



HEALTH AND WELLBEING BOARD: 25TH MAY 2023

REPORT OF THE DIRECTOR OF PUBLIC HEALTH, LEICESTERSHIRE COUNTY COUNCIL

ANALYSIS OF THE HEALTH OF PEOPLE WITH A LEARNING DISABILITY USING THE ARISTOTLE SYSTEM

Purpose of report

1. The purpose of this report is to provide the Health and Wellbeing Board with a summary of the findings from analysis of GP record data viewed through the Aristotle system in April 2023. The analysis looks at the health needs of people with a learning disability, including evidence of some health inequalities experienced in comparison to the non-learning disability population. This report accompanies a detailed presentation of the findings.

Recommendation

2. The Health and Wellbeing Board (HWB) is asked to:
 - note the findings of the analysis contained in this report and accompanying presentation;
 - support the work of the Learning Disability Health Inequalities Group in co-ordinating work to address the issues identified.

Policy Framework and Previous Decision

3. Nationally, evidence shows us that people with a learning disability are more likely (than those without a learning disability) to face health inequalities. This is a population of focus for Leicestershire as identified through the health inequalities Joint Strategic Needs assessments (JSNA) chapter presented to the HWB earlier.
4. The analysis of GP data via the Aristotle system allows for identification of local health issues and health inequalities in the learning disability population. This informs a collaborative approach to reduce identified variation and prevent some common conditions.

Background

5. A range of evidence exists identifying health inequalities experienced by people with a learning disability, both nationally and locally. The Learning from Lives and Deaths – people with a learning disability and autistic people (LeDeR programme) in Leicester, Leicestershire and Rutland (LLR) in 2022

records a median age of death for the cases reviewed as 64 years of age. This compares to a Leicestershire 2020 one year range for the general population of 79.9 years for men and 83.7 years for women, as taken from Fingertips Public Health Profiles.

6. The Aristotle system enables a pseudonymised population level view of various health conditions, demographics and risk factors, drawing data from GP, hospital and prescribing systems. The licence for use is purchased through Midlands and Lancashire Commissioning Support Unit on behalf of the Integrated Care Board (ICB). A limited number of practice staff can also view patient level data.
7. Analysis has been carried out by the Public Health Team in Leicestershire County Council, examining the health and health inequalities experienced by people with a learning disability across LLR using data from the Aristotle system.
8. Full details of the findings are contained within the presentation at Appendix A. Some of the key messages include:
 - The size of the learning disability registered population is 4,925 across LLR
 - People are significantly more likely to live in high deprivation if they have a learning disability (compared to those that don't have a learning disability)
 - People with a learning disability are four times more likely to have 5+ chronic conditions (compared to someone without a learning disability)
 - The learning disability population is four times more likely to be at risk of emergency admission compared to the rest of the population
9. There are a range of drivers for health inequalities and actions to address these will require a focus across agencies. This analysis helps to identify the specific health inequalities and health conditions that people with a learning disability are at an increased risk of experiencing. This supports both a targeted prevention and condition management approach.

Proposals/Options

10. Work to address health inequalities in people with a learning disability is being co-ordinated through the Learning Disability Health Inequalities Group, a sub group of the Learning Disability Collaborative. The analysis is being used across agencies to support a focussed approach within services and collectively to co-ordinate activity.

11. The analysis is brought to the HWB with a proposal to note the findings, to note the inequalities faced by this population and to sponsor the work of the learning disability health inequalities group in co-ordinating action to address.

Background papers

12. The health inequalities JSNA chapter will also be presented to the HWB on 25th May 2023. This chapter provides more context and background to health inequalities and the populations most at risk.

Appendices

Appendix A – presentation of analysis

Officers to contact

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Relevant Impact Assessments

Equality and Human Rights Implications

13. This report and accompanying analysis help to identify inequality in health outcomes experienced by people with a learning disability.

Partnership Working and associated issues

14. This analysis is being shared across agencies and work to address the issues highlighted is being co-ordinated through a multi-agency group.

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