

# ***Valuing People* – A summary identifying key tasks and activities and a short audit tool**

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## **Introduction**

This paper aims to summarise the key tasks and activities contained within the White Paper. It describes specific tasks to be undertaken by social and health care agencies and actions to be taken by various branches of government. Where the White Paper makes it clear, we have tried to identify specific responsibilities.

The White Paper itself discusses in depth the current situation for people with learning disabilities and some of the major challenges to service commissioners and providers in coming years and identifies the underpinning principles of Rights, Independence, Choice and inclusion which are stated to be at *the “heart of the Government’s proposals*. This paper will not cover these. This does not mean, of course that this document is an alternative to reading the White Paper! While the issues are familiar the challenges to responsible agencies posed by the Government are appropriate as well as formidable and need to be carefully considered.

The document will focus on the following:

- Key objectives for social and health care agencies and the main actions required.
- Short audit tool of current practice

The *Making Change Happen* section is not summarized, as it is short and self –explanatory. An electronic version of this paper will be posted on the NWTDT website at:  
[www.nwtdt.u-net.com](http://www.nwtdt.u-net.com)

## The key objectives (VP Chapter 2)

### **Objective 1: Maximising Opportunities for Disabled Children**

To ensure that disabled children gain maximum life chance benefits from educational opportunities, health care and social care, while living with their families or in other appropriate settings in the community where their assessed needs are adequately met and reviewed.

### **Objective 2: Transition Into Adult Life**

As young people with learning disabilities move into adulthood, to ensure continuity of care and support for the young person and their family and to provide equality of opportunity in order to enable as many disabled young people as possible to participate in education, training or employment.

### **Objective 3: Enabling People to Have More Control Over Their Own Lives**

To enable people with learning disabilities to have as much choice and control over their lives through advocacy and a person-centred approach to planning services they need

### **Objective 4: Supporting Carers**

To increase the help and support carers receive from all local agencies in order to fulfil their family and caring roles effectively.

### **Objective 5: Good Health**

To enable people with learning disabilities to access a health service designed around their individual needs, with fast and convenient care delivered to a consistently high standard, and with additional support where necessary.

### **Objective 6: Housing**

To enable people with learning disabilities and their families to have greater choice and control over where, and how they live

### **Objective 7: Fulfilling Lives**

To enable people with learning disabilities to lead full and purposeful lives in their communities and to develop a range of friendships, activities and relationships.

### **Objective 8: Moving Into Employment**

To enable more people with learning disabilities to participate in all forms of employment, wherever possible in paid work and to make a valued contribution to the world of work.

### **Objective 9: Quality**

To ensure that all agencies commission and provide high quality, evidence based and continuously improving services, which promote both good outcomes and best value.

### **Objective 10: Workforce Training and Planning**

To ensure that social and health care staff working with people with learning disabilities are appropriately skilled, trained and qualified, and to promote better understanding of the needs of people with learning disabilities amongst the wider workforce.

### **Objective 11: Partnership Working**

To promote holistic services for people with learning disabilities through effective partnership working between all relevant local agencies in the commissioning and delivery of services.

## Maximising Opportunities for Disabled Children (VP Chapter 3)

### **Objective1: Maximising Opportunities for Disabled Children**

To ensure that disabled children gain maximum life chance benefits from educational opportunities, health care and social care, while living with their families or in other appropriate settings in the community where their assessed needs are adequately met and reviewed.

#### **Quality Protects**

- New priority in Quality Protects programme: £60m of children's services grant earmarked for more flexible support for families of disabled children from 2001/2 to 2003/4, resulting in more home based help, short break provision, information to parents and carers, access to mainstream leisure and more access to key workers

#### **Family Support**

- The Government has set a target for additional 6,000 severely disabled children by 2002 to receive support by a co-ordinated care package from health and social services
- Government funding to the Family Fund Trust (grants to help reduce stress on families with severely disabled children) will be increased by £1m in 2001/02, £2m in 2003 and £3m in 2003/4
- April 2001 through SEN Programme of Action, the Government will provide local education authorities with £18m to support the development of parent partnership services. A further £2m to pilot arrangements for independent parental supporters in the expectation that these will be available in all areas from 2002/3
- Direct Payments will be made available from April 2001 to parents of disabled children via the Carers and Disabled Children Act 2000
- In 2001, Government funding of £500,000 per annum will be given to the Charity Contact a Family for three years, to set up a new National Information Centre for families with disabled children.

#### **Play, Leisure, Culture and Sport**

- Through the Quality Protects Programme the numbers of disabled children involved in leisure and play activities will be increased.
- 13% of New Opportunities Fund places will go to Children with special needs.

- All Sure Start areas will be required to have good access to good quality play opportunities, including one to one support and adapted toys and equipment.

### **Education Services**

Key elements of the SEN Programme of Action are outlined within the White Paper (pages 34-35)

- From April 2001 £220m allocated, over three years through Schools Access Initiative to improve accessibility of mainstream schools
- £82 in Standards Fund allocated to improve provision for children with Special Educational Needs
- Special Educational Needs and Disability Bill will place responsibilities on schools and LEAs which are aimed at promoting inclusion (see para 3.16 for detail)
- Joint DOH and DfEE action to promote inclusion and improve attainment (para 3.18)
- Monitoring, target setting and assessment arrangements will be developed to ensure higher expectations and attainments (para 3.17)
- Revised SEN Code of Practice

### **Health Care in Schools**

- NHS Plan sets out commitment to provide 6,500 more and related professional staff therapists by 2004. DOH implementation guidance by the summer
- DfEE sponsoring a network of 11 SEN regional Partnerships across England. The Government will ensure joined-up child centred services for disabled children
- Improved school-nursing services to assess individual child's health needs (3.21)

### **Residential Placements**

- In 2001/2002, the Department of Health and DfEE work on project to find out more about the numbers, characteristics and outcomes relating to disabled children living in residential homes
- April 2002 the new National care Standards Commission will register children's homes (including those homes for disabled children currently registered as care homes) and inspect the welfare of children in all boarding schools and Further Education colleges with boarding provision. Separate standards will be introduced for residential special schools.

### **Early Years Developments**

- April 2001, £144.75m will be made available to support Partnership Plans. Included in this sum, is a ring-fenced amount of £4m to provide childcare services for children with special educational needs or disabilities and other special groups.
- Establishment of a multi-agency working party with representation from specialist organisations with an interest, to develop practical guidance for the range of

professionals involved in identifying the special needs of children aged 0-2 and offering support to the children and their families.

### **Child Poverty**

- From April 2001, families and disabled children will benefit increases in benefits and entitlements. Details of these are contained within the White Paper p39

### **Health Services**

- Support for families with children with complex health needs will be given through Quality Protects Programme and through the New Opportunity Fund providing grants for projects offering palliative care to children with life limiting illness and their families

### **Child and Adolescent Mental Health Services (CAMHS)**

- By May 2001, all health authorities and local councils must have an agreed joint CAMHS Development Strategy. Arrangements to provide CAMHS for learning disabled children will be included in all relevant planning arrangements for children.

## Transition Into Adult Life (VP Chapter 3)

### **Objective 2: Transition Into Adult Life**

As young people with learning disabilities move into adulthood, to ensure continuity of care and support for the young person and their family and to provide equality of opportunity in order to enable as many disabled young people as possible to participate in education, training or employment.

### **Connexions**

- From April 2001, the new Connexions Service will be rolled out to provide all 13-19 year olds with access to advice, guidance and support through the creation of a network of personal advisors. Personal Advisors will play a crucial role in annual reviews of all year 9 pupils and the whole transition process. (More details of their role can be found on p42 of the White Paper)
- Connexions partnerships will be responsible for arranging with the Local Learning and Skills Council and the Employment Service a review for the young person with learning disabilities in their 19<sup>th</sup> year. These arrangements can extend up to their 25<sup>th</sup> birthday if adults are not ready at an earlier age.
- Learning Disability Partnership Boards (see below Annex A p23)) will be expected to identify a member with lead responsibility for transition issues. Must be effective links between children's and adults health and social care services. Director of Social Services with responsibilities under Social Care Quality Framework
- Local agencies to have introduced person centred planning for young people in transition by 2003

## Enabling People to Have More control Over Their Own Lives (VP Chapter 4)

### **Objective 3: Enabling People to Have More Control Over Their Own Lives**

To enable people with learning disabilities to have as much choice and control over their lives through advocacy and a person-centred approach to planning services they need

#### **Advocacy**

- The introduction of a NHS-wide Patient and Advocacy Liaison Service (PALS) will be established in every NHS Trust. (Including Learning Disability Trusts). Role of PALS will be to resolve patients', families and carers' problems and concerns as quickly as possible.

Government investment of £1.3million for each of the next three years to:

- Establish a National Citizen Advocacy Network for Learning Disability led by a consortium of leading voluntary organisations. It will be charged with distributing funds to local groups within criteria. The target is for the development of at least one citizen advocacy group in each local authority area.
- Increase funding for local self-advocacy groups and strengthen the national infrastructure for self-advocacy
- Advocacy development and support a priority for LD Development Fund
- DOH to produce practice materials in respect of advocacy for people from minority ethnic communities

#### **Direct Payments**

- The Carers and Disabled Children's Act 2000 will extend direct payments to carers and to disabled 16 and 17 year olds. The Health and Social Care Bill includes provisions to extend the scope of direct payments. Subject to parliamentary approval the legislation will:
  - Require local councils to make direct payments where an individual who requests and consents to one meets the criteria;
  - Enable local councils to make direct payments to disabled parents to meet their child's needs and for local council provided rehabilitation services
- The National Implementation Support Team (see below Annex A p23)) will work with local councils to achieve higher take-up.
- DOH to produce guidance to improve take up, including good support schemes
- The Department of Health will consult on a performance indicator in the Personal Social Services Performance Assessment Framework

#### **People with Preserved Rights**

- Subject to Parliamentary approval, April 2002 will see the transfer of responsibility for assessment and care management to local authorities of people with preserved rights.

The Department of Social Security will transfer resources to local authorities for their new responsibilities. Guidance on this change will say that councils will be required to offer the option of direct payments to anyone who meets the prescribed conditions.

### **A Person-Centred Approach to Planning**

- Further guidance will be issued in 2001 on Person-centred Planning
- Learning Disability Partnership Boards (see below Annex A p23) to use guidance to agree a local framework by April 2002
- Person centred planning to be a priority for use of LD Development Fund and Implementation Support Team
- Development and impact of person centred planning to be monitored
- Priorities for Person-centred planning can be determined locally but specific government priorities include:

By 2003:

- People still living in long stay hospitals
- Young people moving from children's services

By 2004 significant progress in following areas:

- People using large day centres
- People living in family homes with carers aged over 70
- People living on NHS residential campuses

### **Care Management**

- Care Management to be responsive to person centred planning and link to other planning:
- Vocational plans (led by Connexions for young people)
- Health action plans (see below) (led by identified health professional)
- Housing plans (see below) (including a joint housing/community care assessment)
- Communication plans, (where the person has communication difficulties)

### **Fair Access to Care**

Guidance on Fair Access to Care (FACS) will be issued later in 2001. This will set out how eligibility for adult social care services should be determined

- Implementation of the above will be April 2002
- April 2002 Government will publish general principles of assessment to update previous 1990/1991 guidance
- Councils will have to develop corporate approach to eligibility criteria
- Joint eligibility criteria for adult social care and continuing health care will be required

### **Individual Co-ordination**

- July 2002 – all people with learning disabilities who make “*substantial and long term use of publicly funded services should have a named individual to act as their service co-ordinator*”

### **Involvement in Policy Development and Decision Making**

- Advice to be issued in 2001 to help local agencies involve people with learning disabilities in decision making processes
- During 2001 the Service Users Advisory Group will develop into a National Forum linking with local groups. This group will play a role in monitoring the impact of *Valuing People*
- *Making Decisions* (1999) sets out Government proposals to reform the law in respect of decision making and capacity

### **Communication and Equipment**

- April 2001, social services departments and NHS will receive additional funding to improve and expand community equipment services. By 2004, the Government expects health and social services to integrate their community equipment services and increase by 50% the number of people benefiting from them.

## Supporting Carers (VP Chapter 5)

### **Objective 4: Supporting Carers**

To increase the help and support carers receive from all local agencies in order to fulfil their family and caring roles effectively.

#### **National Carers Strategy**

- Social security benefits are being increased to help carers from April 2001. (Details are contained within the White Paper p54 5.4)
- Social and health Care agencies to increase information and advice to carers and a single point of contact

#### **Implementation of the Carers and Disabled Act 2000**

- The Carers and Disabled Children Act 2000 comes into force in April 2001. It extends carers rights to an assessment. Where a person cared for has refused an assessment or service, the council will have the power to offer carers services to support them in their caring role.
- The Department of Health is issuing guidance to local councils on implementing the legislation together with a leaflet *The Carers Guide to a Carer's Assessment* to be made available to all carers
- Consultation on a new Performance Indicator to monitor how many people with learning disabilities are receiving breaks services (respite care) is about to commence

#### **Excluding people from services**

- Decision on exclusion from service to be referred to Partnership Boards which will be responsible for the provision of alternatives

#### **Information for Carers**

- DoH will give £750,000 over the next three years to MENCAP to establish a National Learning Disability Information Centre and telephone help and advice line to support service users and carers

#### **Meeting the needs of older people and carers from minority ethnic communities**

- Proposal to introduce a Performance Indicator: % of carers aged 70 or over for whom a person-centred plan has been agreed. This group to become a priority for person centred planning
- All services to be more responsive to the needs of people from minority ethnic communities
- Analysis of the Carers Grant first year of operation (1999/2000) shows that at least 10% of the total grant of £20million was spent on breaks for carers of adults with learning disabilities. Over the next three years the amount available for all carers will be £70 million/£85 million/£100 million

- The DoH will issue new guidance for the Carers Grant 2001/02 which will encourage local councils to identify older carers and carers from minority ethnic communities. DOH will monitor impact

### **Carers as partners**

- The Government will ensure that carers are represented on the Learning Disability Task Force (see below Annex A p23)
- Local agencies will be required to ensure that carers and their organisations are fully involved in the development of local action plans for implementing the White Paper
- Local councils should offer training courses to Carers to develop their skills as a training resource

## Good Health (VP Chapter 6)

### **Objective 5: Good Health**

To enable people with learning disabilities to access a health service designed around their individuals needs, with fast and convenient care delivered to a consistently high standard and with additional support where necessary.

### **Reducing Health inequalities**

- Launch of the NHS Plan contains key messages for all service areas. The plan basically sets out how to tackle health inequalities and the root causes.
- The Government will ensure that policies on health inequality make explicit reference to people with learning disabilities. For example Health Action Zones will be urged to incorporate the needs of people with learning disabilities and share good practice. Likewise the Health Improvement Plans (HimPs) will provide a means of addressing the health needs of people with learning disabilities.
- The Government will explore the feasibility of establishing a confidential inquiry into mortality among people with learning disabilities.
- Consultation will take place later this year (2001) on developing Performance Indicators to compare the health status of the learning disabilities population with that of the general population.

### **People with learning disabilities from minority ethnic communities**

- April 2001 will see the implementation of the Race Relations (Amendment) Act 2000. Listed public bodies, including central and local Government, the NHS and NHS Trusts will be obliged to work towards the elimination of unlawful racial discrimination and to promote good relations between persons of different racial groups.

### **Meeting Health Needs**

- Once a Day guidance reinforced, in respect of the key roles for primary care teams

### **Health Facilitators**

- The local community learning disability team in each area will need to take on the role of health facilitators. Any member of the community learning disability team can take up this role, but learning disability nurses will be well placed to fulfil this role

The role of the Health Facilitator includes:

- Support general practitioners to identify their patients with learning disabilities with help from social services, education and health
- To facilitate, advocate and to ensure full access to health care
- Embrace mental as well as well as physical needs
- Primary responsibility for facilitating access to secondary health care

- By June 2004, all people with learning disabilities registered with a general practitioner should be identified by practice with support from health facilitator and specialist services. Progress to be monitored by DOH.

### **Health Action Plans** (see pages 64-5 for detail)

- The Government expects each individual with a learning disability to be offered a personal Health Action Plan (HAP) by June 2005.
  - Completion of HAP rests with Health Facilitator. PALS to be available to complement Health Facilitator from 2002
  - Each person with a learning disability will have a named Health Facilitator by June 2003
  - HAP will form part of the person centred plan
  - Includes details on need of health interventions, oral health and dental care, fitness and mobility, continence, vision, hearing, nutrition and emotional needs, details of medications taken, side effects and records of any screening tests
- Health Actions Plans will be offered and reviewed at the following stages of people's lives: Transition from secondary education with a process for ongoing referral, leaving home to move into a residential service, moving home from one provider to another, moving to an out of area placement, changes in health status, on retirement, when planning transition for those living with older family carers
  - Learning Disability Partnership Boards (see below Annex A p23) will be responsible for implementation
  - Primary Care Trusts in their commissioning roles to build general health care for people with learning disabilities into their existing priorities. Partnership Boards and Primary Care Trusts to ensure there is an integrated plan for supporting primary and general health care services to work with people with learning disabilities
  - NHS mainstream secondary services to comply with Disability Discrimination Act including support to help people access.
  - Where possible NHS resources to be used to help people live in their own homes
  - Government changes made to ensure clearer guidance on consent issues

### **National Service Framework (NSFs) and the National Cancer Plan**

- The national Cancer Plan, which is now being implemented, makes specific reference to the needs of people with learning disabilities
- The Government will take steps to ensure that the NSF for Mental Health reflects the needs of people with learning disabilities experiencing mental illness. (see p66 of White Paper for detailed Government action)

### **Tertiary Specialist Services**

- The Government wishes to see evidence of NHS provider and the local authority working in close partnership in order that referral to a tertiary specialist health service should be a rare event
- Any Individualised packages of housing and support sited as close to a person's home area as possible

- The Learning Disability Development Fund (capital element) can be used for the development of specialist services for people with severe challenging behaviour

### **Specialist Learning Disability Services**

- Partnership Boards (see below Annex A p23) will play a key role in reshaping specialist learning disability services. The Government outline a vision in the White Paper for Specialist Learning Disability Health Services (pages 68-9)
- Essential that sufficient, good quality specialist services are available (professions and roles listed)
- Roles must change – greater emphasis upon in “...*providing high quality specialist expertise. They will also take on a key supplementary role in supporting people to access mainstream services*”
- Key role in enhancing competence of local services, including to avoid specialist out of area placements
- Specialist learning disability staff will be required to take on complementary tasks such as a health promotion role, a health facilitator role, and a teaching role and service development role

### **Intensive Health Care Support**

- Those people who require intensive health care support over a prolonged period should be supported in the least restrictive environment possible “*with opportunities to lead full and purposeful lives*”
- It is only appropriate for people to live in community services as NHS in patients when they require continuous medical supervision. A need for nursing supervision is not a sufficient reason
- Localities with large numbers of people living in community services, as NHS in-patients should use person-centred planning and pooled budgets to design more appropriate locally based housing and support.
- Forthcoming DoH guidance on continuing care will support this approach

## **Housing (VP Chapter 7)**

### **Objective 6: Housing**

To enable people with learning disabilities and their families to have greater choice and control over where, and how they live

### **Expanding Choice in Housing, Care and Support Services**

- Department of Health and the Department of the Environment, Transport and the Regions will shortly issue a joint circular and detailed guidance on commissioning the range of housing, care and support services required to expand housing choice.
- Consideration being given to ways to develop new joint performance indicators for social services and housing authorities.
- The Government expects local councils to give people with learning disabilities a genuine opportunity to choose between housing, care and support options that include supported living, small scale ordinary housing and village and intentional communities
- The Government will issue statutory guidance to local councils to ensure they do not rule out any of these options when considering the future housing, care and support needs of people with learning disabilities and their families

### **Supporting People**

- Supporting People to be implemented April 2003. This will enable more flexible funding of support services for people with learning disabilities. This process will be informed by the establishment of joint arrangements on how to apply the new grant and to integrate planning and commissioning of support services with the planning and commissioning of housing, care and health services.

### **Housing Advice and Assistance**

- Legislation to enable local authorities to introduce choice based letting systems for access to social housing is currently before Parliament. The provisions include a new duty on local housing authorities to provide assistance to people, including those with learning disabilities, who need help when applying for and obtaining social housing.

### **Local Housing Strategies**

- Learning Disability Partnership Boards (see below Annex A p23) will be expected to ensure that they set out plans for the provision of information, advice and advocacy services covering the different aspects of individuals' needs, including housing, as part of the Learning Disability Joint Investment Plan

### **People Living with Older Carers**

- Government recognition of concern about the position of people with learning disabilities living with older carers aged 70 and over has informed their decision to make supported living for this groups one of the priorities for both the revenue and capital elements of the Learning Disability Development Fund. (see below Annex B p25)

## **The NHS as Housing Provider**

- The Government expects to see all people currently living in long stay hospitals to move into more appropriate accommodation by April 2004. Learning Disability Partnership boards (see below Annex A p23) will play a pivotal role in agreeing and implementing alternative housing, care and support plans for such people in order to achieve closure by this date. This will be a priority for the revenue element of the Learning Disability Development Fund. (see below Annex B p25)
- In the case of residential campuses and retained beds, Partnership Boards should agree a timetable for extending person-centred planning (to commence by October 2002) to all people currently living there. Where people wish to remain in NHS residential campuses, Partnership Boards will be expected to monitor and improve the quality of care they receive

## **Fulfilling Lives (VP Chapter 7)**

### **Objective 7: Fulfilling Lives**

To enable people with learning disabilities to lead full and purposeful lives in their communities and to develop a range of friendships, activities and relationships.

### **Modernising Day Services**

- Day services should be modernised by 2006. Learning Disability Partnership Boards will be required to draw up modernisation programme by 2002 for achieving this. The introduction of person centred planning will be a key element for achieving this.
- Modernising day centres will be one of the priority areas for the Learning Disability Development Fund, in order to provide bridging finance to support change. The Implementation Support Team (see below Annex A p23) will give priority to supporting day service modernisation

### **Education and Lifelong Learning**

- The Learning and Skills Act 2000 gives the Learning and Skills Council (LSC) specific responsibility to have regard to the needs of young people and adults with learning disabilities when securing post-16 education and training
- Government funding of £172million in the post-16 sector (Further Education, Adult Education and the Youth Service) will be used over the period 2002/2003 to 2003/2004 to improve accessibility for all disabled students.
- The new Adult Basic Skills Strategy Unit will fund a £1.5million project to develop ways of improving literacy and numeracy among people with learning difficulties and/or disabilities.
- The Special Educational Needs and Disability Bill currently before Parliament amongst other things will insist that post-16 institutions will have to make reasonable adjustments to their premises to ensure disabled students are not put at a substantial disadvantage to their peers.

## **Leisure and relationships**

- The Government expects local councils to ensure that their local cultural strategies and service plans encompass the needs of people with learning disabilities, including physical access to leisure resources.

## **Parents with a learning disability**

- The Government's Framework for the Assessment of Children In Need and their Families is intended for all children in need and their families. Parents with learning disabilities will be a priority for follow-up work on the Assessment Framework
- Quality Protects initiatives will ensure that their needs and those of their children are addressed.
- The Department of Health will work with Sure Start and the National Parenting Institute to ensure that the needs of parents with learning disabilities are recognised within the Government's wider initiative to improve parenting and family support.
- At a local level, it will be the responsibility of the Director of Social Services as part of the Social Care Quality Framework to ensure effective partnership working for parents with learning disabilities between children's and adult teams

## **Social Security benefits**

The Department of Security have been charged with ensuring that the benefit system works for people with learning disabilities. This applies to:

- The provision of adequate benefits which do not deter people from working For example from April 2001, the earnings disregard in income-related benefits will rise from £15 to £20 a week for disabled people and other special groups including carers
- Ensuring access to appropriate information so people with learning disabilities have a better understanding of the benefit system. (see page 83 in White Paper for more details on benefit changes)

## **Moving Into Employment (VP Chapter 7)**

### **Objective 8: Moving Into Employment**

To enable more people with learning disabilities to participate in all forms of employment, wherever possible in paid work, and to make a valued contribution to the world of work

### **Workstep: Reforming the Supported Employment Programme**

- From April 2001, the Government's Supported Employment Programme will be renamed Workstep and will have a greater focus on helping disabled people move into mainstream employment. The aim for progression will be 10% a year for existing supported employees and 30% over two years for new supported employees

### **The Working Age Agency**

- From Summer 2001, the services currently delivered by the Employment Service and the Benefits Agency will be brought together in the new Working Age Agency allowing for a more integrated and efficient service

### **New Deal for Disabled People (NDDP)**

- From July 2001, NDDP will be extending nationally building on experience from the pilot phase. The development of a network of job brokers to offer work-focused help to disabled people will be a central feature
- The Department for Education and Employment will ensure that the new job brokers have the skills need to work with people with learning disabilities

### **Local Employment Strategies**

- Local councils have been asked to have Welfare to Work Joint Investment Plans (JIPs) in place by April 2001.
- Local Employment Services will be members of the Learning Disability Partnership Boards and will play an active role in developing local employment strategies, including setting targets for the employment of people with learning disabilities

### **Better employment Opportunities in the Public Sector**

- The Government is committed to a dramatic improvement in the diversity with the Civil Service, including the employment if disabled people
- The Department of health is committed to widening opportunities for employing people with learning disabilities in the NHS
- Local councils will be setting targets for the employment of socially excluded people, including people with learning disabilities, as part of Local Public Service Agreements

## Quality (VP Chapter 8)

### **Objective 9: Quality**

To ensure that all agencies commission and provide high quality, evidence based and continuously improving services, which promote both good outcomes and best value.

### **Care Standards Act**

- The National Care Standards Commission comes into operation in April 2002
- The Department of Health will be consulting on draft regulations and national minimum standards for care homes, adult placements and domiciliary services

### **The Social Care Institute of Excellence (SCIE)**

- The Government is setting up SCIE, which will contribute to improvements in learning disability services by promoting evidence-based practice to address the current variation in quality
- DOH will ensure SCIE is “*..equipped to become a leading voice in learning disability*”
- SCIE will consult with people with learning disabilities and their carers about guidelines on what works and produce their work in an accessible format

### **Local Quality Frameworks**

- The new Quality Framework for Social Care, set out in *A Quality Strategy for Social Care* and clinical governance in the NHS, set out in *A First Class Service*, together provide a means of promoting high quality services for people with learning disabilities.
- Directors of Social Services will have responsibilities under the Quality Framework to ensure local systems address the needs of people with learning disabilities
- The Partnership Boards will need to ensure the development of an integrated quality framework that applies across all agencies. People with learning disabilities as the central focus, “*..with their voices clearly heard and services clearly accountable to them*”
- An inter-agency quality assurance framework should be in place by April 2002

### **User Surveys and Complaints Procedures**

- Government expects people with learning disabilities and their carers to be fully involved in planning monitoring and reviewing services; and evaluating service quality (under the Quality Framework for Social Care)
- The Department of Health will be issuing guidance in September 2001 to help local authorities improve the way they use and carry out surveys
- The Department of Health will consult on ways of making the Complaints Procedure more accessible to people with learning disabilities later this year (2000)

### **Minority Ethnic Communities**

- Partnership Boards (largely drawn from bodies subject to the new duty to promote race equality in the performance of their functions – Race Relations (Amendment) Act 2000) *“..should ensure that local services are culturally competent and can meet all the cultural needs of their communities”*

### **Protecting Vulnerable Adults**

- Local councils with social services responsibilities should develop local policies and procedures for the protection of vulnerable adults within an inter-agency framework reflecting the *No Secrets* Guidance
- Learning disability services to be represented on local adult protection management committees. Recording of incidents required

### **Vulnerable Witnesses**

- The Government is aiming to implement the majority of special measures set out in the Youth Justice and Criminal Evidence Act 1999 in the Crown Court by Spring 2002. (see p94 of White Paper for more details on special measures)
- 1999 Act amends law on competency (see para 8.14 for detail)

### **Physical Interventions**

- The Department of Health will be issuing guidance clarifying policy on the appropriate use of physical interventions later in 2001

### **Resources and Best Value**

- Advice on designing Best Value reviews will be available in 2001. Basically reviews will need to look at services from a whole systems perspective and they need to be person centred in their approach

## Workforce Training and Planning (VP Chapter 8)

### **Objective 10: Workforce Training and Planning**

To ensure that social and health care staff working with people with learning disabilities are appropriately skilled, trained and qualified; and to promote a better understanding of the needs of people with learning disabilities amongst the wider workforce

### **Health and Social care Workforce Strategies**

- Lifelong learning and training initiatives listed (see para 8.12)
- The Training Organisation Personal Social Services (TOPSS) National Training Strategy contains specific proposals about learning disability. In 2001/2002, £2million is being provided for TOPSS to support implementation of the Training Strategy
- Funds to be used to roll out new induction standards, administered by TOPSS Regional Forums
- NHS Workforce Confederations to involve all service providers and work with TOPSS Regional Forums to maximise training impact in all sectors
- Confederations to have increased capacity to consider local workforce demands in learning disability. Government will ensure Confederations take account of White Paper proposals

### **Learning Disability Awards Framework (LDAF)**

- April 2001 will see the introduction of a new Learning Disability Awards Framework

The Framework is based on two new vocational qualifications:

- A level 2 Certificate in working with people with learning disabilities
- A level 3 Advanced Certificate in working with people with learning disabilities

Government Targets:

- From April 2002 all new entrants to learning disability care services should be registered for qualification on LDAF
- By 2005 50% of front line staff should have achieved at least NVQ level 2
- The next phase of work on LDAF is in hand to bring levels 4 and 5 into the Framework
- The General Social Care Council comes into operation in October 2001. DOH to explore links between LDAF and registration requirements

## **Leadership**

- The Government will use the Learning Disability Development Fund to support a range of initiatives aimed at enhancing professional and managerial leadership in learning disability services
- White Paper implementation programme will include
  - Development of leadership capacity of people with learning disabilities and carers
  - Partnership working with local councillors
  - Recognise the role to be played by academic leadership

## **Local Workforce Plans**

- Learning Disability Partnership Boards will be required to develop a workforce-training plan. This should cover:
  - How service users and carers are being involved in training and workforce matters
  - The content and quality of health professional training
  - Resourcing training and development needs of all organisations in the field
  - Proposals for dealing with staffing shortfalls

## **People with additional and complex needs**

- Members of the specialist learning disability service should provide additional support to the primary care team to help manage the complex health needs of people with multiple disabilities. These people may need access to a range of therapeutic services (para 8.32)
- “Adequate and appropriate facilitation must be available..” to enable people with epilepsy to access specialist clinics
- A joint DOH Royal College of Psychiatrists initiative is developing a training programme for pediatricians with “*..special expertise in mental health disorders*” in response to lengthy waiting times for early diagnosis of autism spectrum disorders
- DOH had asked the Medical Research Council to prepare a report by autumn 2001 on incidence, prevalence, causes and strength of research evidence about autism. This report will be widely circulated. Government will continue to work with professional bodies to consider how screening, diagnosis and intervention can be improved
- Children with autism are children first and should therefore benefit from White Paper proposals for children
- Person centred planning should enable adults with autism choice in how and where their housing and support is provided

- NHS is responsible for commissioning and providing appropriate health input, including intensive support from health professionals for people who present “*significant challenges*”. Mansell report guidance is endorsed
- Partnership Boards to ensure that local services develop competencies to provide treatment and support locally
- **The provision of services for people with severe challenging behaviour and/or autism will be one of the priorities for the capital element of the Learning Disability Development Fund**

#### **Older people with learning disabilities**

- Person centred plans should be developed for older people in the context of services for elderly people where “*..their difficulties as older people overshadow any problems associated with their learning disability and their needs are practically identical to those of the elderly population as a whole*”. For other people this would be inappropriate and plans which enable people “*..to be as actively engaged as possible*” should be developed (paras 8.45-6)
- Government expects learning disability and mental health services to ensure jointly that appropriate support is provided for younger people suffering from dementia
- Local Partnership Boards to ensure co-ordination between learning disability and older people’s services so that people can access the services most appropriate to their needs

## Partnership Working (VP Chapter 9)

### **Objective 11: Partnership Working**

To promote holistic services for people with learning disabilities through effective partnerships working between all relevant local agencies in the commissioning and delivery of services.

### **Partnership Boards**

- Learning Disability Boards to be set up in all local authority areas by October 2001. Partnership Boards to operate within the overall framework provided by Local Strategic Partnerships (LSP's)
- Services for disabled children to continue to be addressed through children's service planning structures
- Partnership Boards not to be statutory bodies. To be responsible for;
  - Developing and implementing LD JIPs
  - Overseeing interagency planning and commissioning of services
  - Ensuring people are not denied local service due to lack of local competence or capacity
  - Use of Health Act flexibilities
  - Ensuring arrangements for smooth transition to adult life are in place
- Partnership Boards to ensure:
  - People with learning disabilities and carers to make a real contribution to the Board, including as full members
  - Membership reflects local cultural diversity
  - Local independent and voluntary sectors are fully engaged
- Responsibility of the Chief Executive of the local council to ensure Partnership Boards are in place. Membership should include: senior representatives from social services, health bodies (HAs, PCTs), education, housing, community development, leisure, independent providers and the employment service
- **The Learning Disability Development Fund and Implementation Support Team will make partnership development an early priority. The Department of Health will issue further guidance on partnership working in 2001**

### **Health Act Flexibilities**

- The Health Act 1999 makes it possible for partnership flexibilities to be used.
- The Government expect all updated JIPs (Jan 2002) to have fully considered how to use the Health Act flexibilities
- Evidence of failings in partnership arrangements will be taken into account in determining the allocation of the new Learning Disability Fund

- Government can also consider using the new powers of intervention contained within the Health and Social Care Bill, which will enable the Department to direct the use of the partnership arrangements
- Leadership of the local partnerships is likely to rest with the local council, making use of one or more of lead commissioning, joint commissioning and pooled budgets.
- However, where effective partnerships are not established with local council leadership, The Government will consider using its intervention powers to require the development of a Care Trust.
- There may also be particular local circumstances which make the creation of a Care Trust an appropriate way to achieve local integration of services.

### **The role of PCTs**

- PCTs will be key players in Partnership Boards and as they become more established will be the lead health body for learning disability services. They will need to develop skills and knowledge in commissioning learning disability health services

### **Integrated Professional Working**

- Partnership Boards should review the role and function of Community Learning Disability Teams in order to ensure that:
  - All professional staff become accountable for the outcome of their work to the local partnership arrangements
  - All professional staff become a resource for implementation of the White Paper and help achieve social inclusion
  - Organisational structures promote inclusive working with staff from housing, education, primary care, employment and leisure
- The Department of Health will issue guidance on partnership working which will also contain further advice on the future role of community teams

## Audit Tool for Social and Health care agencies

<b>VALUING PEOPLE : A NEW STRATEGY FOR LEARNING DISABILITY FOR THE 21<sup>ST</sup> CENTURY</b> OBJECTIVES AND SUB-OBJECTIVES, TARGETS AND PERFORMANCE INDICATORS (Annex A pages 122 – 131 White Paper) – LOCAL IMPLIMENTATION				
Aim and objective from the White Paper	Page number	Present position	Action required to maintain or to develop objective.	Comments and responsible department/service
<b>Objective 1: Disabled children and young people.</b> <b>(To be measured under the Quality Protects Program)</b> To ensure that disabled children gain maximum life chance benefits from educational opportunities, health care and social care, while living with their families or other appropriate settings in the community where their assessed needs are adequately met and reviewed.	122			

1.1 Ensuring early identification of disabled children to enable them to access appropriate and timely intervention and support	122			
1.2 Ensuring that parents and disabled children receive reliable, comprehensive and culturally appropriate information about services on a multi-agency basis from the statutory and voluntary sectors.	122			
1.3 Increasing the number of disabled children in receipt of a range of family support services and the number of hours provided.				
1.4 Maximising the number of children with disabilities/special educational needs who receive good quality co-ordinated care and education in inclusive settings in their own communities	122			
1.5	123			

Ensuring that disabled children receive appropriate health care throughout childhood so as to enable them to participate fully in education, family and community life.				
1.6 Increasing the number of disabled children who use inclusive play, leisure and cultural services including holiday play schemes, after school clubs and pre-school provision with appropriate support if necessary.	123			
<b>Objective 2: Transition into adult life.</b> <b>As young people with learning disabilities move into adulthood, to ensure continuity of care and support for the young person and their family, and to provide equality of opportunity in order to enable as many disabled young people as possible to participate in education, training or employment</b>	123			
2.1 Ensuring that each Connexions partnership provides a full service	123			

<p>to learning disabled young people by identifying them, deploying sufficient staff with the right competence's and co-ordinating the delivery of appropriate supports and opportunities.  ( The Connexions Unit headline target for young people at risk (including people with learning disabilities) is: participation and achievement over time to converge with those in the population in the same age group)</p>				
<p>2.2  Ensuring effective links are in place within and between children's and adult services in both health and social services.</p>				
<p><b>Objective 3: More choice and control. To enable people with learning disabilities to have as much choice and control as possible over their lives through</b></p>	124			

<b>advocacy and a person-centred approach to planning the services they need.</b>				
3.1 Promoting the rights of people with learning disabilities.	124			
3.2 Enabling advocacy to be available for people with learning disabilities who want or need it. <i>(Proposed PI /PAF Indicator: the amount spent by each council on advocacy expressed as the amount per head of people with learning disabilities known to the council)</i>	124			
3.3 Making direct payments available to all those people with learning disabilities who request them and who meet the requirements of the scheme.	124			
3.4 Developing locally agreed protocols and procedures to ensure services are based upon a person centred approach.	124			
3.5 Ensuring that people with learning	124			

disabilities are fully and actively involved in all decisions affecting their lives.				
<b>Objective 4: Supporting Carers.</b>	125			
<b>To increase the help and support carers receive from local agencies to fulfil their family and caring roles effectively.</b>				
4.1 Assessing the needs of carers and putting in place the services required. <i>(Proposed PI : % of adults with learning disability receiving community based services who are receiving short term breaks)</i>	125			
4.2 Establishing a complete picture of the number of older carers (i.e. those aged over 70) in the local area in order to plan services in partnership with them. <i>(Proposed PI % of carers aged over 70 for whom a plan has been</i>	125			

<i>arranged)</i>				
4.3 Providing services and support that meet the needs of carers from minority ethnic communities.	125			
4.4 Making sure that all agencies work in partnership with carers. Recognising that carers themselves have needs which must be considered.	125			
<b>Objective 5: Good Health</b> To enable people with learning disabilities to access a health service designed around their individual needs, with fast and convenient care delivered to a consistently high standard and with additional support where necessary.	125			
5.1 Reducing the health inequalities experienced by people with learning disabilities.	125			
5.2 Enabling mainstream NHS services, with support from specialist learning disability staff, to meet the general and specialist health	125			

needs of people with learning disabilities.				
5.3 Promoting the development of NHS specialised learning disability services, which are evidence based and delivered with focus on the whole person. <i>(The Dept of Health will develop PIs to compare the health status of people with Learning disabilities with that of the general population and will consult on these).</i>	126			
<b>Objective 6: Housing</b> To enable people with learning disabilities and their families to have greater choice and control over where, and how, they live.	126			
6.1 Increasing the range and choice of housing open to people with learning disabilities in order to enable them	126			

to live as independently as possible. <i>(PAF PIs: B14 - Unit cost of residential and nursing care for adults with learning disabilities)</i>				
6.2 Ensuring people with learning disabilities and their families obtain advice and information about housing from appropriate authorities.	126			
6.3 Enabling all people currently in NHS long-stay hospitals to move into more appropriate accommodation and reviewing the quality of outcomes for people living in NHS residential campuses. <i>(Target: enabling the people currently living in NHS long-stay hospitals to move to more appropriate accommodation by April 2004).</i>				
<b>Objective 7: Fulfilling lives.</b>	127			
To enable people with learning disabilities to lead full and purposeful lives within their community and to develop a range of friendships, activities and relationships.				

<p>7.1 Modernising day services to enable people to exercise real choice over how they spend their days. <i>(Proposed PIs</i> - <i>Gross expenditure on day care as a % of expenditure on all non-residential services.</i> - <i>Ratio of expenditure on day and domiciliary services for people with learning disabilities to expenditure on residential provision for people with learning disabilities)</i></p>	127			
<p>7.2 Enabling people with learning disabilities to have access to a wide range of opportunities for education and lifelong learning in order to promote greater independence and maximise employment opportunities. <i>(the Learning Skills council will set targets as part of its equal opportunities strategy)</i></p>				
<p>7.3 Enabling people with learning disabilities to make full use of transport and access mainstream</p>	127			

community and leisure services.				
7.4 Supporting parents with learning disabilities in order to help them. Wherever possible, ensure their children gain maximum life chance benefits.	127			
7.5 Making sure that people with learning disabilities receive the social security benefits to which they are entitled.	127			
<b>Objective 8: Moving into employment</b> To enable more people with learning disabilities to participate in all forms of employment, wherever possible in paid work and to make a valued contribution to the world of work.	128			

<p>8.1</p> <p>Ensuring that more people with learning disabilities find appropriate employment, including supported employment, which makes the most of their talents and potential.</p> <p><i>(Proposed National target:</i></p> <ul style="list-style-type: none"> <li>- <i>Increase the employment rate of people with learning disabilities and reduce the difference between their employment rates and the overall employment rates of disabled people.</i></li> <li>- <i>Proposed PI : number of people with learning disabilities in work as a proportion of those with learning disabilities known to the council.)</i></li> </ul>	128			
<p>8.2</p> <p>Making sure that people with learning disabilities are actively helped to access employment related advice and guidance through mainstream and specialist advisory services.</p>	128			

8.3 Ensuring that public services provide a lead in employment of people with learning disabilities.	128			
<b>Objective 9: Quality</b>	128			
To ensure that all agencies commission and provide high quality, evidence based, and continuously improved services, which promote both good outcomes and best value.				
9.1 Demonstrating that people with learning disabilities and their families are increasingly satisfied with services provided.	128			
9.2 Ensuring that the needs of people	129			

<p>with learning disabilities from minority ethnic communities are recognised and addressed through the provision of appropriate services.</p> <p><i>(Proposed PI : the proportion of people with learning disabilities from minority ethnic communities who are receiving services divided by the proportion of all people in the local population from minority ethnic communities).</i></p>				
<p>9.3</p> <p>Ensuring that local quality assurance frameworks for social care and health meet the needs of people with learning disabilities.</p>	129			
<p>9.4</p> <p>Ensuring people with learning disabilities receive best value from publicly funded services.</p> <p><i>(Proposed PI : Number of people with learning disability known to the council per head of general population)</i></p>	129			
<p>9.5</p> <p>Ensuring that local adult protection policies and procedures (including</p>	129			

those for protecting vulnerable victims and witnesses of crime) are in place and fully complied with.				
<b>Objective 10: Workforce and planning.</b>	129			
To ensure that social and health care staff working with people with learning disabilities are appropriately skilled, trained and qualified; and to promote a better understanding of the needs of people with learning disabilities amongst the wider workforce.				
10.1 Introducing the new national framework for training, competencies, qualifications and skill levels in the learning disability workforce. <i>(Targets</i> - <i>From 2002 all new entrants to learning disability care services to be registered with the learning disability awards framework.</i> - <i>By 2005 50% of front line staff to have achieved at least NVQ level 2.</i> - <i>Proposed PI: % of staff working</i>	129			

<i>in learning disability services achieving at least NVQ level 2).</i>				
10.2 Promoting awareness among the wider workforce (in areas such as Housing, the wider NHS, Transport and the Dept of Social Security) of the skills, attitudes and knowledge needed to work with people with learning disabilities in a positive and respectful manner.	130			
10.3 Ensuring that local workforce plans are developed.	130			
<b>Objective 11: Partnership Working.</b>	130			
To promote holistic services for people with learning disabilities through effective partnership working between all relevant local agencies in commissioning and delivery of services.				
11.1 Establishing local Learning Disability Partnership Boards to take responsibility for local delivery of the white paper led by the local	130			

council and with the active participation of all key stakeholders.  <i>(Target Date: October 2001)</i>				
11.2 Making effective use of the Health Act flexibilities.	130			
11.3 Promoting effective partnership working by staff from all relevant disciplines and agencies. (The D of H will be consulting further with Local Govt Assoc., the ADSS and NHS Confederation on	130			

<p>the proposed indicators and consequential changes to the PAF indicators. The agreed set of indicators will then be used to assess performance in the supplements to JIPs required by January 2002).</p> <p>The D of H will commissioning a national survey of people with learning disabilities in order to improve knowledge about lives of people with learning disabilities and their families. It is anticipated that fieldwork would begin towards the end of 2001/2.</p>				
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