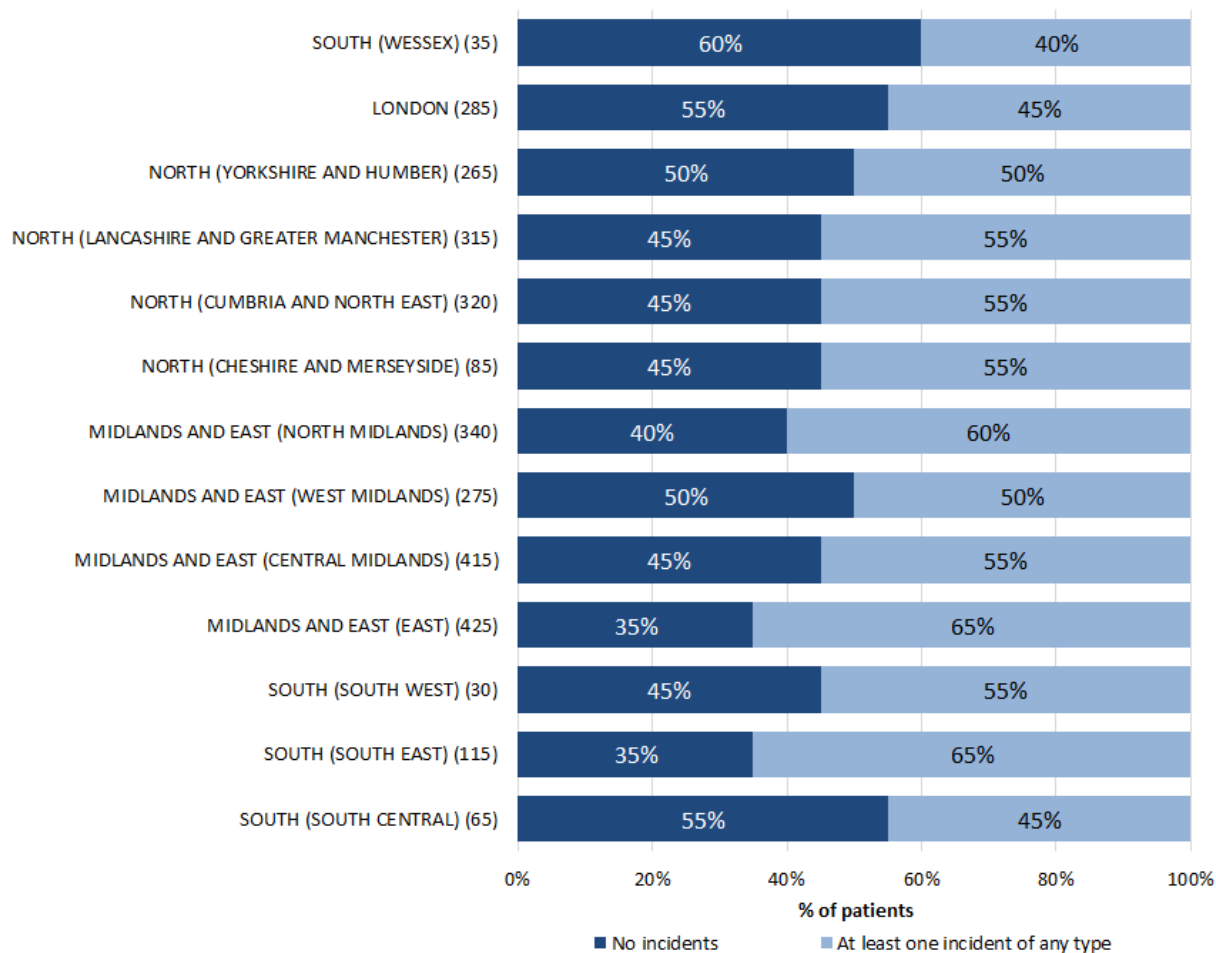
Note: An '*' prior to an Local Office denotes that some data is suppressed due to small numbers
 Note: Due to rounding, percentage figures may not add to 100%

Reference data table 6b also shows the use of tranquilisation by Local Office, and reference data table 7 shows the reason for antipsychotic medication by Local Office of ward stay.

Incidents

The initial 2015 report showed that the number of patients who experienced one or more incident (self-harm, accidents, physical assault, restraint or seclusion) in the three months prior to census day remained in line in comparison to census day 2014. In 2015, 1,670 patients (56%) had one or more incidents, compared to 1,780 (55%) in 2014. Figure 7 shows the 2015 data per Local Office. Reference data table 5a shows each incident separately by Local Office of ward stay.

Figure 7: Percentage of patients who experienced at least one incident in the three months prior to census day by Local Office of ward stay



Source: Learning Disability Census 2015. Further Analysis - Reference Data Table 5b

Base: All patients with a valid ward postcode (2,970)

Note: Numbers in () denote the number of inpatients by Local Office of ward stay

Note: An '*' prior to an Local Office denotes that some data is suppressed due to small numbers

Note: Due to rounding, percentage figures may not add to 100%

Use of independent advocacy

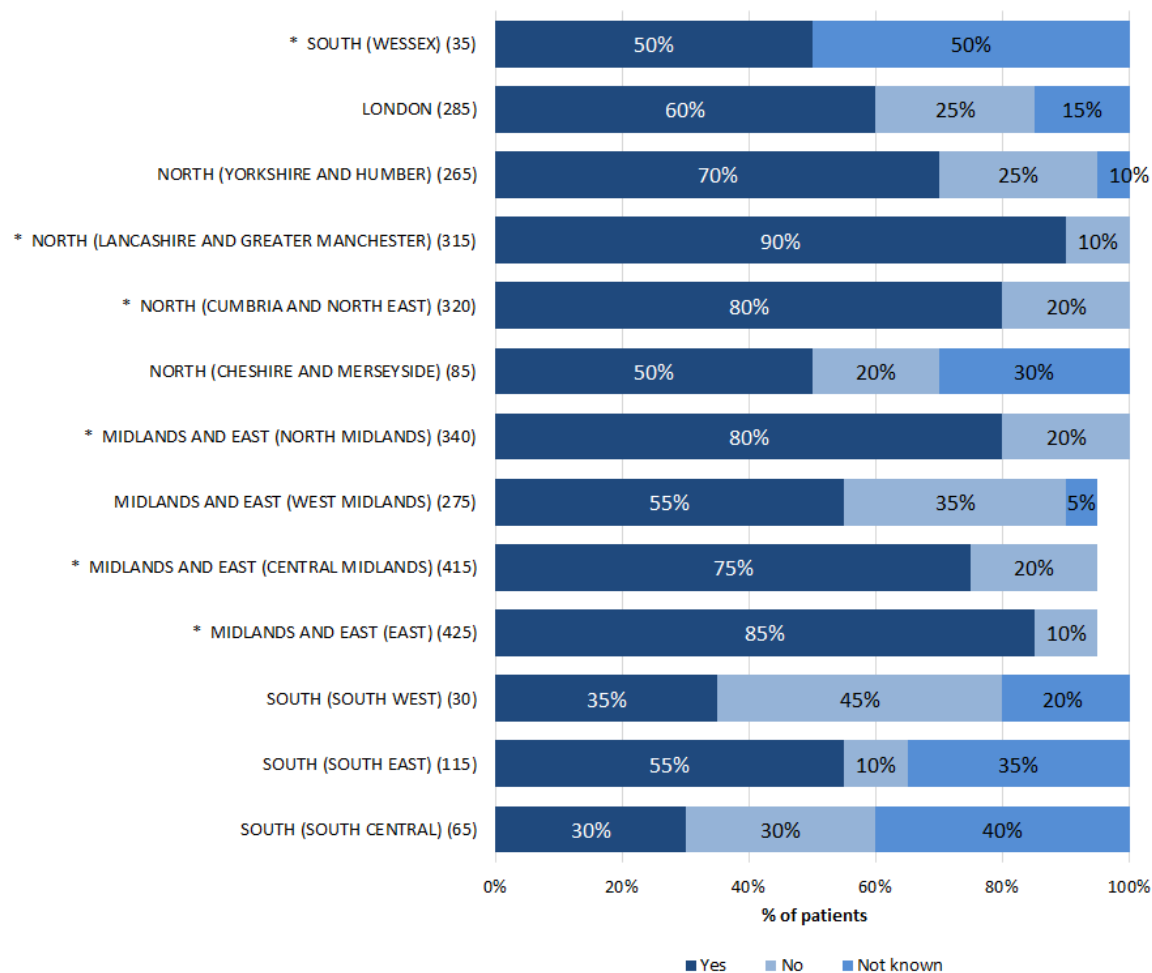
An independent advocate is someone who can help a person with learning disabilities to make sure their view is heard and also to help them make choices about the care they receive.

On census day 2015:

- 2,170 patients (72%) used an independent advocate;
- 595 patients (20%) did not use an independent advocate;
- For 235 patients (8%), the use of an independent advocate was unknown.

Figures for 2015 are in line with those for 2014. The question was not asked in 2013. Figure 8 shows this information split by Local Office. Reference data table 9 shows the number of patients who make use of each advocate type.

Figure 8: Percentage of patients who made use of an independent advocate by Local Office of ward stay



Source: Learning Disability Census 2015. Further Analysis - Reference Data Table 8

Base: All patients with a valid ward postcode (2,970)

Note: Numbers in () denote the number of inpatients by Local Office of ward stay

Note: An '*' prior to a Local Office denotes that some data is suppressed due to small numbers

Note: Due to rounding, percentage figures may not add to 100%

Care plan

Details of the care plan

All three census collections asked information on the details of patients' care plans. The question options were grouped to allow easier analysis. The groupings are shown below:

Need inpatient care according to care plan:

- Currently not dischargeable because of level of behaviour that presents a risk to the person or others, or mental illness⁹;
- Currently receiving active treatment plan, discharge plan not in place;
- Required indefinite inpatient care because of behavioural needs;
- Requires indefinite inpatient care because of physical needs.

Do not need inpatient care according to care plan:

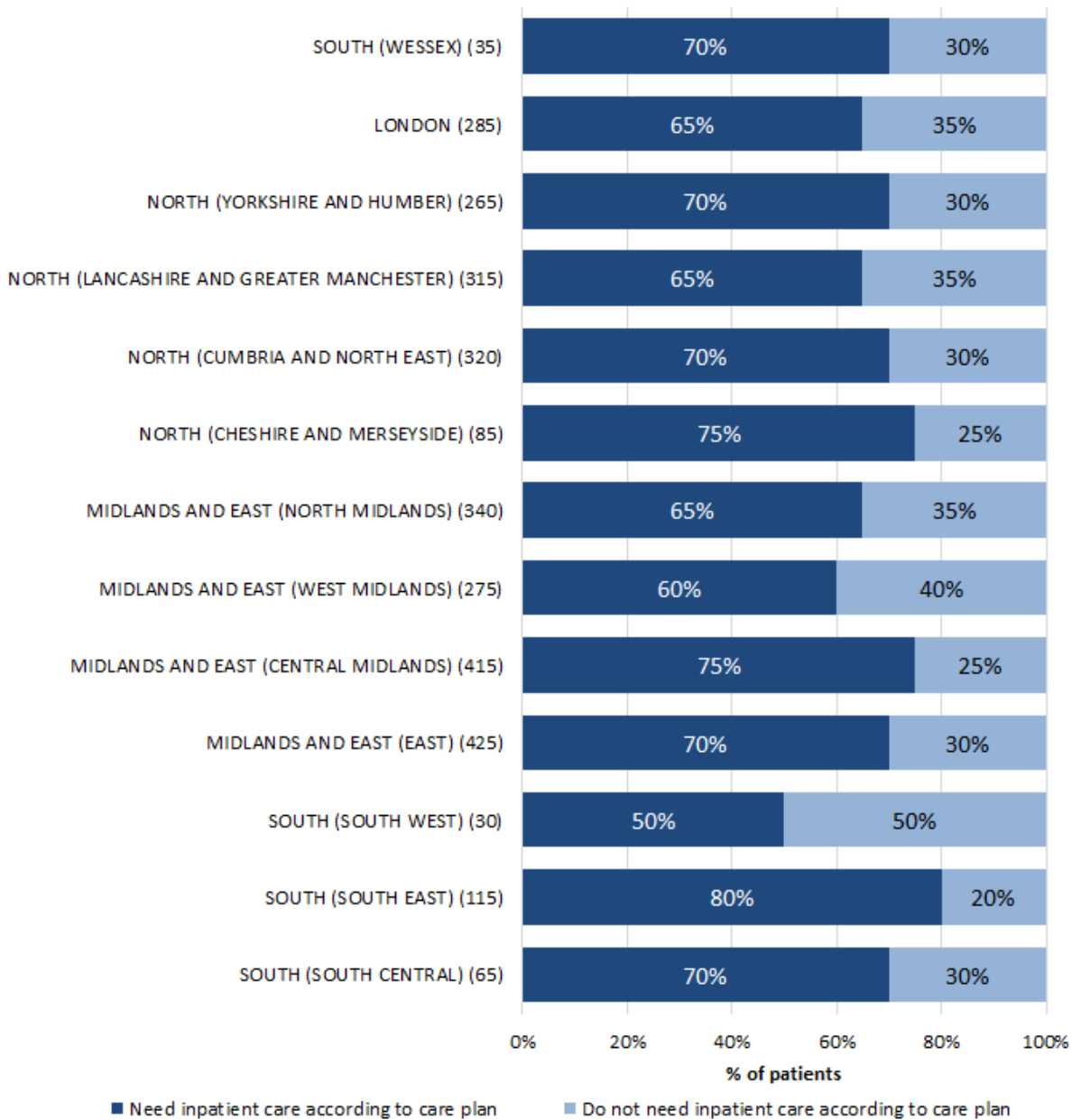
- Working towards discharge to identified placement or with discharge plan in place;
- No onward placement available, delayed transfer of care.

Results from the 2015 census showed that on census day 2,050 patients (68%) had a care plan status that suggested that the patient needed to remain in inpatient care, and 950 patients (32%) who had a care plan which did not suggest a need for inpatient care. Results are in line with those for the 2013 and 2014 collections.

Figure 9 shows this measure by Local Office of ward stay.

⁹ This option was slightly different in both census collections. The 2013 option was simply: currently not dischargeable due to mental illness

Figure 9: Percentage of patients with need for inpatient care as suggested by the care plan by Local Office of ward stay



Source: Learning Disability Census 2015. Further Analysis - Reference Data Table 10

Base: All patients with a valid ward postcode (2,970)

Note: Numbers in () denote the number of inpatients by Local Office of ward stay

Note: An '*' prior to an Local Office denotes that some data is suppressed due to small numbers

Note: Due to rounding, percentage figures may not add to 100%

More information on the care plan can be found in Reference data tables 11, 12a and 12b which show the discussions which have taken place and agreements with CCGs and clinician.

Distance from home and length of stay

The initial 2015 report showed that the average (median) length of stay and distance from home remained stable between the three census collections.

On census day in 2015, patients had an average length of stay of 554 days and were staying on average 38.6km from home. This section splits the distances and length of stay into distance and time bands.

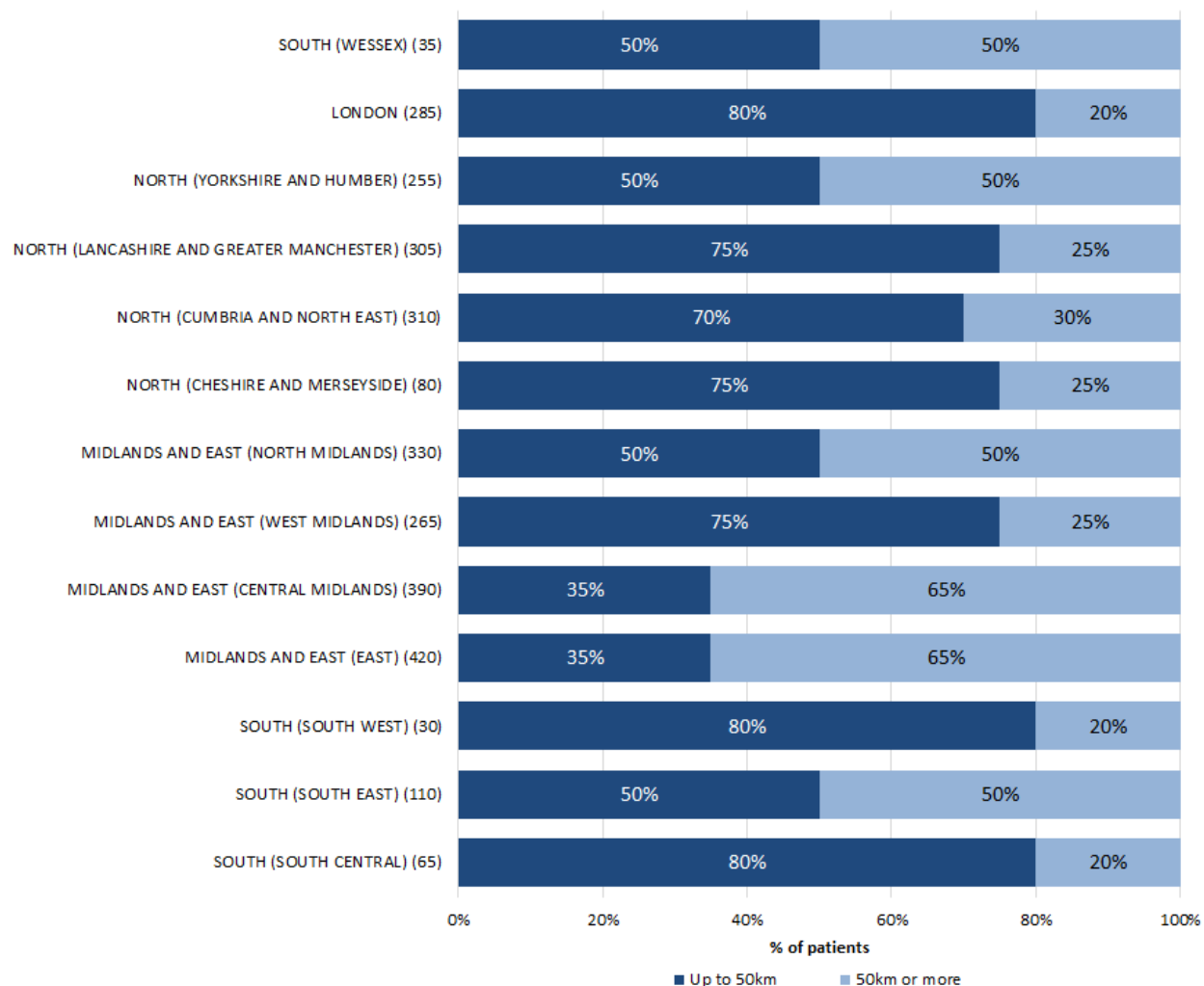
Distance from home

Distance from home was only calculated for those patients who had a valid home and hospital postcode and there these were not the same, this was the case for 2,875 patients. Reference data table 11 shows that at national (England) level, for those patients where a distance from home could be calculated:

- 1,645 patients (57%) were receiving inpatient care up to 50km from home;
- 1,225 patients (43%) were receiving inpatient care 50km or more away from their home.

Figure 10 shows this measure by Local Office of ward stay. Reference data table 15b also shows distance from home by Local Office of Residence.

Figure 10: Percentage of patients by distance from home by Local Office of ward stay



Source: Learning Disability Census 2015. Further Analysis - Reference Data Table 15a

Base: All patients with a valid ward and home postcode (2,875)

Note: The numbers in brackets () in the figure show the number of patients with both home and hospital postcode valid

Note: An '**' prior to an Local Office denotes that some data is suppressed due to small numbers
 Note: Due to rounding, percentage figures may not add to 100%

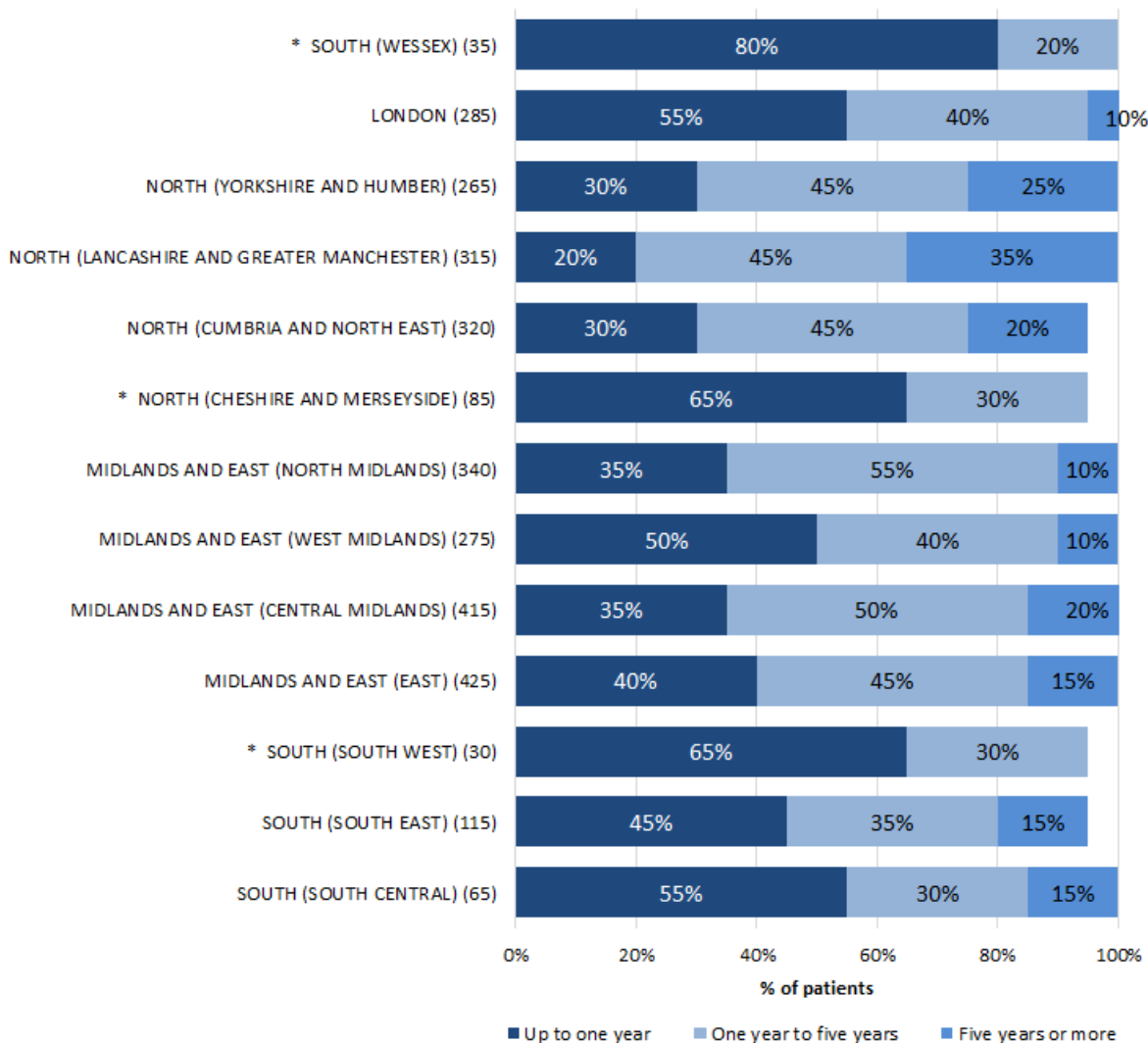
Length of stay

Reference data table 13a shows that at national (England) level:

- 1,190 patients (40%) had a length of stay up to one year;
- 1,300 patients (43%) had a length of stay between one and five years;
- 510 patients (17%) had a length of stay of 5 years or more.

Figure 11 shows the percentage of patients by length of stay on census day by Local Office 2015.

Figure 11: Percentage of patients by length of stay per Local Office of ward stay



Source: Learning Disability Census 2015. Further Analysis - Reference Data Table 13a

Base: All patients with a valid ward postcode (2,970)

Note: Numbers in () denote the number of inpatients by Local Office of ward stay

Note: An '**' prior to an Local Office denotes that some data is suppressed due to small numbers

Note: Due to rounding, percentage figures may not add to 100%

The further analysis reference data tables 2015 also show the length of stay by Local Office of residence.

The 2015 census also asked a question about where the patient had been living prior to this admission, if the patient had transferred from hospital then the data of admission to that hospital was asked for. Total length of stay was calculated by using admission date of first admission, or

this hospital admission if this was the first admission (as part of a continuous period of inpatient care). Total length of stay by Local Office of ward and residence can be found in reference data tables 14a and 14b.

Patients receiving care during 2013, 2014 and 2015 census collections

As part of the 2015 initial report, the data for 2013, 2014 and 2015 were linked using NHS number and it was found that there were 1,450 patients common to all three census collections, making up just over 48% of the total patients reported on in 2015. The Background Methodology and Data Quality Report¹⁰ released with the initial 2015 publication provides more detail on the linking process. Reference data tables 19a and 19b show how these patients split between Local Office of ward stay and residence.

The initial 2015 report showed that there were 1,620 patients who received continuous inpatient care between the 2014 and 2015 census collections¹¹. Reference data table 20 shows how these patients split between Local Office of ward and residence.

'Approximate rate of discharge'

Reference data table 18a and 18b provides an approximate rate of discharge per Local Office of ward stay and residence. After linking 2014 and 2015 data on NHS number, these tables show the number of patients receiving inpatient care on census day 2014 and the number and percentage of these patients who are no longer receiving inpatient care on census day 2015. This is referred to as an 'approximate rate of discharge'

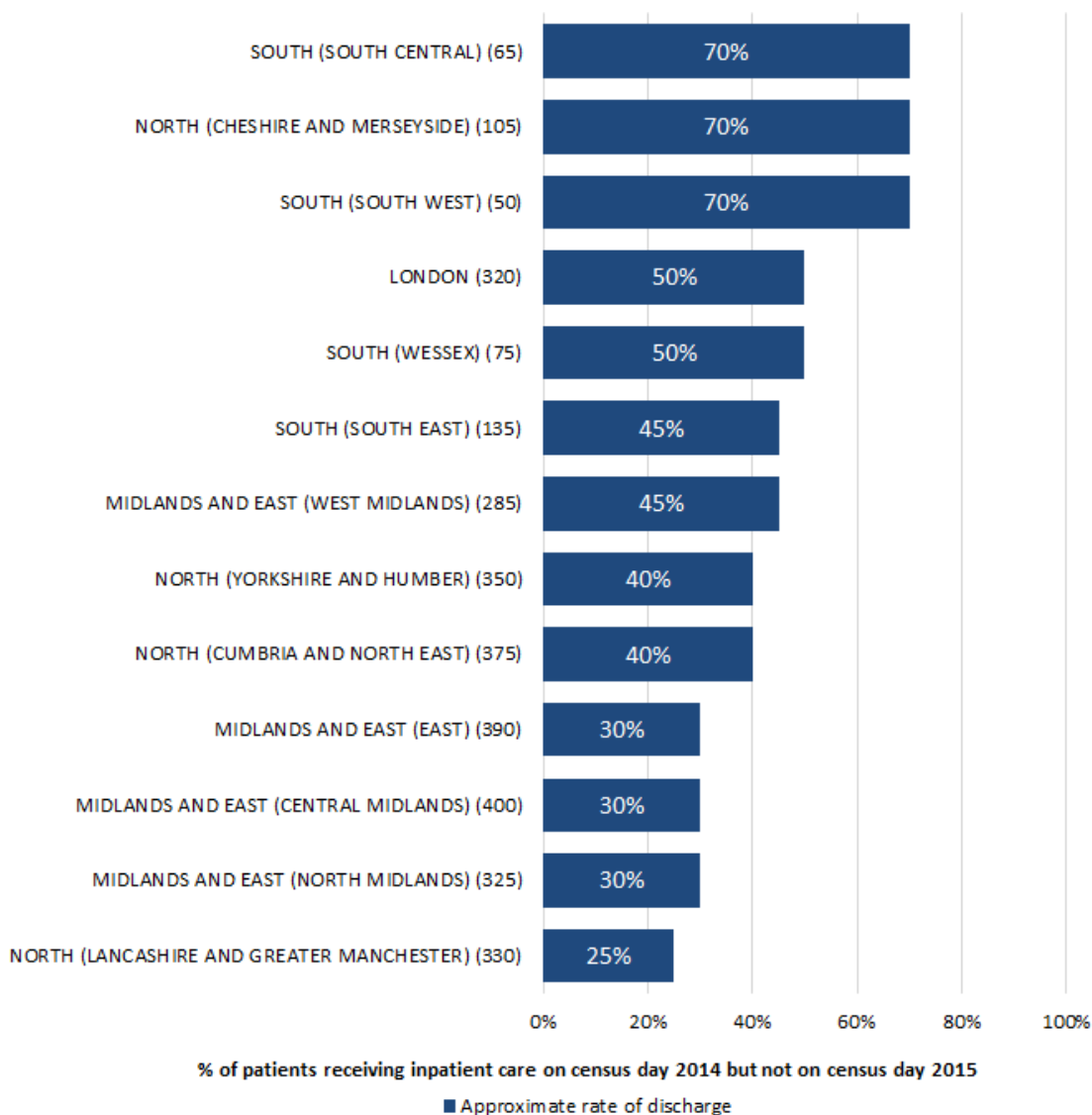
The average 'approximate rate of discharge' for England was 39% indicating that following the census collection in 2014 39% of inpatients were discharged¹² and not receiving inpatient care on census day 2015. Figure 12 shows the 'approximate rate of discharge' by Local Office of ward stay.

¹⁰ <http://www.hscic.gov.uk/pubs/ldcensus15>

¹¹ See reference data table 31 for more information <http://www.hscic.gov.uk/catalogue/PUB19428>

¹² Patients could have been admitted and discharged between the two census' collections; however, the data would not record this.

Figure 12: Approximate rate of discharge by Local Office of ward stay between census day 2014 & 2015



Source: Learning Disability Census 2015. Further Analysis - Reference Data Table 18a

Base: All patients receiving care on census day 2014 (3,230)

Note: Numbers in () denote the number of inpatients by Local Office of ward stay

Patients receiving continuous inpatient care

The initial 2015 report showed that there were 1,620 patients who received continuous inpatient care between the 2014 and 2015 census collections¹³. Reference data table 20 shows who these patients are distributed by Local Office of residence and ward.

¹³See reference data table 31 for more information <http://www.hscic.gov.uk/catalogue/PUB19428>

Maps

The following maps show rates of people aged 18 and over recorded in the 2015 Learning Disability Census by the number of people registered on Quality Outcome Framework (QOF)^{14 15} learning disability register. Data is displayed at three levels of geography:

- Local Office;
- Clinical Commissioning Group (CCG);
- Local Authority (LA).

The rates are shown for two different measures

- Geography (as shown above) of ward stay;
- Geography (as shown above) of residence.

Valid hospital and home postcodes were required to calculate geography or ward stay and residence. As such rates for ward stay could be calculated for 2,970 patients and rates of residence could be calculated for 2,915 patients.

Numerator: number of patients aged 18 and over recorded in the 2015 Learning Disability Census by various geography groupings of ward stay and residence.

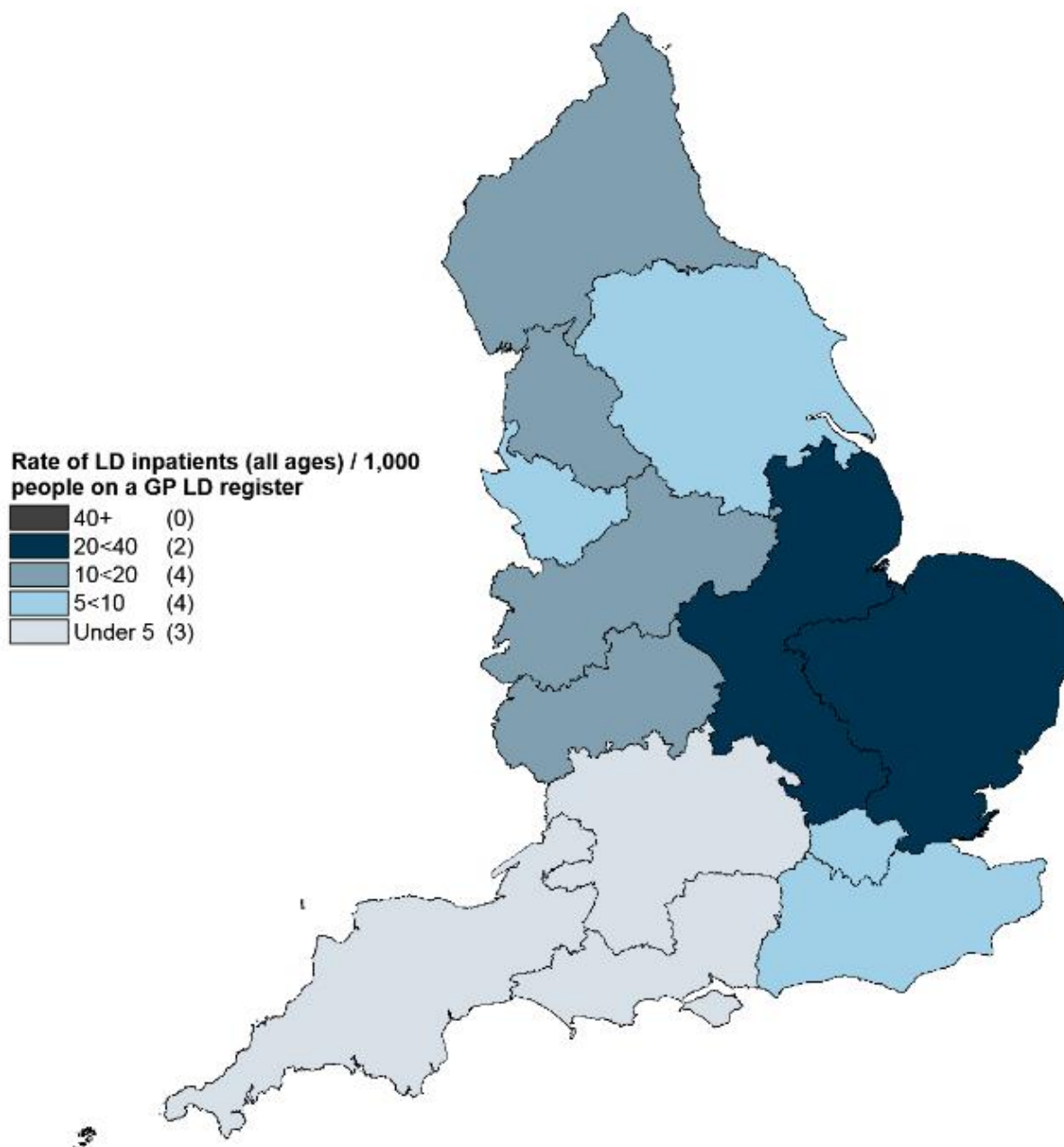
Denominator: people registered on the Quality Outcome Framework (QOF) learning disability register at various geography groupings of residence aged 18 and over.

¹⁴ Data source: <http://www.hscic.gov.uk/catalogue/PUB18887>

¹⁵ 2015 QOF business rules for learning disability may be found at: http://www.hscic.gov.uk/media/19125/Learning-disability-rulesetv330/pdf/Learning_disability_ruleset_v33.0.pdf

Local Office of ward stay

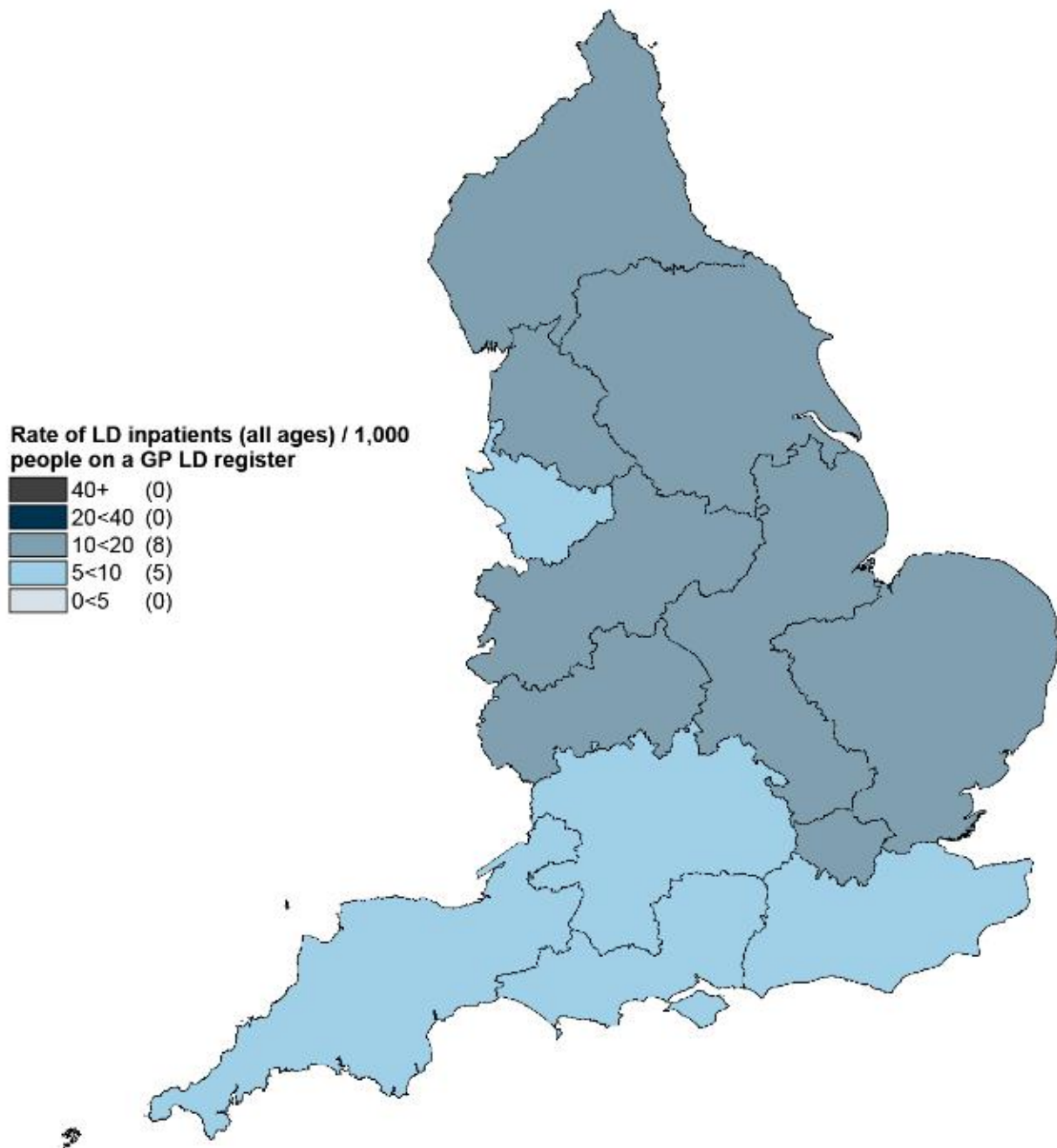
Figure 14: Patients with learning disabilities in receipt of inpatient care, by Local Office of ward stay on census day 2015 (rate/1,000 people with learning disabilities)



Source: Learning Disability Census 2015. Quality Outcomes Framework 2015

Local Office of residence

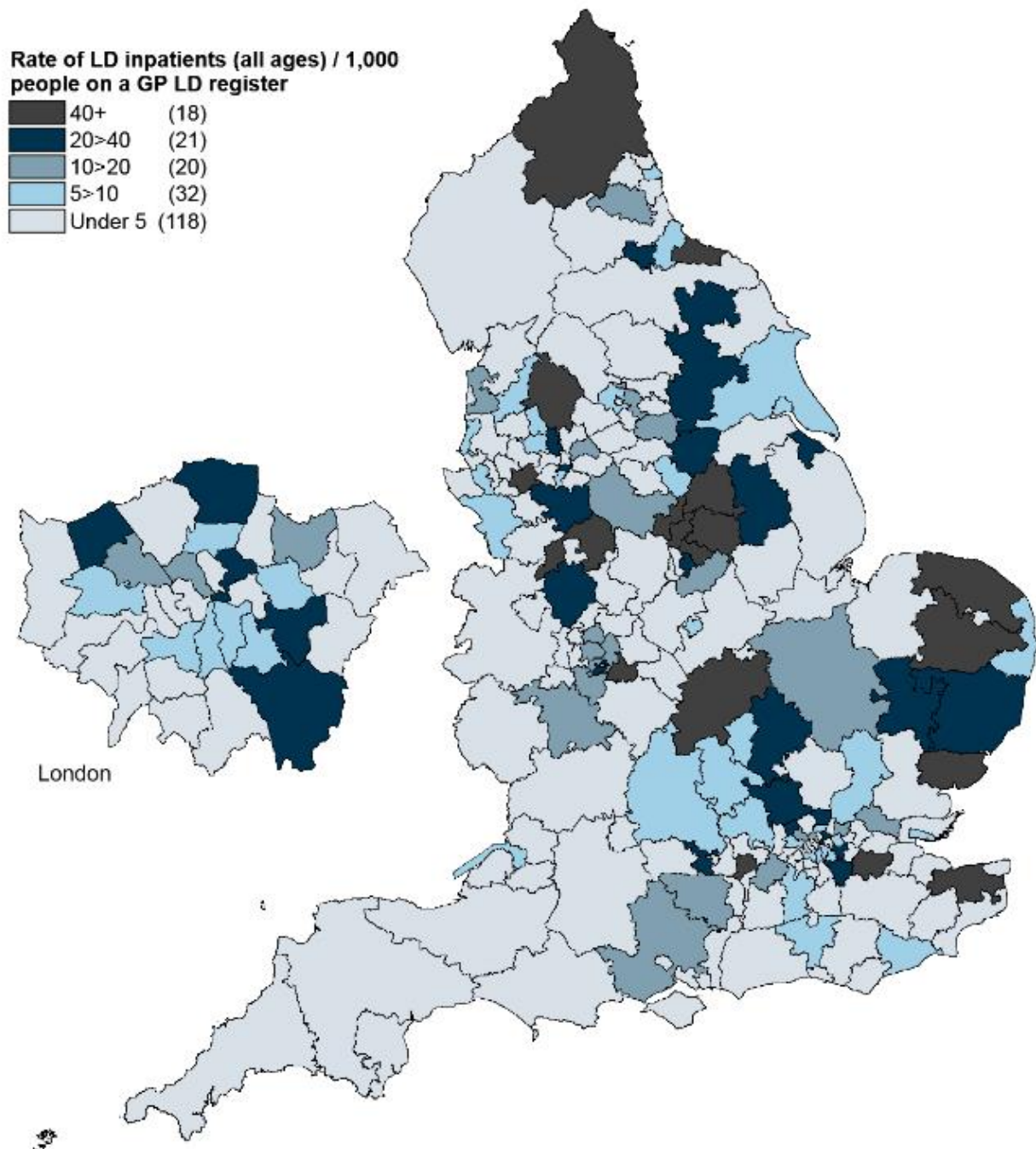
Figure 15: Patients with learning disabilities in receipt of inpatient care, by Local Office of residence on census day 2015 (rate/1,000 people with learning disabilities)



Source: Learning Disability Census 2015. Quality Outcomes Framework 2015

CCG of ward stay

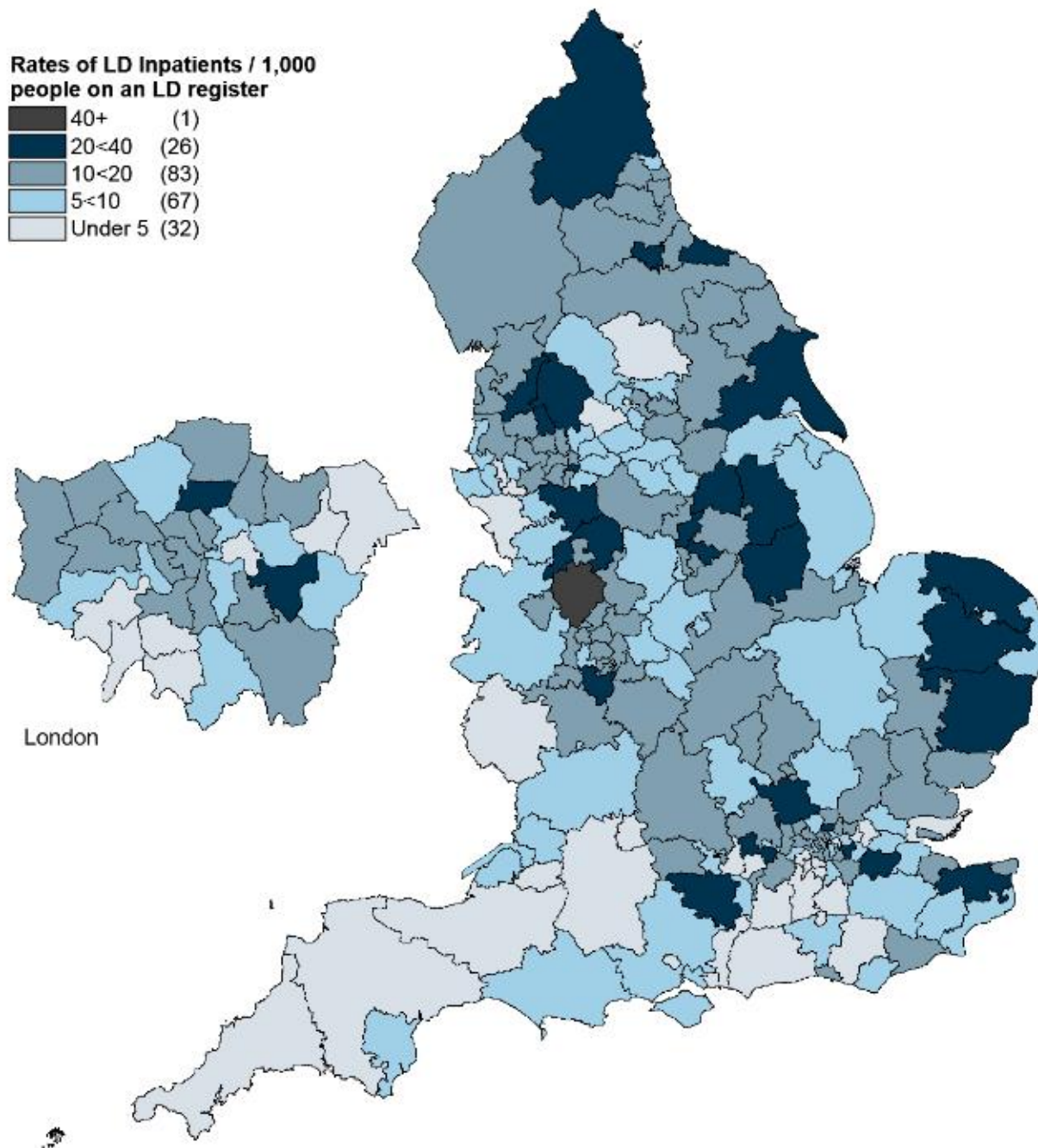
Figure 16: Patients with learning disabilities in receipt of inpatient care, by Clinical Commissioning Group of ward stay on census day 2014 (rate/1,000 people with learning disabilities)



Source: Learning Disability Census 2015. Quality Outcomes Framework 2015

CCG of residence

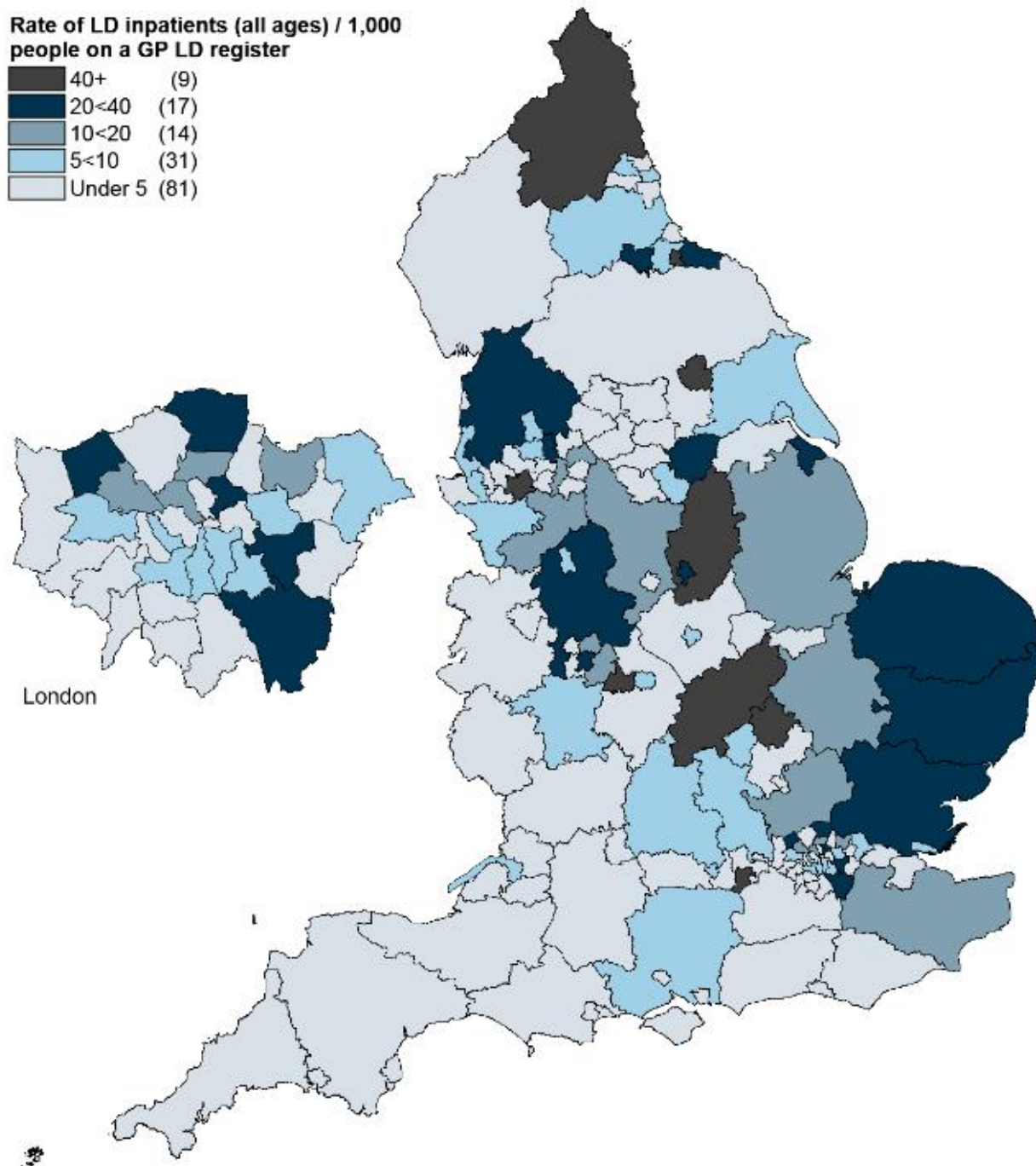
Figure 17: Patients with learning disabilities in receipt of inpatient care, by Clinical Commissioning Group of residence on census day 2014 (rate/1,000 people with learning disabilities)



Source: Learning Disability Census 2015. Quality Outcomes Framework 2015

Local Authority of ward stay

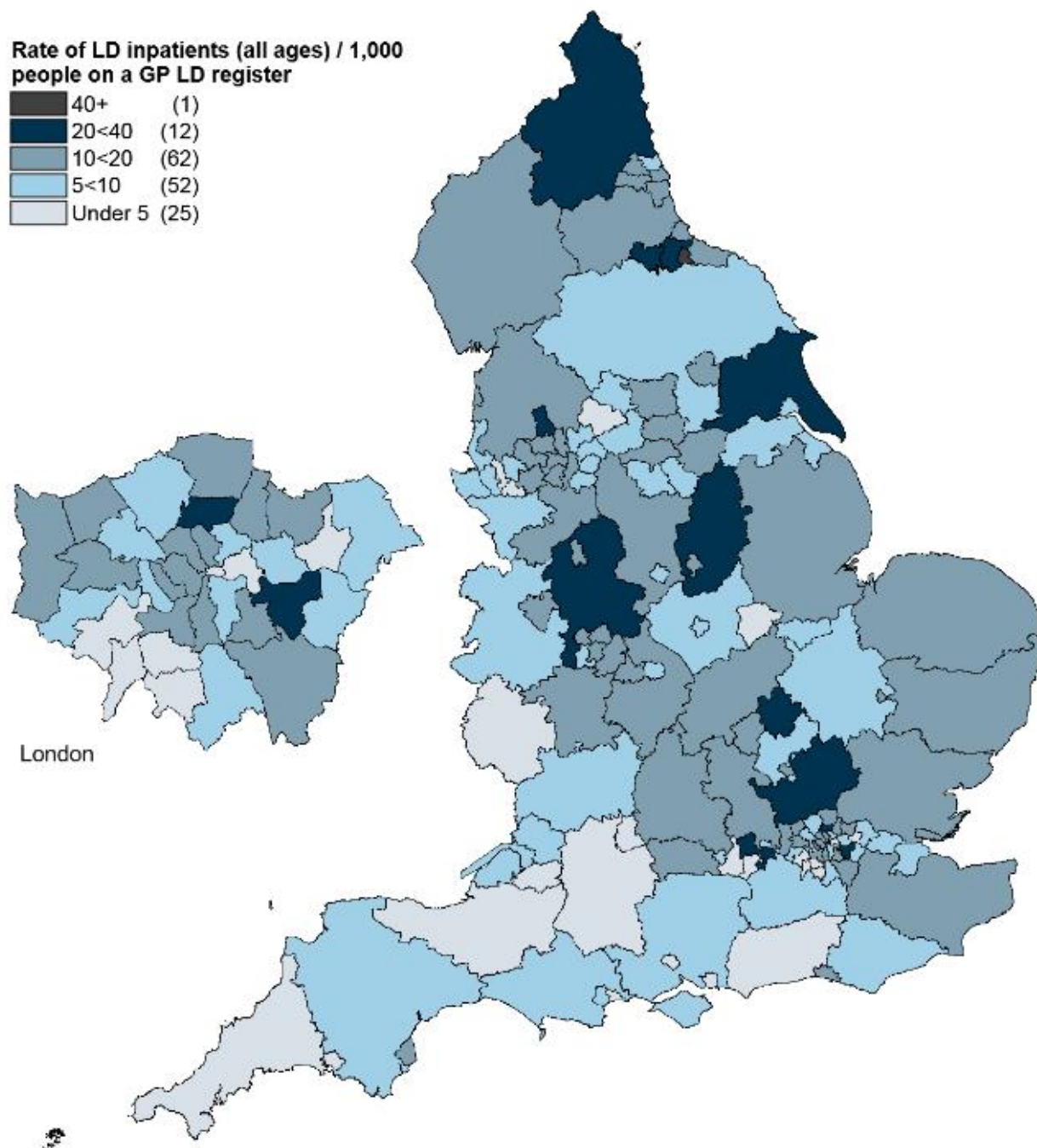
Figure 18: Patients with learning disabilities in receipt of inpatient care, by Local Authority of ward stay on census day 2015 (rate/1,000 people with learning disabilities)



Source: Learning Disability Census 2015. Quality Outcomes Framework 2015

Local Authority of residence

Figure 19: Patients with learning disabilities in receipt of inpatient care, by Local Authority of residence on census day 2015 (rate/1,000 people with learning disabilities)



Source: Learning Disability Census 2015. Quality Outcomes Framework 2015

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